

Contraceptive Methods

FACT SHEETS

for clinicians and all staff who work in family planning
and other Reproductive Health Professionals



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CYCLE BEADS: STANDARD DAYS METHOD

Fact Sheet for Clinicians and All Staff



Cycle beads are a strand of 32 color-coded beads that represent a woman's menstrual cycle and her determined fertile and non-fertile days. It is comprised of 3 color-coded beads that represent a woman's menstrual cycle.

Day one of the cycle is noted by the red bead and the rubber ring is placed on that bead; every day the ring moves one bead following a clock-wise manner. When the ring is on the red or dark brown bead, pregnancy is unlikely. When the rubber ring is on the white bead, days 8-19, conception is high.

Effectiveness:

Looking at the percentage of 100 women who will experience an unintended pregnancy within the first year of use:

- Theoretical (method is used correctly and consistently) 4.7%
- Use effectiveness: 11.96%

Efficacy can therefore be noted as ranging between 88 and 95%

Advantages:

- Non-hormonal
- Easy to use
- Will help avoid a pregnancy and conversely plan a pregnancy
- Low cost

Disadvantages:

- Cannot be used if a woman has irregular menstrual cycles
- Has recently given birth or is breastfeeding
- Approaching menopause (irregular cycles)
- Cycle length is less than 26 days or more than 32 days in duration

Availability:

Through the website, select sites across the country.

Retails for \$12.95

DIAPHRAGM – BARRIER METHOD OF CONTRACEPTION

Fact Sheet for Clinicians and All Staff

Description:

The diaphragm is a dome shaped rubber cup made of latex or silicone that is inserted into the vagina with the posterior rim resting in the posterior fornix and the anterior rim fitting behind the pubic bone. The dome, containing spermicidal jelly covers the cervix.



Barrier method:
The diaphragm fits
over the cervical
opening, preventing
sperm from entering
the uterus



Available in sizes from 50-95 mm, and various styles.

1. **Arcing Spring:** This type of diaphragm folds at two hinged points, creating an arc that facilitates proper insertion. It is the easiest type of diaphragm to insert and is suitable for women with lax vaginal muscle tone.
2. **Coil Spring:** has a firm soft flexible rim that does not create an arc when folded. It is suitable for women with an average vaginal muscle tone and average pubic arch depth.
3. **Flat Spring:** is similar to the coil spring diaphragm, but has a thinner rim. It possesses a gentle spring strength, and is best suited for women who have firm vaginal tone.
4. **Wide Seal:** is available in both arcing spring or coil spring style and is made of silicone for women who are allergic or sensitive to latex. It is only available through the manufacturer.

Effectiveness:

- a. **Typical Use:** 20 women out of 100 will experience an unintended pregnancy within one year:
- b. **Perfect Use:** 6 women out of 100 will experience an unintended pregnancy within one year:

Mechanism of action:

Spermicidal jelly or cream is placed in the diaphragm dome and around the rim and inserted into the vagina. The posterior rim fits in the posterior fornix-the anterior rim fits behind the pubic bone. The dome of the diaphragm covers the cervix. Insertion can occur up to 6 hours before intercourse or if coitus occurs after 6 hours additional contraceptive jelly/cream must be used. The diaphragm must remain in place for six hours after the last act of intercourse. Removal is achieved by 'hooking' the anterior rim with a finger and pulling the diaphragm 'down and out' of the vagina. It should then be washed with a mild soap and placed back in the case. If fitted properly, the woman should be unaware that it is in place.

Advantages:

- Female controlled
- Non-hormonal; does not cause systemic side effects
- Does not alter hormonal pattern
- Decrease risk in developing PID
- Reduce risk of developing cervical neoplasia /cancer
- Portable
- Comes in various sizes and styles
- Consider for use in pregnancy spacing
- Does not interfere with future fertility
- No impact on lactation

Disadvantages:

- Must learn correct insertion technique
- Cannot be used if woman has uterine/vaginal abnormality
- Increase risk of developing urinary tract infections (UTI), toxic shock syndrome (TSS). If the diaphragm is left in place for more than 24 hours, the risk of developing TSS is 2.4/100,000 women.
- May need to be re-fitted after delivery, abortion or weight gain/loss (10-15 pounds)
- Must be left in place 6 hours after last coital activity
- Must be used with diaphragm jelly/cream
- Cannot be use if patient or partner have a latex allergy
- Fitting must be done by a clinician

INJECTABLE CONTRACEPTION: DMPA

Medroxyprogesterone acetate Progesterone

Fact Sheet for Clinicians and All Staff

DMPA is a long-term acting injectable contraceptive, containing 150 mg of depot medroxyprogesterone acetate administered through an IM injection at 12-week intervals. It is available in both pre-filled syringes and vials

Effectiveness:

Percentage of women experiencing an unintended pregnancy within the first year of method use:

Perfect use: 0.3:100

Typical use: 3:100

Mechanism of Action:

Since Depo-Provera is a progestin only contraceptive, it acts in the following ways to prevent pregnancy:

- Prevents ovulation from occurring by suppressing the levels of FSH and LH
- Thickens cervical mucus which prevents sperm penetration
- Induces atrophic changes in the endometrium

Advantages:

- Non-estrogenic, thereby eliminating complications associated with estrogen usage (such as thrombophlebitis and pulmonary emboli)
- Can be used by breast-feeding women
- Can be used by women over 35 who smoke
- Not coital dependent
- Can be used by women in abusive relationships (since basically undetectable)
- Will decrease seizure threshold (DMPA)
- Reduce risk of endometrial cancer
- Reduces sickle cell crises
- Low risk of ectopic pregnancy

Disadvantages:

- Effect can not be stopped immediately
- Return to fertility may not be immediate
- May experience change in menses-irregular bleeding
- Lipid changes; there have been some studies showing a decrease in HDL's and an increase in LDL's in some users
- Only drug that decreases DMPA use is aminoglutimide (Cytadren)-used in Cushing's disorder
- Weight gain, headaches
- Decrease in bone density *****
- Offers no protective effect against STI's

Patient Education:

- Initial injection is given within the first 5 days of menses, then every 12 weeks. If woman is past 13 weeks, she should abstain from coitus for 2 weeks, then return to the medical office/ center for a pregnancy test. If the test is negative, she can then receive the injection, which will be effective within 24 hours of administration.
- Calcium intake and exercise should be discussed with every patient and patient education material outlining calcium food content and suggested calcium supplementation should be given
- The following warning symptoms should be reported:
 - Painful headaches
 - Heavy bleeding
 - Depression
 - Severe, lower abdominal pain
 - Pus, prolonged pain, or bleeding at injection site

*******BLACK BOX WARNING:*******

Effective November 2005, The FDA ordered the following changes to the package insert:

“Women who use Depo-Provera contraceptive injection may lose significant bone mineral density. Bone loss is greater with increasing duration of use and may not be completely reversible. It is unknown if Depo-Provera contraceptive injection during adolescence or early adulthood, a critical period of bone accretion, will reduce peak bone mass and increase the risk for osteoporotic fracture in later life. Depo-Provera contraceptive injection should be used as a long term birth control method (longer than 2 years) only if other birth control methods are inadequate.”

A study to assess long-term use is ongoing: and all patients should be advised to consume adequate amounts of calcium and Vitamin D.”

