

Contraception Is Health Care

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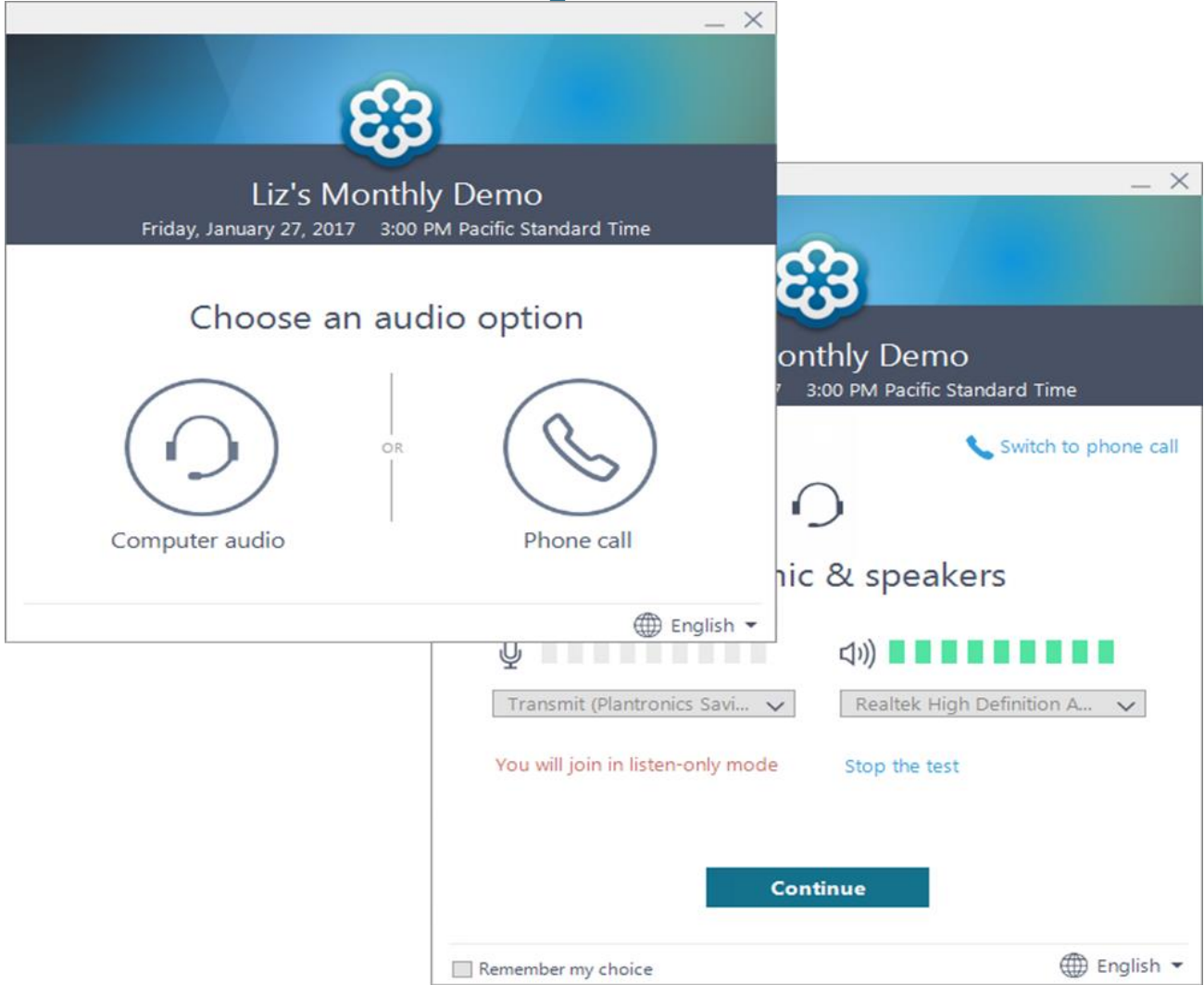
Family PACT



California PTC

March 19, 2025

GoToWebinar Housekeeping: Set Up Audio



GoToWebinar Housekeeping: What Attendees See

The screenshot displays a GoToWebinar interface. The main window, titled "Waiting to view Liz Davis's screen", shows a "Webinar Housekeeping" screen. The screen content includes:

- Webinar Housekeeping**
- Organizer: Liz Davis | Presenter: Liz Davis**
- Audio: Use your microphone and speakers (VoIP) or call in using your telephone.**
- United States: +1 (951) 384-3421
- Access Code: 400-696-084
- Audio PIN: 19
- [List Additional Conference Call Numbers](#)

On the right side, there is an audio control panel with the following elements:

- File View Help menu
- Audio section with "Sound Check" indicator
- Radio buttons for "Computer audio" (selected) and "Phone call"
- "MUTED" status indicator
- Dropdown menu for "Transmit (Plantronics Savi 7xx-M)"
- Volume level indicator (10 green bars)
- Dropdown menu for "Receive (Plantronics Savi 7xx-M)"
- "Talking: Liz Davis" status
- "Questions" section with a text input field containing "[Enter a question for staff]" and a "Send" button
- Webinar title "Webinar Housekeeping" and ID "Webinar ID: 608-865-371"
- GoToWebinar logo

The Windows taskbar at the bottom shows icons for the Start menu, Internet Explorer, File Explorer, Google Chrome, and the GoToWebinar application.

