



REPRODUCTIVE PLANNING IN WOMEN WITH CHRONIC HEALTH CONDITIONS

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DISCLOSURES

- Evofem medical advisory board
- Merck Nexplanon trainer

OBJECTIVES

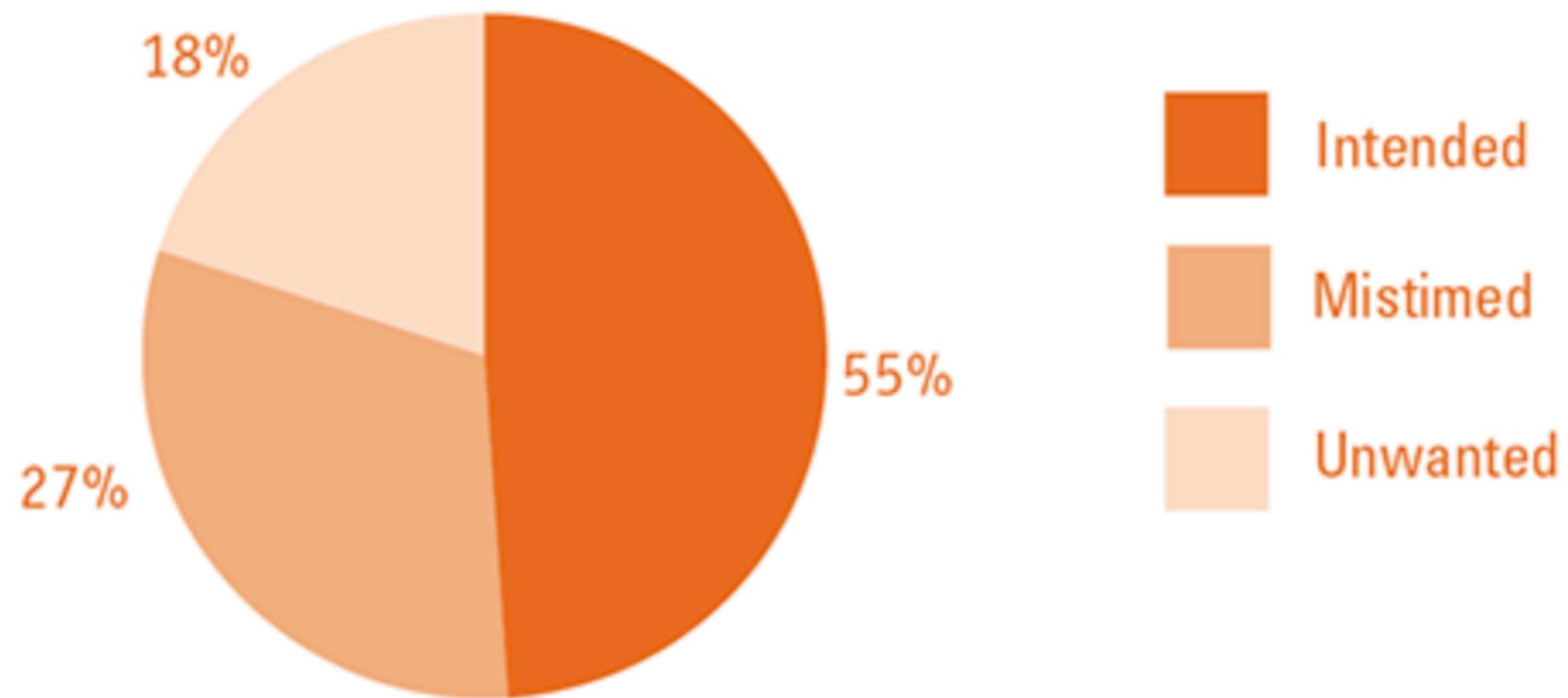
- Review U.S. pregnancy intention data
- Discuss chronic disease burden
- Examine contraceptive decision making in chronic disease
 - Efficacy
 - Safety
 - Acceptability
 - Availability

Reproductive "Planning"



Pregnancies by Intention Status

Nearly half of U.S. pregnancies are unintended.

