

Croatia 2015



“Trends in Contraception and the Effective Consultation”

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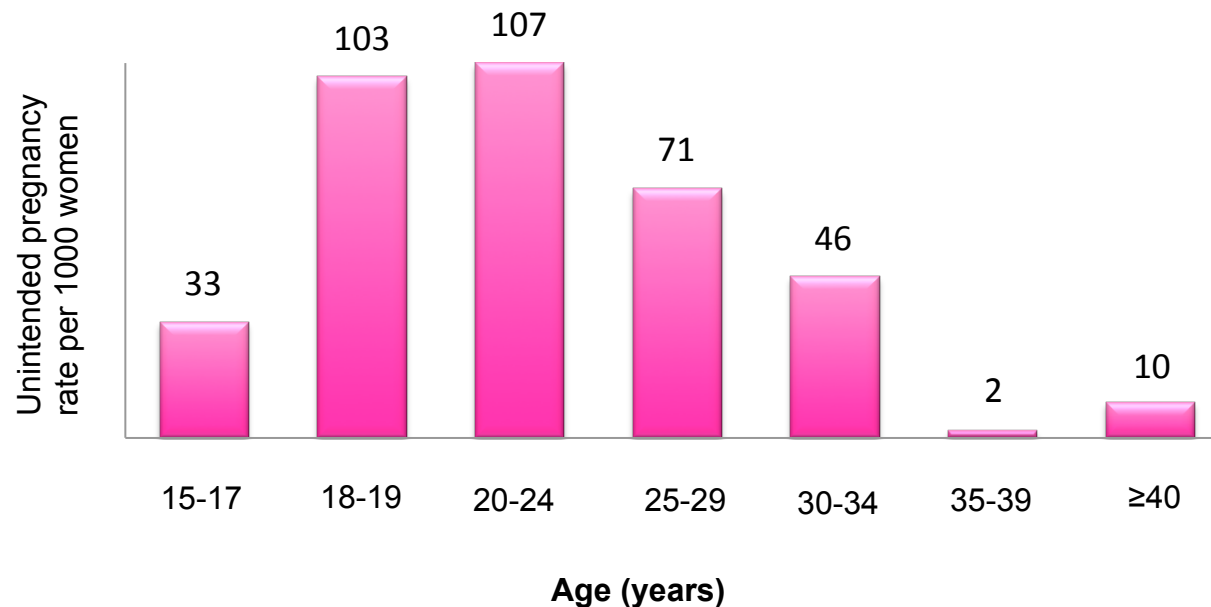
Unintended pregnancy remains a problem in Europe

Despite the wide range of contraceptive options available:

- An estimated 44% of all pregnancies in Europe are unintended
- Of these unintended pregnancies:
 - 64% end in abortion
 - 25% result in the birth of a child
- Estimated unintended pregnancy rates vary across Europe
 - 30-50 per 1000 women aged 15-44 years per year

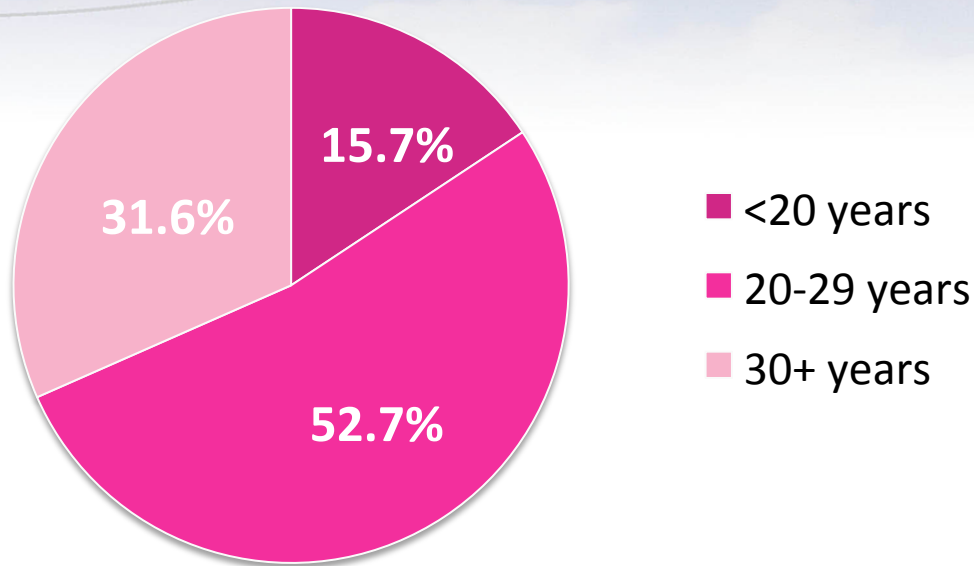
Unintended pregnancy rates: variation with age

