CONTRACEPTION COUNSELING: ORAL CONTRACEPTIVES

Week 17

Prepared by: Annie Fu, MD MS

Reading Assignment:
Explore Bedsider.org and how they counsel patients
https://www.bedsider.org/methods/the_pill#details
LEARNING OBJECTIVES

• Understand what is the relevant evaluation of a patient seeking contraception

• Understand the benefits, disadvantages, and contraindications to oral contraceptives

• Understand how to counsel women regarding contraception choice
CASE VIGNETTE

• A 33 yo G10 P0282 woman presents for contraception counseling. She would like to start Yaz, which she has used in the past for dysmenorrhea and acne with good results.
FOCUSED HISTORY

• What elements of the patient’s history are most important?

• PMH: Type 1 diabetes (diagnosed at 8 yo)
• PSH: C/S x 2, D&C x 5, D&E x 3
• OB Hx: PTD @ 33 and 28 weeks; 8 terminations
• GynHx: Dysmenorrhea; regular cycles; history of HSV and chlamydia; history of ASCH pap smear; no fibroids; history of ovarian cysts
• Contraception history: Yaz; depo; Paragard; currently uses withdrawal
• FH: none
• SH: smokes ½ ppd x 20 years; social EtOH; occasional MJ use; married
• All: none
• Meds: Insulin (via pump), Ativan prn
PERTINENT PHYSICAL EXAM FINDINGS

- **Vital signs**: BP 150/80, P 88, RR 20, T 37.0, BMI 36 kg/m²
- **Gen**: NAD, obese
- **Chest**: CTAB
- **CVS**: RRR
- **Abd**: obese, nontender, nondistended
- **GU**: Enlarged right adnexa; normal otherwise
- **Ext**: WWP
CONTRACEPTION COUNSELING: OVERVIEW

• Patient-centered approach
• Tiered counseling regarding methods, from most effective to least effective
• Factors to take into account:
  • Safety
  • Effectiveness
  • Availability (affordability)
  • Acceptability
    • Patient goals, pregnancy intentions, timing
    • Non-contraceptive benefits
    • Side effect profile
• Importance of shared decision making in contraception counseling
Effectiveness of Family Planning Methods

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<tr>
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<th>Pill</th>
<th>Patch</th>
<th>Ring</th>
<th>Diaphragm</th>
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<th>How to make your method most effective</th>
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<td>After procedure, little or nothing to do or remember.</td>
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<td>Vasectomy and hysteroscopic sterilization: Use another method for first 3 months.</td>
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<tr>
<td>Injectable: Get repeat injections on time.</td>
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<tr>
<td>Pills: Take a pill each day.</td>
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<td>Patch, Ring: Keep in place, change on time.</td>
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<td>Diaphragm: Use correctly every time you have sex.</td>
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<tr>
<td>Condoms, sponge, withdrawal, spermicides: Use correctly every time you have sex.</td>
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<td>Fertility awareness-based methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be the easiest to use and consequently more effective.</td>
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*The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method.*
EVALUATION FOR OCP INITIATION

History:
- Gynecologic and contraceptive history
- Pertinent medical history
- Pertinent family history
- Pregnancy intentions

Physical exam:
- Blood pressure
- Weight
- Pregnancy test
- Pelvic exam
- Breast exam

Lab workup:
- STI testing
- Pap smear
- Lipid profile
- Glucose
- LFTs
- Thrombogenic mutations

BOX 2. How to be reasonably certain that a woman is not pregnant

A health care provider can be reasonably certain that a woman is not pregnant if she has no symptoms or signs of pregnancy and meets any one of the following criteria:
- is ≤7 days after the start of normal menses
- has not had sexual intercourse since the start of last normal menses.
- has been correctly and consistently using a reliable method of contraception
- is ≤7 days after spontaneous or induced abortion
- is within 4 weeks postpartum
- is fully or nearly fully breastfeeding (exclusively breastfeeding or the vast majority [≥85%] of feeds are breastfeeds), amenorrheic, and ≤6 months postpartum
COUNSELING: COMBINED ORAL CONTRACEPTIVES

• Ethinyl estradiol + progestin
  • 20-35 mcg EE
    • Low dose: less side effects, more breakthrough bleeding
    • High dose: more side effects, less breakthrough bleeding
  • 8 different progestin types
    • Androgenic: levonorgestrel and norgestrel

• Quick start instead of Sunday start: associated with higher adherence
  • Backup contraception x 1 week if >5 days from LMP

• At initial and follow-up visits, prescribe 1-year supply
  • Increases continuation rates
## COUNSELING: COMBINED ORAL CONTRACEPTIVE