All patients using DMPA for greater than 2 years should be counseled on available alternatives and offered a referral for a bone density scan.

POST-COITAL CONTRACEPTION (EMERGENCY CONTRACEPTION)

Fact Sheet for Clinicians and All Staff

Overview:

Emergency post-coital treatment should be initiated as soon as possible to prevent unintended pregnancy and within the 120 hours time frame. There are currently 3 options available:

Hormonal oral methods are noted below: Dosages are anywhere from one to five pills: progestin only regimen can be taken together; combination hormonal methods should be taken 12 hours apart.

- Plan B (1+1) contains only progestin...0.75 mg levonorgesterol
- Combination of birth control pills containing ethinyl estradiol and either levonorgesetol or norgesterol (should contain at least 0.1 mg ethinyl estradial (EE) and 0.5 mg levonorgesterol (progestin))

Exp:

- Nordette: 4+4 (120 EE/0.60mg levonorgesterol per dose)
- Ovral 2+2 (100 EE/0.50mg of levonorgesterol)
- Lo-Oral 4+4 (120 EE/0.60 levonorgesterol per dose)
- Seasonale 4+4 (120 EE/0.60mg levonorgesterol per dose)
- Triphasil, 4 + 4 (yellow pills)

*A copper IUD can also be inserted within 5 days

Effectiveness:

One needs to examine the number of pregnancies that would occur without treatment, since most women who had unprotected coitus would not become pregnant. At the most fertile time, 6 days before ovulation and up to 2 days after ovulation, the risk of pregnancy is between 10-30%. To adequately assess effectiveness, one needs to examine the number of women having unprotected intercourse at each day of the cycle and the probability of conception on that day.

- Levonorgesterol only use will decrease the risk of pregnancy by 89%;
- Combination oral contraceptive use will decreases pregnancy by 75%.,
- IUD insertion can reduce the risk by as much as 99%

Mechanism of action:

- Disrupts follicular maturation and development
- May cause a deficit in the luteal phase of the menstrual cycle (day 14-menses)
- May inhibit or delay ovulation
- May alter transport of the ova (egg) and the sperm
- Will not interrupt or disrupt an already established pregnancy

Instructions for patient:

- Nausea is common in the combined estrogen-progestin Emergency contraceptive regimen and may occur in 30-50% of all women. To prevent this, an over the counter anti-nausea medicine such as Dramamine or bendryl should be considered/recommended.
- Vomiting occurs in 15-25% of all women. If vomiting occurs within 2 hours after taking the dose- the patient should be instructed to call since a repeat oral dose may be necessary. The second dose may be placed in the vagina to decrease the incidence of further nausea.
- Changes in the menstrual cycle may occur; however, if menses have not resumed within 3 weeks, a pregnancy test is warranted.
- Many methods of birth control can be initiated immediately after ECP use-such as oral contraceptives, DMPA, condoms, foam, diaphragm, EVRA, and the Nuva-ring.

ESSURE

Fact Sheet for Clinicians

What is Essure?

Essure, manufactured by Conceptus, is a transcervical sterilization method approved by the FDA in November 2002. The micro-inserts are 4 centimeters in length and 0.8 millimeters in diameter in its wound configuration; once released, it expands to 1.5-2.0 millimeters in diameter anchoring itself to the shape of the fallopian tube



Candidates:

Any healthy women who desires a permanent method of sterilization and who is willing to use a back-up method post procedure for a minimum of 3 months.

Mechanism of Action:

The Essure micro-inserts consist of a stainless steel inner coil, a nitinol super elastic outer coil and polyethylene (PET) fibers. The Coil is placed into the uterine end of the fallopian tube vis hysteroscopy. The PET fibers create an inflammatory response, resulting in complete tubal occlusion by three months.

Using hysteroscopy, the ESSURE implants are inserted through the cervix into the fallopian tubes via a catheter. The catheter is withdrawn, expelling the micro-coil and at this point, the coils expand anchoring itself to the tubes. The process is then repeated on the other tube. The presence of the PET fibers creates an inflammatory response, leading to tissue fibrosis and tubal occlusion by 3 months. To confirm that tubal occlusion is complete, a hysterosalpinogram should be done 12 weeks post procedure.

Effectiveness:

99.8% effective after 2 years of follow up

Contra-indications to the ESSURE procedure:

- Uncertainty about a permanent method of birth control
- Pregnancy
- Active or recent pelvic inflammatory disease
- Allergy to dye (contrast medium) or nickel
- Recent delivery or abortion within six weeks
- Difficulty in accessing/visualizing uterus and/or fallopian tubes.

Essure

Fact Sheet for All Staff

What is Essure?

Essure is a transcervical permanent method of birth control method approved by the FDA in November 2002.

Candidates:

Any healthy women who desires a permanent method of sterilization and who is willing to use a back-up method post procedure for a minimum of 3 months.



Mechanism of Action:

Essure, a micro-insert, (small coil-like device), made from nickel-titanium and stainless steel- which (same material used in heart valve replacements) is inserted into the fallopian tubes by a piece of equipment called a hysteroscope. Once the micro-insert is placed, it expands and anchors itself in the fallopian tubes. Within the following 3 months, tissue grows around the inserts and blocks the fallopian tubes, resulting in sterilization.

Effectiveness:

In clinical testing it has been proven to be 99.8% effective. No contraceptive method, including tubal ligation or vasectomy is 100% effective.

Points to focus upon:

- A birth control method must be used for at least 3 months following the procedure. It takes approximately 3 months tissue to build up around the micro-inserts and block the fallopian tubes.
- A hysterosalpingogram will be done at 3 months to insure that the fallopian tubes are blocked before stopping the other method of birth control. (A hysterosalpingogram test involves injection of a contrast dye into the uterus to obtain an image of the fallopian tubes. This is done to insure that the fallopian tubes are completely blocked.)

The Procedure:

The entire procedure is normally completed within 30-35minutes, which includes approximately 15 minutes to place the implants. It can be done in a medical office or surgi-suite, and almost all women are able to resume work in 24 hours or less after the procedure. Many women report being able to resume normal activities that same day.

How is the Essure procedure different from having a tubal ligation?

- A tubal ligation is usually done in a hospital or surgi-center
- General anesthesia or a local with sedation is used, and 1-3 abdominal incisions are made resulting in small abdominal scarring
- The fallopian tubes are blocked by clamping with a metal clip or plastic ring, removing a section of the tube, or cauterizing (burning) a portion of the tube.
- Women typically take 4-6 days before they can resume normal activities.

How do women rate the procedure?

In the clinical testing, almost all of the 700 women rated their comfort level with the procedure as "good" to "excellent". Since it is an office procedure and general anesthesia and hospitalization is not needed, the recovery time is very short. Most women can leave the clinic within 45 minutes after the procedure.

Contra-indications to the ESSURE procedure:

- Uncertainty about a permanent method of birth control
- Pregnancy
- Active or recent pelvic inflammatory disease
- Allergy to dye (contrast medium) or nickel
- Recent delivery or abortion within six weeks
- Difficulty in accessing/visualizing uterus and/or fallopian tubes.

EVRA: THE PATCH

Fact Sheet for Clinicians

What is EVRA?

Ortho EVRA is a 20 cm matrix, beige colored contraceptive patch that contains both estrogen and progestin. It releases 150mg of norelgestromin (the primary active metabolite of norgesterol) and 20 mg of ethinyl estradiol (estrogen) every 24 hours.

