

Reversible Contraception Information

Depo-Provera¹

150 mg dose is administered every 3 months IM

104 mg dose (Depo-Provera-SC) is administered SUBCUTANEOUSLY in anterior thigh or abdomen just under the skin, in the fat every 3 months and may be self administered with some patients

Should be administered within 5 days of starting period, immediately post abortion or post delivery or up to 6 weeks post partum in EXCLUSIVELY breast feeding women WITHOUT needing back up birth control.

When administered outside of the above window OR MORE THAN 1 WEEK LATE- a negative pregnancy test should be obtained, patient counseling regarding the potential for a very early pregnancy should be provided and documented and back up birth control used for 3-5 days.

Fertility may take 18-22 months to return to normal after discontinuing Depo-Provera

Amenorrhea on Depo-Provera occurs in 50% after a year and 80% after two years.

Weight gain of about 5 pounds per year has been experienced by those using Depo-Provera

Although some data suggests a decrease in bone density with prolonged use of Depo-Provera, no bone density testing is recommended in the average patient- there is no evidence that screening bone density has clinical merit.

Contraceptive patch¹

Evra does have a higher average estrogen level and may be associated with a greater risk for thromboembolic disease

If initiated within the 1st 5 days of the cycle, no back up method is needed, if not, back up should be used for 7 days.

Evra contains an extra 2 days worth of hormones, if the patch is left on for more than 9 days, back up birth control should be used for the remainder of the cycle

Evra is safe for use in latex allergic women

Contraceptive Ring¹

The ring contains an extra week of contraceptive hormones and may be used continuously or as a 3 week on 1 week off pattern

Hormone levels with the ring are lower than the pill or patch, but the ring is as effective.

The ring may be used with latex allergic women

Morning after pill¹

Plan B is the most effective

Overall effectiveness is 89% over expected pregnancy rate

Should be taken within 72 hours of intercourse, but may go as far as 120 hours (should be preceded with a negative pregnancy test)

The two progestin pills are usually taken 12 hours apart, but are as effective if taken together

Plan B is over the counter for women over 18, it has not been shown to be more risky for those under 18, but the law takes into consideration parental rights/responsibilities

Intrauterine device

Two forms: copper bearing T (lasts for 10 yrs- Paragard) and Progestin bearing T (lasts for 5 years (Mirena) or 2 years (Skyla))

Over-all effectiveness is >90%

Progestin bearing IUDs usually make periods lighter, and may make them less painful

Complications include potential for somewhat heavier periods with copper bearing IUD (Paragard), for all IUDs: expulsion of IUD (rare ~5%); injury to the uterus inserting IUD (rare <<5%) and pelvic infection (also rare, and usually risk is increased at time of insertion or removal); spotting between periods (usually self limiting)

Nexplanon

Small plastic rod inserted under skin in inner arm under local anesthesia; lasts for 3 years

Over-all effectiveness >90%

May have menstrual irregularity especially during first few months

Complications include irritation at insertion site which is rare

1. Source: Obstetrics & Gynecology Vol 112. 2008 pages 670-685