

Contraception

Kallah Teacher Certification Program

Bat-Sheva Maslow, MD

“The Pill”

- Two Categories
 - Combined Oral Contraceptive (COC)
 - Progesterone Only Pill (Mini-Pill, POP)
- How do they work?
 - Combined = estrogen and progesterone
 - Estrogen suppresses communication between brain and ovary → no ovulation
 - Progesterone thickens cervical mucous and thins lining
 - Progesterone only pills do not consistently suppress ovulation
 - 92% effective with regular use (8% failure rate)

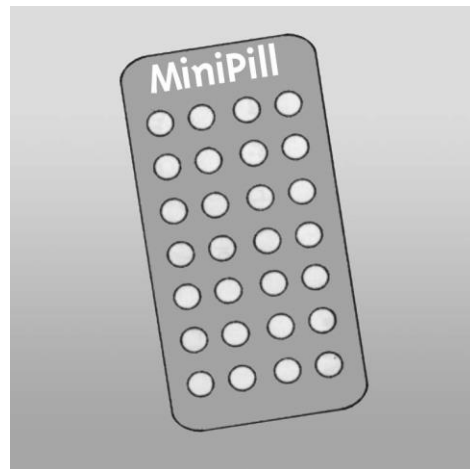


How to choose which pill?

- Combined = Estrogen (Ethinyl Estradiol) plus a progestin
 - Formulations vary by
 - Dose of estrogen
 - Lo-Loestrin 10mcg → OrthoCyclen 35mcg
 - Type of progestin
 - Norethindrone, Desogestrel, Levonorgestrel, etc.
 - Length of active pills – CYCLE LENGTH IS ARBITRARY
 - Standard = 21/7, Yaz = 24/4, Seasonale = 84/7
- Higher estrogen → Less breakthrough bleeding
- Less androgenic progestin → less acne, bloating
- Higher androgenic progestin → longer cycles

Progesterone Only Pills

- Work mostly by preventing implantation
- May suppress ovulation but not reliably
 - May still cycle even if taking continuously
- Has short half-life, could ovulate within 3 hours of a missed dose
- Used mostly when trying to avoid estrogen
 - Post partum
 - Medical issues



Other combined methods

- NuvaRing – Absorbed locally
 - Less side effects and breakthrough bleeding
 - Replace weekly
 - Take out before mikva – but can reuse same one
 - Can go longer between periods
 - Await spotting, take out for 3-5 days and then reinsert
 - 97% effective with regular use
- OrthoEvra (Patch)
 - Keep on for 3 weeks
 - ?Higher clotting risk
 - Absorbed through skin
 - Take off for mikva – hard to reapply
 - 92% effective with regular use



Other Progesterone Only Methods

- Depo-Provera
 - 3 month injection
 - Unpredictable bleeding
 - 3-6 months to reverse effects
 - 97% effective with regular use



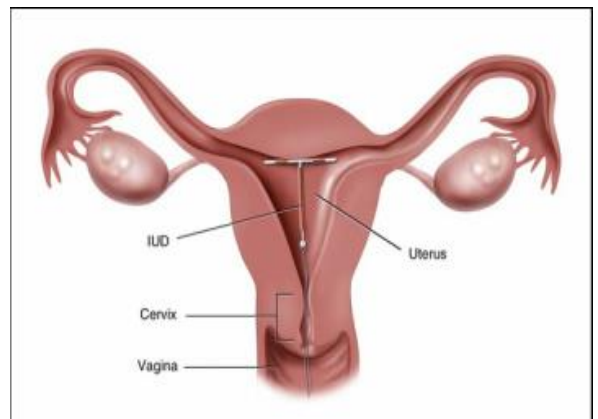
Long Acting Reversible Contraception (LARC)

- AKA “Forgettable Contraception”
- Includes
 - IUDs
 - Copper
 - Medicated
 - Implants
 - Norplant
 - Implanon
 - Nexplanon



Intrauterine Devices (IUD)

- Two types
 - Copper (Paragard)
 - Medicated (Mirena/Skyla/Liletta)
- Inserted in the uterus at the doctors office
- Mild to moderate cramping
- Unpredictable bleeding for 6-12 weeks
- Risks include expulsion and migration
- The most effective method (99.2%)
- Reversible



Paragard



- What does it do?
 - Change the environment of the uterus
 - Decrease fertilization
 - Decrease implantation
 - 99% effective
 - Lasts up 10 years
- What does it NOT do?
 - Does NOT suppress ovulation/regular cycles
 - Does NOT necessarily decrease bleeding



Mirena (Skyla/Liletta)

- Contains levonorgestrel – a progestin
- Unpredictable bleeding 6-12 weeks
- By end of first year >80% of no periods at all
- Effective up to 5-7 years for Mirena (less for the others)
- May decrease symptoms from endometriosis, fibroids, heavy periods
- Does not ALWAYS suppress ovulation (may get light periods)
- Can cause ovarian cysts (temporary)



Nidda Considerations with an IUD

- May end up with prolonged *nidda* or spotting after insertion
 - Most worthwhile if planning to use for extended period of time
- Best if placed while *tehora*
- Once initial bleeding has stopped, may not need to go to the mikva again until removal
 - Can go to mikva with it in place
 - For women who get periods, may be light enough to not be considered a true “flow”