The patch consists of three layers; the outer layer consists of polyethylene/polyester and provides support for the middle layer, which contains the hormones. The third layer is a clear lining, which protects the adhesive layer and is removed before use.

Women can bathe, exercise, swim, and perform activities of daily life while the patch is in place.

Effectiveness:

Pregnancy rate: perfect use: 0.6; Typical use: 0.8

Rate is similar to that of oral contraceptives with perhaps better compliance

Mechanism of action: (similar to oral contraceptives)

- Decreases FSH release from pituitary thereby causing suppression of LH surge
- Suppression of LH surge inhibits ovulation
- Alters the cervical mucus
- Inhibits the sperm's capacitation, limiting its ability to fertilize the egg.

Initiating Use:

Use of the patch can be started on the Sunday following the onset of menses or on the first day of the normal menses (same as oral contraceptive use). It is applied to clean, dry skin on the buttocks, abdomen, or upper outer arm. It cannot be applied to the breast or to irritated skin.

The area where the patch will be placed cannot be covered with powder, lotion, or other products, which might interfere with its usage. The patch is applied and compressed for 10 seconds to insure that adequate contact with the skin is established.

Switching from oral contraceptives:

- Start the first day of the withdrawal bleed

Switching from DMPA

- Initiate use week 12 (when next injection would be due)- but no later than the end of the 13th week

Switching from the IUD/IUS

- Place the patch first, then remove the IUD

Postpartum:

- Initiate use 4 weeks after delivery if not breastfeeding

Post-abortion or miscarriage:

- If before 20 weeks gestation, patch may be placed immediately post procedure.

Schedule of Use:

The patch is in place for 7 days and then replaced. It is applied each week on the same day for 3 weeks, followed by a patch-free week, when a withdrawal bleed will occur.

Should the patch fall off < 24 hours of use, re-attach or apply a new patch. If the patch has not been in place for more than 48 hours, a new 4-week cycle should be started with a back-up method used for 7 days.

Advantages: (as compared to the pill)

- Effectiveness equals that of oral contraceptives
- Weekly use as opposed to daily use
- Good cycle control
- Beneficial acne effect
- Quick resolve of fertility after use

Contra-indications -similar to oral contraceptives (include)

- Thrombophlebitis
- History of DVT
- Valvular heart disease or complications
- Migraines with vascular involvement/focal aura
- Known or suspected breast cancer
- Estrogen dependent neoplasia
- Hepatic adenoma or carcinoma
- Known or suspected pregnancy
- Hypersensitivity to product
- Cholestatic jaundice of pregnancy or jaundice with prior hormonal use.

Dis-advantages/Side Effects:

- Breast discomfort (limited to first few cycles)
- Headaches
- Nausea
- Abdominal pain
- Dysmenorrhea
- Allergic/irritation to application site

*Warning: may be less effective in women weighing more than 198 pounds

EVRA UPDATE:

The following was taken from the ORTHO-EVRA web site:

.....
Hormones from patches applied to the skin get into the blood stream and are removed from the body differently than hormones from birth control pills taken by mouth. **You will be exposed to about 60% more estrogen if you use ORTHO EVRA than if you use a typical birth control pill containing 35 micrograms of estrogen.** In general, increased estrogen exposure may increase the risk of side effects. However, it is not known if there are differences in the risk of serious side effects based on the differences between ORTHO EVRA and a birth control pill containing 35 micrograms of estrogen.

Therefore, A woman experiencing any side-effects (especially ACHES) should notify the medical office as soon as possible.

EVRA: THE PATCH

Fact Sheet for All Staff

What is EVRA?

Ortho EVRA is a matchbook size, beige colored contraceptive patch that contains both estrogen and progestin. It releases 150mg of norelgestromin (progestin) and 20 mg of ethinyl estradiol (estrogen) every 24 hours.



Mechanism of Action:

Action of all combined hormonal contraception occurs before fertilization and acts in the following manner:

- Cervical mucus is thickened, inhibiting sperm access to the upper genital tract
- Suppression of both FSH and LH -
- Which in turn, prevents the LH surge and consequently ovulation from occurring.
- Limits the sperm's ability to fertilize the egg
- Slows tubal activity which may result in delayed sperm transport

Initiating Use:

Use of the patch can be started on the Sunday following the onset of menses or on the first day of the normal menses (same as oral contraceptive use). It is applied to clean, dry skin on the buttocks, abdomen, or upper outer arm. It cannot be applied to the breast or to irritated skin. The area where the patch will be placed cannot be covered with powder, lotion, or other products, which might interfere with its usage.

A back-up method for seven days should be used if a Sunday start is followed: If use is initiated on the first day of menses, no back-up method is required.

Schedule of Use:

The patch is in place for 7 days and then replaced. It is applied each week on the same day for 3 weeks, followed by a patch-free week, when a withdrawal bleed will occur.

Effectiveness:

Effectiveness rates are fairly equal to the pill, ranging from 93%-99% depending upon usage; In a comparison of several clinical trials perfect Patch use outweighed consistent oral contraceptive use (Patch use-92.9%-93.6% : oral contraceptive use-77.2%-88.77%)

Advantages: (as compared to the pill)

- Effectiveness equals that of oral contraceptives
- Weekly use as opposed to daily use
- Good cycle control
- Beneficial acne effect
- Quick resolve of fertility after use

Dis-Advantages/Side Effects:

- Effectiveness is decreased in women who weigh more than 198 pounds, so an alternative method should be considered.
- Similar to oral contraceptives
- Breast tenderness (tends to resolve after 3 months)
- Bleeding (tends to resolve after 3 months)
- Nausea (tends to resolve after 3 months)
- Irritation to skin and skin color changes may occur (rotating the site every week will counter this)
- Can become dislodged or detached

Switching to EVRA from DMPA or Oral Contraceptives:

1. Women switching from oral contraceptives, can initiate EVRA use as soon as their bleeding begins, but NO LATER than 4-5 days after taking the last active pill. They should be informed not to wait until they finish the entire pill pack to apply the patch.
2. When switching from DMPA, the patch should be applied on the date that the injection was due.

EVRA UPDATE:

The following was taken from the ORTHO-EVRA web site:

.....
Hormones from patches applied to the skin get into the blood stream and are removed from the body differently than hormones from birth control pills taken by mouth. **You will be exposed to about 60% more estrogen if you use ORTHO EVRA than if you use a typical birth control pill containing 35 micrograms of estrogen.** In general, increased estrogen exposure may increase the risk of side effects. However, it is not known if there are differences in the risk of serious side effects based on the differences between ORTHO EVRA and a birth control pill containing 35 micrograms of estrogen.

Therefore, A woman experiencing any side-effects (especially ACHES*) should notify the medical office as soon as possible.

- A -Abdominal Pain
 - C -Chest Pain
 - H -Headaches
 - E -Eye Problems
 - S -Severe leg pain
-

FEMCAP

Fact Sheet for Clinicians and All Staff

Description:

The FemCap is a sailor-hat shaped barrier method of contraception approved by the FDA in 2003. The bowl of the cap covers the entire cervix and the rim lies against the vaginal wall exerting no pressure against the bladder (unlike the diaphragm).

The FemCap is available in three sizes, requires fitting by a clinician, and available by prescription.

