

# Contraceptive Update from Family Planning Conference 2013

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# Access to contraception before pregnancy for young Maori women under 20 years of age

## Charrissa Makowharemahihi

- 44 women, in long term relationships and looking for contraception
- Offered pill, jab, condoms
- Barriers outweighed facilitators
- During pregnancy, decisive re contraception
- Postpartum – offered same choices
- Barriers even worse with focus on baby

# Contraception: where are we now, and where are we going?

## Prof Mitchell Creinin

- Women with lower income have higher unintended pregnancy rates
- New innovations should improve public health – but they don't necessarily do so
- New pills – no benefit
- New version of Implanon – little benefit
- Several modifications of Mirena – most no better

# Essure

- Female sterilisation – coil inserted into each tube and fibrous tissue blocks tubes over next few months
- Placement can be difficult and followup needed to ensure tubes actually blocked
- Many women don't return
- Maximum likelihood of sterilisation after 1 year = 94% - not as effective as traditional tubal ligation
- Essure best reserved for those who can't undergo surgery

# Long Acting Reversible Contraception

- When free, immediately available contraception offered, 75% choose LARC (CHOICE program)

- Continuation rates:

	1 year	2 years
Implant	83%	69%
IUD	85%	77%
IUS	88%	79%

- Teen births dropped 80% and abortions 75% compared to national stats
- Implanon and Mirena best choices

# World Health Organisation Medical Eligibility Criteria: contraindications to contraception methods

Prof Mitchell Creinin

- USMEC

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

- Bariatric surgery:

- Restrictive procedures = USMEC 1 for POP, COC (gastric banding)

- Procedures causing malabsorption = USMEC 3 for POP, COC (gastric bypass)

# Jadelle – good, bad or indifferent for NZ women?

Christine Roke

- 2 rods inserted in arm
- Very effective contraception
- Lasts 5 years and once inserted, no further consultations needed
  - so “fit and forget” contraception
- Women with problems return to clinic for advice or removal
- What about other women using Jadelle?

# Follow up audit

- Follow up women who had Jadelle inserted at Family Planning clinics throughout country
- Ethics committee approval
- Contact them by phone, email or text at 1, 3, 6, 9, 12 months
- Asked about problems or benefits, bleeding pattern, satisfaction