GoToWebinar Housekeeping: Attendee Participation

Expand/Collapse
Control



Change Audio
Preference



Submit
Comments &
Questions



A screenshot of the GoToWebinar interface. The top panel is titled 'Audio' and contains options for 'Computer audio' (selected) and 'Phone call'. Below these are 'MUTED' status, a dropdown for 'Transmit (Plantronics Savi 7xx-M)', a volume level indicator, and a dropdown for 'Receive (Plantronics Savi 7xx-M)'. The bottom panel is titled 'Questions' and contains a text input field with the placeholder '[Enter a question for staff]' and a 'Send' button. The interface also shows 'Talking: Liz Davis' and a footer with 'Webinar Housekeeping', 'Webinar ID: 608-865-371', and the GoToWebinar logo. A red border highlights the audio and questions panels, and three red arrows point from the text on the left to specific controls within these panels.

Disclosure Policy

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Presenter Disclosure

- » All presenters, planners or anyone in a position to control the content of this continuing medical education activity have indicated that neither they nor their spouse/legally recognized domestic partner has any financial relationships with commercial interests related to the content of this activity.

Presenter

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Professor of Gynecology and Obstetrics and
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Disclosures

- » Emory University receives research funding for contraceptive trials from
 - NICHD
 - Sebel

- » I receive royalties for contraceptive textbooks from
 - Contraceptive Technology
 - Springer

Objectives

- » Reproductive desires in the US
- » Person-centered counseling
- » Weighing risks vs benefits
- » Responding to patient concerns

Language Is Important

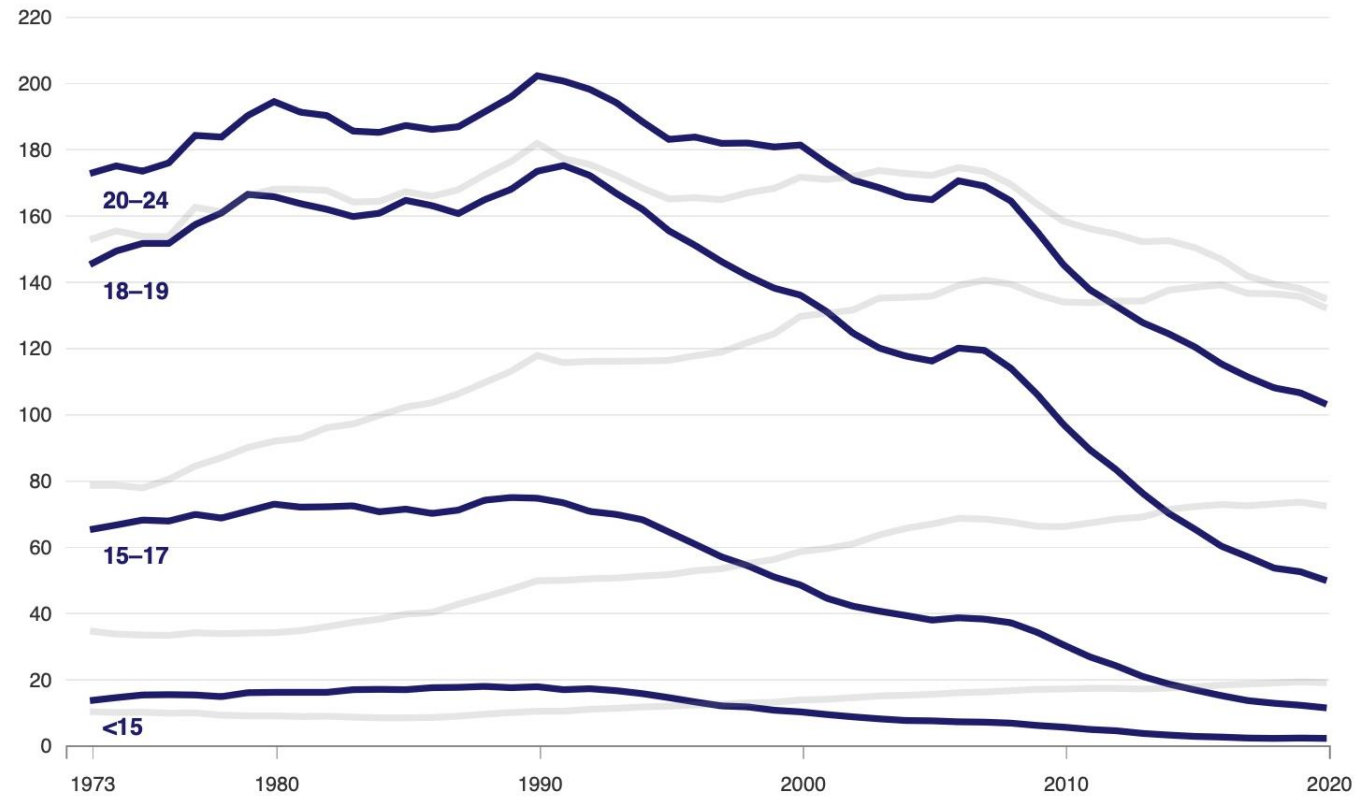
- » I will use inclusive terms unless a study defines a population otherwise
- » People capable of pregnancy have a uterus, but may identify as male, non-binary, etc
- » Disparities in race, ethnicity, etc reflect biases in healthcare, access, society rather than genetic differences

