

Contraception for Adolescents: What's New?

US Medical Eligibility Criteria for Contraceptive Use

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Expanding Our Experience and Expertise: Implementing
Teenage Pregnancy Prevention Programs

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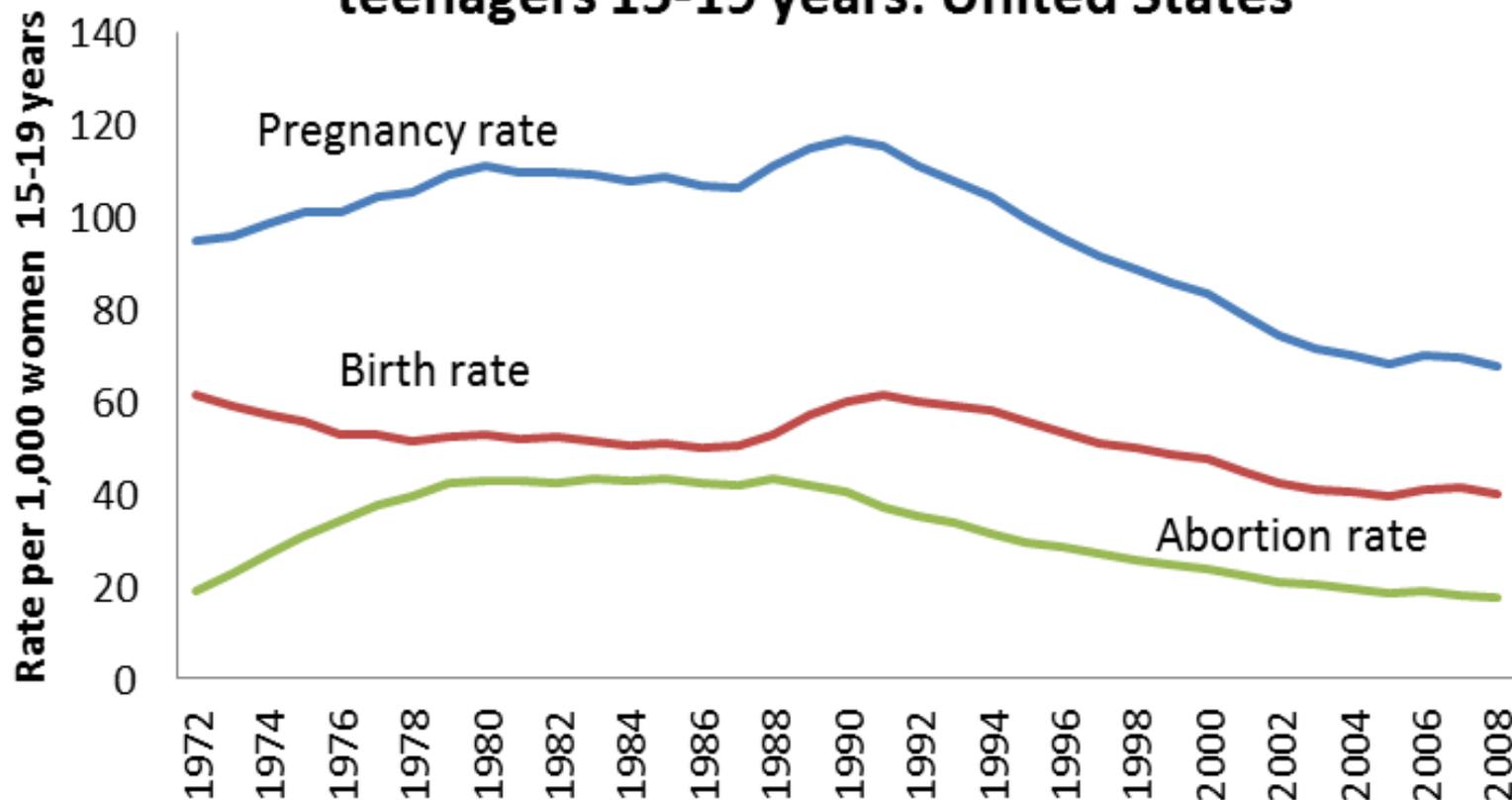