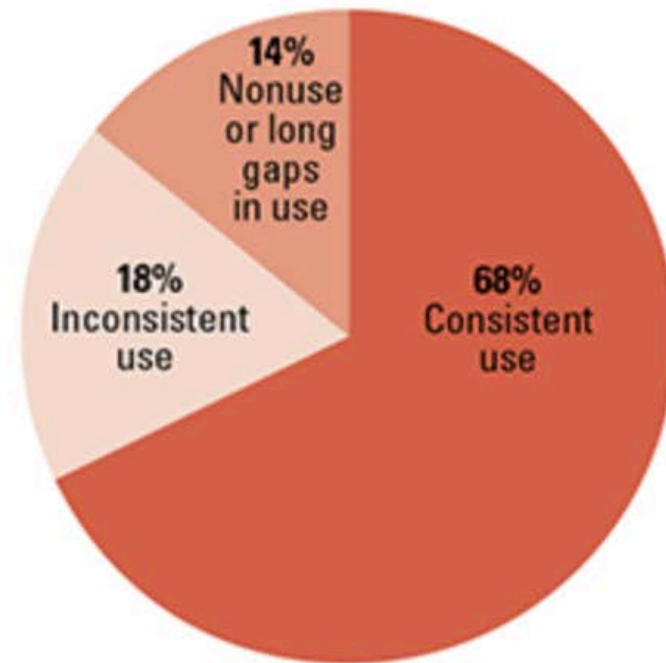


www.guttmacher.org

Modern Contraception Works

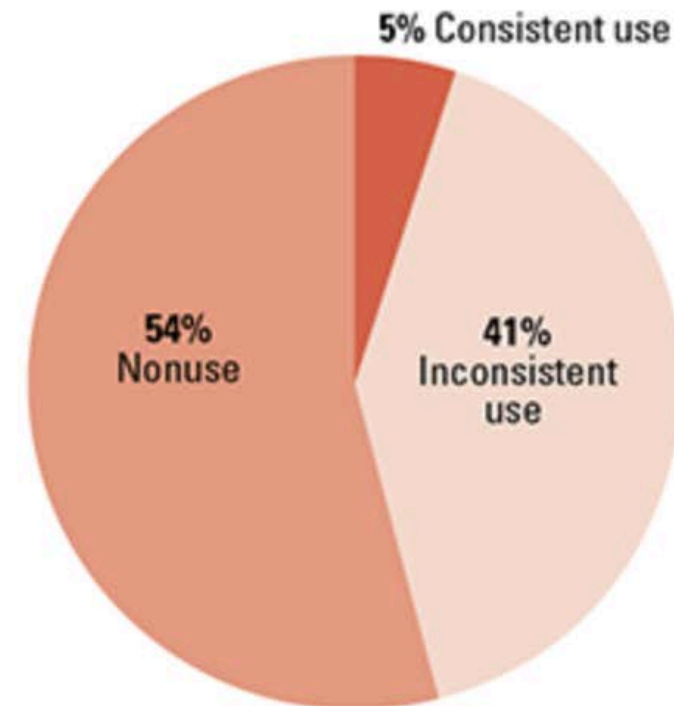
The two-thirds of U.S. women at risk of unintended pregnancy who practice contraception consistently and correctly account for only 5% of unintended pregnancies.

Women at Risk
(43 Million in 2008)



By consistency of method use all year

Unintended Pregnancies
(3.1 Million)



By consistency of method use during month of conception

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CHRONIC HEALTH CONDITIONS

- Prevalence of chronic medical conditions among reproductive age women is increasing
- Increased risk of unintended pregnancy in women with chronic diseases¹

¹Chor, et al. *Contraception* 2011

PREGNANCY OUTCOMES

- Pregnancy MUST be planned
- Active disease at the time of conception is associated with:
 - Recurrent flares in pregnancy
 - Miscarriage
 - Preterm delivery
 - Low birth weight
 - Adverse outcomes with unintended pregnancy