### Benefits
- Easy administration
- Immediately reversible
- Non-contraceptive benefits
  - Manage:
    - Dysmenorrhea (70-80% of women)
    - Endometriosis-related pain
    - Menorrhagia (40-50% of women)
    - Cycle control (cyclic, extended cycle regimens)
  - Advantages:
    - Ovarian cancer:
      - ↓ 27% with every use
      - ↓ 20% for every 5 years of use
    - Endometrial cancer:
      - ↓ 50%
    - Benign breast disease: reduced incidence
    - Reduce acne, hirsutism
    - Reduce menstrual migraines
    - Reduce PMDD symptoms
    - Relieve vasomotor symptoms
    - Reduce ovarian cyst formation
    - Increased bone density in later life
    - No effect on weight gain

### Disadvantages
- Daily administration
- Obesity potentially impairs effectiveness of COCs
- Increased risk of thrombogenesis
  - Obesity also independent risk factor for VTE
  - Increased risk (8-24%) of breast cancer during use, absolute risk low (RR 1.09 for 1 year, and RR 1.38 for >10 years of use)
- Side effects
  - Breakthrough bleeding
  - Breast tenderness
  - Nausea and bloating
  - Headaches

### Contraindications
- Risk factors for cardiovascular disease
  - CHTN; hx of HTN w/o ability to evaluate
- Current or hx DVT/PE
- Thrombogenic mutations
- Current or hx history of ischemic heart disease, vascular disease, complicated valvular disease
- Antiphospholipid antibody +
- Postpartum < 42 days; or > 21 and < 42 days with risk factors
- Breastfeeding
- Smoking
  - ≥35 + smoking
- Migraine w/o aura ≥ 35 yo; migraine w/ aura
- Breast cancer, active or hx
- Diabetes with:
  - >20 years’ duration
  - Nephropathy/retinopathy/neuropathy
  - Vascular disease
  - Hepatobiliary disease (acute hepatitis, severe cirrhosis, current gallbladder disease, cholestasis on CDC, liver tumor/cancer)
COUNSELING: PROGESTIN-ONLY PILLS

• Norethindrone (0.35 mg) or norgestrel (0.075 mg)
• Quick start instead of Sunday start: associated with higher adherence
  • Backup contraception x 2 days if > 5 days from LMP
• At initial and follow-up visits, prescribe 1-year supply
  • Increases continuation rates
# COUNSELING: PROGESTIN-ONLY PILLS

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<thead>
<tr>
<th>Benefits</th>
<th>Disadvantages</th>
<th>Contraindications</th>
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</table>
| • Used in women who cannot take estrogens  
• Easy administration  
• Immediately reversible  
• Non-contraceptive benefits  
  • Treat AUB  
  • No estrogen-related side effects (nausea, headache, bloating)  
  • Protective against endometrial and ovarian cancer, benign breast disease, PID | • Requires consistent use  
• Must be taken at the same time daily  
  • If 3 hours late, must use backup x 48 hours  
• Does not suppress ovulation  
• Side effects  
  • Bleeding disturbances  
    • Irregular bleeding, frequent or prolonged bleeding, amenorrhea  
  • Breast tenderness, dizziness, occasional headache | • Current breast cancer |
FIRST-LINE RESOURCES

• U.S. Medical Eligibility Criteria for Contraceptive Use, 2016 (WHO)

• U.S. Selected Practice Recommendations for Contraceptive Use, 2016 (CDC)
CASE VIGNETTE: MANAGEMENT

• Next steps?
  • Urine pregnancy test: negative
• What in her history and physical affects contraceptive choice and how you counsel?
  • Vital signs: BP 150/80, P 88, RR 20, T 37.0, BMI 36 kg/m²
  • PMH: Type 1 diabetes (diagnosed at 8 yo)
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WHO MEC Category 3
WHO MEC Category 2
WHO MEC Category 3/4
WHO MEC Category 2
CASE VIGNETTE: MANAGEMENT

• What would you recommend for the patient?
  • Assess patient goals: contraceptive benefit only? Non-contraceptive benefit? What side effects is she averse to? What method would she prefer? What are her pregnancy intentions (no near-future pregnancy?)
  • Tiered counseling: Sterilization/LARC -> SARC -> natural family planning methods
  • Discuss side effects and contraindications: patient-specific issues

• This patient desires oral contraceptives and is unsure regarding her future pregnancy plans
  • Prescribe POPs x 1 year; recommend Quick Start
BILLING AND CODING

• Diagnoses
  • Z30.9, Encounter for counseling regarding contraception
  • Z30.09, Counseling for birth control, oral contraceptive
• If providing OCP pack in office:
  • S4993, Contraceptive pills for birth control
**BILLING AND CODING**

CPT Code: New outpatient visit
- At least 99203 (higher if attending sees patient with you)

CPT Code: Established outpatient visit
- At least 99213 (higher if attending sees patient with you)

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EVIDENCE