Objectives

- **Understand trends in teen pregnancy and contraceptive use**
- **Describe the current evidence-based recommendations about the safety of contraceptive methods for teens**
- **Describe current contraceptive methods available to teens, including LARCs**

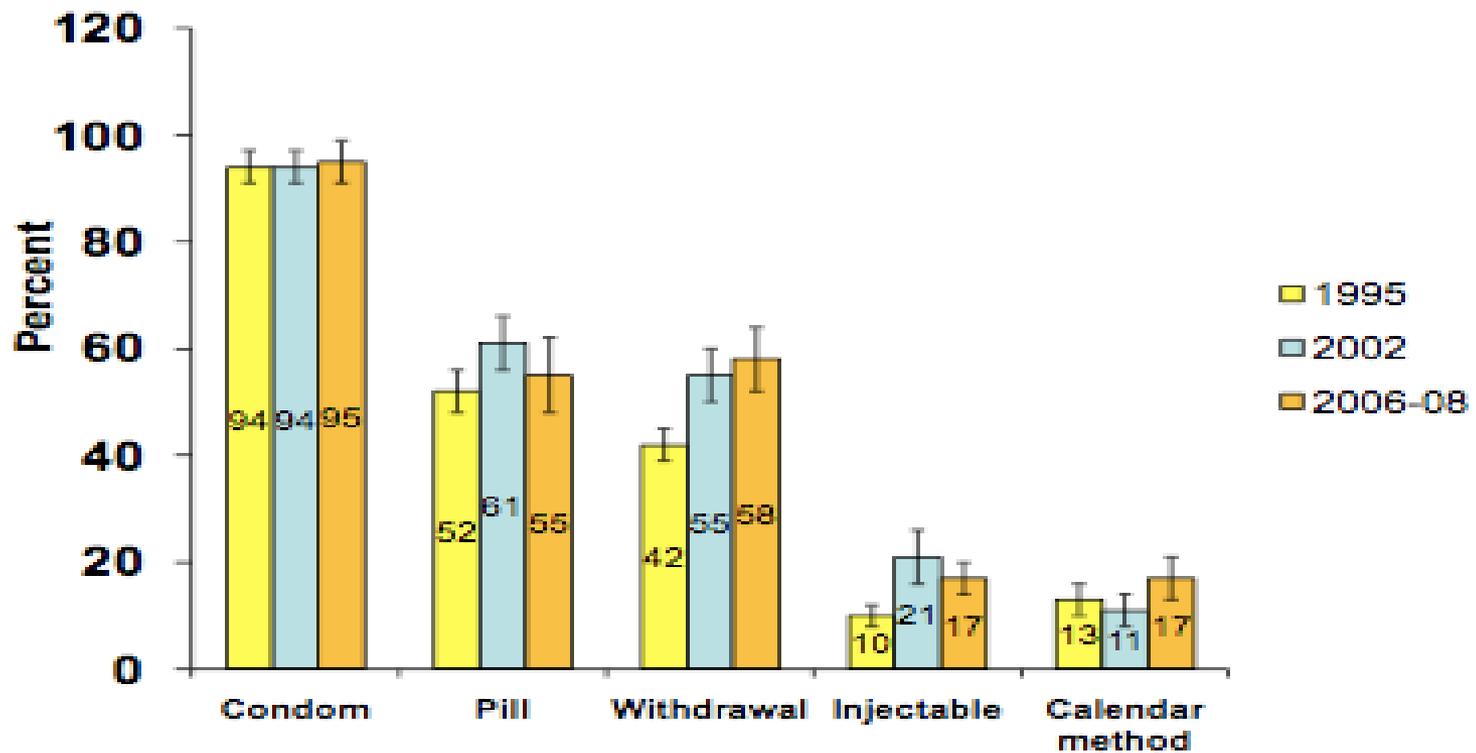
Pregnancy, birth and abortion rates for teens 15-19 years

Figure 1. Pregnancy, birth and abortion rates for teenagers 15-19 years: United States



Most teens use contraception: Use among sexually experienced females 15-19 years

Figure 8. Ever-use of contraception among sexually experienced females aged 15-19, by method of contraception: United States, 1995, 2002, and 2006-2008.