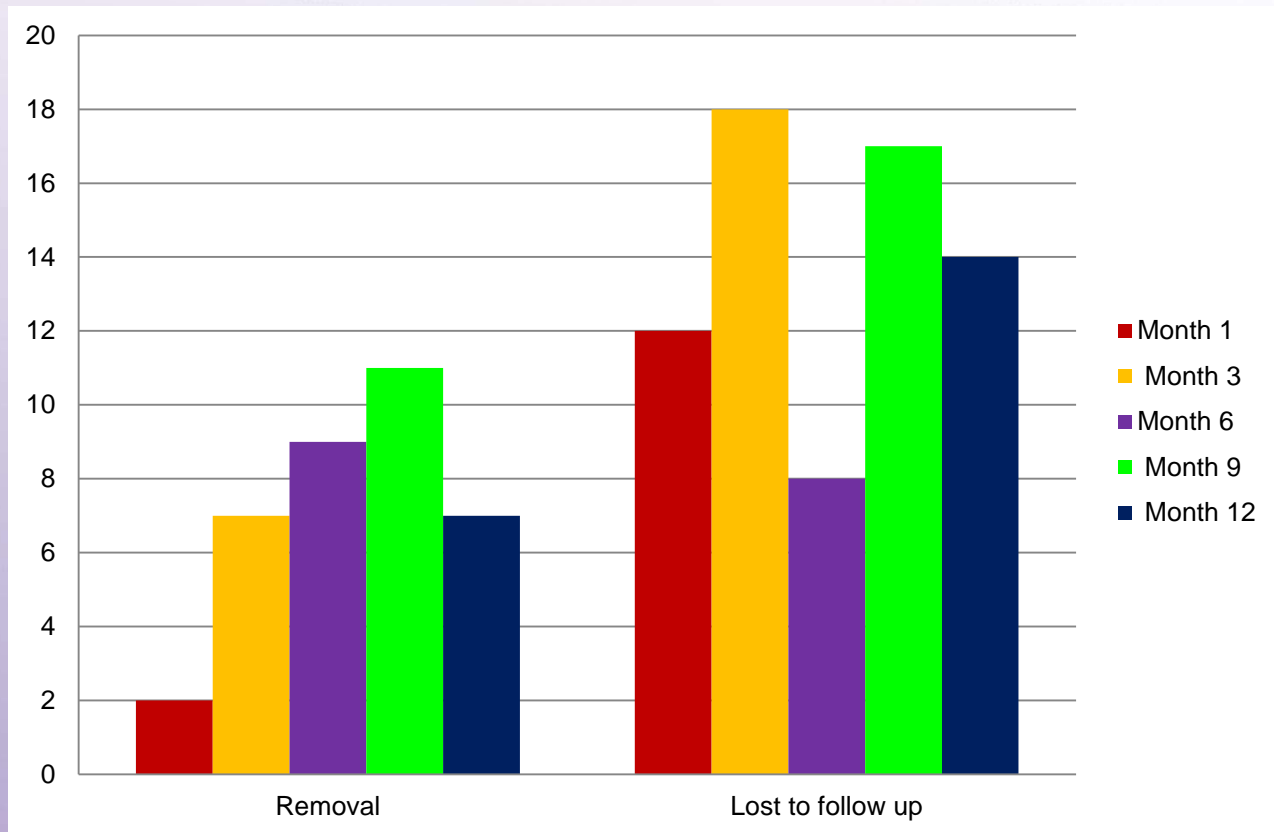


# Audit results

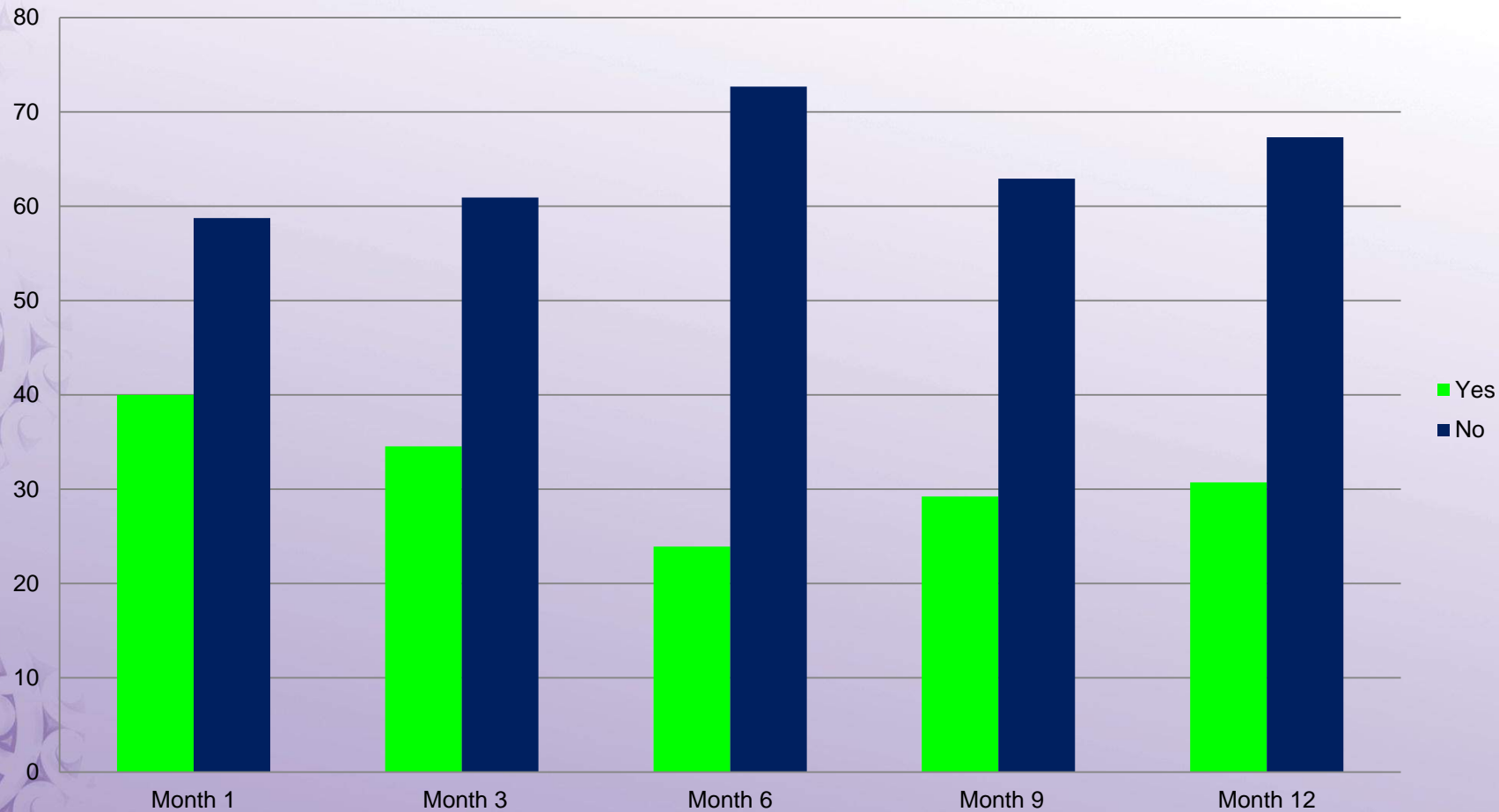
- 252 women signed consent (July – September 2012)
- Follow up data obtained by October 2013
- Lost to follow up – 69 by 1 year = 27%
- Implant removed – 36 by 1 year = 14%