- Unintended pregnancy rates are particularly high among young women



Unintended Pregnancy: An ongoing issue

• England & Wales 2013 Abortion Statistics¹

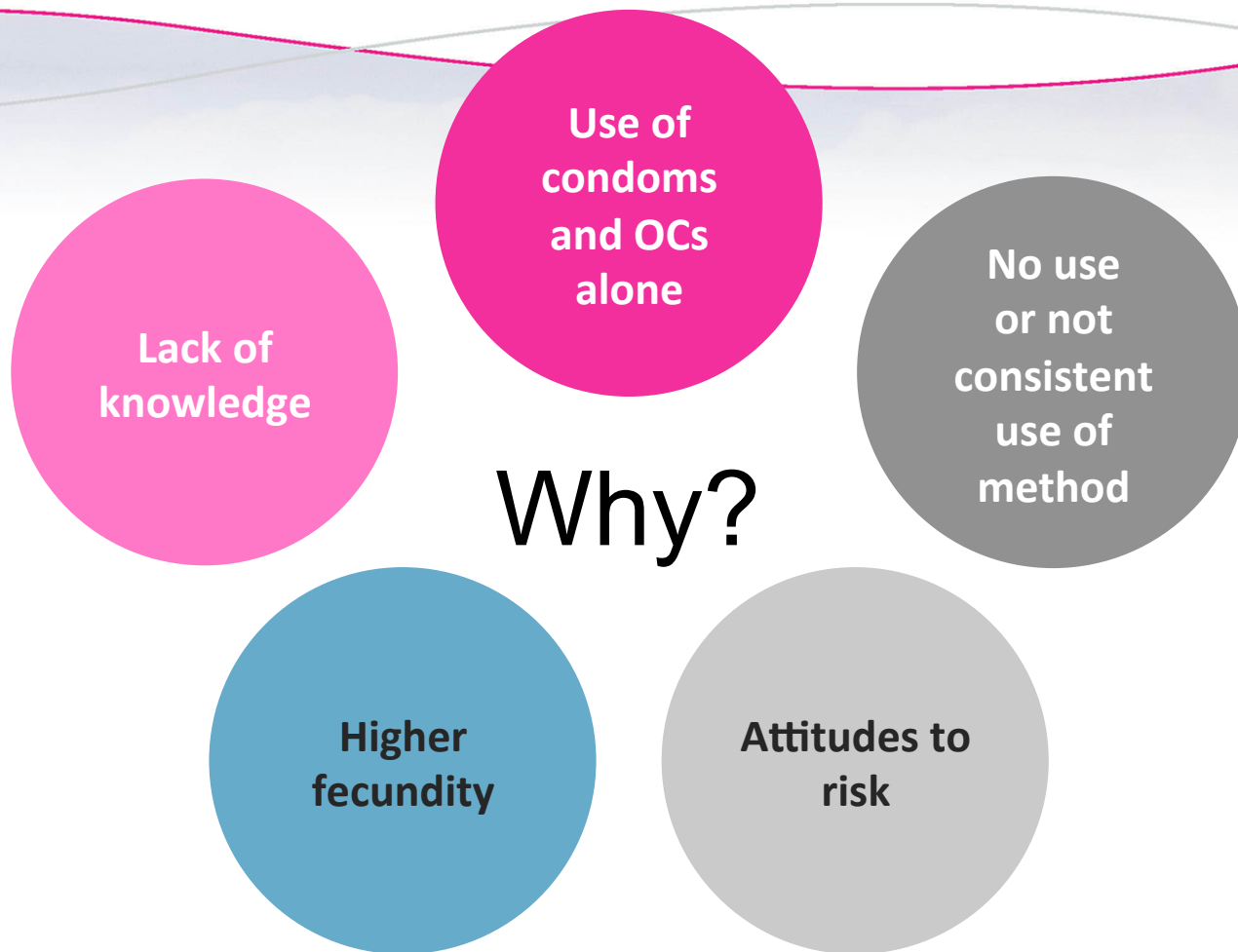


- A total of 185,331 terminations were performed
- An estimated cost to the NHS of £140million^{1,2}

- More than half of all terminations are for women in their 20s
- 37% of abortions were repeats
- In another study 30.8% of 16-24 year olds were using the Pill when they fell pregnant³

1. Department of Health. Abortion Statistics, England and Wales: 2013.
Link: <https://www.gov.uk/government/statistics/report-on-abortion-statistics-in-england-and-wales-for-2013>. Accessed Sept 2014.
2. Bayer data on file, September 2013: Costs of maternity outcomes
3. Marie Stopes Data: <http://mariestopes.org/media/research-reveals-more-half-young-women-who-have-abortions-were-using-contraception-when-they> (last accessed March 2015)

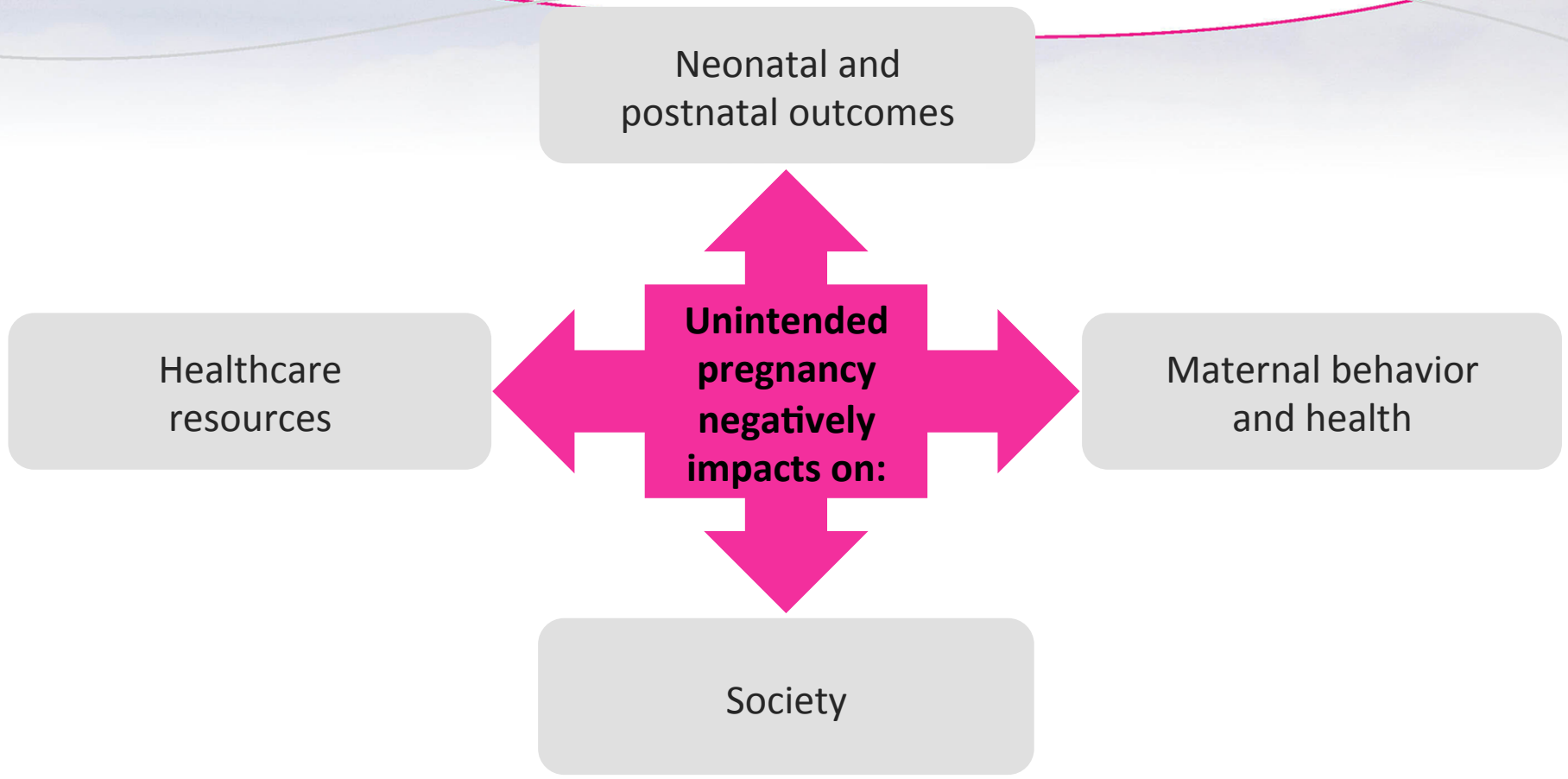
The incidence of unintended pregnancy is particularly high among young women