CHRONIC CONDITIONS

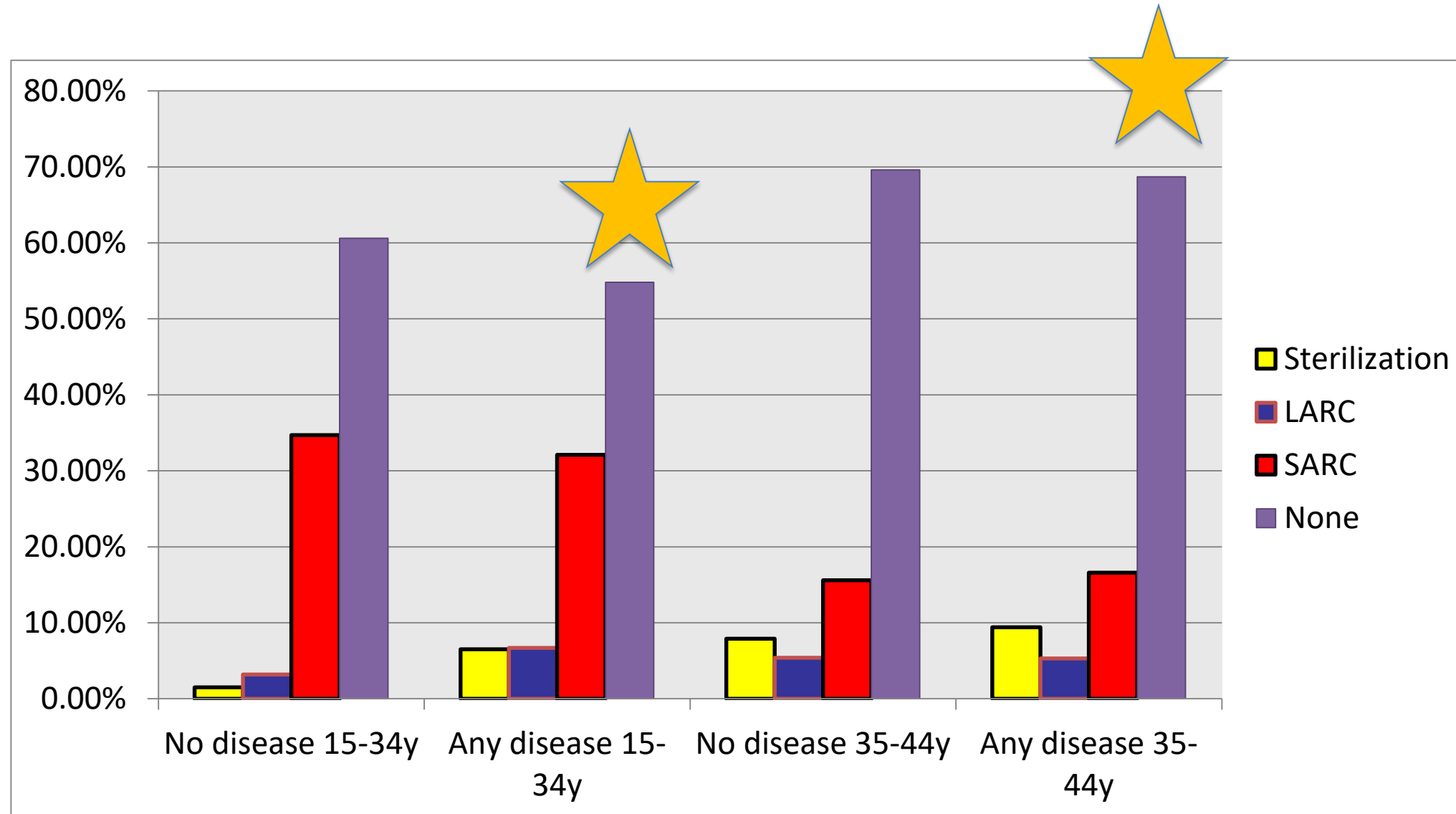
- Breast cancer
- Complicated valvular heart disease
- Cystic fibrosis
- Complicated diabetes
- Endometrial or ovarian cancer
- Epilepsy
- HTN
- Bariatric surgery
- HIV/AIDS
- Ischemic heart disease
- GTD
- Malignant liver tumors
- Peripartum cardiomyopathy
- Schistosomiasis
- Cirrhosis
- Sickle Cell
- Solid organ Tx
- Stroke
- Lupus
- Thrombogenic mutations
- TB

CDC MEC 2016

PREVALENCE OF DISEASE, 2004-11

	Total (368,448)	15-34y (205,022)	35-44y (163,426)
Any Condition	44,523 (12.1)	10,361 (5.1)	34,162 (20.9)
HTN	30,515 (8.3)	5,048 (2.5)	25,467 (15.6)
DM	10,903 (3.0)	2,621 (1.3)	8,282 (5.1)
Epilepsy	2,842 (0.8)	1,842 (0.9)	1,000 (0.6)
Breast Cancer	1,587 (0.4)	108 (0.1)	1,479 (0.9)
Stroke	1,612 (0.4)	480 (0.2)	1,132 (0.7)
Bariatric Sx	1,480 (0.4)	324 (0.2)	1,156 (0.7)
Ischemic Heart Dx	1,298 (0.4)	172 (0.1)	1,126 (0.7)
SLE	1,270 (0.3)	401 (0.2)	869 (0.5)
Thrombophilia	735 (0.2)	262 (0.1)	473 (0.3)