Other LARCs - Implants

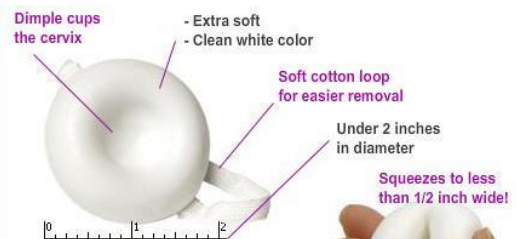
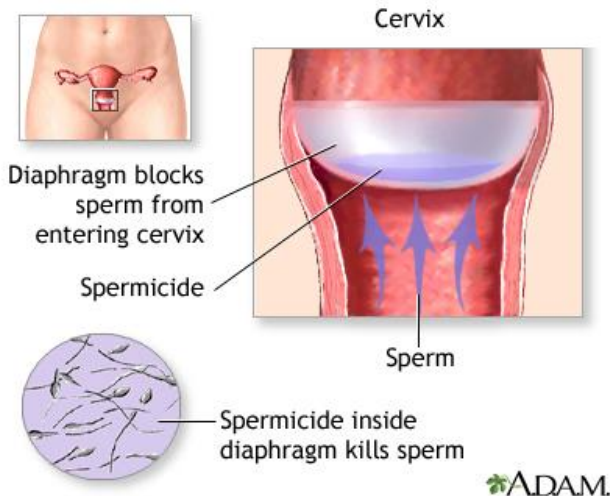
- Norplant – not on the market any more (combined Estrogen/Progesterone)
- Implanon/Nexplanon – contains progesterone, lasts for three years.
 - Unscheduled bleeding is very common in first year



Barrier Methods



- Condoms
 - Typically not first choice halachikally
 - 15% failure rate
- Diaphragm/Sponge
 - Not that popular/available anymore
 - Diaphragm needs to be fitted
 - High failure rate in women who have had deliveries
 - More effective if combined with a spermicide



What's it like?

The Today Sponge is a soft polyurethane sponge. Once in place women do not normally feel the sponge in their body.

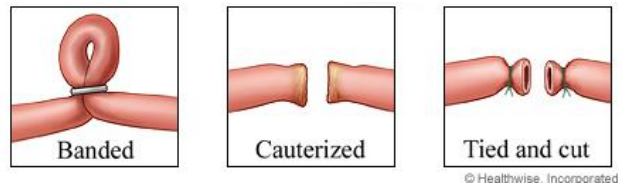
Men normally are not able to distinguish between the Today Sponge and the vaginal walls.



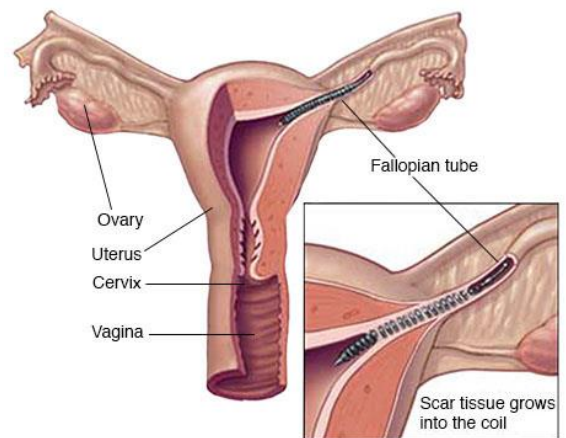
Timing methods

- Rhythm method/Fertility awareness/Standard Days
 - Typically the opposite of nidda
 - Avoids intercourse in mid-cycle
 - Only effective with regular cycles and perfect adherence
- Lactation Amenorrhea
 - First few months after delivery
 - To be effective needs to be frequent **lactation PLUS amenorrhea**
 - Once periods come back → **NOT EFFECTIVE!**
- Coitus Interruptus
 - Not actually a form of contraception
 - Not halachikally condoned

Sterilization



- Permanent
- Most effective (99%)
 - Sometimes best option
- Tubal ligation
 - Surgical or Obstructive
- Vasectomy
 - Potentially an *isur d'oraita*



Emergency Contraception

- Yuzpe Method
- Plan B
- Ella
- Paragard IUD

OOPS! EMERGENCY CONTRACEPTION: BIRTH CONTROL THAT WORKS AFTER SEX				
Types of emergency contraception	How well does it work?	How soon do I have to use it?	How do I use it?	Where can I get it?
 <p>ParaGard IUD</p>	<p>Almost 100% effective</p> 	<p>Within 5 days</p> 	<p>It's placed in the uterus by a doctor or nurse</p>  Keeps working as super effective birth control.	<p>From a doctor, nurse, or at a clinic</p>  Say it's for EC so you are scheduled quickly.
 <p>Ella</p>	 <p>Less effective if over 195 pounds. Try an IUD.</p> 	<p>ASAP</p> <p>Works better the sooner you take it, up to 5 days.</p> 	<p>Take the pill as soon as you get it</p>  Remember to use it every time you have unprotected sex.	<p>From a doctor, nurse, or at a clinic</p>  Get an extra pack for future emergencies.
 <p>Plan B One-Step or a generic</p>	 <p>Less effective if over 165 pounds. Try ella or an IUD.</p> 	<p>ASAP</p> <p>Works better the sooner you take it, up to 3 days.</p> 	<p>Take the pill as soon as you get it</p>  Remember to use it every time you have unprotected sex.	<p>At a pharmacy, no prescription needed</p>  Get an extra pack for future emergencies.

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