OC, oral contraceptive

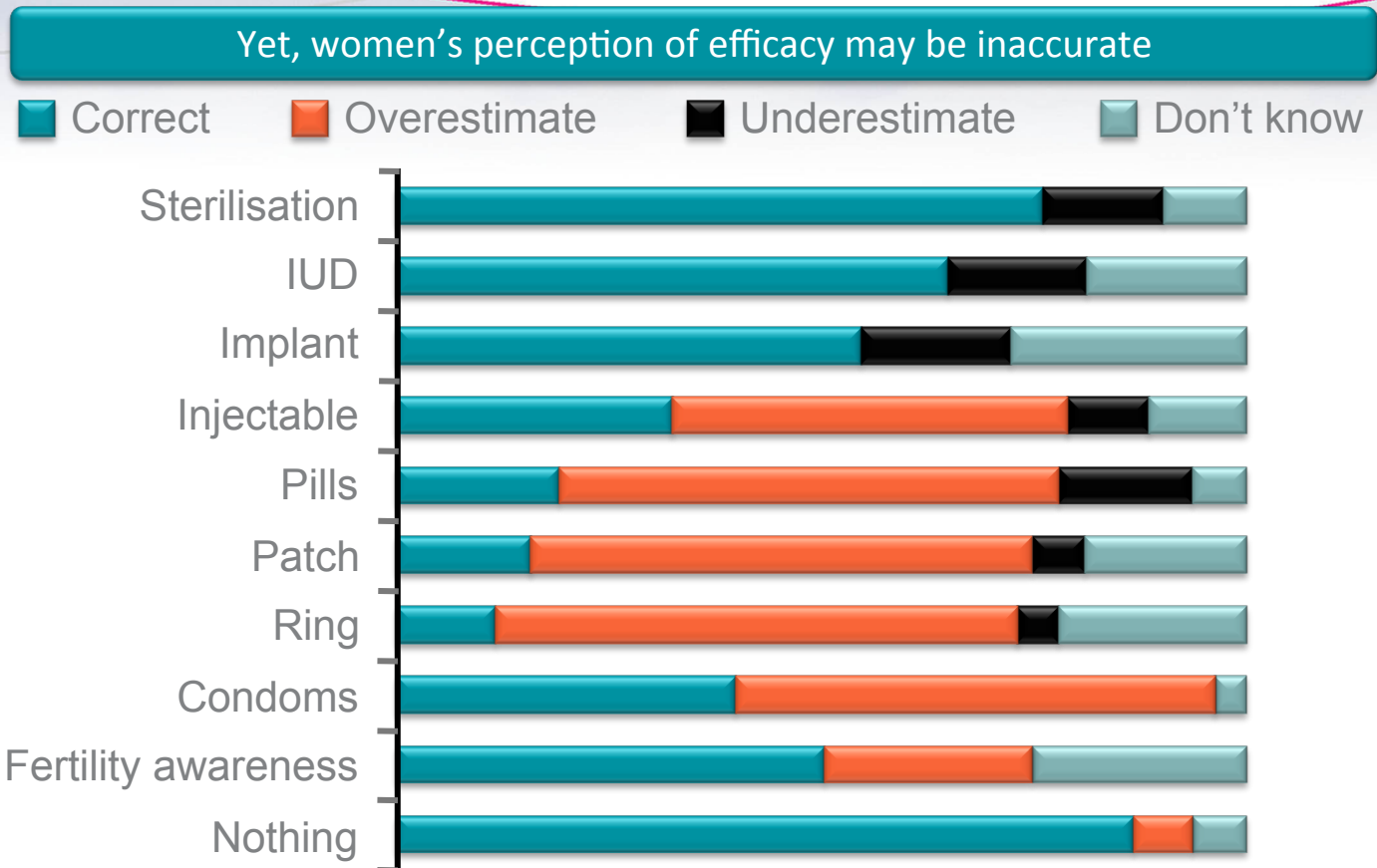
ASRM, 2008; National Campaign, 2009a; National Campaign, 2009b; Mosher and Jones, 2010; Bajos *et al.* 2003

Unintended pregnancy negatively impacts on the child, the mother, society, and healthcare resources



Shah *et al.* 2011; 2. Cleland *et al.* 2011; Committee on Unintended Pregnancy, 1995; Myhrman *et al.* 1995; Cheng *et al.* 2009; Finer and Zolna, 2011; Finer and Henshaw, 2006; Hassan *et al.* 2012

Contraceptive effectiveness - most important reason for women choosing a contraceptive