# Removal or Lost to Follow up

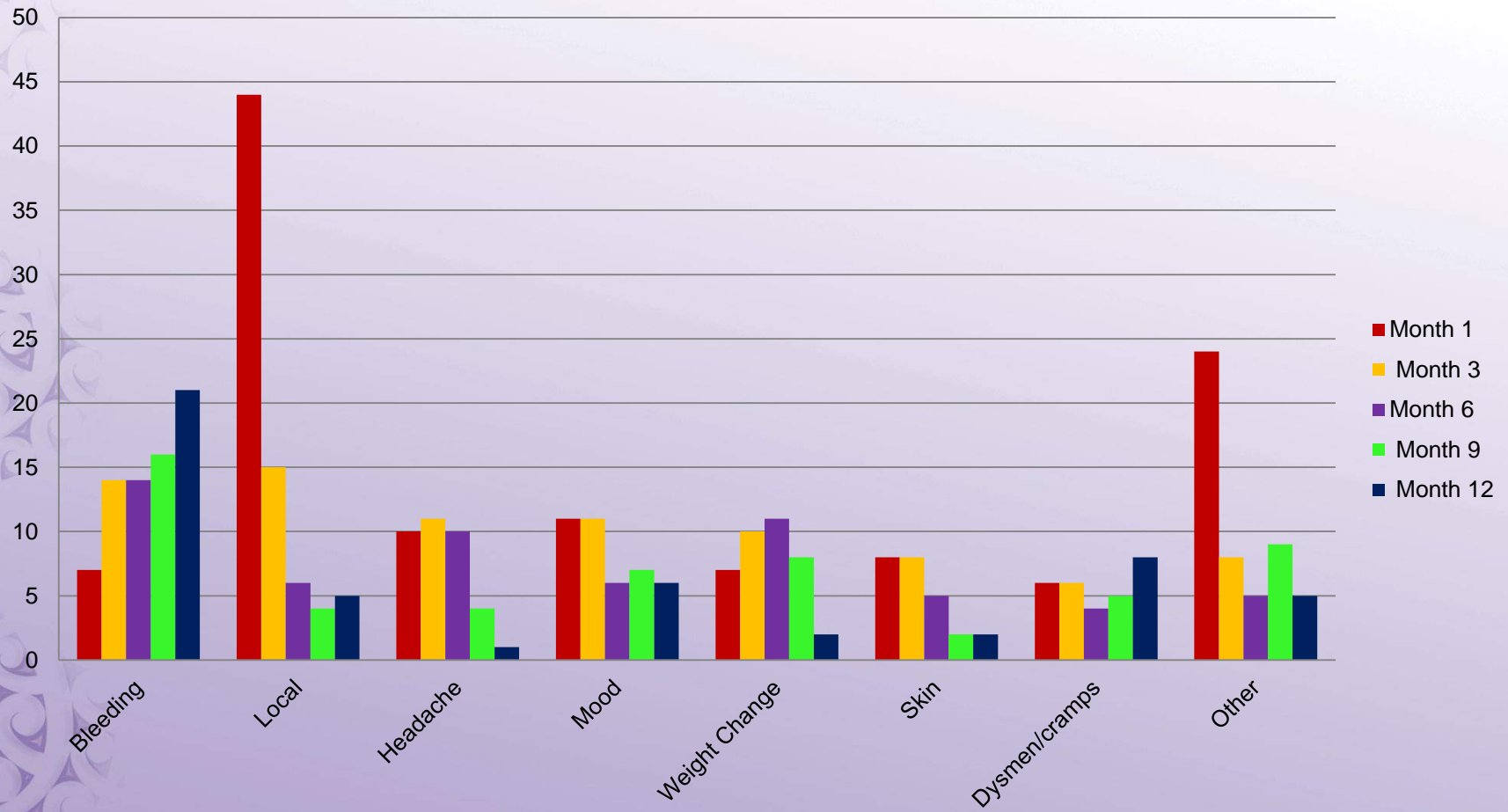
(numbers)



