CONTRACEPTIVE OPTIONS

- 1. **Condoms**: Effectiveness = 86-97% for birth control. Good STD protection. Can use lubricated, nonlubricated. Can use with or without nonoxyl 9 spermicide. \$Cost: HCMC = \$1.10/3, Walgreens = \$4.99/3
- 2. **Female Condoms**: Effectiveness 80-95%. Good STD protection. Difficult to put in place. Cost: HCMC = N/A. Walgreens = 11.99/1
- 3. **Spermicides, vaginal**: Effectiveness 80-95%. Active ingredient is Nonoxynol-9. Comes as cream (Gynol II = \$13.99/4 oz.), gel (KY Plus = \$14.99/4 oz.), foam (Delfen = \$4.95/4 oz.), suppository (Encare = \$9.99/12, Conceptrol), and film (VCF). Insert just before intercourse...may last 15-60 minutes.
- 4. **Diaphragm**: Effectiveness = 80-94%. Add spermicide. May insert one hour before intercourse and must leave in 6 hours after intercourse. Prescription only. Cost: HCMC = unknown. Walgreens = \$46.99
- 6. **Cervical Cap**: Provider training required. Rarely used. Effectiveness = 60 -91% (most effective in nulliparous). Add spermicide. May keep in 48 hours. Cost: HCMC = unknown. Walgreens = unavailable
- 7. **Pills, combination**: Effectiveness = 95-99.9%. Only contraindications are: Previous stroke, MI, PE, DVT; +/- HTN; Active liver disease; migraines with neurologic changes; smoker over 35. Good start is 1/35, Orthocept, or Alesse. Cost: Ortho-Novum, HCMC = \$24.45, Walgreens = 1/35 \$35.79 or generic \$29.69; Alesse, HCMC = \$33.20, Walgreens = \$34.19 or generic \$30.19; Orthocept, HCMC = \$24.45, Walgreens = \$35.19 or generic \$30.19
- 8. **Pills, progestin only ("minipill"; Micronor, Ovrette)**: Effectiveness = 91-99.5%. Take one pill everyday. Good to avoid the effects of estrogen, e.g., postpartum, migraines, athletes, weight gain. No proven cardiovascular risk. 50% of women will have spotting. Must be taken at same time each day (very important!). Cost: Ovrette, HCMC = \$35.79; Micronor, HCMC = \$24.45, Walgreens = \$41.99 or generic \$29.99
- 9. **Emergency Contraceptive Pills (ECPS)**: Effectiveness = 97-99.5% (when taken within 72 hours of unprotected intercourse). "Plan B": Take one pill now and one pill in 12 hours (new method: take two now). Or with any other combination pill = Take 4 pills now and 4 pills in 12 hours. Cost: HCMC = \$7.40 for a kit with 2 pills + 1 packet of condoms, Walgreens = \$24.99
- 10. **The Patch (Ortho Evra)**: Effectiveness = 95-99.5%. Has same hormones as combination pills, and same risks, contraindications. Patient weight <210 pounds. Apply patch to upper arm, upper chest, lower abdomen, upper buttock. Leave on for 7 days, then apply new patch. 3 weeks on patch, 1 week off patch (period week). Cost: HCMC = \$34.25/3. Walgreens = replacement patch (1) \$13.59
- 11. **Vaginal Ring (Nuva-ring)**: Effectiveness = 95-99%. Has similar hormones as combination pills (estrogen + progestin). Place in vagina for 3 weeks; remove for one week (period week). Possibly some vaginal irritation. Cost: HCMC = \$36.60 Walgreens = \$43.00