Sizes:

- 22mm for nulliparous women (those who have never been pregnant)
- 26 mm for women who have been pregnant: no vaginal delivery
- 30 mm for women who have been pregnant and delivered vaginally

Mechanism of Action:

Acts as a physical barrier method covering the cervix and as a reservoir for spermicidal agent to incapacitate the sperm

Must remain in place for a minimum of 8 hours after last act of coitus and additional spermicide must be used with each act of coitus



Effectiveness:

There are differences in use between parous (those who have given birth) and nulliparous women (those who have not given birth)

Percent of women using the FemCap who will experience an unintended pregnancy within first year of use:

Typical Use: Parous Women: 40/100

Nulliparous Women: 20/100

Perfect Use: Parous Women: 26/100

Nulliparous Women: 9/100

Insertion:

The FemCap should be folded, inserted into the vagina as far as it will go and released insuring complete coverage of the cervix (refer to illustration below). The rim should be touching the vaginal walls.

Removal:

Easiest done in a squatting position or if the leg is bent at the knee. A finger is inserted in the vagina, the loop is grasped, and the Femcap removed.

It should then be washed with warm soapy water, dried, and placed back in its case for future use.

Advantages:

- Non-hormonal
- Can be inserted several hours before sexual intimacy
- Does not interrupt spontaneity or reduce sexual pleasure
- Comes in three sizes (can fit almost any woman)
- Reusable for two years
- No interference with the menstrual cycle
- Instant reversibility when pregnancy is desired
- Does not interfere with breastfeeding
- Woman has full control (no male involvement)
- Can be used by those with latex allergies
- Can remain in place for up to 48 hours



Considerations:

- Women must be comfortable with touching her body
- Must be fitted by a clinician
- 10-15% of study subjects were unable to be fitted and/or remove the cap
- Will not provide any protection from STI's.

FERTILITY AWARENESS METHODS

Fact Sheet for Clinicians and All Staff

The Fertility Awareness Method is a general classification comprising

- Calendar
- Cervical mucus
- BBT (basal body temperature)

The Calendar Method:

Most widely practiced fertility awareness method used worldwide.

Effectiveness:

- Perfect Use: If 100 couples used this method for one year, 9 would become pregnant. (91% effective)
- Typical Use: 13-women/1 year (87% effective)

Mechanism of Action:

Following assumptions apply in utilizing this method:

- Ovulation will occur day 14 (plus/minus 2 days) before the onset of the next menses
- Sperm remains viable for between 3-5 days
- The egg remains viable for between 12-24 hours

To determine your fertile time:

- Record your cycle for at least 6 months (day 1 of one cycle to day one of the next)
- Locate your longest and shortest cycles: i.e.:
 - January 29 days
 - February 27 days
 - March 29 days
 - April 26 days
 - June 32 days
- Follow the 18/11 rule:
 - Subtract 18 days from your shortest cycle (ie: April: 26-18 = 8) to locate your first fertile day
 - Subtract 11 from your longest cycle (ie: June: 32-11=21) to locate the last fertile day

- **For exp:**

Your LMP began July 1st, so your first fertile day would be the 8th and your last fertile day would be July 21st...

For contraception, abstention would occur from July 8th-21st.

BBT (Basal Body Temperature):

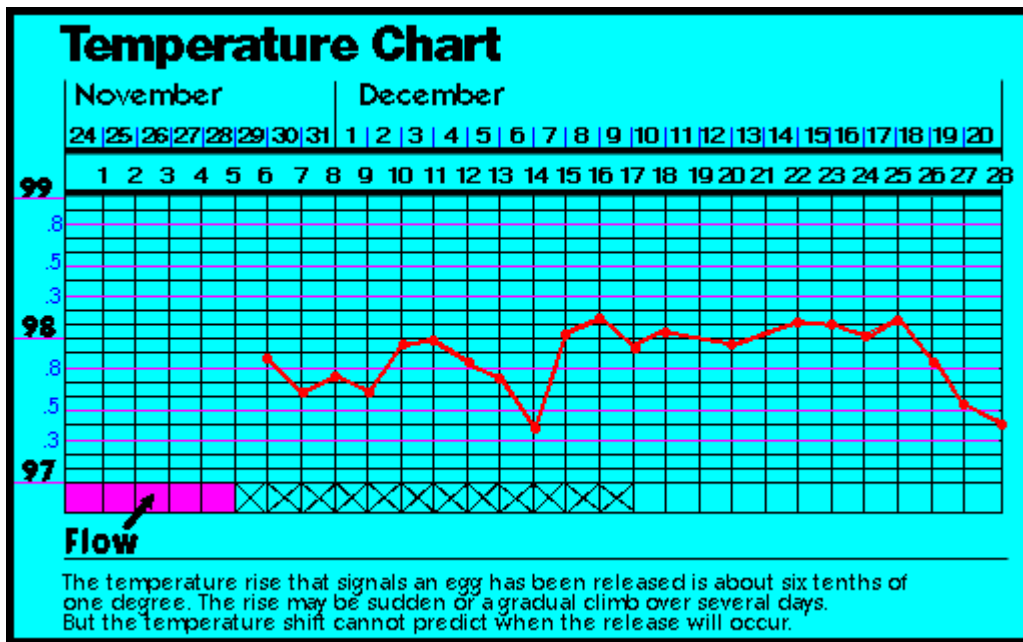
Effectiveness:

- Perfect use: If 100 women used this method perfectly, 2 would become pregnant in a year. (98% effective)
- Typical use: 20 women /1 year (80% effective)

Mechanism of Action:

The understanding is that the basal body temperature is the temperature of a healthy person upon awakening. The BBT is regulated by progesterone, which dominates the second half of the menstrual cycle. Inference can be made (and correctly so), that a woman's temperature is higher after ovulation than before.

- Upon awakening and before getting out of bed, or eating/drinking anything or smoking, the temperature is taken either orally or rectally with a basal body thermometer.
- This is recorded on a special chart (see schematic)
- A temperature rise of at least 0.4 F indicates the time of ovulation and most women will notice a slight drop in temperature before the rise
- Temperature will remain elevated until menses begins



Charting can help a woman gain understanding of when ovulation has occurred, but cannot predict definitely when the fertile period has started. It has limited use during illness, time schedule changes, travel or stress.

Mucus Method : (also known as Billings/ovulation method)

Effectiveness:

- Perfect use: 3 women out of 100 would become pregnant after year of use (97% effective)
- Typical Use: 20 women out of 100 would become pregnant (80% effective)

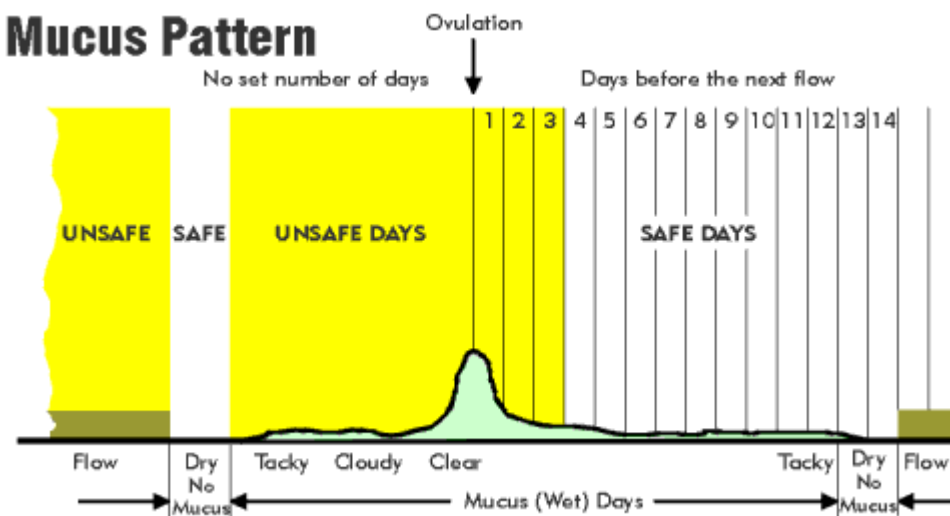
Mechanism of Action:

A woman is taught how to 'read' her mucus through sight, touch and feel, and chart accordingly.