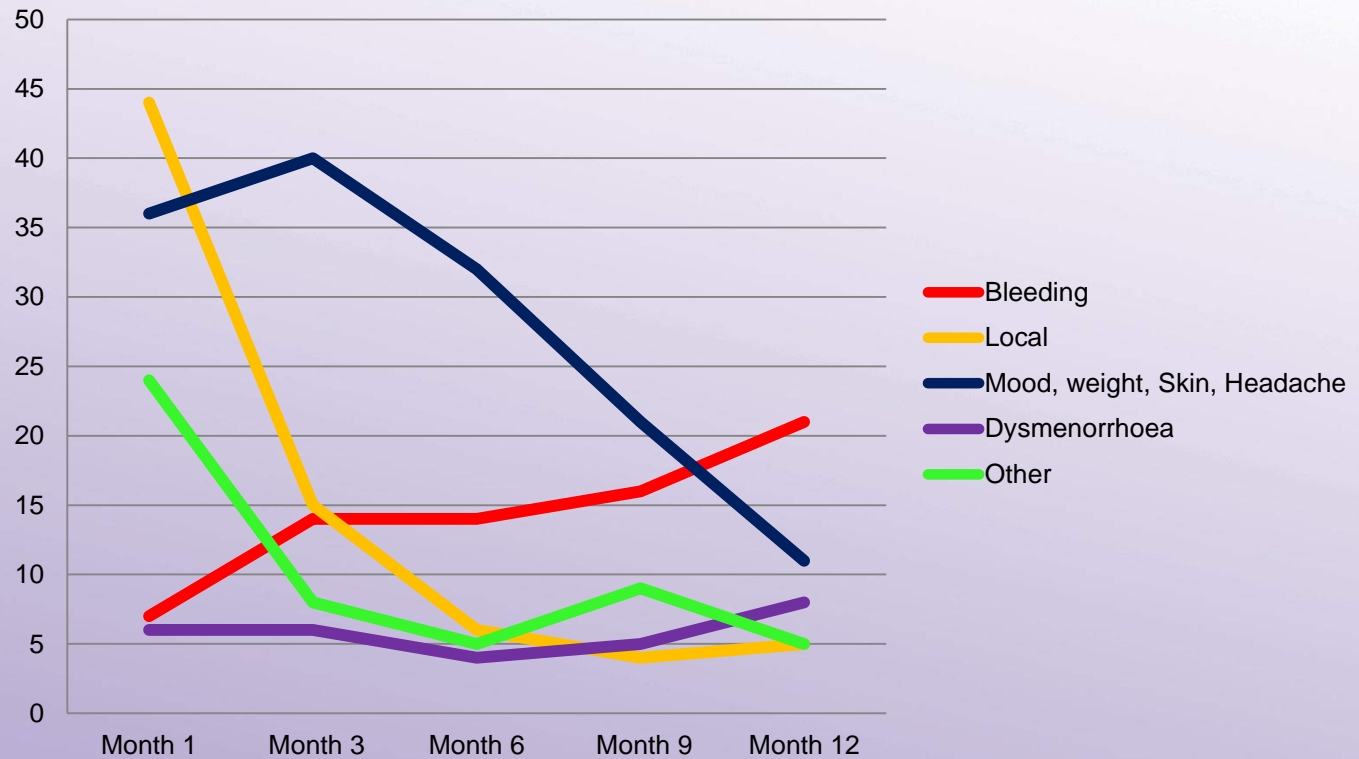
# Problems? (percentage of sample)