Source: CDC/NCHS, National Survey of Family Growth, 2006-2008. Table 13 in this report.

Use of contraception at first sex among females 15-19 years

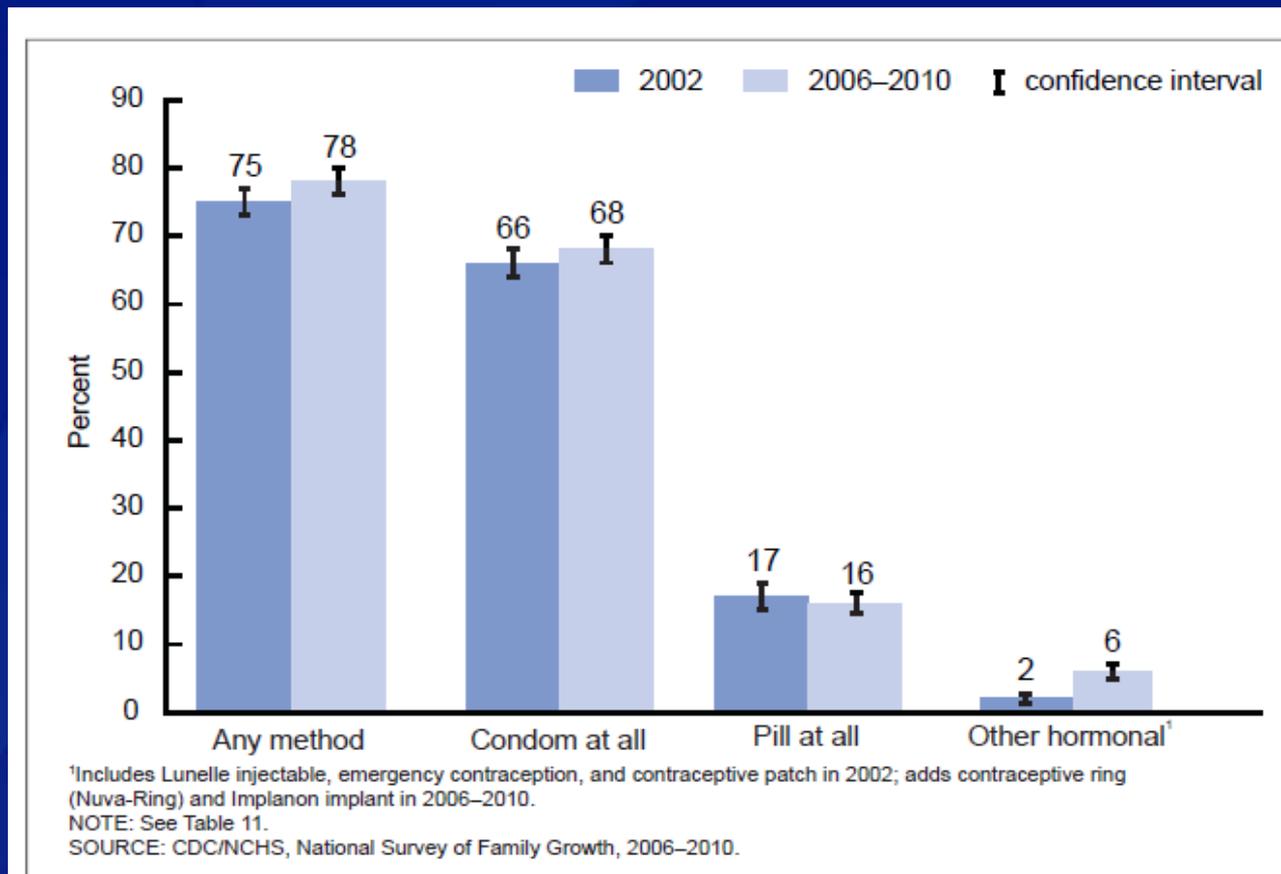


Figure 2. Use of contraception at first sex among females aged 15-19, by method used: United States, 2006-2010

