LARC for Intermediate

June 6, 2016

Brandy Mitchell, ANP-BC, WHNP-BC
Disclosures

Trainer/Speaker for Merck (Nexplanon)
Trainer for Actavis (Liletta)
Objectives

• Compare current IUDs available
• Troubleshoot difficult LARC cases
• Managing side-effects
• Pearls, tips and tricks for success
• Resources for managing clients
• Instructions for using Pelvic Simulators
• Answer questions
Long-Acting Reversible Contraception

Intrauterine Device (IUD)
Intrauterine Systems (IUS)
Implant
ParaGard® (copper) IUD
Mirena® (levonorgestrel) IUD
Skyla™ (levonorgestrel) IUD
Mirena compared to Skyla

- Mirena: 32 mm x 32 mm silver ring
- Skyla: 28 mm x 30 mm
### Mirena compared to Skyla

<table>
<thead>
<tr>
<th></th>
<th>Mirena</th>
<th>Skyla</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size</td>
<td>32mm x 32mm</td>
<td>28 mm x 30 mm</td>
</tr>
<tr>
<td>Levonorgestrel dose</td>
<td>52 mg</td>
<td>13.5 mg</td>
</tr>
<tr>
<td>String color</td>
<td>black</td>
<td>black</td>
</tr>
<tr>
<td>Approved length of use</td>
<td>5 years</td>
<td>3 years</td>
</tr>
<tr>
<td>Minimum uterine depth (per PI)</td>
<td>6 cm</td>
<td>n/a</td>
</tr>
<tr>
<td>Maximum uterine depth (per PI)</td>
<td>10 cm</td>
<td>n/a</td>
</tr>
</tbody>
</table>
Liletta® (levonorgestrel) IUD
Liletta compared to Mirena
Liletta® compared to Mirena®

<table>
<thead>
<tr>
<th></th>
<th>Liletta</th>
<th>Mirena</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size</td>
<td>32 mm x 32 mm</td>
<td>32 mm x 32 mm</td>
</tr>
<tr>
<td>Levonorgestrel dose</td>
<td>52 mg</td>
<td>52 mg</td>
</tr>
<tr>
<td>String color</td>
<td>blue</td>
<td>black</td>
</tr>
<tr>
<td>Approved length of use</td>
<td>3 years*</td>
<td>5 years</td>
</tr>
<tr>
<td>Minimum uterine depth (per PI)</td>
<td>5.5 cm</td>
<td>6 cm</td>
</tr>
<tr>
<td>Maximum uterine depth (per PI)</td>
<td>n/a</td>
<td>10 cm</td>
</tr>
</tbody>
</table>
Liletta® (levonorgestrel) IUD
IUD Myths

**MYTH:**

It is easier to insert an IUD when a woman in menstruating.

**FACT:**

Timing of menstruation does not impact IUD insertion success.

IUDs: Timing of Insertion

Insert *anytime* in the menstrual cycle when you can be reasonably certain she is not pregnant.

**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

Centers for Disease Control and Prevention. [U.S. Selected Practice Recommendations for Contraceptive Use, 2013 ]. MMWR 2013;62
Copper IUD: Over 99% effective if inserted within 5 days of unprotected intercourse.
Oral EC Failure and Body Weight

EC hormone absorption is slower in obese women than it is in women of normal weight.

Plan B® One-Step is not likely to be effective for women with a BMI >26.

Ella® - effectiveness may decrease for women with a BMI >35.
Need More info about EC?

ec.princeton.edu
IUD Myths

**MYTH:**
An IUD should not be placed until the patient has confirmed negative Gonorrhea and Chlamydia results.

**FACT:**
Same day testing is preferred and evidenced-based. If the patient has a positive result, treat per CDC guidelines.

Centers for Disease Control and Prevention. [U.S. Selected Practice Recommendations for Contraceptive Use, 2013]. MMWR 2013;62
IUD Myths

**MYTH:**
It is not necessary to use a tenaculum when inserting an IUD.

**FACT:**
Not using a tenaculum increases the risk of malposition and expulsion.
**IUD Myths**

*Always* use the tenaculum to straighten the cervical canal and uterus to ensure you are measuring the correct uterine length and placing the IUD at the fundus.
Tenaculum Placement

Grasp the anterior lip of the cervix with a tenaculum about 1.5 to 2.0 cm from the os.