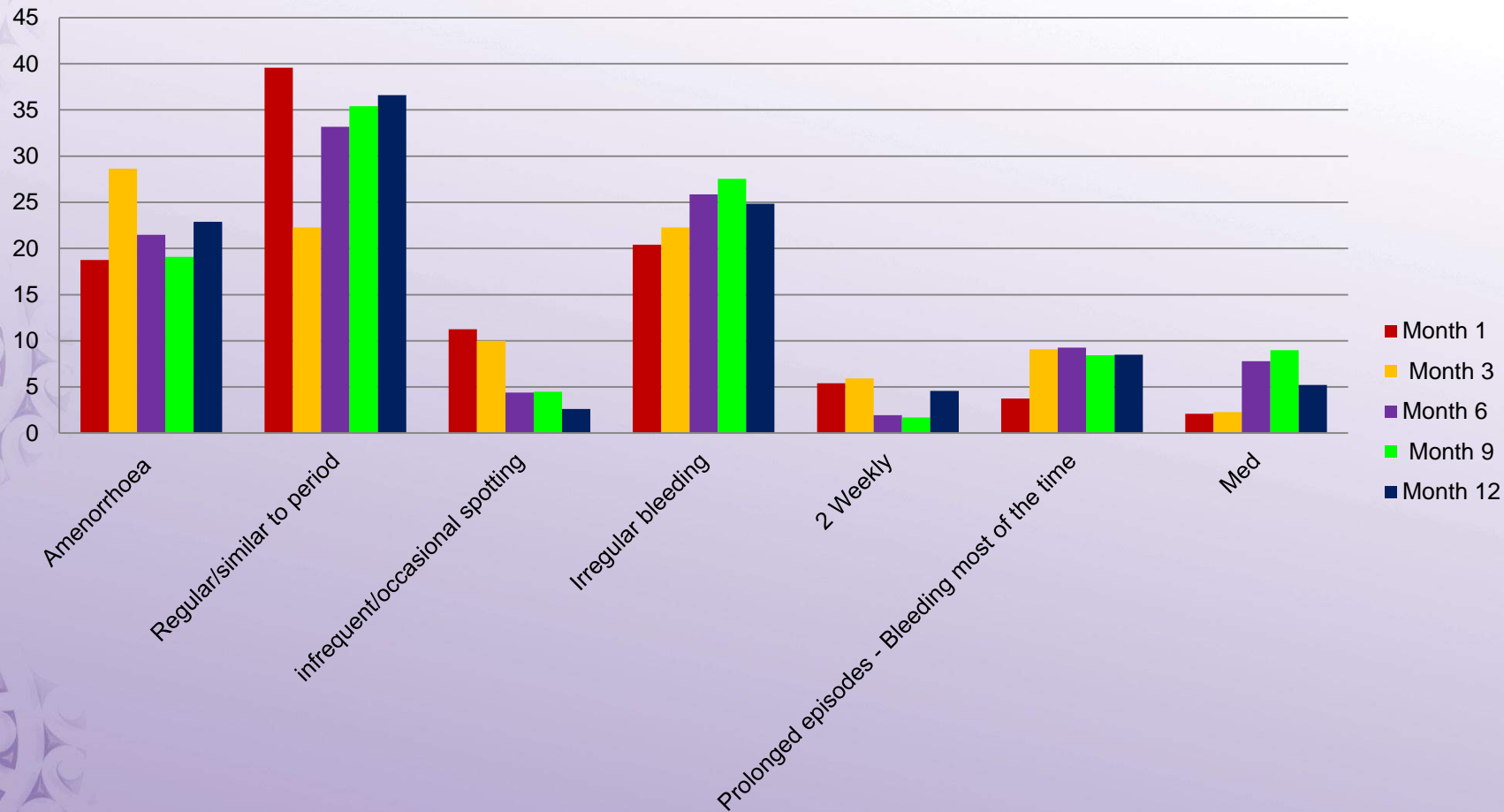
# Side effects (numbers)



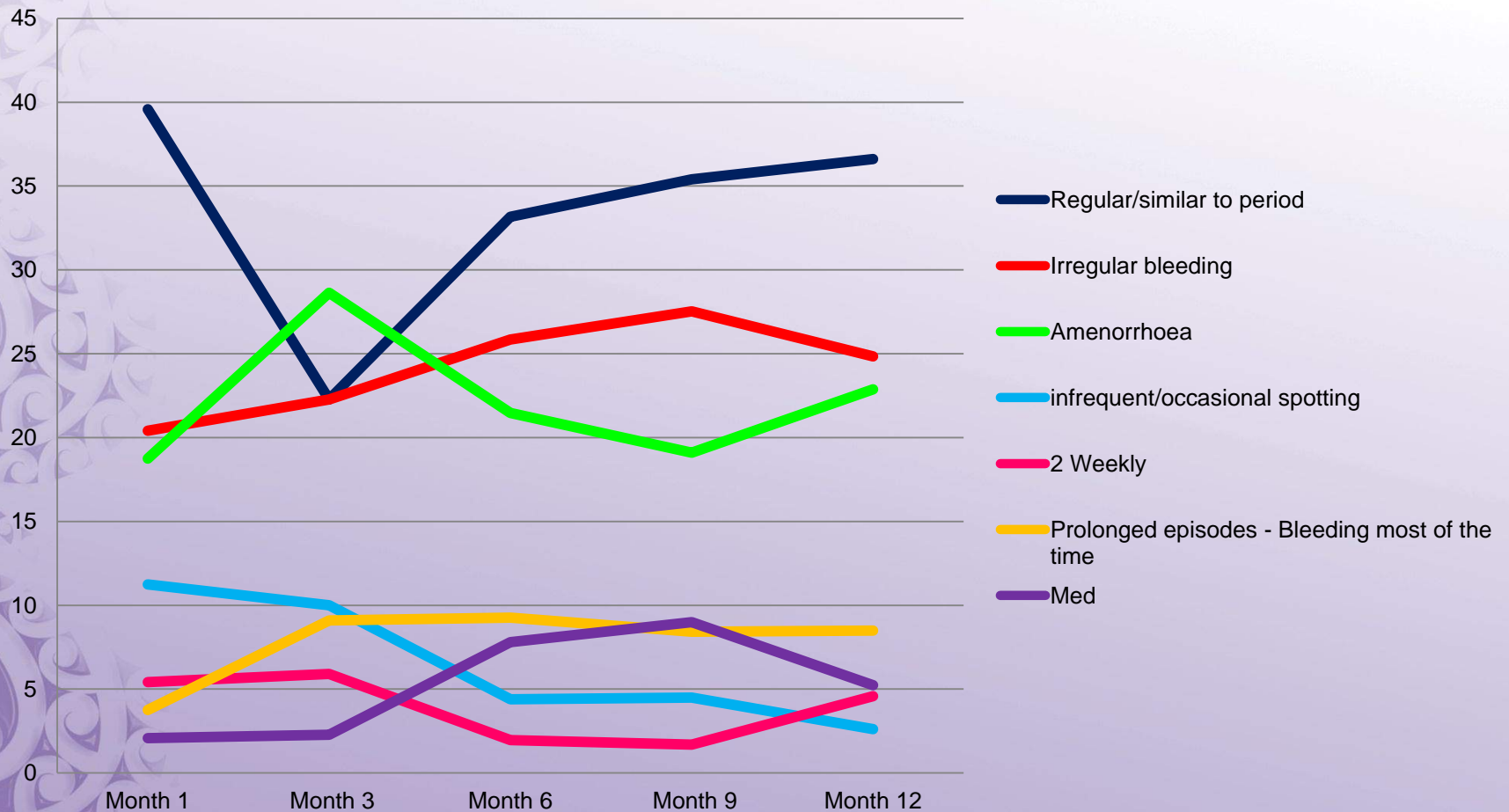
# Side effects (numbers)