METHOD MIX, 2011

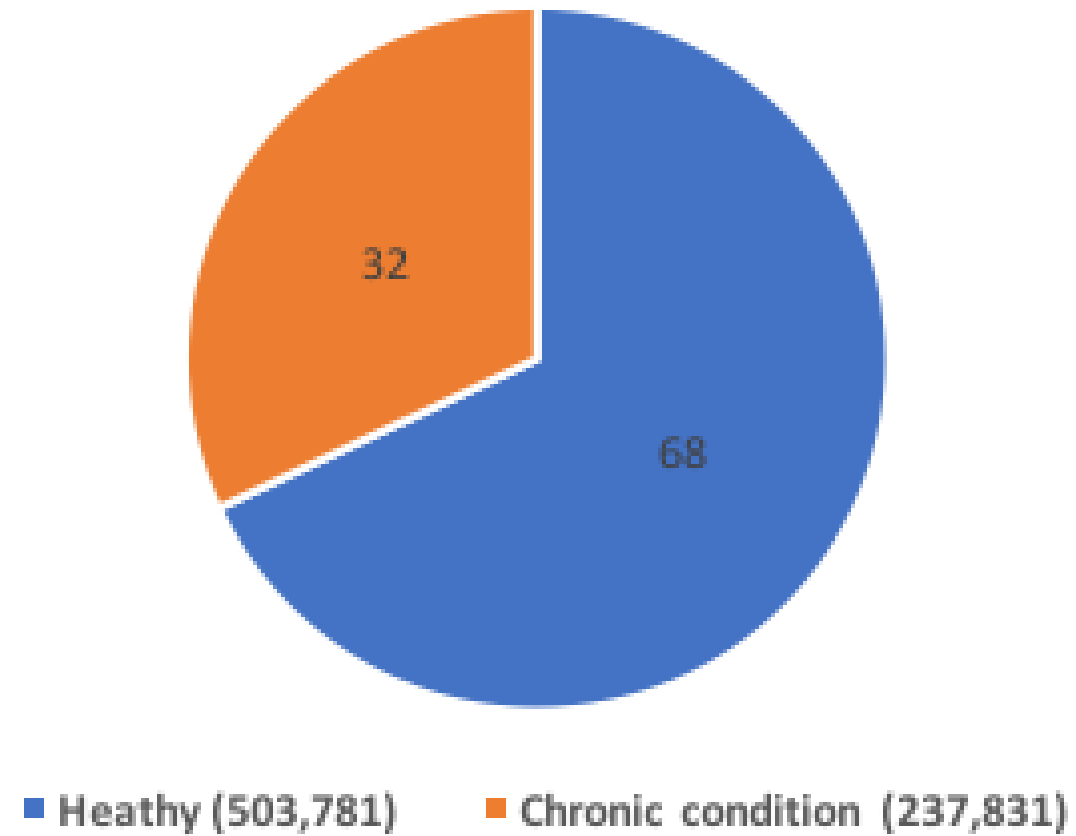


CHRONIC CONDITIONS

- Breast cancer
- Complicated valvular heart disease
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- Stroke
- Lupus
- Thrombogenic mutations
- TB
- Depression
- Substance use
- Obesity
- Rheumatoid arthritis
- IBD
- Asthma
- Thyroid Dx

UTAH DATA, 2010-14

Proportion of Reproductive Age Women with 1+ Chronic Condition



BARRIERS TO USE

- Prioritizing disease management over contraception
- Contraceptive misinformation/ side-effects/ risks
- Provider misinformation
- Perceived infertility
- Avoidance of "polypharmacy"
- "Silos" of care

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HOW WELL DOES BIRTH CONTROL WORK?

What is your chance of getting pregnant?

Really, really well

Works, hassle-free, for up to...

