

Commonly Preferred Contraception Choices

- **All patients deserve counseling on available methods.**
- **Individualize prescription based on lifestyle and health history.**
- **Always assess HIV/STD risk and recommend condoms for protection.**

Common (non-ranked) choices for certain populations include:

- **Teens:** Low-dose OCP, condoms, patch, DMPA (limit to 2 yrs consecutive use)
- **Breast-feeding women:** Copper IUD, mini-pill, barrier methods, condoms, DMPA
- **Smokers:** Recommend quitting; treat. Non-estrogen containing methods safer: Progestin-only pills or injection, barrier methods, IUDs. If < 35 y.o., low-dose OCP, ring, and patch acceptable (use with caution)
- **No further pregnancies desired:** Copper IUD or Mirena if specific indication, tubal sterilization, or vasectomy

For all contraception methods, refer to manufacturer's labeling or other reference for more information.

Emergency Contraceptive Pills

- 1st dose within 72-120 hours of unprotected sex; efficacy improved with earlier dosing*
- 2nd dose 12 hrs later OR with 1st dose*
- Give an advance prescription at health maintenance and family planning visits
- Prescribe on demand for urgent use as indicated
- Take menstrual history before urgent Rx; pregnancy test and pelvic not indicated if history not suggestive of current pregnancy

Brand	Dosing
Plan-B**	1+1 white pill
Ogestrel	2+2 white pills
Ovral	2+2 white pills
Cryselle	4+4 white pills
Levora	4+4 white pills
Lo/Ovral	4+4 white pills
Low-Ogestrel	4+4 white pills
Levlen	4+4 light-orange pills
Nordette	4+4 light-orange pills
Portia	4+4 pink pills
Seasonale	4+4 pink pills
Trivora	4+4 pink pills
Tri-Levlen	4+4 yellow pills
Triphasil	4+4 yellow pills
Enpresse	4+4 orange pills
Alesse	5+5 pink pills
Lessina	5+5 pink pills
Levlite	5+5 pink pills
Aviane	5+5 orange pills
Lutera	5+5 white pills
Ovrette	20+20 yellow pills

* **Plan B**

** **First line therapy – most effective**

Over the Counter Anti-Nausea Regimens for Use with Emergency Contraceptive Pills

- More often required for EC with COCs than progestin-only methods
- Diphenhydramine HCl 25-50 mg 1 hr before 1st EC dose; repeat Q 4-6 hr prn
- Meclizine HCl 25-50 mg 1 hr before 1st EC dose, repeat in 24 hrs prn

Emergency Contraception Counseling

- Safe; not an abortifacient; not for long-term contraception
- Use anti-nausea regimen if sensitive or if COCs used
- Expect menses within 3 weeks of EC use; if not, return to office for pregnancy test
- Mild spotting and cramping occur rarely
- Begin ongoing effective contraception on next day

IUDs as Emergency Contraception

- The Copper-T can be inserted up to 5 days after unprotected sex
- Refer to an experienced clinician for insertion

Sexual Assault Victims and EC

NYS Public Health Law and NYC Local Law 26 (2003) require that emergency departments offer EC to rape victims.

Abortion Options

Gestational Age	Protocol	Effectiveness
Surgical Abortion		
Up to 10 weeks	Manual vacuum aspiration	> 99%
6 to 14 weeks	Dilation and suction curettage (D&C, vacuum aspiration)	> 99%
13 to 24 weeks	Dilation and evacuation (vacuum aspiration with forceps) – most widely available 13-16 weeks	> 99%
14 to 24 weeks	Intravaginal prostaglandins, or intrauterine injection of prostaglandin, or hyperosmotic saline	97%
Medical (Non-Surgical) Abortion		
Up to 49 days	Mifepristone (RU486), or methotrexate, in combination with oral misoprotol (Cytotec)	94% – 97%
Up to 63 days	Mifepristone with vaginal misoprostol	94% – 97%

Adapted from: Hatcher RA, Trussell J, Stewart F, et al. Contraceptive Technology. 18th revised ed. New York, NY: Ardent Media Inc; 2004.

Information and Resources

The New York City Department of Health and Mental Hygiene

- Call 311 for Women's Healthline: Detailed information on reproductive health service providers, teen services, and public insurance options, as well as patient education materials
- www.nyc.gov/health/maternity for the Bureau of Maternal, Infant and Reproductive Health: emergency contraception information, patient education materials, and other resources

National Information

- General contraception: www.managingcontraception.com
- Emergency Contraception: 1-800-NOT-2-Late or www.not2late.com
- Norplant removal: 1-800-760-9030 or www.contraceptionfoundation.org
- Planned Parenthood Federation of America: www.ppfa.org
- Copper IUD (Paragard T 380A) training: 212-446-9368 or www.paragard.com
- IUD (Mirena) training: 1-888-237-5394 or www.mirena.com

Contraception: To Prevent Unintended Pregnancy

- Take a brief sexual history of all patients
- Encourage the appropriate use of contraception
- Offer emergency contraception to patients

Take a Brief Sexual History of all Patients of Reproductive Age

“Sexual health is an important part of general health, so I always talk with my patients about it.”

- Are you sexually active? Have you ever been?
- Do you have sex with men, women or both?
- How many partners do you have?
- Are you currently using contraception?
- Do you always use condoms to protect yourself and others against HIV and other sexually transmitted diseases?
- Do you know your HIV status?

To facilitate the discussion: Be matter of fact, non-judgmental, and sensitive. Encourage questions. Ensure confidentiality.

Ask about pregnancy intention: Are you planning a pregnancy or trying to avoid one right now?

Planning: Preconception counseling and/or refer

Trying to avoid: Assess need for routine ongoing contraception and emergency contraception

Minors' Rights to Confidential Reproductive Health Care

Both Federal and New York State law give adolescents 17 and younger the right to consent to certain health services without parental permission or knowledge.