After menses, the mucus is thick, white, sticky and holds its shape

As ovulation approaches the mucus becomes thinner, stretchy and cloudy

At the time of ovulation, the mucus is transparent, thin, stretchy-resembling raw egg white



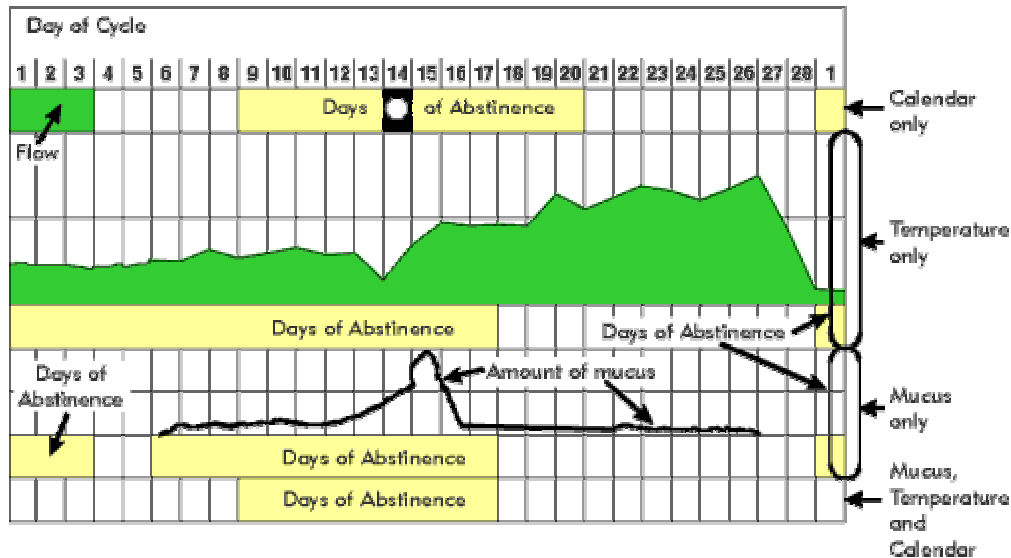
Two Day Method:

The Two Day Method is a simplified version of the Billings method, where a woman only needs to note the presence or absence of any vaginal secretions over a two-day period. There are two questions that are asked daily:

1. "Do I have any vaginal secretions today?" and
2. "Did I have any vaginal secretions yesterday?"

If the answer is 'yes' to either question one or two, she should consider herself fertile.

Comparison of Duration Of Periods of Abstinence



Using These Methods Together

Using all three methods: temperature, cervical mucus, and calendar, is called **the symptothermal method**. The symptothermal method allows a woman to be more accurate in predicting her safe days than if she uses any one of the methods alone.

Advantages include:

- Increased self-awareness and knowledge regarding one's body
- Knowledge regarding avoiding pregnancy
- Ability to recognize optimum timing for conception to occur
- Ability to detect any problems regarding fertility

Disadvantages include:

- Not recommended for women who have irregular cycles, who have recently given birth, who are breastfeeding, those approaching menopause or who have difficulty interpreting their body changes.

LEA'S SHIELD

Fact Sheet for Clinicians and All Staff

Description:

Lea's Shield is an oval shaped barrier method of contraception approved by the FDA in March 2002. It is

- Comprised of medical grade silicone rubber
- Available in one universal size
- Is washable and reusable
- Available through prescription only, and must be fit by a clinician.

Similar to a diaphragm, it must be used with a spermicidal agent. It is

55 mm in diameter, has a thicker posterior lip which fits against the posterior vaginal wall, and the loop at the anterior end facilitates easy removal. The central valve facilitates insertion by venting the air trapped between the cervix and the device, creating a tight fit and allowing for passage of cervical secretions. The loop aids in removal of the device.



Effectiveness:

Comparable to other barrier methods: Effectiveness rates 91.3%-88%

Mechanism of Action:

Acts as a physical barrier method covering the cervix and as a reservoir for spermicidal agent to incapacitate the sperm

Must remain in place for a minimum of 8 hours after last act of coitus and additional spermicide must be used with each act of coitus

Advantages:

- Non-hormonal
- Can be inserted several hours before sexual intimacy
- Does not interrupt spontaneity or reduce sexual pleasure
- No interference with the menstrual cycle
- Instant reversibility when pregnancy is desired
- Does not interfere with breastfeeding
- Woman has full control (no male involvement)
- Can be used by those with latex allergies
- If coitus occurs within 8 hours of the last sex act, no additional spermicide is required

Contra-indications/Cautions:

- Should not be used in presence of vaginal, cervical or pelvic infections
- Inability to learn correct insertion technique-
- Women must be comfortable with touching her body
- May increase risk of urinary tract infections

Insertion Techniques:

- Coat inside of bowl, rim and valve with spermicidal agent
- Can be inserting in a squatting, leg up or semi-reclining position
- Compress shield prior to insertion
- Insert into upper portion of vagina

Removal Techniques:

- Must remain in place at least eight hours after last act of coitus
- Should not remain in vagina for more than 48 hours
- Grasp the loop, twist until suction is broken and remove
- Rinse with mild soap-A cotton tip applicator can be used to clean the valve area that might be difficult to
- Replace in pouch
- Always inspect for areas of discoloration and wear before use.
- Will not provide any protection from STI's.

MIRENA:

New levonorgesterol IUS (Intra-Uterine System)

Fact Sheet for Clinicians

What is Mirena?

The FDA approved Mirena, the first intrauterine device to be introduced in the US in over 10 years, in December 2000. Mirena is T shaped, polyethylene device, with a reservoir containing 52 mg of levonorgesterol. This intrauterine system delivers approximately 20 mcg/day of the progestin on a daily basis. Use is approved for 5 years.

Mechanism of action:

- Thickens cervical mucus
- Inhibits sperm motility and function
- Alteration in the endometrium
- Inhibition of sperm survival

Effectiveness:

During the first year, the failure rate is 0.1%, and 0.7% over 5 years of usage.