The Implant (Nexplanon)	IUD (Skyla)	IUD (Mirena)	IUD (ParaGard)	Sterilization, for men and women
3 years	3 years	5 years	12 years	Forever

No hormones

Less than 1 in 100 women

O.K.

For it to work best, use it...

The Pill	The Patch	The Ring	The Shot (Depo-Provera)
Every. Single. Day.	Every week	Every month	Every 3 months

6-9 in 100 women, depending on method

Not as well

For each of these methods to work, you or your partner have to use it every single time you have sex.

Pulling Out	Fertility Awareness	Diaphragm	Condoms, for men or women

Needed for STD protection!

Use with any other method

12-24 in 100 women, depending on method

FYI, without birth control, over 90 in 100 young women get pregnant in a year.

PHARMACOLOGIC ACTIONS

Progestin

Ovarian and pituitary inhibition

Thickening of cervical mucus

Endometrial atrophy/transformation

Cycle control

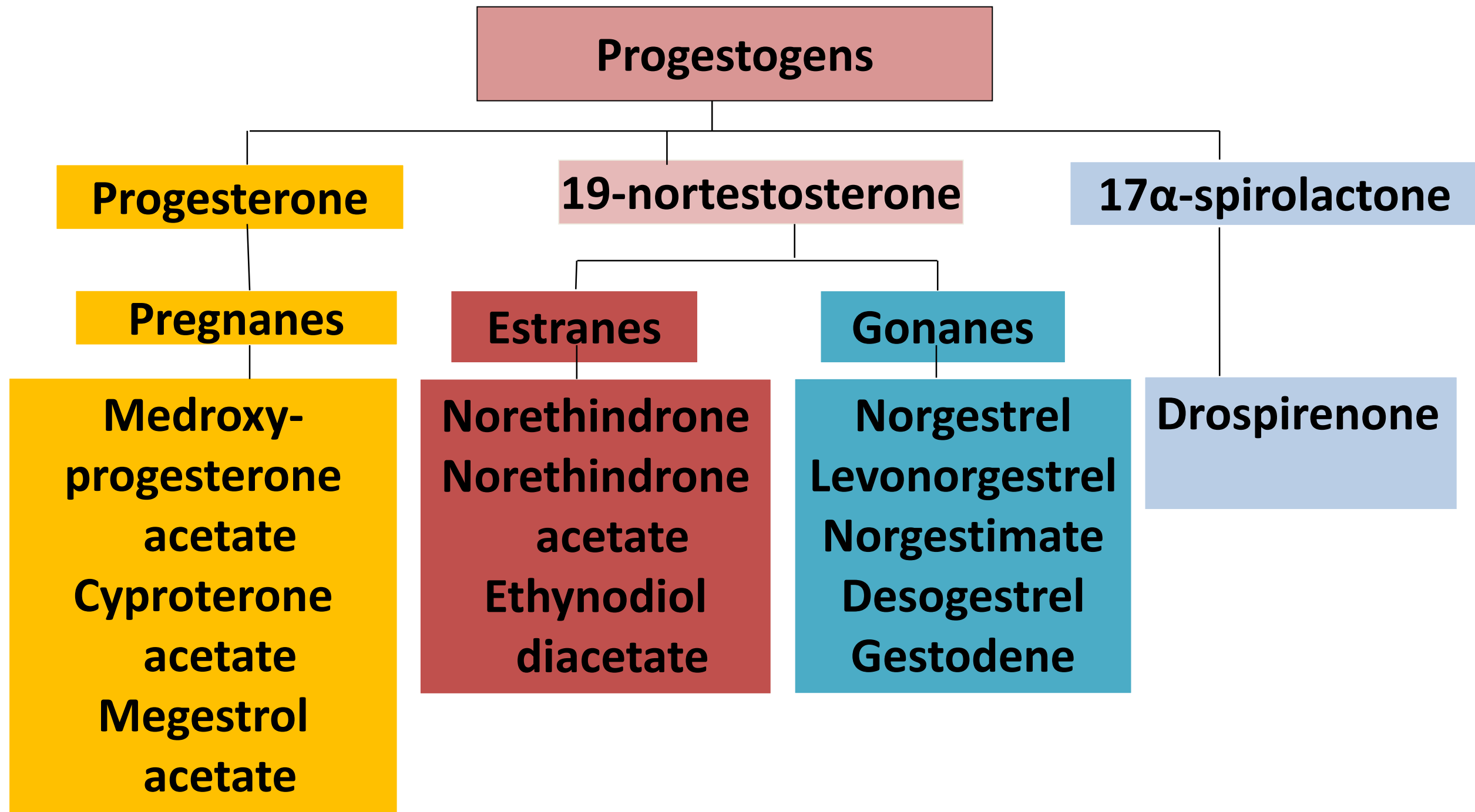
Estrogen

Ovarian and pituitary inhibition

Thinning of/increase in cervical mucus

Endometrial proliferation

Cycle control



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Morbidity and Mortality Weekly Report (*MMWR*)