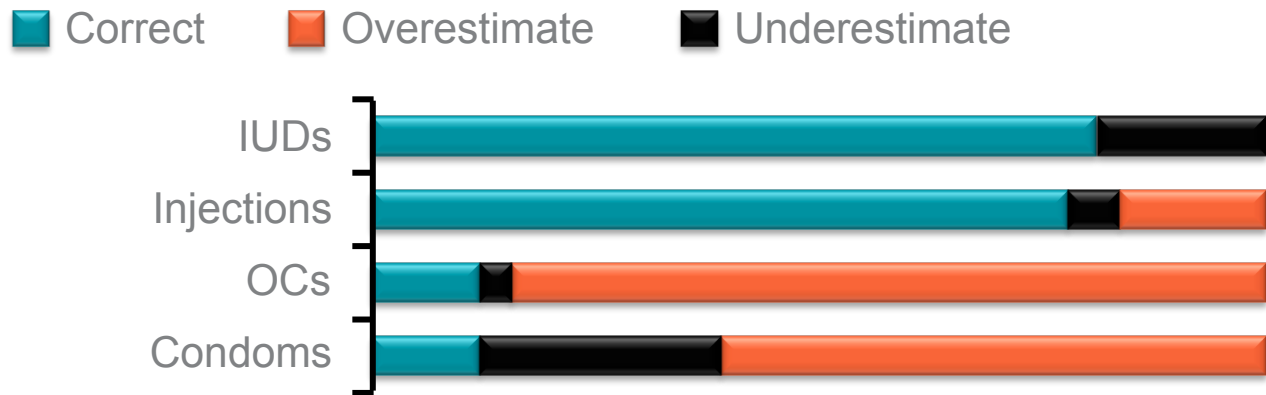


IUD, intrauterine device.

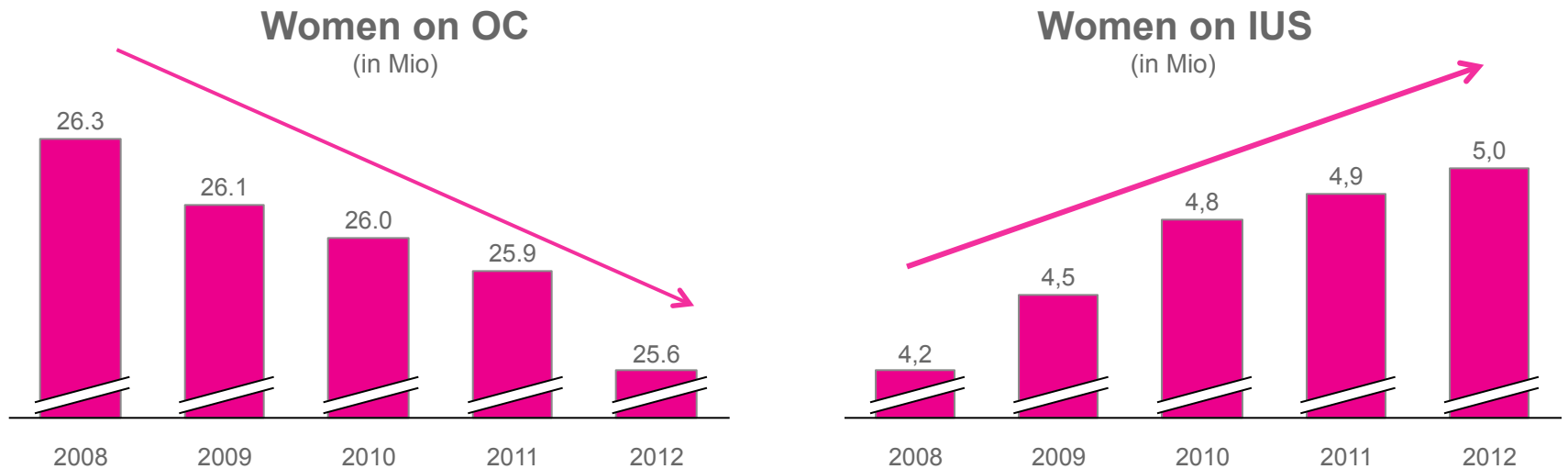
Adapted from: Eisenberg DL, *et al.* Am J Obstet Gynecol 2012;206:479.e1–.e9.

Primary care physicians' perception of contraceptive efficacy is also inaccurate

Primary care physicians are also more likely to **overestimate** efficacy of COCs and condoms too