Reproductive Desires in the US

Trends in pregnancy rates among women aged 24 or younger, by age-group, 1973–2020

Rates for all other age-groups shown in gray

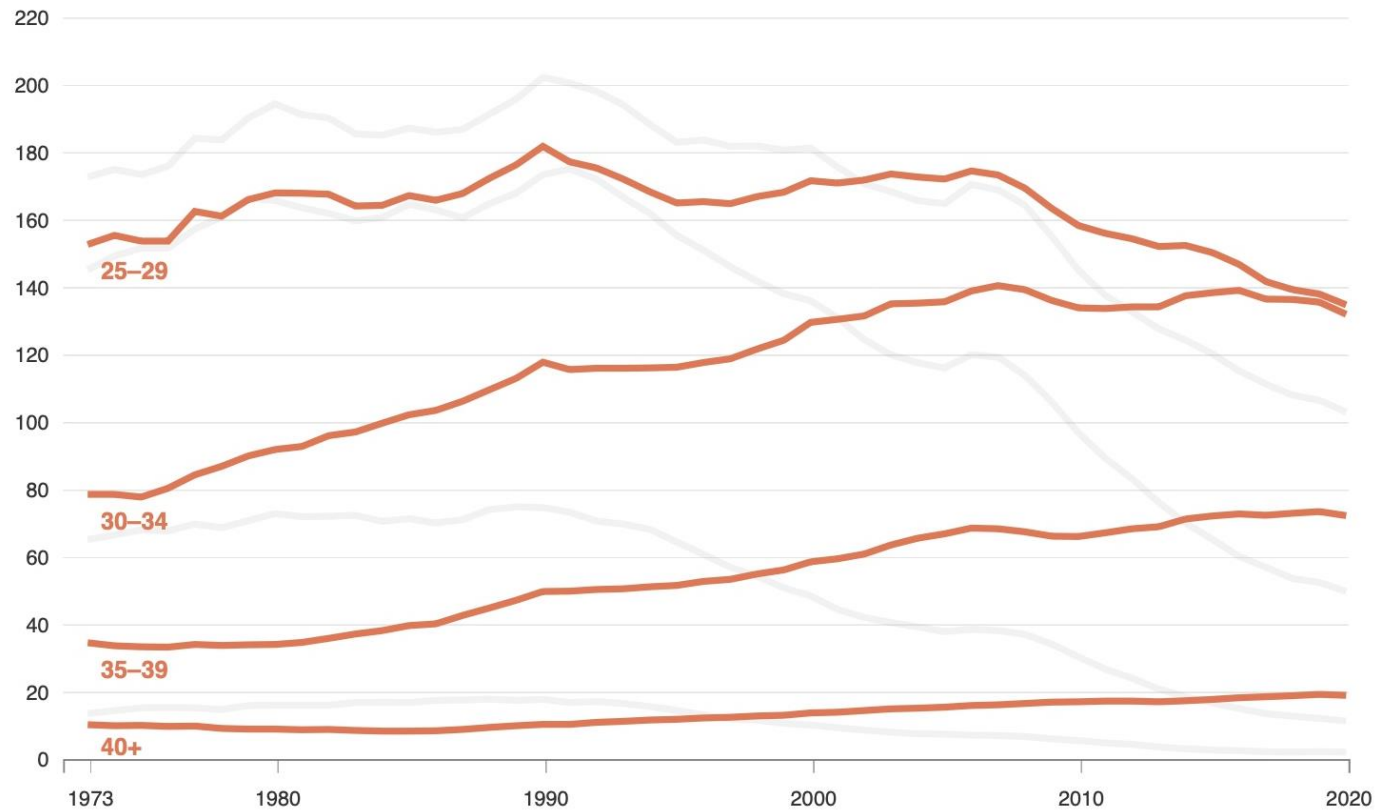
No. of pregnancies per 1,000 women



Trends in pregnancy rates among women aged 25 or older , by age-group, 1973–2020

Rates for all other age-groups shown in gray

No. of pregnancies per 1,000 women



Pregnancies in the United States by Desire for Pregnancy: Estimates for 2009, 2011, 2013, and 2015

Kathryn Kost; Mia Zolna; Rachel Murro

Demography (2023) 60 (3): 837–863.