Close the tenaculum slowly and quietly to first or second notch.

Avoid using descriptors that provoke pain.
Case #1

18 y.o. G0 is interested in getting a ParaGard IUD

– Failed attempt at ParaGard IUD insertion at another clinic
– Unable to pass through endocervical canal
– Patient reports the experience as being very painful
– Wants a ParaGard because she does not want any hormones.
IUDs: Options for Difficult Nulliparous Insertions

• Recommend a different method?
• Referral to a more experienced provider?
• Misoprostol to soften/dilate cervix?
• Pain medications: oral/IV/paracervical
• Mechanical assistance: os finder, endometrial biopsy cannula (“Pipelle”), cervical dilators
IUDs: Difficult Insertions

Factors related to complications or difficult IUD insertion (n=545):

• No previous history of a vaginal delivery
• Older nullips were at greatest risk of difficult insertion
• Vasovagal in 1.8% (8.7% nullip vs. 0.2% parous)
• Inexperienced physicians had 3x (1.5-6.2 95%CI) the failure rate

IUDs: Difficult Insertions- Misoprostol?

No evidence to support benefit.

- 2 double-blind RCTs of nullips to receive misoprostol resulted in increased side effects with no decrease in pain or ease of insertions.
- Pre-insertion nausea (29% vs. 5%, p=.05) and cramping (47% vs. 16%, p=.04) in miso vs. placebo group. ¹
- One study found slightly decreased use of dilators in the miso group, while the other study showed no difference. ¹, ²

IUDs: Difficult Insertions- Misoprostol?

- Failures in nulliparous women were infrequent.
- IUD placement was successful in all but one patient in one study, and IUD placement was successful in ~95% of patients in the other. ¹, ²
- Expulsion rates were slightly higher in the misoprostol group in one study. ²

IUDs: Difficult Insertions - Pain Control

**MYTH:**

IUD insertion pain is reduced by ibuprofen, paracervical blocks, topical lidocaine, intrauterine lidocaine and misoprostol.

**FACT:**

None of these methods has been found to reduce insertion pain. In fact, pain scores during insertion are higher with paracervical blocks and misoprostol.

IUDs: Difficult Insertions- Pain Control

RCT of 103 women found that either 550 mg of naproxen or 50 mg of tramadol 1 hour before IUD insertion in multiparous women reduced procedure pain compared with placebo (p = .001).

Mean pain scores on a 0- to 10-point scale:

- Tramadol: 2.3
- Naproxen: 2.9
- Placebo: 4.9

IUD Procedure Pain Control

Use “verbicane” and distraction.
IUDs: Difficult Insertions- Mechanical Help

- Os finder when cervical opening difficult to identify and to gently dilate nulliparous os
- Pipelle to identify path of endocervical canal
- Adequate traction with tenaculum; on posterior lip if extreme retroversion
IUDs: Difficult Insertions- Ultrasound Guidance

• May be helpful to ensure not creating false passage and/or post-procedure to confirm intrauterine placement

• Metal sound easy to see on abdominal ultrasound if not obese
Case #2

32 y.o. G0 presents for routine pap smear
- LNG-IUD placed 1 year ago
- Mild cramping during insertion; no problems since then
- Did not have f/u string check
- During pap, incidentally notice IUD strings are missing
- Happy with IUD
- Has been amenorrheic for last 9 months
IUDs: Missing Strings

- 5 - 15% of women with IUDs have missing strings

- Most commonly strings retracted into cervix or uterine cavity

- Need to rule out perforation and expulsion


Ultrasound Available

Ultrasound Not Available

Case #3

The same patient returns 2 years later, she would like to have her IUD removed.

What are options for removal?
IUDs: Missing Strings- In Office Removal

- Try coaxing strings with cytobrush
- Grasp strings in the endocervical canal using alligator forceps
- Grasp IUD itself within the uterus if strings are no longer within the canal (can try this with ultrasound guidance)

If procedure is painful, can consider a paracervical block or PO or IV sedation in more extreme cases

IUDs: Missing Strings- Alligator Forceps
IUDs: Missing Strings- IUD Hooks
Missing Strings: Vaginal Misoprostol?