# Bleeding Pattern (percentage of sample)



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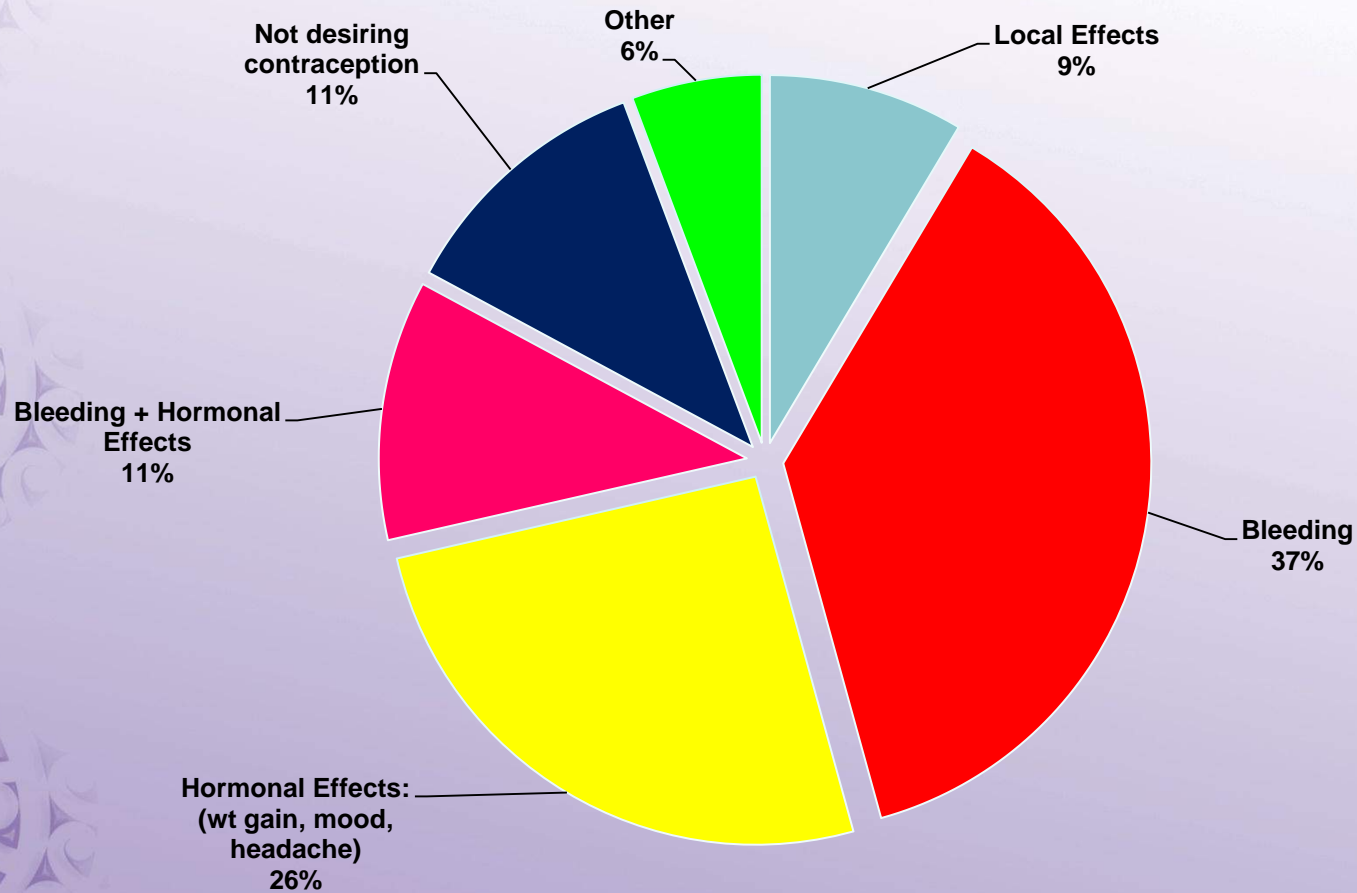