- » The largest proportion of pregnancies were reported to have occurred at about the right time (44% to 48%)
- » The largest proportion of births were also reported to have occurred at the right time (54–58%)
- » The largest proportion of abortions were pregnancies that were reported as occurring too soon (48–49%), followed by those that had not been wanted (42–43%)
- » Between 2009 and 2015, both these rates decreased

Pregnancies in the United States by Desire for Pregnancy: Estimates for 2009, 2011, 2013, and 2015

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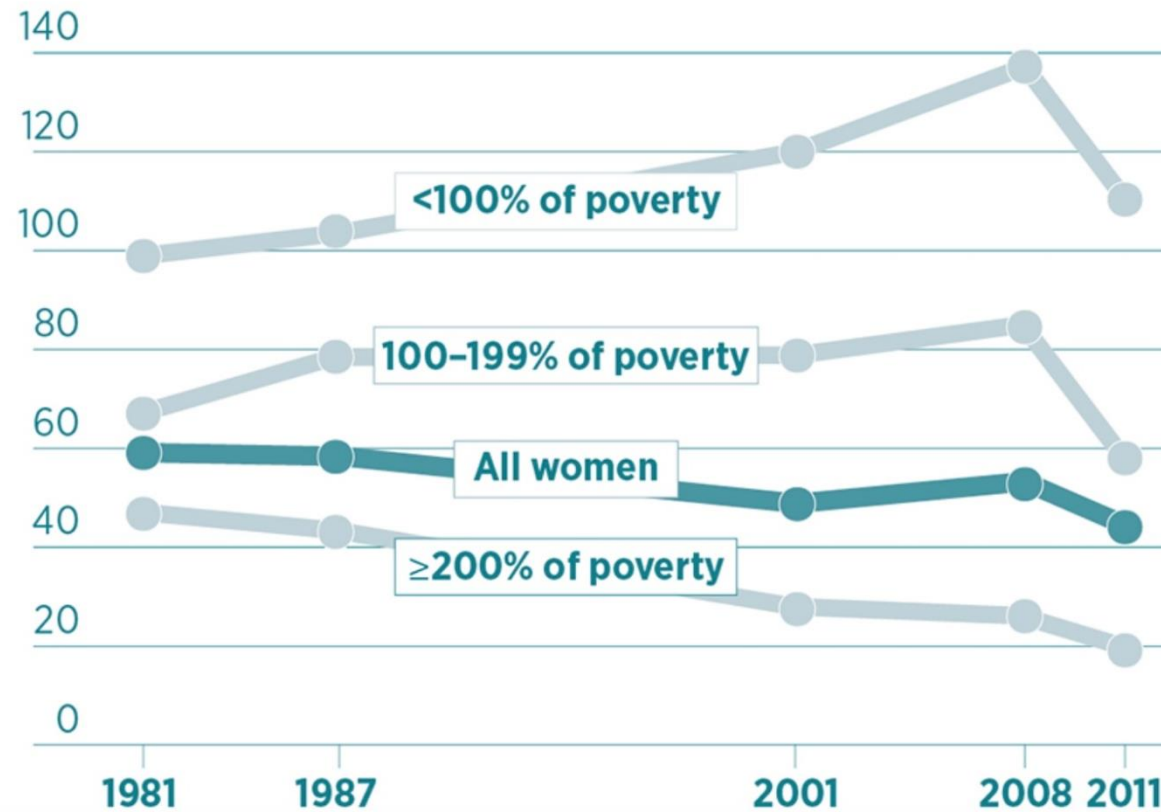
Demography (2023) 60 (3): 837–863.

“A decrease... corresponds with increased usage of the most effective contraceptive methods and improved access to these methods, following implementation of the Affordable Care Act’s contraceptive coverage guarantee.... Any new barriers to contraceptive access could jeopardize an individual’s ability to exercise control over their reproductive lives.”

UNINTENDED PREGNANCY RATES

Unintended pregnancy is increasingly concentrated among low-income women.

Rate (no. per 1,000 women aged 15–44)



