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Contraceptive Counseling and Methods in Brief

by Karen Schantz

The causes of adolescent pregnancy are complex. There are many approaches available to communities seeking to help young people avoid unintended pregnancy; providing access to contraception is only one strategy, but it is vitally important. Part One of this article briefly covers young people's use of and views toward contraception, as well as counseling issues to consider. Part Two is a reference for methods currently available, with links to resources for more in-depth information.



PART ONE

Use of Contraception

As a population, teens have demonstrated that they are quite capable of using contraception. Most teens use contraception the first time they have sex (78% females and 85% males), usually condoms. Four out of five sexually active teens use birth control. Just over half of teen women who use contraception use the pill, while 3% use the intrauterine device (IUD) and 16% use other hormonal methods (Guttmacher Institute, 2015).

Teens who have tried contraception are more likely to stick with it than are women of any other age. However, teens who are unhappy with a contraceptive method are more likely than older women to stop using contraception all together (Pazol et al., 2015). Surveys that report on the use of birth control at first or last sex don't tell the whole story: consistent, correct use cannot be taken for granted, and dual method use (using both a condom and hormonal contraception) is low.



Karen Schantz is an extension support specialist in Cornell University's Bronfenbrenner Center for Translational Research, and communications coordinator for ACT for Youth.



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Attitudes toward Contraception

Though young people are generally willing to use birth control, the methods available elicit largely negative responses from youth. In a focus group study across New York State, ACT for Youth found that negative comments outweighed positive comments for every method discussed except abstinence (Maley, 2013). While abstinence was viewed more positively than negatively, it was also considered unrealistic. Emergency contraception received the most criticism, with five negative comments for every positive comment. Overall, young people were especially concerned about side effects and reliability, and most appreciated methods they perceived to be effective, easy to obtain, and easy to use.

Adolescent Pregnancy and Parenthood: What can communities do?

Improved access to contraception is only one strategy available to communities seeking to address rates of unintended pregnancy and support young families. For resources and a discussion of how environmental factors affect adolescent pregnancy, visit the ACT for Youth website.

www.actforyouth.net/sexual_health/behaviors/pregnancy.cfm

Issues in Contraceptive Counseling

Selection of a birth control method is highly individual. Given how difficult it can be to identify the best method among so many unfamiliar choices, health educators and contraceptive counselors have key supportive roles to play. Educators can lay the groundwork by introducing each method and providing trustworthy online resources that youth can explore on their own. Contraceptive counselors can help young people clarify their priorities and make an informed choice. Below we introduce some of the issues that birth control educators and counselors take into consideration, but this is not an exhaustive list for medical professionals.

Assuring Confidentiality

Concerns about confidentiality are critical for young people, and can be an obstacle to seeking sexual health care (Ott & Sucato, 2014). While health care providers typically encourage teens to discuss their need for contraception with their parents, some states require providers to preserve a minor's confidentiality when it comes to family planning. Health centers that receive federal Title X funding (such as Planned Parenthood affiliates) are also required to protect confidentiality. Providers should be certain that staff can clearly explain their confidentiality policies to teens and parents, and ensure that a minor is not exposed through billing and patient portal procedures.

Respecting Individual Priorities and Choice

In recent years there has been a strong push toward long-acting reversible contraception (LARC) -- methods that include IUDs and subdermal implants -- because they are extremely effective and require no user action. Generally speaking, these (and all existing) methods are considered appropriate for youth. In fact, in 2014, the American Academy of Pediatrics issued a policy statement recommending that LARC methods be considered "first-line" contraception for adolescents (Braverman et al., 2014).

Guidelines like these help clarify the overall medical appropriateness of highly effective methods for adolescents, but they should be implemented with sensitivity and caution. There is some evidence that clinicians are more likely to recommend



LARC methods to women of color than to white women (Higgins, 2014) -- a practice that, while it may be unintended, is linked to a long history of reproductive coercion that people of color, people with disabilities, and poor people have experienced. This history fosters a rational mistrust of health care providers, and may influence the reproductive choices of youth from these communities. The onus is on providers to offer information, education, and choice in the service of an individual's priorities.

When it comes to selecting birth control, effectiveness is only one factor in an individual's decision. Women come to the process of choosing birth control with a range of personal considerations and priorities beyond effectiveness (Gomez, Fuentes, & Allina, 2014; Higgins, 2014; National Campaign, 2015), such as:

- Can the fact that I am on birth control be hidden from my parents/partners?
- Do I have control? Can I stop using it any time, for any reason?
- What are the potential side effects?
- What is the effect on my menstrual cycle likely to be?
- How much will it cost me?
- Do I have to visit a health care provider? How often?
- How will it feel?
- Will my partner be able to feel it? How will it affect sex?
- Will I be able to get pregnant when I want to?