[CDC](#) > [MMWR](#)

U.S. Medical Eligibility Criteria for Contraceptive Use, 2016

Recommendations and Reports / July 29, 2016 / 65(3);1-104



Evidence-based guidance on the contraceptive safety for U.S. women with specific characteristics and medical conditions



Modified by the CDC from the WHO MEC

Six new medical diagnoses added- IBD, bariatric surgery, solid organ transplant, etc.

WHY THE MEC??

Can a teen use
an IUD?

Can a woman on
seizure meds use the
patch?

Can a
breastfeeding
woman use
the shot?

Can a diabetic
use the pill?



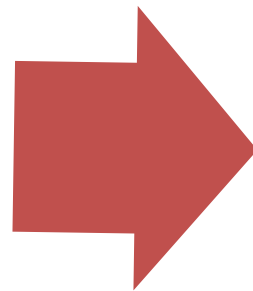
US MEC

US SPR



US MEC CATEGORIES

US Medical
Eligibility
Criteria
(US MEC)



- **Category 1:** No restriction for the use of the contraceptive method
- **Category 2:** Advantages generally outweigh the theoretical or proven risks
- **Category 3:** Theoretical or proven risks usually outweigh the advantages
- **Category 4:** Unacceptable health risk if the contraceptive method is used

U.S. MEC

Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Diabetes	a) History of gestational disease	1		1		1		1		1		1	
	b) Nonvascular disease												
	i) Non-insulin dependent	1		2		2		2		2		2	
	ii) Insulin dependent	1		2		2		2		2		2	
	c) Nephropathy/retinopathy/neuropathy [‡]	1		2		2		3		2		3/4*	
	d) Other vascular disease or diabetes of >20 years' duration [‡]	1		2		2		3		2		3/4*	
Dysmenorrhea	Severe		2		1		1		1		1		1
Endometrial cancer [‡]		4	2	4	2	1		1		1		1	

VTE AND COC

ANALYSIS OF 220 ARTICLES 1995-2001

	<u>Rate*</u>	<u>RR</u>
Baseline	0.5 -1	1.0
COC	1-3	2-3
Pregnancy	6	6-12

***10,000 Reproductive Age Women Per Year**

PROGESTIN SAFETY

- Systematic review on thrombosis risk and POCs¹
 - No increased odds of VTE/CVA/AMI with implants, IUDs, and POPs for contraception
 - DMPA (3 studies)
 - 2 studies: Smokers and thrombophilia increased VTE risk
 - 1 study: H/O VTE non-significant increased risk recurrence
 - 2 studies: Healthy users increased VTE risk
 - 2 studies: POCs for therapeutic indications increased VTE
- No overall increase in venous or arterial events

¹Tepper NK, et al. *Contraception* 2016

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ACCEPTABILITY

- Side effects- may be positive or negative
- Birth spacing/ pregnancy planning
- Partner
- Non-contraceptive benefits

NON-CONTRACEPTIVE BENEFITS

- Cancer Reduction
 - Ovarian
 - Endometrial
 - Colorectal
- Cycle-related Conditions
 - Menorrhagia
 - Endometriosis
- Prevention
 - Bone Loss
 - Fibrocystic/benign breast disease
- Treatment
 - Acne
 - Hirsutism
 - Menstrual migraines