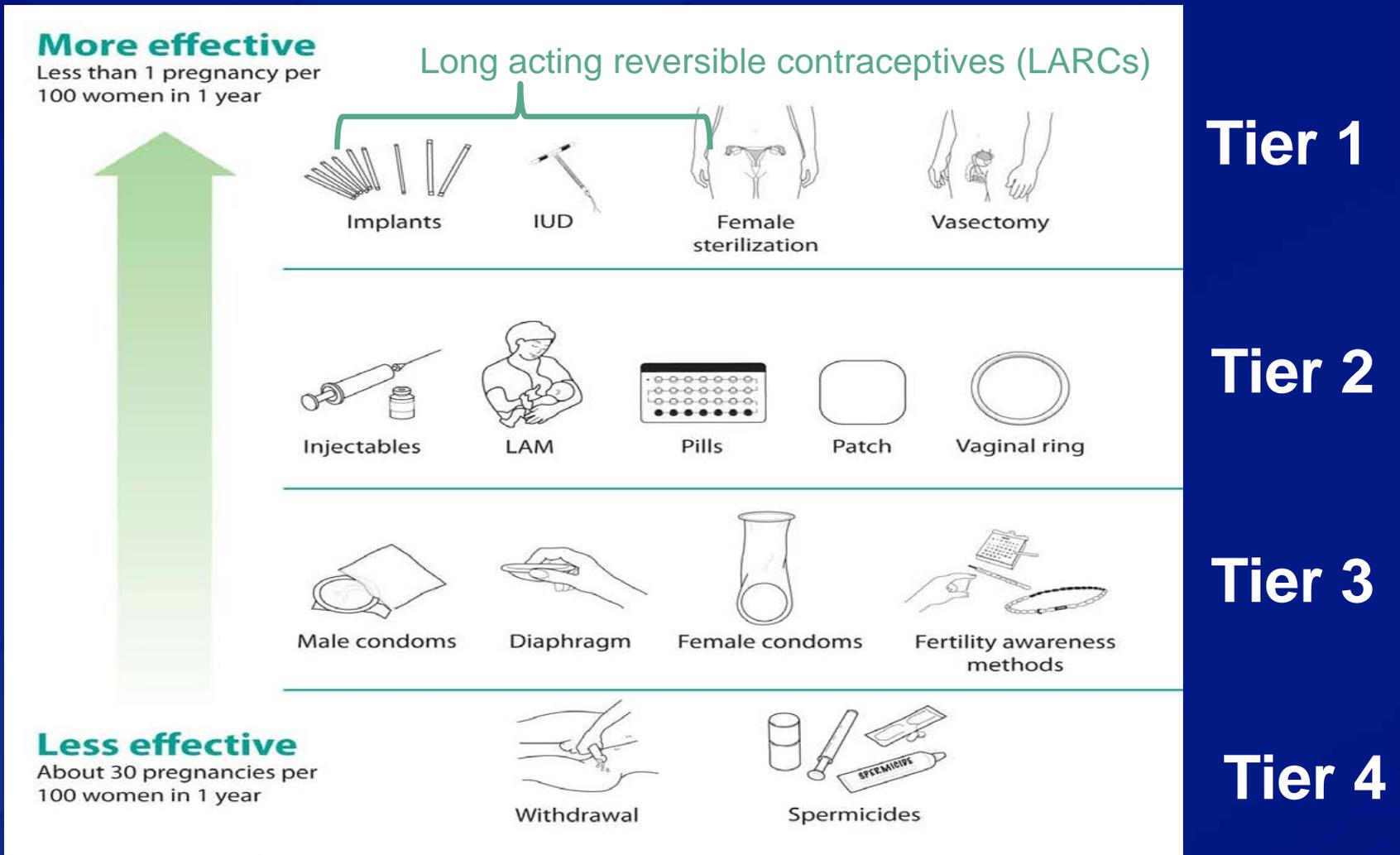
So why are teen pregnancy rates so high?

