Planning for Life

The state of women's contraception options

April 17, 2015 By Kate Ferguson

The most recent data from the Centers for Disease Control and Prevention (CDC) confirms that the oral contraceptive pill and female sterilization are the most widely used methods of birth control in the United States. But recent findings show women are increasingly choosing long-acting reversible contraception (LARC), such as intrauterine devices (IUDs) and implants, much more frequently than they have in the past.

Here Alyssa Dweck, MD, a full-time, practicing ob-gyn at the Mt. Kisco Medical Group in Mt. Kisco, New York, talks about the latest trends and ongoing issues in women's contraceptive planning.

How does the United States measure up in contraception trends with the rest of the world?

A recent study from the CDC and its National Center for Health Statistics shows that long-acting reversible contraception has increased five-fold over the last decade for women between ages 15 and 44. This is a big increase of about 6.5 percent. It seems that the percentage of women who use LARC has remained highest among women age 25 to 34, and its use is also highest in women who have had previous births.

Another study done by the Guttmacher Institute showed that in the United States the rate of unintended pregnancies is higher than in many other developed countries. Why do you think this is?

Well, numbers do show that more than half of the 6.6 million pregnancies in the United States are unintended. This is higher than it is in many other developed countries. While I don't have any specific reasons, I would venture to guess that it would be very helpful to increase awareness, education and access to contraception in order to make this number decline. Researchers have shown that the contraception prevalence rate is expected to increase, not only in most developing countries, but also in the United States.

What do you think is the best way to address the high rate of unintended pregnancies in this country?

Contraception and family planning are really individual decisions. I think women become empowered when they educate themselves, whether it's with information in the media or from online. But, more importantly, they need information from their personal health care providers,

because this is a decision that needs to be based mainly on their own individual medical issues, their family history and their personal desires. I think the most accurate and personally applicable information comes from a woman's personal health care provider.

Women come to reproductive age when they're young, so it really has to start early. How does this connect with personal planning done with a physician?
The American Congress of Ob-Gyns recommends that young women be routinely seen in the ob-gyn office as young as 13 to 15 years old. That doesn't mean for a problem; that means for routine counseling and care. And that doesn't mean an automatic exam. It means counseling, risk-taking behavior prevention and education. I think that's where education is going to begin. I also think that pediatricians are very well aware of the education that needs to be provided to women younger than 13 who may not be presenting to the gynecologist's office yet. Finally, many middle and high schools throughout the United States employ or engage women such as myself to come in and educate young people at an early age—at their appropriate level of education—about contraception and sexual issues.

What are the advantages and disadvantages for women of using LARC and other methods of contraception?
Let's start with IUD and implant. These are particularly advantageous because they provide continuous and highly effective birth control. Most women don't have to think about this birth control other than monthly when we recommend that they check for the little threads that are attached in order to confirm the IUD is still in place. They are 99 percent effective for three or even five years, and they're very well tolerated in general with minimal risk of side effect. A three-year IUD option available is Skyla and a five-year IUD option available is Mirena.

With that being said, both IUDs and implants have the potential for some side effects that are minor, including mild pain or bleeding with insertion. In addition, there is a low rate of expulsion and a low rate of missed menstrual periods, which some young women really welcome but others get a little more concerned about. And there is an even lower rate of ovarian cysts that could form. One caveat, though, is that the IUD and implant do not protect against STDs. Therefore condom use is recommended if that risk is considered.

I think the next method, the barrier method, such as condoms or diaphragms, or female condoms, or even the cervical cap, these have a much less effective prevention rate of pregnancy. This is partially due to user mistake, or failure, and partially due to lack of use. But these methods do protect against STDs in addition to pregnancy, so that's something to bear in mind.

Then the birth control pill is still a very common form of birth control frequently used by young women. The pill has advantages of cycle control, helping with menstrual cramping and, in some cases, with premenstrual symptoms. But birth control pills don't provide STD protection either, and you do have to remember to take it every day at about the same time. For some women, this is a real burden.

What is the most outstanding thing that you've noticed in contraception trends during

the past few years?

What I've noticed during my more than 20 years of practice is how much more commonly young women are coming in and asking for an IUD as a first line of contraception rather than something else. I find this exciting and fascinating at the same time. We're also finding that IUDs and other forms of LARC are becoming much more accessible. Because of the Affordable Care Act, most women can access LARC through their insurance coverage. What's more, those who aren't covered can seek assistance through some of the company-sponsored programs, such as the Bayer ARCH (Access and Resources for Contraceptive Health) patience assistance programs. So access to contraception options is certainly becoming a little bit easier.

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