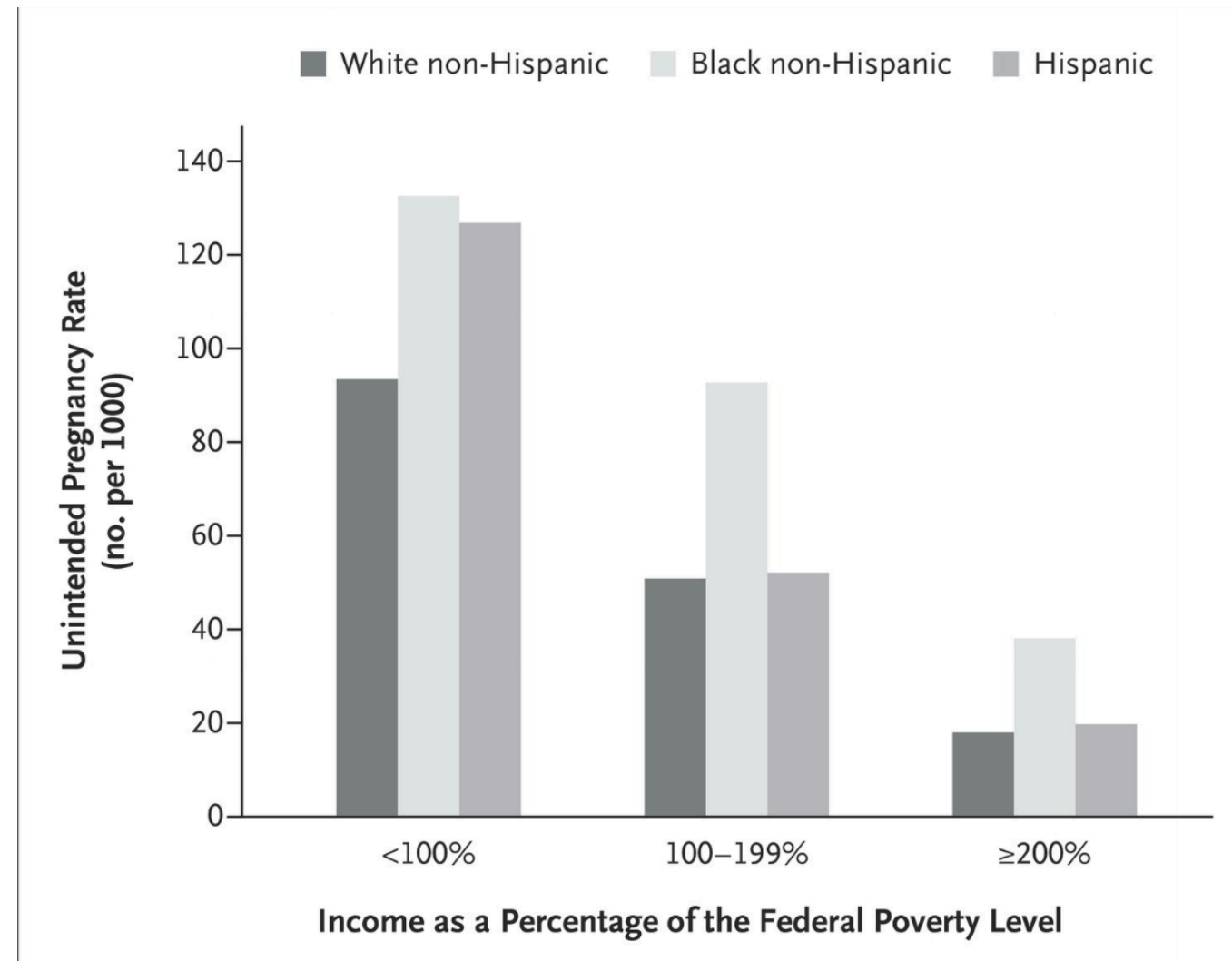
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AVAILABILITY

- Provider training
- Insurance

DISPARITIES



PROVIDER LIMITATIONS



ONE KEY QUESTION[®]

Ask*: "Would you like to become pregnant in the next year?"

YES

**OK EITHER
WAY**

UNSURE

NO

Review Chronic Health Conditions, Urgent Psychosocial Concerns,
Prescribe Multi-vitamin with Folic acid

Medication Review

Review birth spacing recommendations
and optional timing for wellness

Develop follow up plan for additional
preconception care and assess
contraception needs

Screen for current
contraception use

Assess satisfaction of
method and
compliance of use

Review effectiveness,
offer all options
including LARC and
Emergency
Contraception

SUMMARY

- Reproductive planning needs to be integrated into disease management
- Nearly ½ of pregnancies unintended-chronic disease patients at increased risk for adverse outcomes
- Address all decision making
 - Efficacy discussion
 - Safety
 - Acceptability
 - Availability

QUESTIONS?



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