- 46% due to non-use of contraception
- 54% due to contraceptive failure
 - Effectiveness of method
 - Consistent and correct use

Santelli et al., 2006



Typical Effectiveness of Family Planning Methods



Adapted from: WHO. Family Planning: A Global Handbook

Long Acting Reversible Contraception (LARC)

- “Forgettable contraception”
- Not dependent on compliance/adherence
- Available in US:
 - IUDs: copper and hormonal
 - Implant
- “expanding access to LARC for young women has been declared a national priority” (IOM)
- “Encourage implants and IUDs for all appropriate candidates, including nulliparous women and adolescents.” (ACOG 2009)

Method choice

Use of contraception at last sex among females ages 15-19, who had sex in the last 3 months, 2006-2010

Method	%
Any method	86
Condoms (Tier 3)	52
Pills (Tier 2)	31
Other hormonals (Tier 1-2)	12
Other methods (Tier 1-4)	11
No method	17

Martinez et al., Vital Health Stat 23(31), 2011.

Contraceptive Methods for Adolescents: What's New?

- US Medical Eligibility Criteria for Contraceptive Methods
- Contraceptive methods and adolescents



U.S. Medical Eligibility Criteria for Contraceptive Use (MEC)



MMWRTM

Morbidity and Mortality Weekly Report

www.cdc.gov/mmwr

Recommendations and Reports

June 18, 2010 / Vol. 59 / No. RR-4

U.S. Medical Eligibility Criteria for Contraceptive Use, 2010

**Adapted from the World Health Organization
Medical Eligibility Criteria for Contraceptive Use, 4th edition**

US MEC

- ❑ **Evidence-based recommendations on the use of contraceptive methods among women with medical conditions or other characteristics (age)**
- ❑ **Adapted from global guidance, World Health Organization**
- ❑ **Purpose of recommendations:**
 - To assist health care providers in counseling about contraceptive method choice
 - To serve as source of clinical guidance
- ❑ **Health care providers should always consider individual clinical circumstances**

MEC Categories

- 1. A condition for which there is no restriction for the use of the contraceptive method.**
- 2. A condition where the advantages of using the method generally outweigh the theoretical or proven risks.**
- 3. A condition where the theoretical or proven risks usually outweigh the advantages of using the method.**
- 4. A condition which represents an unacceptable health risk if the contraceptive method is used.**

Smoking and Contraceptive Use

<i>CONDITION</i>	<i>CHC</i>	<i>POP</i>	<i>DMPA</i>	<i>IMP</i>	<i>Cu-IUD</i>	<i>LNG-IUD</i>
SMOKING						
a) Age < 35	2	1	1	1	1	1
b) Age ≥ 35						
(i) < 15 cigarettes/day	3	1	1	1	1	1
(ii) ≥ 15 cigarettes/day	4	1	1	1	1	1

Summary of MEC by age

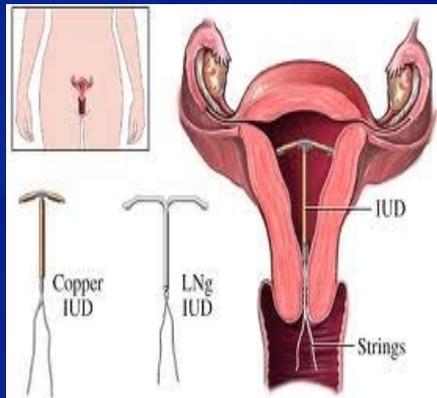
Method	COC, Patch, Ring	POP	Implant	Barrier	Injection	IUD
Age	< 40	All ages	All ages	All ages	<18	< 20
MEC	1	1	1	1	2	2

- 1 No restriction
- 2 Generally can use
- 3 Generally do not use
- 4 Do not use

Tier 1 Methods

“Very Effective”

- Levonorgestrel-releasing intrauterine system
- Copper IUD
- Implant



Levonorgestrel-releasing intrauterine system (IUS)