# Average bleeding pattern (from sample)

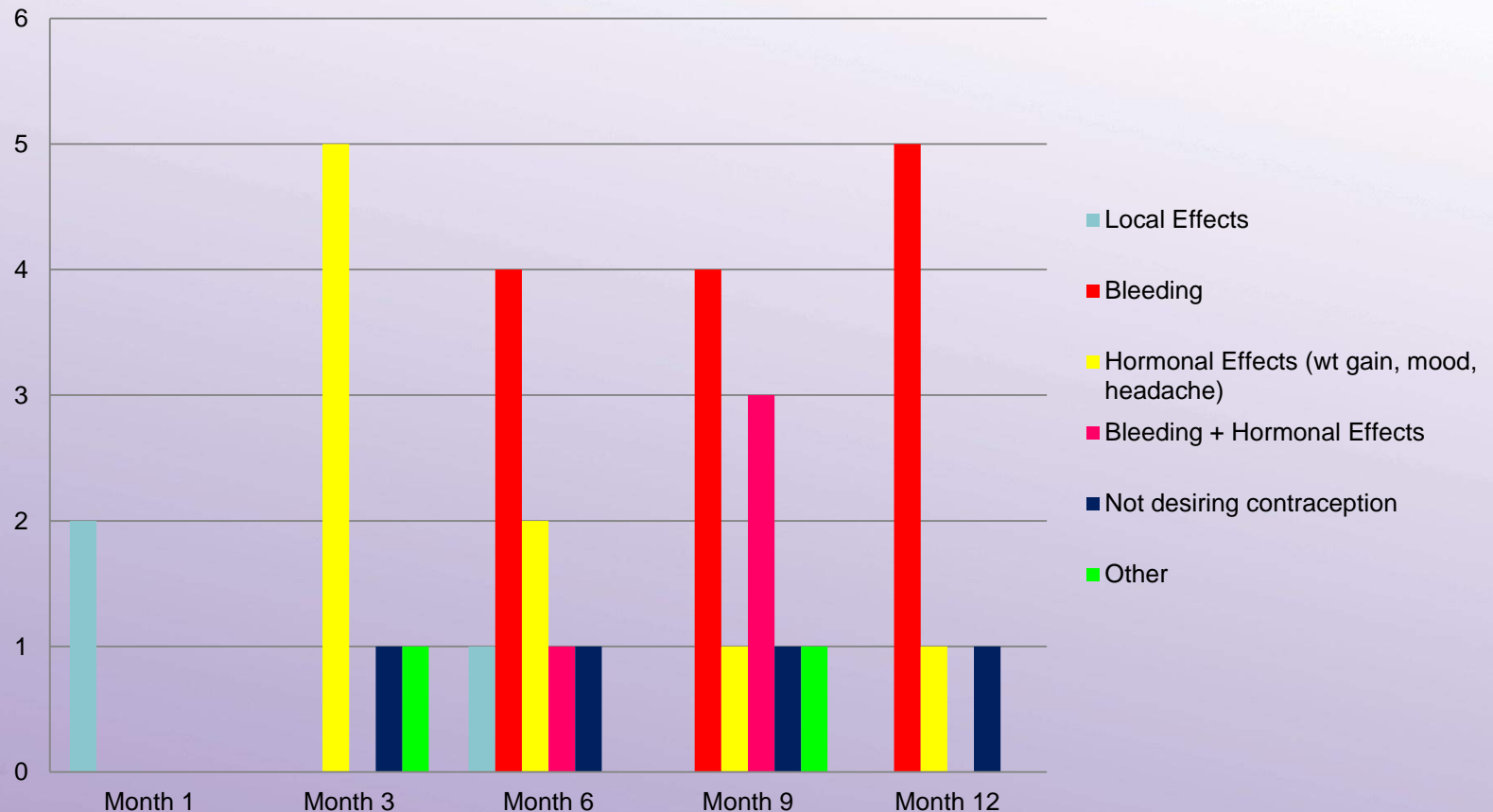
• Regular periods	35%	1 in 3
• <b>Irregular bleeding</b>	<b>25%</b>	<b>1 in 4</b>
• No bleeding	20%	1 in 5
• <b>Prolonged bleeding</b>	<b>10%</b>	<b>1 in 10</b>
• Occasional spotting	5%	1 in 20
• Two weekly bleeding	5%	1 in 20