- 12. **Depo Provera**: Effectiveness = 99.5%. 150 mg IM every 11-13 weeks . Effectiveness at 90 days = 99.5%...at 120 days after last shot = 97.5% effective. Side affects are weight gain, acne, headaches, no periods, delayed return to menses (up to 6 months). Cost: HCMC = \$50.25 Walgreens = \$63.00
- 13. **IUDs**: Effectiveness = 98-99.5%. Paragard (Copper T) lasts for 10 years, costs \$170. Mirena (has progestin) lasts for 5 years and costs \$400 (good for cramps and heavy period). Amenorrhea in 20%.
- 14. **Sterilization**: Effectiveness = 99.9-100%. Need to regard as permanent--future reversal and successful pregnancy rates are less than 50%. For any patient on public insurance (MA, Minn Care, etc), consent for tubal must be signed 30 days before surgery or EDC. Laparoscopic tubal costs = \$2,000.
- 15. **Breastfeeding**: If a women only breastfeeds (no supplements or bottles), her period may be delayed for 6-9 months. If a women supplements (uses bottles), her pregnancy protection is less than 50%. Pregnancy prevention can be as high as 90% during the first 6 months of no periods, and 50% from month 6 to 9. A return of periods means a return of ovulation.
- 16. **Ovulation Timing**: Effectiveness = 75-90%. Efforts can be made to identify ovulation and avoid intercourse, or use a condom. Since sperm live for 72 hours, it's important to accurately predict 3 days in advance when ovulation is going to occur. Keeping a menstrual calendar can locate "Day 14" BEFORE the onset of next month's period, if the cycles occur at regular intervals. Temperature curves show a 0.6 F rise with ovulation. Cervical mucous becomes stretchy with ovulation. And urine test can be cone to detect LH surge of ovulation. Cost: Walgreens = fertility monitoring kit \$199.99, \$49.99 for 30 test sticks, \$14.99 for 5 day test kit (one time test kit).
- 17. **Withdrawal (coitus interruptus, pulling out)**: Effectiveness = 81-96%. No protection against STD.
- 18. **No birth control**: The chance of getting pregnant with one unprotected intercourse midcycle (around ovulation, i.e., Day 14 before her next period) is 30%. For any "random" unprotected intercourse, the chance of pregnancy is 8%. For one year of average intercourse and no contraception, the chance of pregnancy or fertility is 85% (and the chance of "infertility" is 15%).
- 19. **Postpartum**: Tubal ligations are done 24 hours after delivery. For patients on public insurance (MA, Minn Care, etc), consent must have been signed 30 days before surgery or EDC. This is not a requirement for other insurances. You can give Depo or start progestin only pills in hospital. Combination BCPs may affect breast production, should delay for 3 weeks. Combination pills MAY (but not proven) have a slight increase of DVTs early postpartum because of decreased activity. IUD's are inserted at the six-week exam after IUD education/checklist done. Diaphragms are fit at 6 weeks. Recommend 6 weeks of no intercourse. Condoms are ok. Prescribe Plan B upon discharge from hospital for women using OCPs or barrier methods (condoms).

Vasectomy at FMC costs about \$420. Need pre-authorization, may be discounted up to 50% with Assured Care

CONTRACEPTIVE OPTIONS

ļ	METHOD:	KEY ADVANTAGES:	KEY DISADVANTAGE:	EFFECTIVENESS (1 Year):
1	Birth Control Pill	-continuous protection if taken correctly -reversible -noncontraceptive health benefits	-must be remembered daily -increased clot, MI, CVA, especially in smokers over 35 -SE N/V, wt gain	99% if taken correctly
1	Norplant	-continuous protection up to 5 years -reversible -no need to remember daily	-in office minor procedure -menstrual bleeding irregularities -expensive if not retained for 5 years	99%
	Depo-provera	-continuous protection for 3 months -no need to remember daily	-physician visit for quarterly injection -delayed return of fertility (4-5 months) -SE wt gain, menstrual irregularity	99%
•	√asectomy	-continuous protection -no need to remember daily	-provided by male -surgical procedure -permanent -no STD protection	99%
•	Tubal ligation	-see vasectomy	-permanent -surgical procedure -no STD protection	99%
	UD	-continuous protection up to 8 yrs -no need to remember daily	-may be expelled or perforate uterus -increases PID risk for some women	97-99%
	Condom (alone)	-easily obtained -best method for STD protection -good results w/spermicide	-may reduce sensation -less sexual spontaneity -breakage possible -requires cooperation	88-98%

Diaphragm (w/spermacide)	-insertion up to 6h before intercourse -no cooperation needed	-reapplication necessary for repeated intercourse -comfort level with insertion impt -increased risk of UTI	82-94%
Cervical cap	-insertion half to 48h before intercourse -no cooperation needed	-increased risk of cervical cell changes -vaginal odor & discharge -occ discomfort w/insertion	82-94%
Periodic abstinence	-requires no other intervention	-requires careful planning and motivation -no intercourse up to half of menstrual cycle -not for women with irregular cycles	80-99%
Spermicide (alone)	-easily obtained -good results and STD protection when used with barrier	-insertion within half hour of intercourse -repeated insertion for repeated intercourse -messy -increased risk of UTI esp if used w/diaphragm	79-97%
Contraceptive sponge	-easily obtained -insertion up to 24h before intercourse -no need of reapplication for repeated intercourse	-can cause dryness -comfort level w/insertion important	72-94%
Withdrawal	-requires no other intervention	-provided by male partner -requires a great deal of control -leakage of sperm often occurs before ejaculation	72%