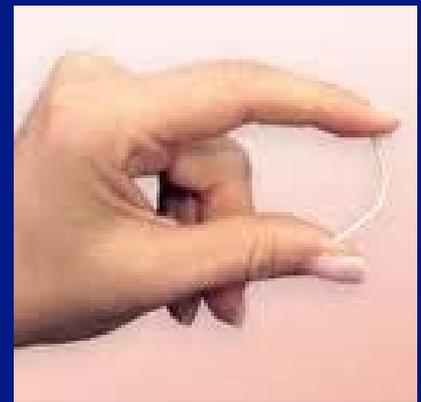
- Effective for at least 5 years
- Side effects: irregular bleeding
- US MEC
 - For ages < 20: 2
 - For nulliparous women: 2
 - For increased risk of STIs: 2/3
- Does not protect against sexually transmitted infections (STIs)

Copper intrauterine device (IUD)

- Effective for at least 12 years
- Side effects: irregular bleeding, heavy bleeding
- US MEC
 - For ages < 20: 2
 - For nulliparous women: 2
 - For increased risk of STIs: 2/3
- Does not protect against STIs

Contraceptive implant

- Effective for at least 3 years
- Side effects: irregular bleeding
- US MEC for all ages: 1
- Does not protect against STIs



Tier 2 Methods

“Effective”

- Injectable (DMPA)
- Pill
- Patch
- Ring



Contraceptive injection: Depo medroxyprogesterone acetate (DMPA)

- One injection every 3 months
- Reliable contraception for 3 months, but effects may last up to 9 months
- Side effects: irregular bleeding
- US MEC for ages < 18: 2
 - Bone mineral density
 - Weight
- Does not protect against STIs



Contraceptive pills

- Combined pills contain estrogen and progestin
 - US MEC for age < 40: 1
 - Side effects: hormone-related side effects
- Progestin-only pills contain only progestin
 - US MEC 1 for all ages
 - Side effects: irregular bleeding
- Do not protect against STIs



Contraceptive patch

- Releases estrogen and progestin, so similar to combined pills
- One patch per week for 3 weeks, then 1 patch-free week
- Side effects: similar to COCs
- US MEC for age < 40: 1
- Does not protect against STIs



Contraceptive vaginal ring

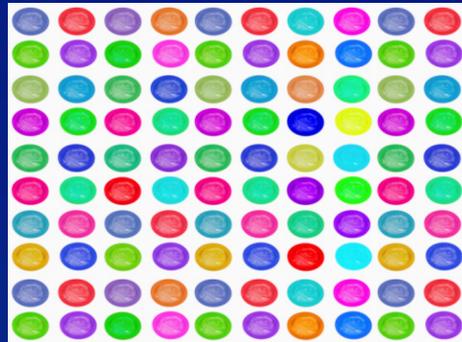
- Releases estrogen and progestin, so similar to combined pills
- One ring for 3 weeks, then 1 ring-free week
- Side effects: similar to COCs
- US MEC for age < 40: 1
- Does not protect against STIs



Tier 3

“Moderately Effective”

- Condoms (male and female)
- Diaphragms, cervical cap, sponge
- Fertility awareness-based methods



Tier 4

"Less Effective"