# Reasons for Removal (% of removals)



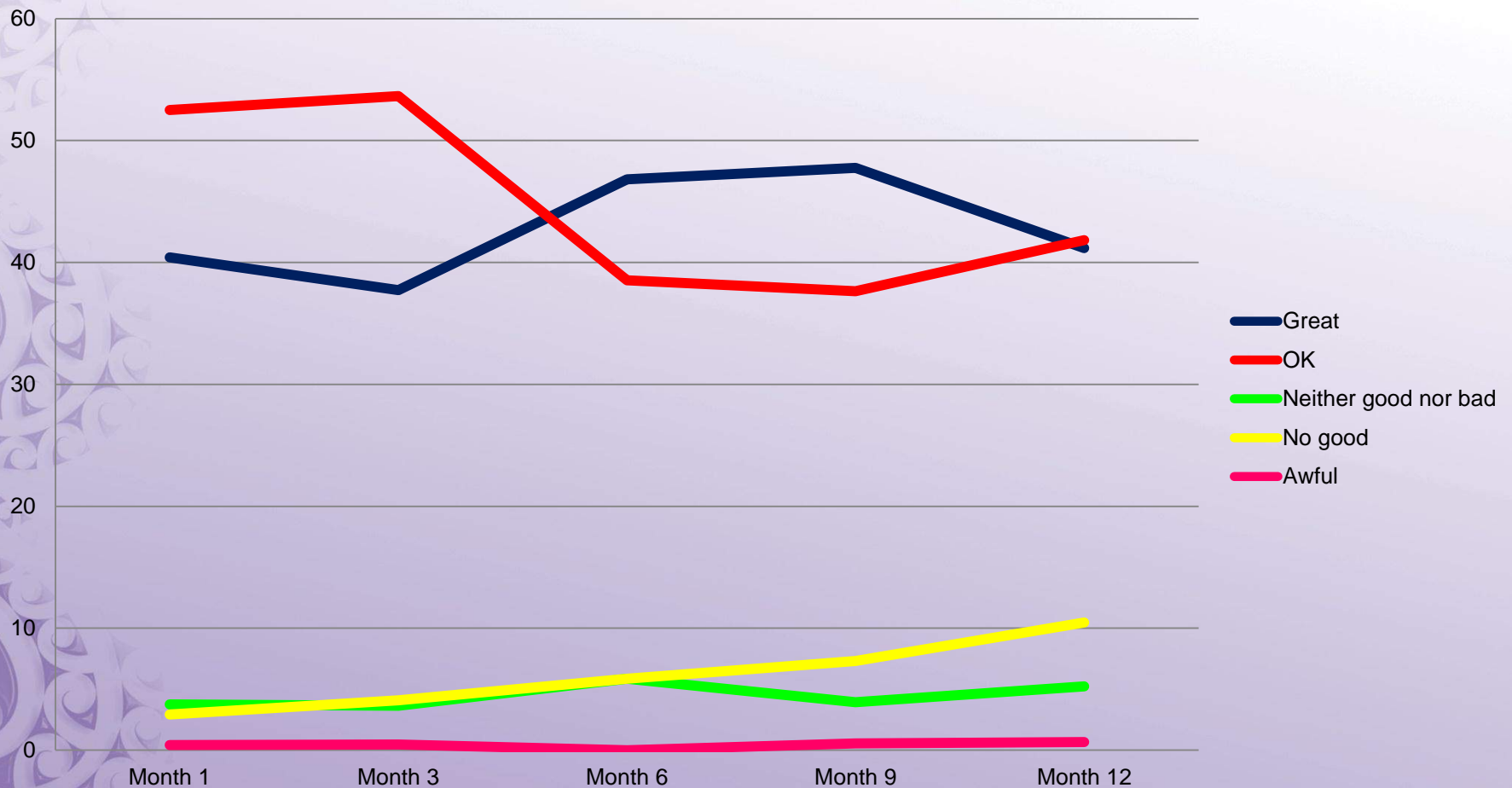
# Reasons for removal (numbers)



# Reasons for removal

- Jadelle data sheet quotes removal rate for bleeding problems as 14%
- Our follow up shows 13 women had implant removed for bleeding and another 4 for bleeding and “hormonal” side effects within 1<sup>st</sup> year  
= 7% of enrolled group
- Removal for “hormonal” side effects = 5% of enrolled group

# Satisfaction (percentage of sample)



# Summary of Jadelle followup

- More women report “no problem” than “any problem”
- Problems:
  - Initially local and “hormonal” side effects
  - Later bleeding problems
- Common bleeding patterns are:
  - Monthly bleeds
  - Irregular bleeding
  - No bleeding
- Commonest reason for removal is bleeding – 7% of total
- High level of satisfaction - more than 80% of sample at 1 year

# Recommendations from Family Planning conference re contraception

- Improve access, especially for those most in need
- Offer contraception when client comes rather than postpone implementation
- Have subsidised Mirena and Implanon