While effectiveness should not be downplayed, it is important for counselors to respect that a woman's personal context for using birth control is at least as important as effectiveness -- and she is the expert on her own life.

Managing Information Overload

Nondirective counseling does not necessarily mean that counselors and clinicians should provide all of the information available on every method. Jaccard and Levitz (2013) point out that this runs the risk of putting her into information overload, which may lead to poor decision making. Instead, they propose a process that takes into account a woman's *health history* first, then *her own priorities*, and then *effectiveness*. At each step of the way, certain methods are ruled out. Online tools work by the same principle, narrowing the field based on certain priorities and aiming for a thorough understanding of a limited number of options.

Cultural Competence

The cultural competence of the agency and counselor -- across the dimensions of age, race, ethnicity, sexual orientation, and gender identity -- will make a positive difference for a youth seeking sexual health services.

Cultural Competence in Contraception Counseling

<http://nurse-practitioners-and-physician-assistants.advanceweb.com/Features/Articles/Cultural-Competence-in-Contraception-Counseling.aspx>

Contraceptive Counseling: Not Just for Heterosexual Youth

While some LGBT youth will not need birth control counseling, health educators and providers should not assume that sexual behavior always aligns with orientation. Lesbian, gay, and bisexual youth are at increased risk for pregnancy.

Pregnancy Risk Among Bisexual, Lesbian, and Gay Youth: What Does Research Tell Us?

http://www.actforyouth.net/resources/rf/rf_lgb-prg_0415.pdf

Because teens who dislike their method of birth control may give up on contraception all together, counselors should be sure that teens fully understand each method considered, including side effects. Teens should also be clearly informed that they have a range of options; if one method does not work out, there are others to be tried (National Campaign, 2015; Pazol et al., 2015).

Backing up Birth Control

All sexually active youth should understand the importance of using condoms for protection against sexually transmitted diseases. Dual use -- condoms plus hormonal birth control -- improves contraceptive effectiveness as well.

Youth also need to know why and how to obtain emergency contraception (EC), especially if they are using a less reliable form of birth control. In some cases, it may be appropriate to recommend that EC pills be acquired in advance in case the need arises.

The Takeaway

Educators and counselors have expertise that young people need. Likewise, if counselors are to do their jobs well, they need to learn from each young person's expertise in her or his own personal and social contexts. It's critical to know if a youth is afraid of injections, unable to return regularly to the clinic, or fearful of repercussions from a boyfriend or parent if birth control is discovered.

Ultimately, identifying a good method to try is a matter of dialogue. A skilled counselor can winnow the field of choices by ruling out certain methods based on the young person's medical history and personal priorities, giving complete information about the methods most relevant to the youth. In a successful session, a young person will make her own informed choice – and will feel she has been treated with professionalism, understanding, and respect.

Additional Resources

Contraception Basics for Health Educators (slide set)

http://www.actforyouth.net/publications/results.cfm?t=n_contraception

Youth and Family Planning: Findings from a Focus Group Study

http://www.actforyouth.net/resources/rf/rf_family-planning_1113.pdf

Planned Parenthood: Birth Control

<http://www.plannedparenthood.org/learn/birth-control/>

PART TWO

Birth Control Methods

The information below is also available as a stand-alone handout. Visit www.actforyouth.net/resources/n/n_birthcontrol-brief.pdf

Sources for this information include ACT for Youth Center of Excellence (2011), Centers for Disease Control and Prevention (2015), National Campaign to Prevent Teen and Unplanned Pregnancy (2010), Office of Population Affairs (2015), Office of Population Research & Association of Reproductive Health Professionals (2015), Office on Women's Health (2015), Planned Parenthood Federation of America (2015), Starr (2014), and Trussell, Raymond, & Cleland (2015).

Pregnancy and STD Prevention: Condoms

Condoms (male and female) are the only form of contraception that also prevents sexually transmitted diseases (STDs), including HIV/AIDS. Condoms alone are moderately effective as a birth control method, but when paired with another method, the condom is a very effective way to prevent pregnancy and protect health.

Male Condom

Male condoms are worn on the penis to prevent the exchange of body fluids between partners during oral, anal, or vaginal sex. To reduce the risk of STDs, latex or synthetic condoms should be used rather than lambskin or “natural” condoms. Condoms are available without a prescription, but may also be prescribed, which can often decrease the cost. Male condoms can be tricky to use correctly at first; it’s important for users to learn and practice the steps for correct use. With typical use, condoms are 82% effective at preventing pregnancy.