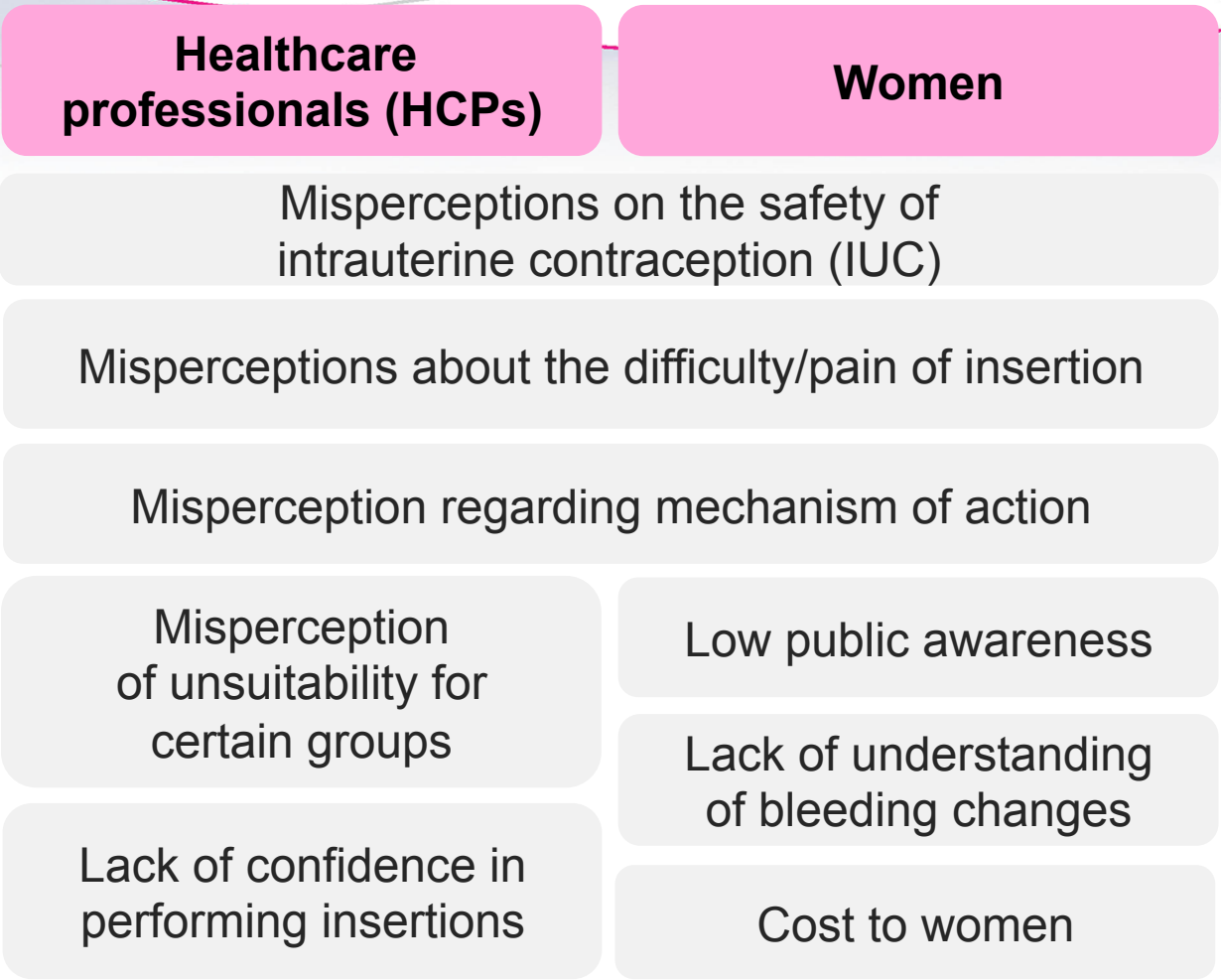


Trends are already visible in women's choice of contraception



Less women use OCs every year - more women start on IUS every year!

Increased use of IUC could reduce unintended pregnancy rates, but various barriers and misperceptions limit uptake



Contraception. 2013 Nov;88(5):650-6. doi: 10.1016/j.contraception.2013.06.005. Epub 2013 Jun 13 Global survey of healthcare practitioners' beliefs and practices around intrauterine contraceptive method use in nulliparous women. Black KI1, Lotke P, Lira J, Peers T, Zite NB.

A global, online survey of HCPs' attitudes and beliefs regarding IUC

Most frequently reported barriers to considering IUC for women **in general:**

- Nulliparity
- Concern about pelvic inflammatory disease (PID)

Most frequently reported barriers to considering IUC for **nulliparous** women:

- Concern about difficult insertion
- Concern about PID
- Concern about insertion pain

None of these barriers are evidence based

Contraception. 2013 Nov;88(5):650-6. doi: 10.1016/j.contraception.2013.06.005. Epub 2013

Jun 13 Global survey of healthcare practitioners' beliefs and practices around intrauterine contraceptive method use in nulliparous women.

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WHO medical eligibility criteria support the use of IUC in a wide range of women, regardless of parity

Characteristic	WHO medical eligibility criteria (UK MEC) category ¹	Interpretation
Parous	1	No restriction
Nulliparous	2	Benefits outweigh risks

- Other guidelines support the use of IUC in nulliparous women, including:
 - US² and UK³ MECs
 - Society of Family Planning (SFP)⁴
 - American Congress of Obstetricians and Gynecologists (ACOG)⁵

IUC itself does not cause PID: the causative agents are STIs

- PID is caused by sexually transmitted infections (STIs), mainly chlamydia and gonorrhea
- There is a slightly increased risk of PID in the first 3 weeks after placement of IUC
 - This is related to the placement procedure, during which microbes, including pre-existing STIs, may be transferred into the uterus
- Consider screening women who are at high risk of STIs

In studies, physicians rated most IUC placements in nulliparous women as “easy”

Reference	Country	Population	Placements rated as 'easy', %
Marions <i>et al.</i> ¹	Sweden	224 nulliparous women	72
Suhonen <i>et al.</i> ²	Finland and Sweden	94 nulliparous women	85
Bahamondes <i>et al.</i> ³	Brazil	159 nulligravid women	81

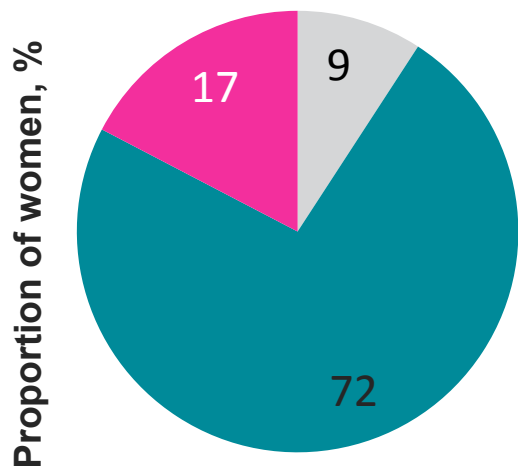
1. Marions *et al.* The European Journal of Contraception and Reproductive Health Care, April 2011;16:126–134 ;
2. S. Suhonen *et al.* / *Contraception* 69 (2004) 407–412
3. 3.M.V. Bahamondes *et al.* / *Contraception* 84 (2011) e11–e16.

In studies, most nulliparous women tolerate IUC placement well

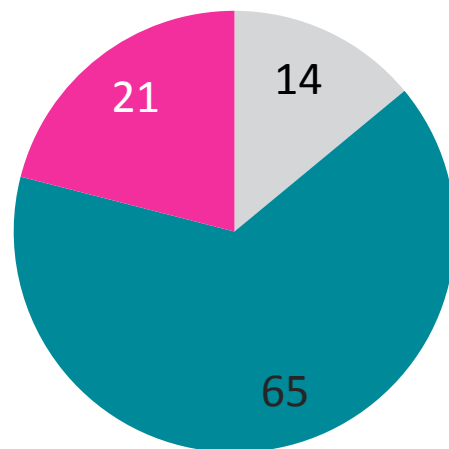
- Most nulliparous women reported their pain as no more than “moderate”

Level of pain reported

■ None ■ Mild/Moderate ■ Severe



Marions *et al.*¹
(n=224)



Suhonen *et al.*²
(n=94)

In the Phase III study,^{1,2}
85% of nulliparous
women rated pain on
placement as no more
than “moderate”