Advantages to use:

- Highly effective
- Quick return to fertility
- Reduction in menorrhagia. (86%-94% reduction in bleeding after the first 3 months of use)
- Relief from dysmenorrhea
- Low risk of PID (pelvic inflammatory disease)
- Useful in peri-menopausal women experiencing irregular bleeding
- May be used as the progestin component to hormone replacement therapy
- May help in such medical conditions as endometrial hyperplasia and adenomyosis
- Possible reduction in endometrial cancer. (1993 study done by the Cancer Steroid Hormone Study documented a 50% reduction in endometrial cancer with non-hormonal IUD usage. further research is need to document effect of levonorgesterol IUS)
- Effectiveness lasts up to 5 years
- Does not interfere with breast-feeding
- Reduction in uterine fibroids

Side Effects/ Disadvantages:

- Must be inserted by trained clinician (insertion technique is one-handed and different from insertion of the Paraguard)
- Irregular bleeding is common during the first 3-6 month of use until endometrial suppression occurs; following this, women will experience a 90% reduction in bleeding and after the first year, 20% of Mirena users will experience amenorrhea.
- Other side effects include: abdominal cramping, back pain, breast changes, mood changes, acne, and nausea.
- Enlarged ovarian follicles have been noted in 8-12% of users- most are asymptomatic, although some women may experience dysmenorrhea. In the majority of these cases, the follicles will regress spontaneously over 2-3 months.

Warning Signs: (PAINS)

P-late period, abnormal bleeding, or spotting

A-Abdominal pain, pain with coitus

I-Exposure to infection, any abnormal vaginal discharge

N-not feeling well: chills fever

S-Change in string length

MIRENA:

New levonorgesterol IUS (Intra-Uterine System)

Fact Sheet for All Staff

Mirena Overview:

The FDA approved Mirena, the first intrauterine device to be introduced in the US in over 10 years, in December 2000. It is known as an Intrauterine System that contains levonorgesterol, the same progestin that is found in the oral contraceptive pill Nordette and Triphasil). It is a T shaped device, made of plastic, is inserted into the uterus and can remain in place for up to 5 years. Twenty micrograms of levonorgesterol are released daily. Insertion may occur any time during the menstrual cycle providing that pregnancy has been ruled out. .

How it works:

The levonorgesterol in the IUD thickens cervical mucus, inhibits sperm survival, and alters the lining of the uterus (endometrium). In some women, ovulation is inhibited.

Effectiveness:

During the first year, the failure rate is 0.1%, and 0.7% over 5 years of usage.

Advantages:

- Highly effective
- Quick return to fertility
- Reduction of heavy bleeding (menorrhagia)
- Decreased cramping (dysmenorrhea)
- Low risk of PID (pelvic inflammatory disease)
- May be useful in peri-menopausal women experiencing irregular bleeding
- May be used as the progestin component to hormone replacement therapy
- Effectiveness lasts up to 5 years
- Cost-effective

Disadvantages:

- Must be inserted by trained clinician
- May cause bleeding changes during the first 3-6 month of use
- Other side effects include: abdominal cramping, back pain, breast changes, mood changes, and nausea.
- Expulsion: between 2-10% of women using IUD's spontaneously expel the device during the first year of use. Expulsion can occur undetected.

Warning Signs: (PAINS)

P-late period, abnormal bleeding, or spotting

A-Abdominal pain, pain with coitus

I-Exposure to infection, any abnormal vaginal discharge

N-not feeling well: chills fever

S-Change in string length

NUVA-RING

Fact Sheet For Clinicians



What is NuvaRing?

NuvaRing is a flexible, donut –shaped ring that contains both estrogen and progestin and inserted in the vagina. It is a combination hormonal contraceptive and possesses similar properties as combined oral contraceptives. NuvaRing is inserted into the vagina and remains in place for 3 weeks; it is removed for 1 week, at which time a withdrawal bleed will occur. A new NuvaRing should be used every 4 weeks.

What it contains:

The NuvaRing contains an estrogen and progestin component. It releases a controlled amount of 15/mcg of ethinyl estradiol (estrogen) and 120 mcg/etonogesterol (progestin) each day. Etonogesterol is a biological metabolite of desogesterol

Effectiveness:

Percent of women experiencing an unintended pregnancy during the first year of use:
Typical Use: 8% (92% effective)
Perfect Use: 0.3% (>99% effective)

How it works:

NuvaRing is placed in the vagina for 3 weeks and removed for 1 week so a withdrawal bleed can occur. A new ring should be used each month.

- **For new users:**
Insert NuvaRing between day 1 and day 5 of the menstrual cycle-but, no later than day 5. During the first cycle of use, a back-up method must be used for the first 7 days of use.
- **For women switching from the pill:**
NuvaRing can be inserted during the placebo week, but no later than the day that a new pill pack would've been started. No back-up method is required
- **For women switching from Lunelle or DMPA:**
NuvaRing can be inserted on the day that the next injection is due.
- **For women switching from an IUD:**
Insert NuvaRing following the IUD removal

When should a new ring be inserted?

NuvaRing should be removed on the same day that it was inserted (3 weeks later) as close to the same time as possible. For exp: if NuvaRing was inserted on a Saturday at 11:00 PM, it should be removed 3 weeks later, Saturday evening at 11:00 PM.

Bleeding should begin 2-3 days after NuvaRing is removed; Even if bleeding has not stopped, a new ring should be inserted one week after the last one was removed to avoid a possible pregnancy from occurring.

If NuvaRing should slip out of the vagina, and less than 3 hours have passed, it can be rinsed off with warm (not hot) water and re-inserted. If more than 3 hours have passed, a new ring should be inserted, and the same schedule as the former ring should be followed. A back-up method (i.e.: condoms/spermicide) should be used for 7 days.

If NuvaRing has been left in place for more than 4 weeks, protection from pregnancy may not be adequate. A new ring should be inserted as soon as possible, with a back-up method used for 7 days.

Delayed menses:

A pregnancy test should be obtained in the following situations:

- If NuvaRing was out of place for more than 3 hours during the 3 weeks of use
- NuvaRing was in place for more than 4 weeks
- Missed menses

Advantages:

- Extremely effective
- Use controlled by the woman/user
- Quick return to fertility

Disadvantages/Side Effects:

Contra-indications to use are the same as for combined oral contraceptives.

Risks can include:

- Blood clots
- Heart attacks and strokes
- Hypertension and cardio-vascular disease
- Gallbladder disease
- Benign liver tumors

Common side effects include:

- Vaginal infection and irritation
- Vaginal discharge
- Headache
- Weight gain
- Nausea

***Will not offer protection against STI's

Storage:

Prior to patient dispensing, method must be refrigerated. Before dispensing, an expiration date should be placed on the label-not to exceed four months from the date of dispensing or the expiration date-whichever comes first. Nuvaring can be stored at room temperature (not to exceed 77 degrees Fahrenheit); it should not be placed in direct sunlight or in high temperature locations.

NUVARING

Fact Sheet for All Staff



What is NuvaRing:

NuvaRing is a flexible, donut –shaped ring that contains both estrogen and progestin and inserted in the vagina. It is a combination hormonal contraceptive and may have similar side effects found in oral contraceptives.

NuvaRing is inserted into the vagina and remains in place for 3 weeks; it is removed for 1 week, at which time a withdrawal bleed will occur. A new NuvaRing should be used every 4 weeks.

What it contains:

The NuvaRing contains similar ingredients to the birth control pill-an estrogen and progestin component. It releases a controlled amount of 15/mcg of ethinyl estradiol (estrogen) and 120 mcg/etonogesterol (progestin) each day.

Effectiveness:

Percent of women experiencing an unintended pregnancy during the first year of use:

Typical Use: 8% (92% effective)

Perfect Use: 0.3% (>99% effective)

Mechanism of Action:

NuvaRing is placed in the vagina for 3 weeks and removed for 1 week so a withdrawal bleed can occur. A new ring should be used each month.