These services include:

- Contraception, including emergency contraception
- Pregnancy testing
- Abortion
- Testing for HIV
- Testing and treatment for sexually transmitted infections
- Prenatal care

While no minimum age is specified, and each situation should be considered individually, a child younger than 12 would generally be considered not to have the capacity for informed consent.

New York State Public Health Law Sections 2305, 2504 and 2781; see also Alfonso v. Fernandez, 195 A.D.2d 46, 606 N.Y.S.2d 259, 264 (1993).

Address Needs and Encourage Contraception

1. **Explain the importance** of contraception to general good health.
2. **Dispel myths** about its safety.
3. **Discuss emergency contraception (EC)**, and offer a prescription or pill-pack in advance.
4. **Help your patient choose an appropriate method** based on the medical history. Consider age, weight, sexual risk behaviors, smoking status, general (including mental) health status, and socioeconomic factors.
5. **Urge all patients to use latex or polyurethane condoms** to protect against HIV and other sexually transmitted infections — no matter what kind of contraception they use.
6. **Take advantage of opportunities.** The desire for hormonal contraception, for example, may motivate some patients to quit smoking.
7. **Discuss potential adverse effects**, explaining that many are temporary. Explain how to contact the provider's office should serious adverse effects occur.
8. **Provide patient education materials.**

Oral Contraception Pills

Estrogen: EE = ethinyl estradiol
Progestins: NE = norethindrone, L = levonorgestrel, N = norgestrel

ORAL CONTRACEPTIVES LoX	Estrogen (mcg)	Progestin (mg)
Monophasic		
Norinyl 1+35, Ortho-Novum 1/35, Necon 1/35, Nortrel 1/35	35 EE	1 NE
Brevicon, Modicon, Necon 0.5/35, Nortrel 0.5/35		0.5 NE
Ovcon-35		0.4 NE
Ortho-Cyclen		0.25 norgestimate
Demulen 1/35, Zovia 1/35E		1 ethynodiol
Loestrin 21 1.5/30, Loestrin Fe 1.5/30, Microgestin Fe 1.5/30	30 EE	1.5 NE
Lo/Ovral, Low-Ogestrel		0.3 N
Apri, Desogen, Ortho-Cept		0.15 desogestrel
Levlen, Levora, Nordette, Portia		0.15 L
Yasmin		3 drospirenone
Loestrin 21 1/20, Loestrin Fe 1/20, Microgestin Fe 1/20	20 EE	1 NE
Alesse, Aviane, Lessina, Levlite		0.1 L
Progestin-only		
Micronor, Nor-Q.D.	none	0.35 NE
Ovrette		0.075 N
Biphasic (estrogen & progestin contents vary)		
Kariva, Mircette	20/10 EE	0.15/0 desogestrel
Ortho-Novum 10/11, Necon 10/11	35 EE	0.5/1 NE
Triphasic (estrogen & progestin contents vary)		
Cyclessa	25 EE	0.100/0.125/0.150 desogestrel
Ortho-Novum 7/7/7	35 EE	0.5/0.75/1 NE
Tri-Norinyl		0.5/1/0.5 NE
Enpresse, Tri-Levlen, Triphasil, Trivora-28	30/40/30 EE	0.5/0.75/0.125 L
Ortho Tri-Cyclen Lo	25 EE	0.18/0.215/0.25 norgestimate
Ortho Tri-Cyclen	35 EE	
Estrostep Fe	20/30/35 EE	1 NE

Adapted from: Tarascon Pocket Pharmacopoeia, 2003.

Other Hormonal Contraception Delivery Systems Currently Available

Patch (Ortho-Evra)

- EE 20 mcg/day + norelgestromin 150 mcg/day released transdermally via patch
- Apply one patch/wk for 3 wks to upper outer arm, lower abdomen, upper outer thigh, or buttocks
- Rotate application site each wk
- No patch 4th wk (menstruation)

Ring (NuvaRing)

- EE 15 mcg/day + etonogestrel 120 mcg/day released through ring
- Ring placed in vagina for 3 wks consecutively, then removed for 1 wk (menstruation)

Injectable: progestin-only

- Depot medroxyprogesterone acetate (Depo-Provera) 150 mg as IM injection (deltoid)
- Repeat Q 12 wks up to 2 years consecutively

IUD (Mirena)

- Levonorgestrel 20 mcg/day released from T-shaped IUD
- Effective for up to 5 years

Non-Hormonal Contraception Currently Available

Copper IUD (Paragard T 380A)

- T-shaped device containing copper
- Highly effective up to 10 years
- Refer to an experienced clinician for insertion

Cervical Cap

Diaphragm

Male and Female Condoms

For more detailed information on all contraception methods see the DOHMH City Health Information.

Important Prescribing Updates and Considerations for Hormonal Contraception

Combined oral contraceptive pills (COCs)

- ≤ 35 mcg of EE preferred
- Progestins NE, L, N most evidence for safety
- 3rd generation progestins (desogestrel, norgestimate) have been found to increase the risk for VTE relative to earlier progestins. Use with caution
- Triphasic methods no added advantage for contraceptive effectiveness
- Many generics available for monophasic
- Acceptable for healthy, non-smoking women through to menopause (individualize based on personal health history)

Depot Medroxyprogesterone Acetate (DMPA)

- November 2004 black box warning issued about risk of decreased bone mineral density
- Use for no longer than 2 yrs in most women. Encourage weight-bearing exercise, adequate calcium/Vitamin D sources, and no smoking, especially in teens
- If use > 2 yrs (i.e. no other method adequate/indicated), recommend bone densitometry

Combined hormonal patch

- Not recommended for women > 198 lbs