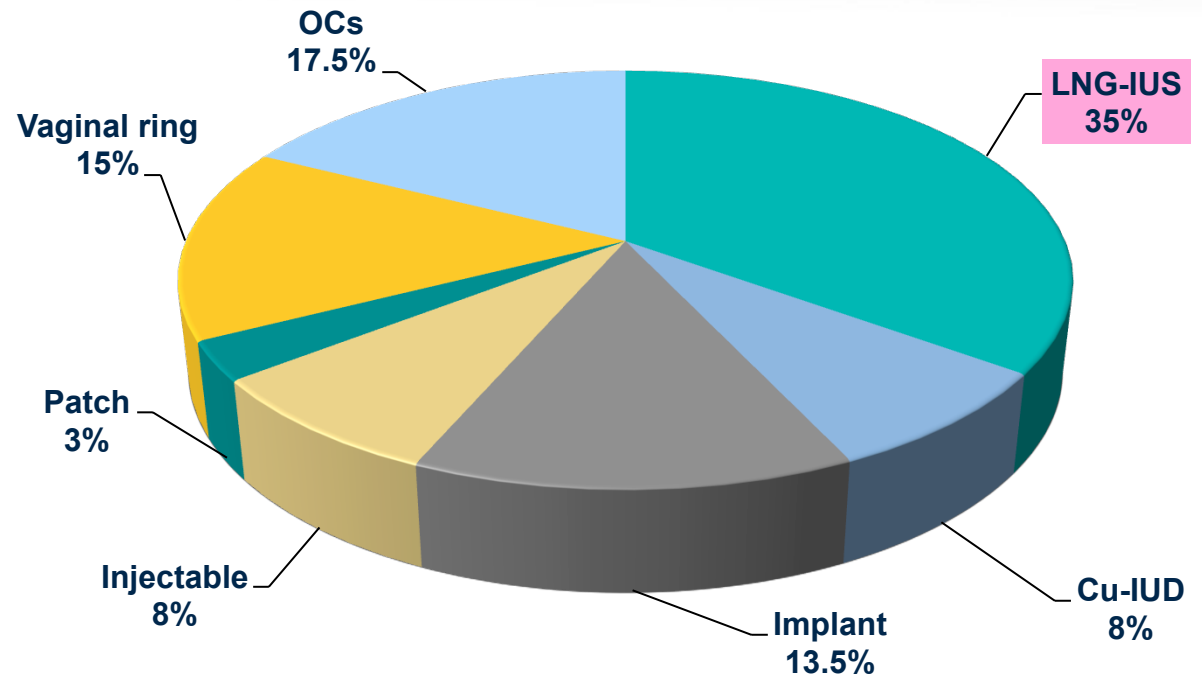
1. Marions *et al.* The European Journal of Contraception and Reproductive Health Care, April 2011;16:126–134 ;

2.S. Suhonen *et al.* / Contraception 69 (2004) 407–412

Use of LARC, particularly IUS, can be increased through contraceptive counselling

US-based Contraceptive CHOICE project: choice of contraception among 1,985 nulliparous women¹

- Overall, 43% of nulliparous women chose IUC¹
- The 1 year continuation rate for IUC in nulliparous women was 87%²