Female Condom

A female condom is a polyurethane pouch with flexible rings at both ends. It fits inside the vagina to help prevent pregnancy and to protect against STDs/HIV. The female condom can be inserted up to eight hours before sex. A prescription is not required. With typical use, female condoms are 79% effective at preventing pregnancy.

Extremely Effective Contraception

Low maintenance methods, which include the contraceptive implant and the IUD, are the most effective methods available for pregnancy prevention. Sometimes known as Long-Acting Reversible Contraception (LARC), these birth control devices work for years without any user action.

Implant

(Implanon, Nexplanon)

The implant is a flexible plastic rod, about the size of a toothpick, that contains a progestin hormone. It is inserted into a woman’s upper arm by a health care provider, and must also be removed by a provider. Insertion and removal take just a few minutes. One implant will last as long as three years, but it can be removed at any time and fertility returns immediately. The implant is over 99% effective at preventing pregnancy.

IUD (Intrauterine Device)

The IUD is a small, plastic, T-shaped device that a health care provider inserts into the uterus. A short (3 cm) string extends from the tip of the IUD into the vagina for

Birth Control Sites for Youth

Planned Parenthood

<http://www.plannedparenthood.org/teens/going-to-the-doctor/>

Planned Parenthood videos

http://www.youtube.com/watch?v=OOfZ6VfmQ_s&feature=list_related&playnext=1&list=SPA46DFCD237A38D37

Sex, Etc.: Sex Terms - Birth Control

<http://sexetc.org/sex-ed/sex-terms/?topic%5B%5D=sex-terms-birth-control&alphabet>

Sex, Etc.: FAQs - Birth Control

<http://sexetc.org/sex-ed/info-center/faqs/?topic%5B%5D=stories-birth-control>

Stay Teen: Birth Control Explorer

<http://stayteen.org/sex-ed/birth-control-explorer>

Center for Young Women’s Health: Contraception

<http://youngwomenshealth.org/2014/02/27/contraception/>

Young Men’s Health:

Birth Control: A Guy’s Guide

<http://youngmenshealthsite.org/guides/birth-control/>

Teens Health: About Birth Control

http://kidshealth.org/teen/sexual_health/contraception/contraception.html

removal. There are two kinds of IUD. The Copper T IUD (ParaGard), which does not contain hormones, can stay in place for up to 10 years. The Levonorgestrel IUD (LILETTA, Mirena, or Skyla) releases a small amount of progestin hormone each day. It can stay in place for three to five years. IUDs are easily removed at any time by a health care provider and fertility returns quickly. While IUDs can be expensive to obtain, there are no additional costs until removal -- on average the IUD is among the least expensive options if the woman opts to continue using it for several years. Both types of IUD are over 99% effective at preventing pregnancy.

Very Effective Contraception

Shot

(Depo-Provera)

The shot is a progestin injection given every three months by a health care provider. It is very effective (94%) at preventing pregnancy. A new injection is required every twelve weeks. When injections stop, it can be difficult to become pregnant right away, but fertility returns within about 6-10 months.

Ring

(NuvaRing)

The ring is a two-inch flexible loop that is inserted into the vagina where it releases estrogen and progestin to prevent pregnancy. The ring is worn for three weeks each month, followed by a one-week break. A prescription is required. The ring is 91% effective with typical use. Fertility returns quickly when the ring is no longer used.

Patch

(Ortho Evra)

Worn on the skin, the patch releases small amounts of estrogen and progestin to prevent pregnancy. A patch is worn for three out of every four weeks, with a new patch put on each week. A prescription is required. With typical use the patch is 91% effective at preventing pregnancy, but women over 198 pounds may experience higher failure rates. When use stops, fertility returns quickly.

Pill / Oral Contraceptives

Oral contraceptives are pills that slightly alter a woman's hormone levels. For oral contraceptives to work, the woman must take a pill at the same time each day. There are different types available. Combined oral contraceptives contain estrogen and progestin; there is also a progestin-only contraceptive sometimes called the "mini-pill." A prescription is required. With typical use, the pill is 91% effective at preventing pregnancy.

Beyond the Basics

United States Medical Eligibility Criteria for Contraceptive Use

The CDC provides guidance and tools for clinicians, including a detailed report, summary charts, and a mobile tool.

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

New York Promoting & Advancing Teen Health (NYPATH)

With a focus on sexual and reproductive health, NYPATH offers training and resources for health care providers who serve adolescents in New York State. Site registration is required.

<http://www.nypath.org/>

Quick Reference Guide for Clinicians: Choosing a Birth Control Method

The Association of Reproductive Health Professionals provides an online reference guide to contraceptive methods, including side effects and contraindications.

<http://www.arhp.org/publications-and-resources/quick-reference-guide-for-clinicians/choosing>

The Emergency Contraception Website

The Office of Population Research at Princeton University provides a wealth of information on The Emergency Contraception Website, including regulation status, news, frequently asked questions, and much more.