Potential Demand for Contraception

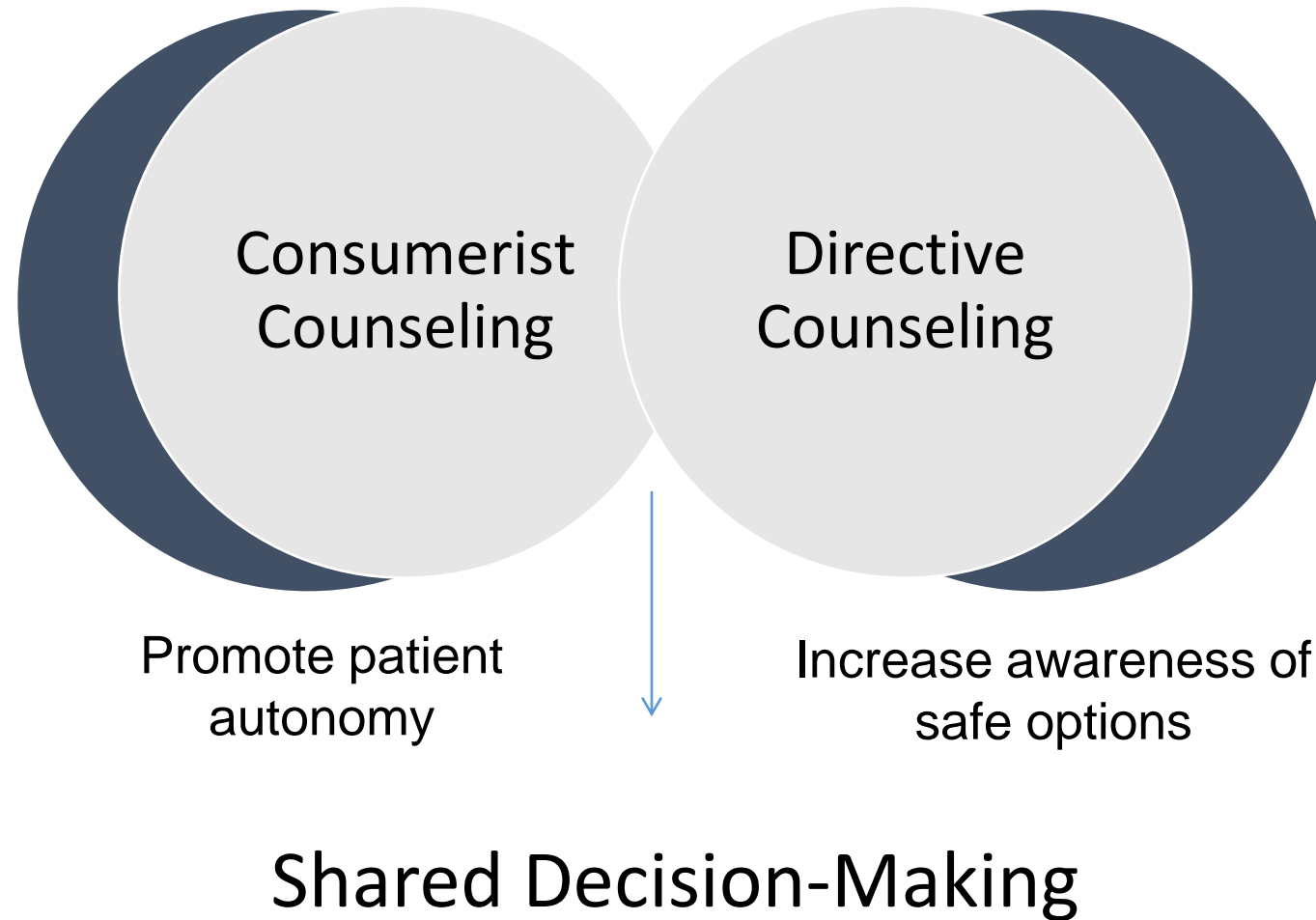
- » In 2018, there were 72.7 million US women of reproductive age (15–49)
- » 46 million were sexually active and not seeking to become pregnant
- » Sexually active couples who do not use contraception have ~ 85% chance of pregnancy over the course of a year
- » The average number of children US adults think is ideal is 2.7
- » To achieve this, a sexually active woman must use contraceptives for ~ 30 years

Contraceptive Use

- » In 2018, 65% of US women aged 15–49 were using contraception
- » Most common: tubal surgery (28%), pills (21%), male condoms (13%), IUDs (13%)
- » 21% relied on methods at the time of intercourse: condoms, withdrawal, EC, NFP, etc
- » Over 99% of sexually experienced US women have used at least one method

Person-Centered Counseling

Person-Centered Counseling



Reproductive Justice = the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities



SisterSong Women of Color Reproductive Justice Coalition (<https://www.sistersong.net/reproductive-justice>)

Image credit: Repeal Hyde Art Project

Providing Quality Family Planning Services in the
United States: Recommendations of the U.S. Office
of Population Affairs (Revised 2024)

Sarah E. Romer, DNP, FNP,¹ Jennifer Blum, MPH,² Sonya Borrero, MD, MS,³
Jacqueline M. Crowley, MPH,² Jamie Hart, PhD, MPH,⁴ Maggie M. Magee, MPH,²
Jamie L. Manzer, PhD, MPP,² Lisa Stern, RN, MSN, MA⁴

Moving Beyond “Preconception Health”

The 2014 edition of the QFP recommended a suite of primary care services to promote the health of individuals before conception. This document aims to move beyond the notion of primary care solely for the promotion of healthy pregnancy and birth by recommending all individuals, regardless of pregnancy intention, be offered primary care services in accordance with the SRHE framework.