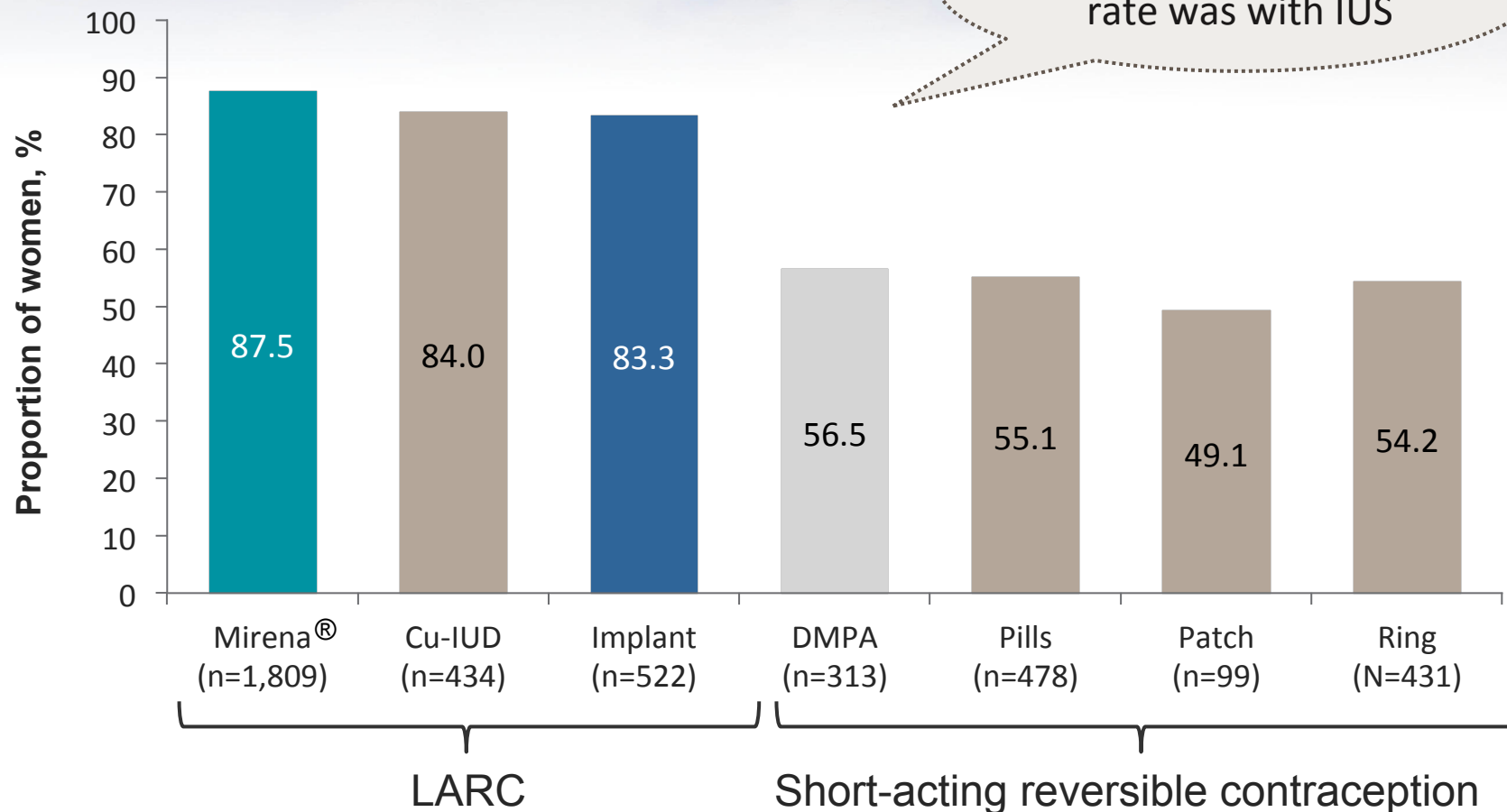


1. Peipert JF *et al. Obstet Gynecol* 2011;117:1105-13

2. Madden T *et al. Contraception* 2010;82:187-8

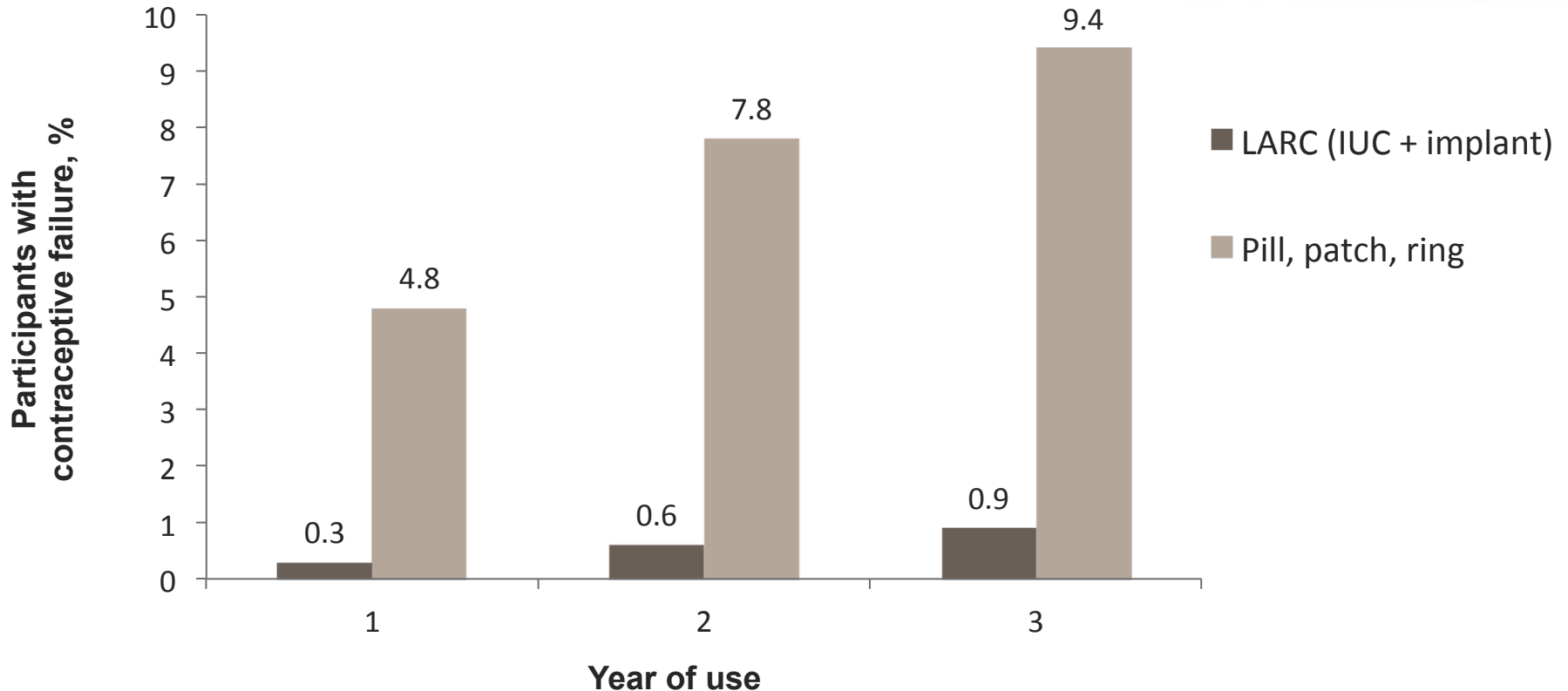
LARC use was associated with higher 12-month continuation rates than short-acting reversible methods

Contraceptive CHOICE project



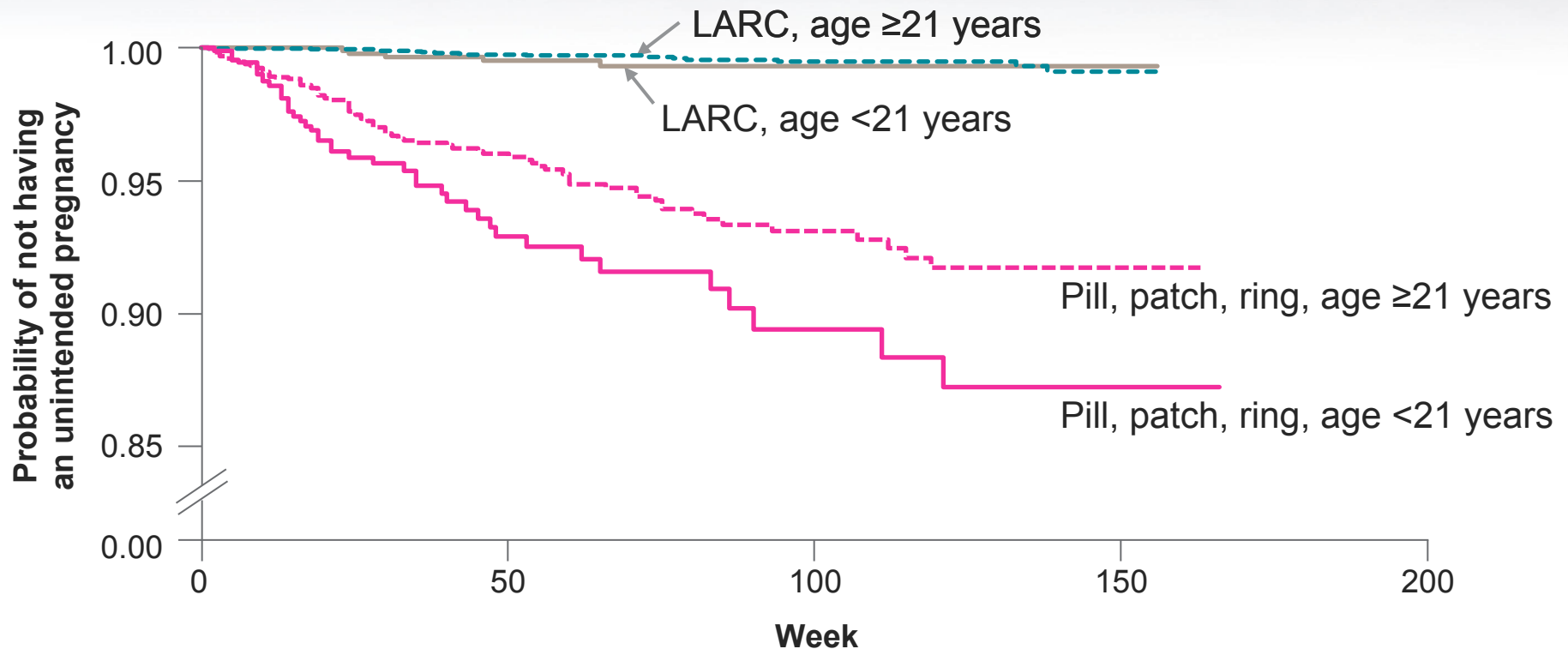
LARC use – mainly IUC – was associated with lower unintended pregnancy rates than use of short-acting reversible methods