<http://ec.princeton.edu/emergency-contraception.html>

Moderately Effective Contraception

Sponge

(Today Sponge)

The contraceptive sponge is soft polyurethane foam that contains spermicide. Like condoms, it is a barrier method: it prevents sperm from reaching the egg, and also uses spermicide. However, it does not protect against STDs/HIV. No prescription is required. One sponge can be left in place for up to 30 hours. With typical use, the sponge is 88% effective for women who have never given birth and 76% effective for women who have previously given birth.

Diaphragm and Cervical Cap

Diaphragms and cervical caps are latex and silicone cups that cover the opening of the uterus (cervix). They require a prescription and must be fitted by a health care provider. These barrier methods are put into the vagina before sex and can be left in place up to 24 hours (diaphragm) or 48 hours (cervical cap). They do not protect against STDs/HIV. Used with spermicide, with typical use, the diaphragm is 88% effective at preventing pregnancy. The cervical cap is less effective: with typical use, the cap is 86% effective for women who have never given birth and 71% effective for women who have previously given birth.

Emergency Contraception (EC)

Emergency Contraception IUD

The Copper T IUD can be used as emergency contraception when inserted within five days of unprotected sex. This type of EC is over 99% effective -- the most effective form of EC -- and has the additional advantage of then serving as an extremely effective regular method of birth control.

Emergency Contraception Pills

EC pills are birth control pills that are formulated to be taken after unprotected sex to greatly reduce the risk of pregnancy. They are not recommended as a person's primary form of birth control because they are less effective than other methods; however, using EC pills is certainly more effective than using no method at all. EC pills should not be confused with abortion medication. They work primarily by delaying ovulation. If a fertilized egg is implanted, EC will not end the pregnancy. The two types of EC pills most commonly available are progestin-only and ulipristal acetate. A third method uses certain brands of everyday birth control pills (combined pills containing both estrogen and progestin) in a specific protocol known as the Yuzpe Method. EC pills can be purchased in advance to insure quick access when needed.

Prescription Methods

- Require a visit to a health care provider.
- May have side effects, which may be different from person to person. (Note that side effects are not listed on this brief.)
- Are not for everyone: what works for one person may not work for another.
- Do not protect against STDs/HIV -- condoms should be used whenever STDs might be a concern.

Family Planning Health Centers

Title X Family Planning Clinics

<http://www.hhs.gov/opa/title-x-family-planning/>

New York State Family Planning Program Sites

http://www.health.ny.gov/community/pregnancy/family_planning/program_sites.htm

Progestin-only

(Plan B One-Step and generics such as Next Choice One Dose, My Way, Take Action, and AfterPill)

Progestin-only EC is available in pharmacy family planning aisles without age restrictions. No prescription is necessary and it is now legal for anyone to purchase the medication without showing ID. Though they can be effective up to five days after unprotected sex, progestin-only EC pills are most effective when taken within three days -- the sooner the better.

Ulipristal Acetate

(ella)

Ulipristal acetate EC pills, marketed under the brand name “ella,” are effective up to five days after unprotected sex and do not decrease in effectiveness during that period. It can be more difficult to obtain ella in a timely way, as a prescription is required. The cost, about \$55, may be covered by insurance. For women who are obese, ella may be more effective than progestin-only pills; study findings have been mixed.

Combined EC Pills / Yuzpe Method

Many (but not all) brands of daily birth control pills can be used as emergency contraception by following a protocol known as the Yuzpe method within three days of unprotected sex. This method is less effective than ella or progestin-only EC pills, and is more likely to cause nausea and vomiting. For more information on brands and protocols, visit Bedsider: <http://bedsider.org/features/88-the-yuzpe-method-effective-emergency-contraception-dating-back-to-the-70s> ★

What about Withdrawal?

“Withdrawal” refers to pulling the penis out of the vagina just before ejaculation. Because it is much less effective than other methods, some experts and educators do not consider it a contraceptive method at all -- however, withdrawal does offer considerably more protection than going without any contraception. Adolescents and those new to sex are generally not good candidates for withdrawal, as success requires the man to be familiar with his own sexual response.

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ACT for Youth Center of Excellence

Bronfenbrenner Center for Translational Research
 Beebe Hall • Cornell University • Ithaca, New York 14853
 607.255.7736 • act4youth@cornell.edu

www.actforyouth.net

www.nysyouth.net

The ACT for Youth Center of Excellence is a partnership among Cornell University Bronfenbrenner Center for Translational Research, Cornell University Cooperative Extension of New York City, the Center for School Safety at Ulster BOCES, and the University of Rochester Medical Center.