- ❑ Withdrawal
- ❑ Spermicides



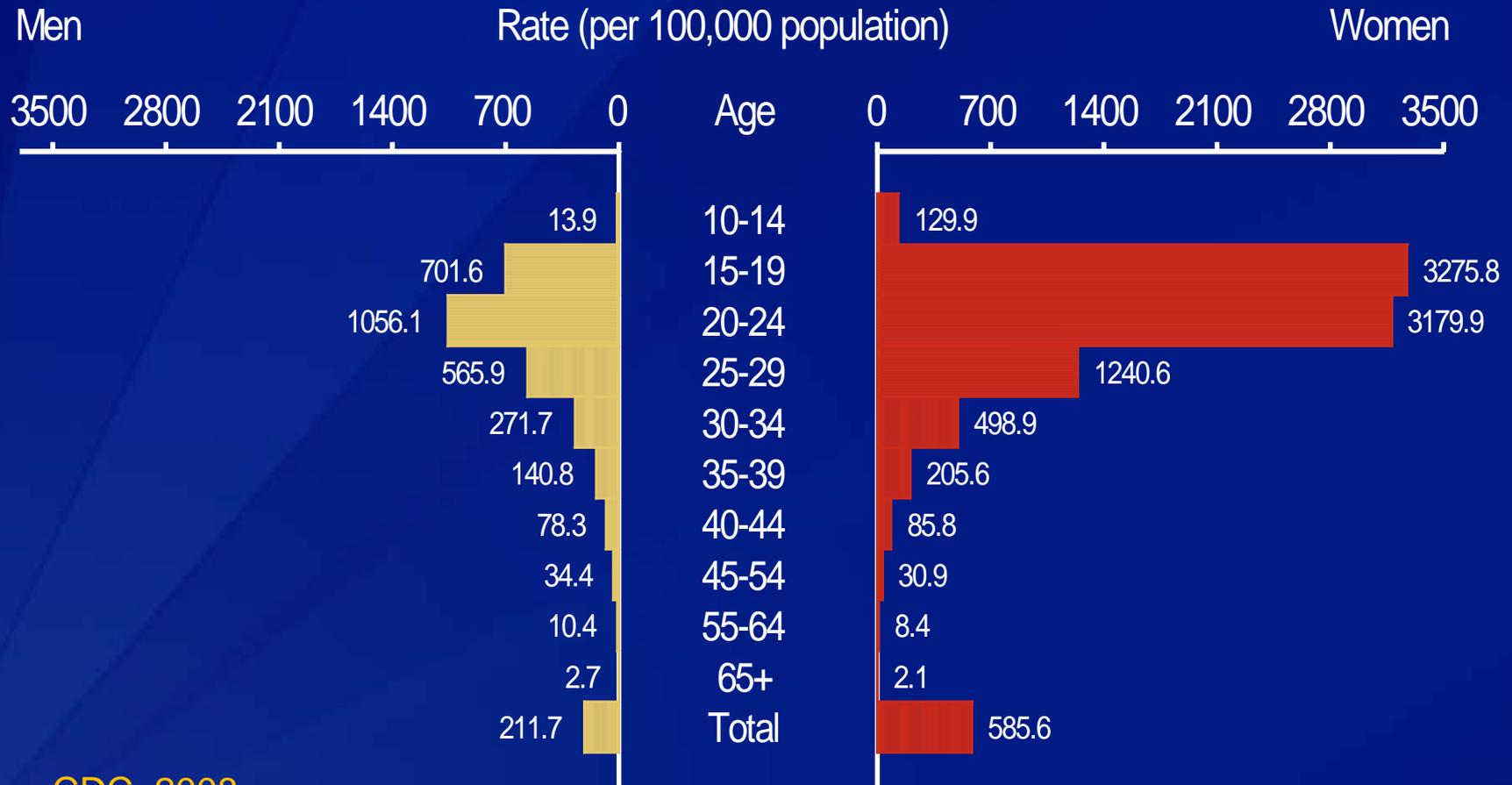
DUAL PROTECTION

Condoms



- US MEC for all ages: 1
- Male latex condoms reduce risk of STIs, including HIV, when used correctly and consistently