▪ **For new users:**

Insert NuvaRing between day 1 and day 5 of your menstrual cycle-but, no later than day 5. During the first cycle of use, a back-up method must be used for the first 7 days of use.

▪ **For women switching from the pill:**

NuvaRing can be inserted during the placebo week, but no later than the day that a new pill pack would've been started. No back-up method is required

▪ **For women switching from Lunelle or DMPA:**

NuvaRing can be inserted on the day that the next injection is due.

▪ **For women switching from an IUD:**

Insert NuvaRing following the IUD removal

NuvaRing should be removed on the same day that it was inserted (3 weeks later) as close to the same time as possible. For exp: if NuvaRing was inserted on a Saturday at 11:00 PM, it should be removed 3 weeks later, Saturday evening at 11:00 PM.

Bleeding should begin 2-3 days after NuvaRing is removed; Even if bleeding has not stopped, a new ring should be inserted one week after the last one was removed to avoid a possible pregnancy from occurring.

Advantages:

- Extremely effective
- Use controlled by the woman/user
- Quick return to fertility
- Self administered

- Monthly, rather than daily method

F. Disadvantages/Side Effects:

Contra-indications to use are the same as for combined oral contraceptives.

Risks can include:

- Blood clots
- Heart attacks and strokes
- Hypertension and cardio-vascular disease
- Gallbladder disease
- Benign liver tumors
-

Common side effects include:

- Vaginal infection and irritation
- Vaginal discharge
- Headache
- Weight gain
- Nausea

NuvaRing does not offer protection against STI's.

Storage:

Prior to patient dispensing, method must be refrigerated. Before dispensing, an expiration date should be placed on the label-not to exceed four months from the date of dispensing or the expiration date-whichever comes first. Nuvaring can be stored at room temperature (not to exceed 77 degrees Fahrenheit); it should not be placed in direct sunlight or in high temperature locations.

BIRTH CONTROL PILLS – COMBINATION AND PROGESTIN ONLY: OVERVIEW

Fact Sheet for All Staff

Effectiveness:

Out of 100 women experiencing an unintended pregnancy in one year:

Perfect Use

Combination: 99.8%

Progestin only: 99.5%

Typical Use: 92%

Mechanism of action:

There are 2 different types of oral contraceptives...one contains estrogen and progestin; The other only contains progestin (known as the mini-pill):

Estrogen component:

- Ovulation is suppressed
- Alteration of endometrial lining (lining of the uterus)

Progestin component:

- Inhibits the LH surge which is responsible for ovulation
- Thickens the cervical mucus which hampers sperm transport
- Inhibits capacitation of the sperm

Oral Contraception Initiation:

There are currently 3 ways to initiate a 'pill' start:

- **First Day Start:** initiate pill use day 1 of a woman's menses.
- **Sunday start:** initiate pill use on the first Sunday following their menses.
- **Quick Start:** the woman initiates pill use at her visit, as long as pregnancy can be ruled out. This is an off-label use, but has been more successful than the aforementioned starts, since any time gap is eradicated.
- Pills should be taken daily and at the same time to insure maximum effectiveness
- Regardless of which 'start' is used, a back-up method is recommended for 7 days.

Advantages:

- Safe
- Extremely effective
- Rapid return to fertility
- Not coital dependent
- Non-contraceptive benefits:
 - a. Prevention of endometrial cancer:
 - b. Prevention of ovarian cancer
 - c. Menstrual benefits: reduction in cramping and bleeding

- d. Decrease in benign breast disease
- e. Acne improvement
- f. Ectopic pregnancy prevention
- g. Increase in bone density and prevention of postmenopausal fractures
- h. May also decrease effects of endometriosis and rheumatoid arthritis

Disadvantages:

- Requires prescription
- Nausea
- Headaches
- Weight gain
- Mood changes
- Increased blood pressure
- Decreased libido (sex drive)
- Breast tenderness.
- Must be taken in a timely manner for maximum effectiveness
- Does not offer protection against STI's
- Women over 35 who smoke are not suitable candidates for oral contraceptives secondary to the increased risk of CVA

Absolute Contra-indications for Use:* (select)

- Thrombophlebitis or thromboembolic disorder
- Cerebrovascular or coronary artery disease
- Migraines with focal aura
- Diabetes with vascular involvement
- Undiagnosed genital bleeding
- Carcinoma
- Major surgery with prolonged immobilization
- Uncontrolled hypertension

*consult the WHO World Health Organization Guidelines for further inclusion/exclusion criteria

IF PT EXHIBITS ANY OF THE FOLLOWING SCHEDULE APPOINTMENT FOR EVALUATION:

ACHES:

- A:** abdominal pain (severe)
- C:** chest pain
- H:** severe headaches
- E:** eye problems
- S:** severe leg pain

Information regarding discontinuation rates:

- 10 million women in the US use oral contraceptives
- 20% are considered new users-less than 1 year of use
- Average use is 5 years-however, as many as 50% of women will discontinue use within 1st year: **30-60% will discontinue use after 2 months!**

Reasons for discontinuing usage:

Side effects: 46%

- Bleeding irregularities: 12%
- Nausea-7%
- Weight gain- 5%
- Mood changes-5%
- Headaches- 4%
- Breast tenderness-4%
- Clinician recommendation-9%

No further desire for contraception: 23%

- Desired pregnancy: 13%
- End of relationship: 10%

Method related issues: 14%

- Too difficult to use- 6%
- Concerned about hormone use-5%
- Too expensive- 3%

Therefore, when providing patient education regarding oral contraceptive use, please reinforce that if any concerns/problems arise to call the medical office or schedule an appointment.

PARAGARD – COPPER T 380A

Fact Sheet for Clinicians and All Staff

What is the ParaGard?

The ParaGard is an intra-uterine device, introduced in the United States in 1988. It is made of polyethylene with added barium sulfate to allow for X-Ray visibility. Copper wire is wound around the vertical stem of the 'T', as well as the two horizontal arms. The ParaGard measures 36 mm tall and 32 mm wide. The FDA package insert has approved a 10-year duration of use, although evidence based clinical studies indicate high effectiveness for up to 12 years

Mechanism of action.

- Prevents sperm from fertilizing ova.
- Thickens cervical mucus
- Inhibits sperm motility and function
- Increase in uterine and tubal fluids (containing white blood cells, prostaglandins, etc.) impairs sperm function thereby inhibiting fertilization
- Inhibition of sperm survival

Effectiveness:

During the first year, the failure rate 0.7 per 100 women in the first year:
Cumulative 12-year failure rate: 2.2 pregnancies per 100 women

Advantages to use:

- Highly effective
- Quick return to fertility
- Protection from ectopic pregnancy
- Cost effective
- Excellent option for women who cannot use hormonal therapy.

Side Effects/ Disadvantages:

- Must be inserted by trained clinician during any time in the menstrual cycle providing that pregnancy has been ruled out.
- Irregular, heavier bleeding is common during the first 3-6 month of use
- Expulsion: 2-10% of women will expel the IUD (often without their knowledge) within the first year of use.