Source: Dehlendorf C, Akers AY, Borrero S, Callegari LS, Cadena D, Gomez AM, Hart J, Jimenez L, Kuppermann M, Levy B, Lu MC, Malin K, Simpson M, Verbiest S, Yeung M, Crear-Perry J. Evolving the Preconception Health Framework: A Call for Reproductive and Sexual Health Equity. *Obstet Gynecol*. 2021 Feb 1;137(2):234–239. 10.1097/AOG.0000000000004255. PMID: 33416289; PMCID: PMC7813442.

Screening for Reproductive Desires

- » Increases counseling rate and patient satisfaction
- » One tool to use is PATH: Parenthood/Pregnancy Attitude, Timing, and How important is pregnancy prevention
 1. Do you think you might like to have (more) children at some point?
 2. When do you think that might be?
 3. How important is it to you to prevent pregnancy (until then)?

Person-Centered Contraceptive Care

- » Focuses on providing contraception in alignment with each individual's values, preferences, needs, and desires
- » A shift from prioritizing efficacy and use of most effective methods
- » Providers offer information and access to a full range of methods, but don't prioritize one method over another

Explore birth control options

Filter by:

Most Effective

Side effects

Provides STI protection

Hormone free

Privacy

Improves periods/bleeding



IUD



Implant (Nexplanon)



Birth control shot



Birth control patch



Birth control pill



Internal condom (FC2)



Fertility awareness methods



Sterilization



"Not right now"



Condom



Birth control ring



Diaphragm



Spermicide and gel



Cervical cap



Emergency contraception

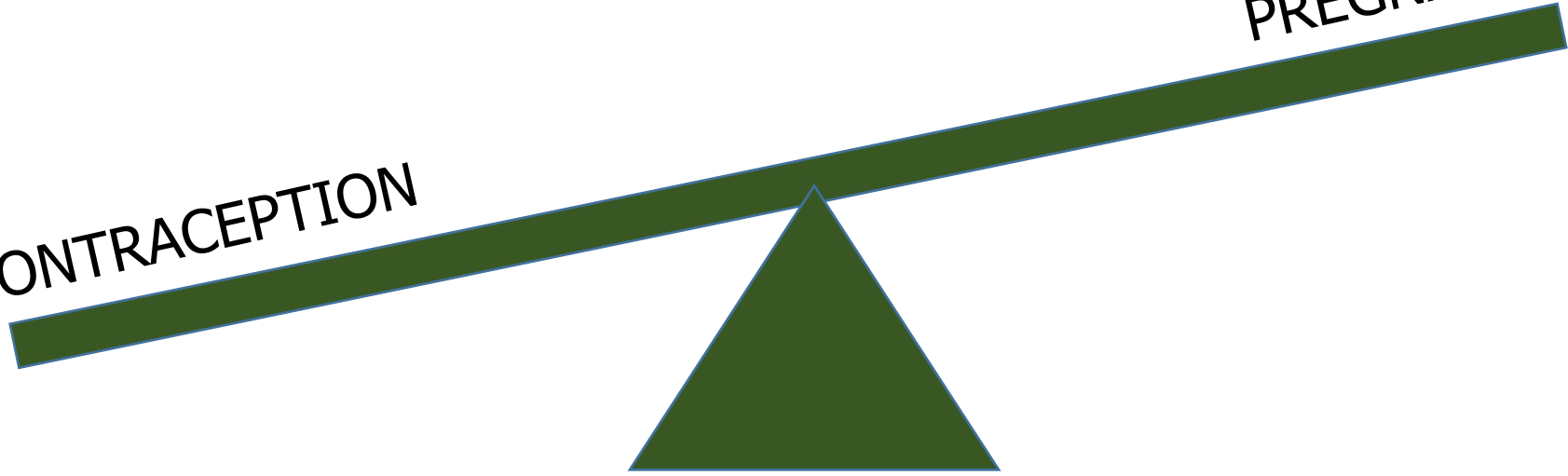


Withdrawal (pull-out method)