• Planned hysteroscopic removals

• Three case reports of misoprostol 200 mcg placed vaginally the night before and the morning of the planned procedure.

• On exam, IUD strings were visible in os.

Case #4

24 year G1P1 with LNG-IUD placed 8 weeks postpartum

- Presents 1 month after insertion with cramping
- Exclusively breastfeeding
- US demonstrates empty uterus
- X-ray with IUD in abdomen
IUDs: Perforation – Risk Factors

• Insertion Postpartum

• Insertion while Breastfeeding

• Inserted by provider doing < 50 insertions per year

• Risk not affected by type of healthcare provider or LNG vs. copper IUD

IUDs: Perforation – Risk Factors

61,448 women in six European countries followed between 2006 - 2013 for more than 68,000 women-years of observation (70% LNG, 30% copper devices).

### Perforation incidence and RRs stratified by breastfeeding status and time since last delivery interval

<table>
<thead>
<tr>
<th>Time since last delivery</th>
<th>Breastfeeding</th>
<th>RR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>≤ 36 weeks</td>
<td>5.6 (3.9–7.9)</td>
<td>1.7 (0.8–3.1)</td>
</tr>
<tr>
<td>&gt; 36 weeks</td>
<td>1.6 (0.0–9.1)</td>
<td>0.7 (0.5–1.1)</td>
</tr>
<tr>
<td>RR (95% CI)</td>
<td>3.4 (0.5–24.8)</td>
<td>2.3 (1.1–4.7)</td>
</tr>
</tbody>
</table>

*Per 1000 insertions.*

Nexplanon® (etonoogestrel) implant
Nexplanon® (etonogestrel) implant

- Approved for 3 years use
- Some evidence to show it lasts for 4 years\(^1\)
- FDA requires all providers to complete certification course prior to inserting and removing device.

Nexplanon® - Bleeding Profile

• **Frequent or prolonged bleeding** is common during first 3-6 months.

• Then:
  1 out of 5: amenorrhea
  1 out of 5: prolonged, frequent bleeding

Only some will have “bothersome” bleeding
Nexplanon® - “Bothersome Bleeding”

- Counseling and anticipatory guidance is very important!!!
- Avoid interventions until after 3 months post-insertion.
- If bleeding remains bothersome after three months consider:
  NSAIDs:
  - Oral celecoxib: 200mg daily x 5 days
  - Oral mefenamic acid: 500 mg tid x 5 days
  Combined hormonal method for three months:
  - Monophasic pill continuously x 3 months
  - NuvaRing continuously x 3 months
  Still not better?
  - Can offer continuous pills or ring for duration of implant use

Poor Results:
- Doxycycline
- Progestin pills
- Depo-Provera
- Ibuprofen

Nexplanon® - Serum Concentration

Pharmacokinetic profile of NEXPLANON® (etonogestrel implant)

Mean (± SD) serum concentration-time profile of etonogestrel after insertion of NEXPLANON during 3 years of use.
Nexplanon® - Drug Interactions

Drug interactions

Drugs or herbal products that induce enzymes, including CYP3A4, that metabolize progestins may decrease the plasma concentrations of progestins, and may decrease the effectiveness of NEXPLANON® (etonogestrel implant). In women on long-term treatment with hepatic enzyme-inducing drugs, it is recommended to remove the implant and to advise a contraceptive method that is unaffected by the interacting drug. Some of these drugs or herbal products that induce enzymes, including CYP3A4, include:

| Selection of drugs or products that may decrease the effectiveness of NEXPLANON® |
|---------------------------------|---------------------------------|----------------------|
| Barbiturates                   | Griseofulvin                   | St. John’s wort      |
| Bosentan                       | Oxcarbazepine                  | Topiramate           |
| Carbamazepine                  | Phenytoin                      |                      |
| Felbamate                      | Rifampin                       |                      |
Nexplanon® - Removal Tips

• Figure out where the implant wants to “pop out” by bringing it up toward you with hands

• Place Lidocaine *under* the implant

• Make incision in the correct direction
Nexplanon® (etonogestrel) implant
Nexplanon® (etonogestrel) implant
Nexplanon® (etonogestrel) implant
Nexplanon® (etonogestrel) implant
Nexplanon® (etonogestrel) implant
Nexplanon® (etonogestrel) implant

UPSTREAM USA™
Case #5

17 year G0 presents for Emergency Contraception

- Using DMPA for 2 years and frequently misses dose
- Last DMPA was 18 week ago
- Had unprotected sex last night
- Provider is running behind schedule and patient is scheduled in a 10-minute nurse visit appointment slot.
Case #5 – Options for this patient?