Contraceptive CHOICE project



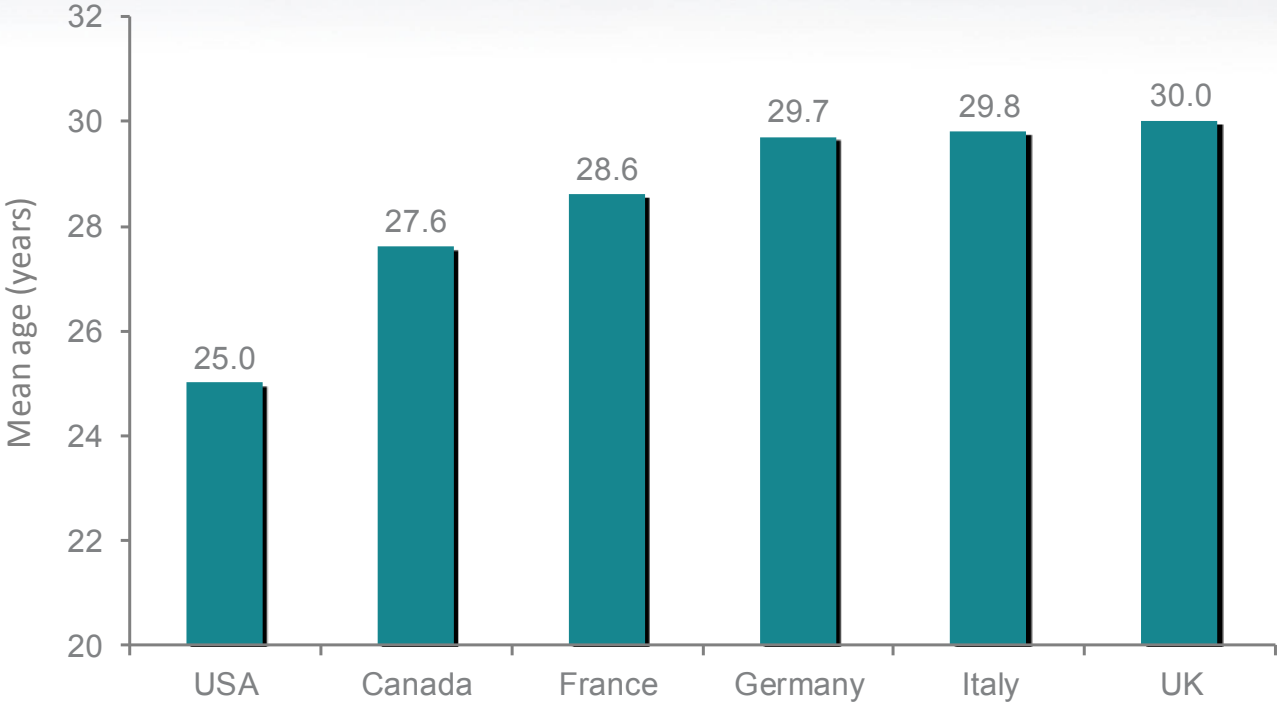
LARC, including IUS, should be encouraged during contraceptive counselling for younger women

Contraceptive CHOICE project



Younger women using short-acting reversible contraception were 2-fold more likely to have an unintended pregnancy than were older women using short-acting reversible methods

Average age of women at birth of first child*



*Adapted from 2006 data. UNECE Statistical Division Database.

Counselling (1)

- Pre-placement counselling should
 - Dispel any misperceptions regarding:
 - Efficacy
 - Safety
 - Risk of expulsion
 - Mode of action
 - IUC methods are NOT abortifacients
 - Unsuitability of IUC for certain groups of women
 - Nulliparous and young women should NOT be excluded from using IUC methods
 - Breast cancer and thrombosis should NOT be considered contraindications for use of an LNG-IUS
 - Present a calm and reassuring attitude from the outset

Counselling (2)

- In pre- and post-insertion counselling, women should be informed that cramps may persist for a week and irregular bleeding or spotting can occur for up to 6 months (depending on type of IUC inserted) and that this is normal
 - Women should be encouraged to return to the clinic if they have any concerns

Counselling (3)

- It is NOT necessary to instruct women to
 - Perform monthly string checks
 - Avoid tampon use
- Women should be reassured that IUC methods do not cause weight gain

Summary

- Unintended pregnancy remains a problem, particularly among younger women
- More widespread use of IUC could help to address this problem
 - Highly effective; not dependent on user compliance
- Various barriers and misperceptions limit IUS uptake
- LARC, including IUS, should be encouraged during contraceptive counseling for younger women