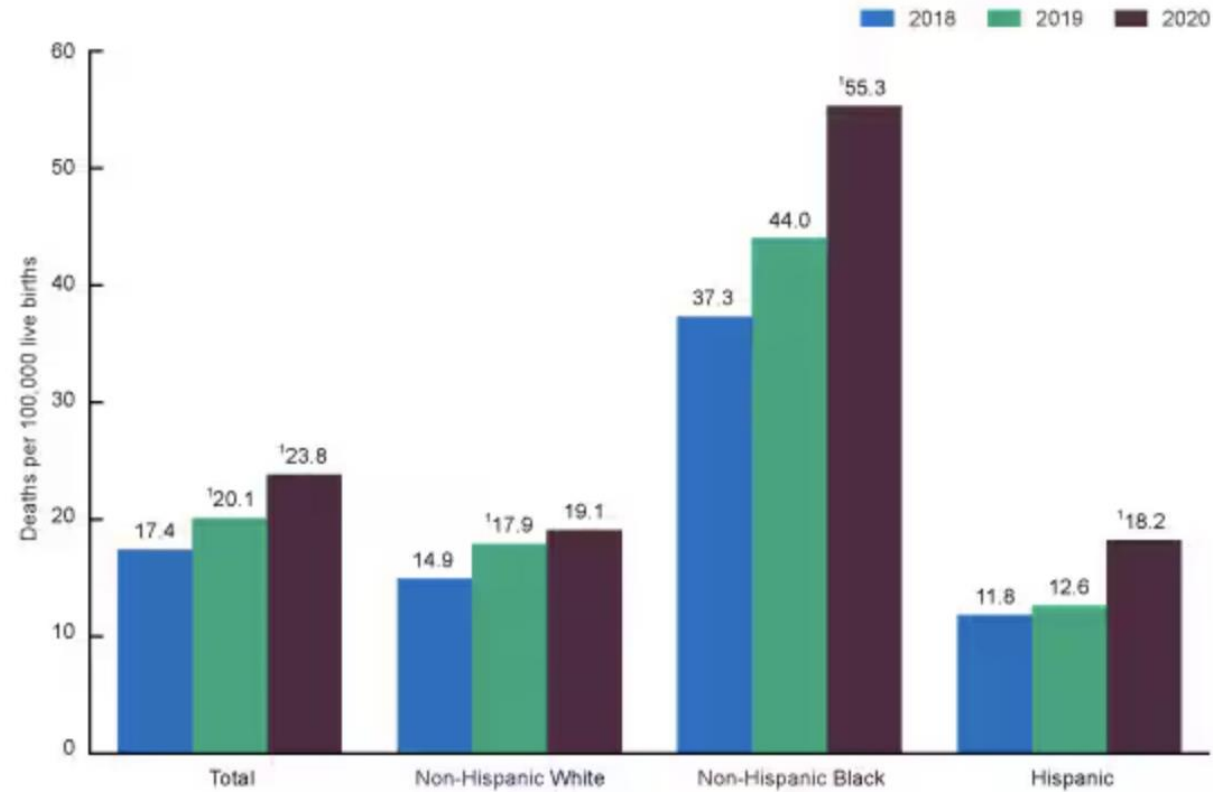
Weighing Risks vs Benefits

CONTRACEPTION

PREGNANCY



**Figure 1. Maternal mortality rates, by race and Hispanic origin:
United States, 2018–2020**



¹Statistically significant increase in rate from previous year ($p < 0.05$).

Long-Term Impact of Pregnancy

Negative medical and social outcomes are more likely with an unwanted pregnancy:

- » Pregnancy complications like eclampsia and hemorrhage
- » Chronic headaches or migraines, joint pain, and hypertension
- » Intimate partner violence, single parenting, poverty, financial setbacks, developmental delay among current children

Weighing the Risks

Incidence of venous thromboembolism (deep venous thrombosis, pulmonary embolism) in reproductive aged women is 5-10 per 10,000 women-years

» Relative increases with:

- Peripartum: > 20 times
- Pregnancy: 4.3 times
- Low dose combined oral contraceptives (COCs): 3.4 times



Is Contraception Safe?

Contraception is safer than unwanted pregnancy

- » Progestin-only and non-hormonal methods are safe for most patients
- » Estrogen-containing methods can be used by many patients
 - Use with caution if increased cardiovascular risk

Long-Term Impact of Contraception

- » Early studies included COCs with much higher hormone doses
- » More recent studies show mortality as the same or less with short- or long-term COC use
- » In one study of over 46,000 COC users observed for up to 39 years, ever users had a 12 % lower risk of death than never users
- » Absolute reduction among COC users: ~52 per 100,000

Cancer Protection

- » Hormonal methods decrease endometrial and ovarian cancer risk
 - Protective effect even with lower doses
 - Lower risk with longer duration of use
 - Persistent protection after discontinuation
- » Likely no increase in breast cancer risk
 - No increased risk with combined methods or lng iud use
 - 6 of 7 studies show no increase with dmpa use

Menstrual Suppression

- » Up to 30% of women consider their menstrual bleeding to be excessive
 - People with heavy menstrual bleeding are 45% more likely to use medical services and 27% less likely to be able to work
- » Hormonal methods decrease menstrual blood loss, dysmenorrhea, anemia
 - More effective than nsaid's
 - Offer a cost-effective, fertility-sparing option to surgery

Additional Health Benefits

- » DMPA use decreases uterine fibroid incidence, growth, recurrence by 20-60%
- » COCs decrease incidence of functional ovarian cysts
- » COCs decrease incidence of fibrocystic breast changes, cysts, fibroadenomas
- » Estrogen-containing methods decrease acne and hirsutism

Responding to Patient Concerns



A negative attitude, prejudice, or false belief associated with certain traits, diseases, treatments