• Give EC with a return appointment for DMPA?

• Give EC and DMPA if pregnancy test is negative and remind her to use condoms x 7 days and come back on time for next dose?

• Tell her she needs to use a LARC because she is always late for her DMPA?
Contraceptive Counseling

Where is she in her reproductive life plan?

Are you planning a pregnancy in the next year?

Do you want to be pregnant in the future? If so, when?
Contraceptive CHOICE Project
Contraceptive CHOICE Project

Primary Objectives

• To increase the acceptance and use of long-acting reversible contraceptive (LARC) methods among women of childbearing age

• To measure acceptability, satisfaction, side-effects, and rates of continuation across a variety of reversible contraceptive methods, including long-acting reversible methods
Contraceptive CHOICE Project

Study Inclusion Criteria

- Females: 14-45 years old
- Primary residency in STL City or County
- Sexually active with male partner (or soon to be)
- Does not desire pregnancy during next 12 months
- Desires reversible contraception
- Willing to try a new contraceptive method
Contraceptive CHOICE Project

Screening and Enrollment

1. Introduce study
2. Eligibility screen
   - LARC Blurb
3. Offer participation
4. Agrees
5. Eligible
6. Enroll participant!
   - Contraceptive Counseling
   - Informed Consent
   - Contact Information
   - Medical Record Authorization
   - Clinical Forms and Evaluation
   - Baseline STI
   - Baseline Survey
   - Method Allocation
Contraceptive CHOICE Project

Contraceptive Counseling

- Counseling Framework with Standard Script
- Contraception 101 Lecture for Educators
- Tiered Method Approach
Contraceptive CHOICE Project

<table>
<thead>
<tr>
<th>Method</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>LNG-IUS</td>
<td>46.0</td>
</tr>
<tr>
<td>Copper IUD</td>
<td>11.9</td>
</tr>
<tr>
<td>Implant</td>
<td>16.9</td>
</tr>
<tr>
<td>DMPA</td>
<td>6.9</td>
</tr>
<tr>
<td>Pills</td>
<td>9.4</td>
</tr>
<tr>
<td>Ring</td>
<td>7.0</td>
</tr>
<tr>
<td>Patch</td>
<td>1.8</td>
</tr>
<tr>
<td>Other</td>
<td>&lt;1.0</td>
</tr>
</tbody>
</table>

Baseline chosen method of 9,256 participants

75%
Contraceptive CHOICE Project

Choice of LARCs by adolescents

Mestad Contraception 2011
## Contraceptive CHOICE Project

<table>
<thead>
<tr>
<th>Method</th>
<th>Continuation Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LNG-IUS</td>
<td>87.5</td>
</tr>
<tr>
<td>Copper IUD</td>
<td>84.1</td>
</tr>
<tr>
<td>Implant</td>
<td>83.3</td>
</tr>
<tr>
<td>Any LARC</td>
<td>86.2</td>
</tr>
<tr>
<td>DMPA</td>
<td>56.2</td>
</tr>
<tr>
<td>OCPs</td>
<td>55.0</td>
</tr>
<tr>
<td>Ring</td>
<td>54.2</td>
</tr>
<tr>
<td>Patch</td>
<td>49.5</td>
</tr>
<tr>
<td>Non-LARC</td>
<td>54.7</td>
</tr>
</tbody>
</table>

12-month continuation rates

Peipert Obstet Gynecol 2011
Contraceptive CHOICE Project

12-month continuation rates: adolescents compared to older women

Rosenstock Obstet Gynecol 2012
Contraceptive CHOICE Project

Unintended pregnancy by method
Contraceptive CHOICE Project

Method failure by age

Winner NEJM 2012
Case #5 – Options for this patient?