Warning Signs: (PAINS)

P-late period, abnormal bleeding, or spotting

A-Abdominal pain, pain with coitus

I-Exposure to infection, any abnormal vaginal discharge

N-not feeling well: chills fever

S-Change in string length

EXTENDED CYCLE CONTRACEPTION: SEASONALE

Fact Sheet for Clinicians and All Staff

Overview:

Seasonale, an extended cycle oral contraceptive was approved by the FDA in 2003. This new oral contraceptive regime contains 84 active pills (30 mcg of ethinyl estradiol and 0.15 mg of levonorgesterol) followed by 7 inert pills. Using this regime, a woman has four periods a year.

Effectiveness :

Out of 100 women experiencing an unintended pregnancy in one year:

Perfect Use 99.8%

Typical Use: 92%

Mechanism of action:

Seasonale, like other combination oral contraceptives, contains both an estrogen and progestin component. Action of each component include the following:

Estrogen component:

- Ovulation is suppressed
- Alteration of endometrial lining (lining of the uterus)

Progestin component:

- Inhibits the LH surge which is responsible for ovulation
- Thickens the cervical mucus which hampers sperm transport
- Inhibits capacitation of the sperm

Oral Contraception Initiation:

There are currently 3 ways to initiate a 'pill' start:

- **First Day Start:** initiate pill use day 1 of a woman's menses.
- **Sunday start:** initiate pill use on the first Sunday following their menses.
- **Quick Start:** the woman initiates pill use at her visit, as long as pregnancy can be ruled out. This is an off-label use, but has been more successful than the afore-mentioned starts, since any time gap is eradicated.
- Pills should be taken daily and at the same time to insure maximum effectiveness
- Regardless of which 'start' is used, a back-up method is recommended for 7 days.

Advantages:

- Safe
- Extremely effective
- Rapid return to fertility
- Not coital dependent
- Improved quality of life for those who have missed work/school secondary to increased dysmenorrhea and metorrhagia (increased cramping and bleeding)
- Marked reduction in headaches, bloatedness, nausea and vomiting which occur during pill free regime
- Prevention of endometrial cancer:
- Prevention of ovarian cancer

- Menstrual benefits: reduction in dysmenorrhea (cramping)
- Decrease incidence in bleeding resulting in fewer cases of anemia
- Decrease in benign breast disease
- Acne improvement
- Decrease hirsutism
- Ectopic pregnancy prevention
- Increase in bone density and prevention of postmenopausal fractures
- May also decrease effects of endometriosis and rheumatoid arthritis

Disadvantages:

- Requires prescription
- Nausea *
- Headaches*
- Weight gain*
- Mood changes*
- Increased blood pressure
- Decreased libido (sex drive)
- Breast tenderness*
- Must be taken in a timely manner for maximum effectiveness
- Does not offer protection against STI's
- Women over 35 who smoke are not suitable candidates for oral contraceptives (increased risk of stroke)

(*Noted improvement over time)

Absolute Contra-indications for Use: *

- Thrombophlebitis or thromboembolic disorder
- Cerebrovascular or coronary artery disease
- Migraines with focal aura
- Diabetes with vascular involvement
- Undiagnosed genital bleeding
- Carcinoma
- Major surgery with prolonged immobilization
- Uncontrolled hypertension

*Consult the WHO World Health Organization Guidelines for further inclusion/exclusion criteria

IF PT EXHIBITS ANY OF THE FOLLOWING, SCHEDULE APPOINTMENT FOR EVALUATION:

ACHES:

A: abdominal pain (severe)

C: chest pain

H: severe headaches

E: eye problems

S: severe leg pain

TODAY'S SPONGE

Fact Sheet for Clinicians and All Staff

Description:

Today's Sponge is a one size, over the counter barrier method of contraception, containing 1000 mg of Nonoxynol 9 (N-9). The concave area covers the cervix, and the other side, containing a polyester loop, aids in removal. First introduced in 1983, it became the largest selling OTC method until manufacturer production problems caused it to be withdrawn from the market. After 8 years of unavailability in the United States, it recently received FDA approval for distribution in April of 2005.

Mechanism of Action:

- Acts as a physical barrier between the cervix and sperm
- Consistently releasing N-9
- Polyurethane foam traps and absorbs the sperm

Effectiveness:

- Theoretical (method used correctly and consistently)-89%-91%
- Actual use effectiveness: 84%-89%

Advantages:

- Non-hormonal
- Available without a prescription
- Does not interrupt spontaneity or reduce sexual pleasure
- No interference with the menstrual cycle
- Instant reversibility when pregnancy is desired
- Does not interfere with breastfeeding
- Woman has full control (no male involvement)
- Can be used by those with latex allergies
- Can remain in place for up to 24 hours

Considerations:

- Women must be comfortable with touching her body
- Will not provide protection from STI's.
- Potential vaginal irritation related to N-9

Instructions for Usage/Removal:

- Remove from package and moisten with 2 tablespoons of water. Squeeze out excess water.
- Insert deep into vagina, insuring cervix is covered
- May remain in place for up to 24 hours
- No additional spermicide is needed
- Must remain in place for at least 6 hours following the last act of coitus.
- Grasp loop, remove; it can then be thrown away.



ORAL CONTRACEPTIVES: YASMIN

Fact Sheet for Clinicians and All Staff

Yasmin is an oral contraceptive pill containing 30 mcg of ethinyl estradiol (EE) and 3 mg of a progestin known as drospirenone. The FDA approved it for use in May 2001.

Effectiveness:

YASMIN works like other combination oral contraceptive to prevent pregnancy by

- Suppressing gonadotropins,
- Inhibiting ovulation, and
- Inducing changes in the cervical mucus and endometrium.
- It is 99% effective if taken correctly and consistently

Yasmin differs from other birth control pills because of the progestin drospirenone.

Drospirenone can increase potassium in the blood. Women should not use Yasmin if they have kidney, liver, or adrenal disease because it can cause serious health problems. Also, Yasmin should not be used by people who have:

- A history of heart attack or stroke
- Blood clots in the legs, lungs (pulmonary embolism), or eyes
- A history of blood clots in the deep veins of the legs
- Chest pain
- Known or suspected breast cancer or cancer of the lining of the uterus, cervix or vagina
- Unexplained vaginal bleeding
- Yellowing of the whites of the eyes or of the skin (jaundice) during pregnancy or during previous use of the pill
- Liver tumor (benign or cancerous)

The most common side effects associated with YASMIN include:

- Headache
- Menstrual changes
- Breast Tenderness
- Abdominal cramps and bloating
- Nausea
- Vaginal Discharge

A medication review with the patient should be done including herbal supplements and non-prescription medicines. Be aware if your patients are taking any of the following since Yasmin can cause or aggravate certain conditions:

- NSAIDs — ibuprofen (Motrin[®], Advil[®]), naproxen (Naprosyn[®], Aleve[®], and others) when taken long-term and daily for treatment of arthritis or other diseases or conditions
- Potassium-sparing diuretics (spironolactone and others)
- Potassium supplements
- ACE inhibitors (Capoten[®], Vasotec[®], Zestril[®], and others)
- Angiotensin-II receptor antagonists (Cozaar[®], Diovan[®], Avapro[®], and others)
- Heparin
- Women receiving daily, long-term treatment for chronic conditions or diseases with medications that may increase serum potassium should have their serum potassium level checked during the first treatment cycle.

*For further information on oral contraceptives, please refer to the oral contraceptive fact sheet.