The Psychology of Stigma

- » Processing information is complex, so a shortcut for the brain is to categorize things as “good” or “bad”
- » Bias may show up in the media, encouraging negative perceptions or presenting them as facts
- » Impact can be lack of access, risk to personal safety, lower quality of care
- » Instead, call out bias, consider your language, educate

Stigma About Contraception



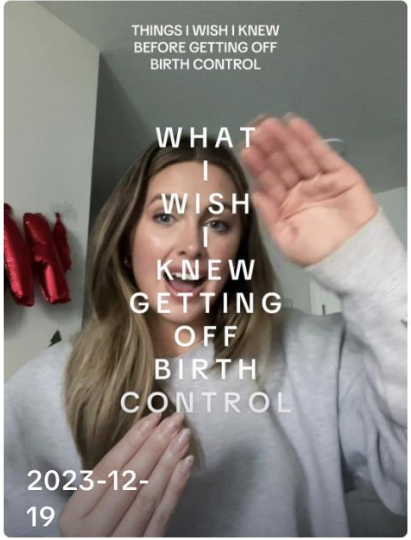
honestly this has been the most frustrating thing for the past few years and really hard to talk about but i feel like if it can help you then its worth it 😭 #birthcontrolproblems #birthcontrol #nexaplanon

ratedlaur 5.6M



Endocrinologist Dr. Jordan Geller on the side effects of...

ariellelorre 8.5M



What I wish I knew getting off of birth control. #birthcontrol #birthcontrolproblems

shannnonn... 3.2M



Pitfalls To Avoid

DO NOT:

- » Deny method risks
- » Overlook personal preferences
- » Disregard past experiences
- » Ignore concern for side effects

How Does Contraception Work?

Inhibits ovulation

- Implant
- injection
- Pill, patch, ring
- EC pills

Incapacitates sperm

- Progestin iud
- Copper iud

Blocks sperm or egg

- Progestin iud & pills
- Barrier methods
- Tubal or vas surgery

Will Contraception Ruin My Body?

- » Ovulation, menses, baseline fertility return within the first few months after use of most systemic hormonal contraceptives and IUDs
 - Even with continuous or long-term use
- » Ovulation, menses, baseline fertility can be delayed after use of injectables
 - Average time to conception is 10 months after last injection

What About Side Effects?

- » Common events like weight gain, mood changes, decreased libido are often attributed to contraception
- » Mood changes, decreased libido, other side effects are not increased in hormonal contraceptive users overall
 - Individuals may experience new or exacerbated side effects during use
 - Only 3 of 18 studies of dmpa noted an *actual* increase of 5 lbs at one year of use
 - Progressive weight gain was more likely in those who gained weight with the 1st injection

Patient-Friendly Resources

From birth control info to sex tips,
we've got you covered.



Check out your birth



The screenshot shows the Planned Parenthood website's 'Birth Control' page. The navigation bar includes the logo and links for 'LEARN', 'GET CARE', 'GET INVOLVED', 'DONATE', and 'SEARCH'. The main heading is 'Birth Control', followed by a sub-heading: 'Birth control is how you prevent pregnancy. There are lots of different birth control options out there. We're here to help you figure it all out.' Below this is a section titled 'Pick what's important to you to find your best birth control method:' which features six circular icons with corresponding text: 'Doctor or Nurse Required', 'Best At Preventing Pregnancy', 'Easiest to Use', 'Helps with Periods', 'Less or No Hormones', and 'Helps Prevent STDs'.

Patient-Friendly Resources

The image displays two digital resources. On the left is a mobile application interface for 'eukiapp.com'. It features a search bar at the top, a 'Bookmarks' section, and a grid of six topic icons: Menstruation, Abortion, Contraception, STIs, and two others. A cartoon character in a yellow suit is pointing towards the app. Below the app is the text: **It's made with all of us in mind.**

On the right is a website banner for the American Sexual Health Association (ASHA). The banner includes the ASHA logo and navigation menus for 'YOUR BODY', 'STIs', 'SEXUAL HEALTH', and 'RESOURCES'. The main headline reads: **It's STI Awareness Month** with a link to **Learn more**. Below this, a purple banner states: **There have never been more ways to get STI care**. The bottom section features three panels: 'At home' (with a person at a computer), 'Express STD visit' (with a person at a kiosk), and 'Pharmacy and retail clinic' (with a person at a counter). The 'talk|test|treat' logo is in the top right corner. At the bottom of the banner, a paragraph reads: **Sexuality is a normal, healthy, and positive aspect of human life. The American Sexual Health Association (a.k.a. ASHA) believes that everyone has the right to information and services that will help them be sexually healthy. We aim to provide information and resources that are reliable, science-based, and stigma-free.**

What Can You Do?

- » Promote person-centered care
 - Do you want to discuss contraception or pregnancy today?
- » Discuss facts about contraception, sexuality, and pregnancy
 - Direct them to accurate resources
- » Ask proactive questions about their concerns
 - What questions can I answer for you?
 - Let me know if you have questions in the future

Questions?