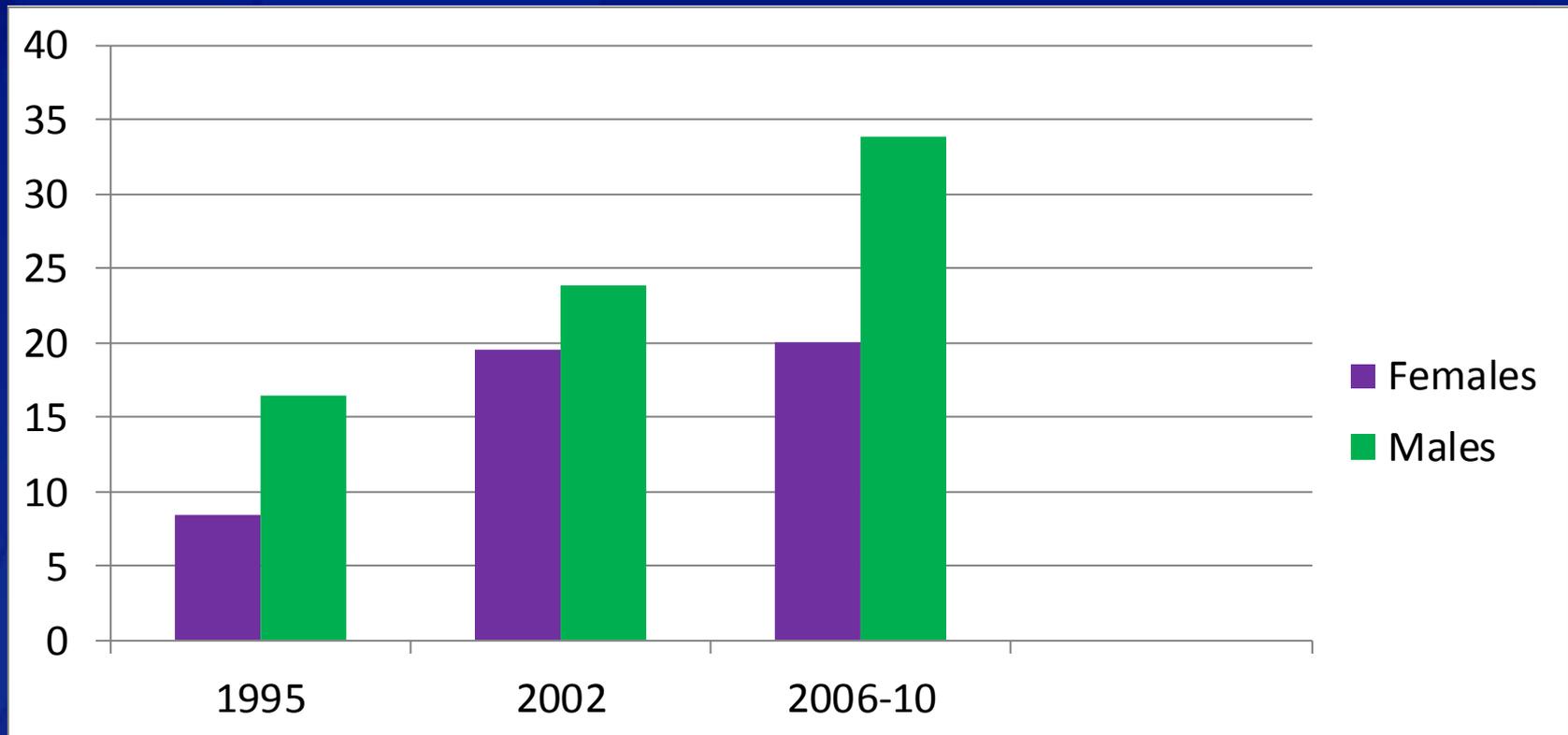
Chlamydia — Age- and sex-specific rates: United States, 2008



CDC, 2008

Dual Protection

Use of dual methods (condom and hormonal method) among 15-19 year olds, who had sex in 3 months prior to interview



Abma et al., NSFG, 2010.

Emergency contraceptive pills

- Take up to 120 hours after unprotected sex
- Current products: levonorgestrel
 - Without prescription: ages 17+
 - Prescription: ages < 17
- New formulation: ulipristal acetate
 - Marketed in late 2011
 - May be more effective than levonorgestrel beyond 48 hours
 - Prescription only

Take Home Messages

- Rates of adolescent pregnancy in the US are decreasing, but remain high
- Adolescents who are at risk of unintended pregnancy need access to highly effective contraceptive methods
- Adolescents are eligible to use all methods of contraception
 - there is no contraceptive method that an adolescent cannot use based on age alone
- Long-acting, reversible contraception (LARCs) may be particularly suitable for many adolescents
 - IUDs
 - Implants
- Dual protection should be encouraged among adolescents

Resources

- **US MEC published in CDC's Morbidity and Mortality Weekly Report (MMWR):**

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5904a1.htm?s_cid=rr5904a1_w

- **CDC evidence-based family planning guidance documents:**

<http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USMEC.htm>

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