- Offer EC (Including ParaGard)
- Provide Contraceptive Counseling
- Utilize support staff (RNs, Health Educators)
LARC Resources
Birth Control Method Effectiveness
How many women out of 100 get pregnant in 1 year with typical use?

**Most effective:** IUD, Implant, Sterilization
(less than 1 woman)

- Progestin Shot (3 women)
- Pill/Patch/Ring (8 women)
- Condom (15 women)

**Least effective:** No contraception (85 women)

Tiered Counseling Visuals
U.S. Medical Eligibility Criteria for Contraceptive Use, 2010

Adapted from the World Health Organization Medical Eligibility Criteria for Contraceptive Use, 4th edition
### U.S. Medical Eligibility Criteria for Contraceptive Use, 2010

#### Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use

<table>
<thead>
<tr>
<th>Condition</th>
<th>Sub-Condition</th>
<th>OK</th>
<th>POP</th>
<th>Injection</th>
<th>IM</th>
<th>LG</th>
<th>CoC</th>
<th>LG+ID</th>
<th>CoC+ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt; 50</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>50-54</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>&gt; 54</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anemia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Severe anemia</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Other anemia</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arterial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Hypertension</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Other arterial</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Type 1 diabetes</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Other diabetes</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) History of breast cancer</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Breast cancer</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) History of cancer</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Breast cancer</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congenital anomalies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Congenital malformation</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Other congenital malformation</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Aneurysm</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Other cerebrovascular disease</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cerebral palsy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Cerebral palsy</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Other cerebral palsy</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Congenital heart disease</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Other cardiovascular disease</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cholestasis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Cholestasis</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Other cholestasis</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraindications</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Any contraindication</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Other contraindication</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depressive and anxiety disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Major depressive disorder</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Other depressive disorders</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes, CVD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Known history of diabetes mellitus</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Other known history of diabetes mellitus</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Note

1. **OK**: Use contraceptive for a healthy or non-compromised woman.
2. **POP**: Use contraceptive for a woman who is not at high risk of dysfunction.
3. **Injection**: Use contraceptive for a woman who is not at high risk of dysfunction.
4. **IM**: Use contraceptive for a woman who is at high risk of dysfunction.
5. **LG**: Use contraceptive for a woman who is at high risk of dysfunction.
6. **CoC**: Use contraceptive for a woman who is at high risk of dysfunction.
7. **LG+ID**: Use contraceptive for a woman who is at high risk of dysfunction.
8. **CoC+ID**: Use contraceptive for a woman who is at high risk of dysfunction.

**Abbreviations:**
- CVD: Cardiovascular disease
- IM: Intramuscular injection
- LG: Long-acting reversible contraception
- POP: Progestin-only pill
- CoC: Condom
- LG+ID: Long-acting reversible contraception plus intrauterine device
- CoC+ID: Condom plus intrauterine device

**Legend:**
- Y: Yes
- N: No
- **: May use with close evaluation
- #: Consider other options
- *: Use with caution
U.S. Selected Practice Recommendations for Contraceptive Use, 2013
Adapted from the World Health Organization Selected Practice Recommendations for Contraceptive Use, 2nd Edition
Bedsider.org for **patients**

**METHOD EXPLORER**

*What is all this stuff?*

The explorer is a place to learn about all your birth control options. We cover every available method, from the IUD (and others on our most effective list) to condoms, the pill, the patch, and more. Click on any method for more details. Want a more apples-to-apples way to compare? View a side-by-side comparison.
Bedsider.org for providers

ORDER MATERIALS /

 Say Thanks, Birth Control in style.
 ORDER YOUR SHIRT TODAY

product categories /

 featured products /

birth control top picks
 Birth control info has never looked this good.
 learn more »

palm cards
 Help people learn about Bedsider with the flip of a card,
 learn more »

trouble remembering?
 Take it this lady in blue. Birth control is always in fashion.
 learn more »

tees
 If you put on a Bedsider tee, prepare to be noticed.
 learn more »

interactive tools and content /

 But wait, there's more for providers! Our Shareable Content lets you
download birth control images or
detailed method information to use on
your website—all at no cost. And our free Interactive
Tools include appointment reminders, birth control
reminders, and a health center finder. Have a look »
beforeplay.org for patients
beforeplay.org for providers
Long-Acting Reversible Contraception

Questions?