

COMPLEX CONTRACEPTION

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Disclosure

- During the past 2 years I have received honoraria for the following companies:
 - Bayer
- Cross appointment with the Department of Family Medicine
- I will be talking about off-label use of medication
 - Clearly marked with *



Question #1

- I feel comfortable that I could recommend 2 contraceptive options to a 27 yr G0 with SLE nephritis

A) this is my nightmare

B) I can think of one option

C) somewhat comfortable

D) Without a doubt!



Question 2

- I feel comfortable that I could recommend 2 contraceptive options to a 17 yr old with PMDD and family history inclusive of mother with previous VTE
- A) this is my nightmare
- B) I can think of one option
- C) somewhat comfortable
- D) Without a doubt!



Question 3

- I feel comfortable that I could recommend 2 contraceptive options to a 21yr G3P3 with pulmonary hypertension and completed childbearing

A) this is my nightmare

B) I can think of one option

C) somewhat comfortable

D) Without a doubt!



Question 4

- I have heard of the CDC Medical Eligibility for Contraceptive use

A)Ob/Gyn – Yes

B)Ob/Gyn – No

C)Family Practice – Yes

D)Family Practice – No

E)Allied Health Providers – Yes

F)Allied Health Providers - No

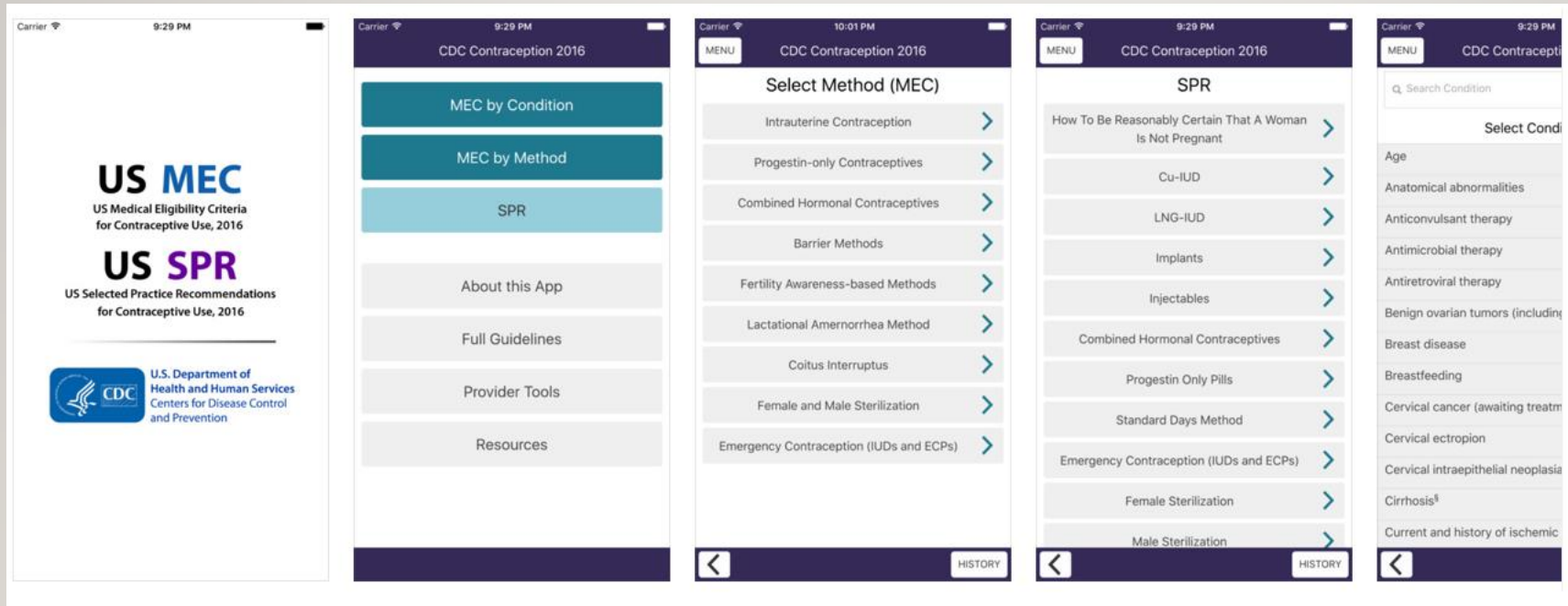


Objectives

- Introduce the Complex Contraceptive Clinic
- Recommend safe contraceptive options based on SOGC, WHO and CDC MEC in patients with complex medical history



CDC Medical Eligibility for Contraceptive Use (2016)



CDC Medical Eligibility for Contraceptive Use (2016)

Category	Recommendation
1	A condition for which there is no restriction for the use of the contraceptive method
2	A condition for which the advantages of using the method generally outweigh the theoretical or proven risks
3	A condition for which the theoretical or proven risks usually outweigh the advantages of using the method
4	A condition that represents an unacceptable health risk if the contraceptive method is used. This method should not be used



...but our patients are not always that straightforward...



Complex Contraception

- Clinic Goals
 - Provide up to date, evidence based contraception care
 - WHO/CDC MEC, SOGC, Contraception in Medically Complex Individuals (Allen & Cwiak)
 - Provide individuals rapid access to reliable methods of contraception in the context of complex medical histories
 - Patient autonomy
 - Harm reduction model



Complex Contraception

- Clinical Challenges
 - Coordinating care for individuals within complex medical teams
 - Dismantling misconceptions about hormonal contraception communicated by other care providers
 - Vulnerable population, high no-show rate
- Currently, the majority of referrals come from family physicians and other gynecologists as we have not yet been able to reach other health care providers



Complex Contraception Clinic

- Inclusion Criteria

- >15 yrs
- At least ONE relative and/or absolute contraindication to contraception
- Intolerance to standard contraceptive methods
- Difficult IUD insertions, IUD complications
- Subdermal implant removal



Appointment will be given directly to the patient Date: _____

Name (first and last)		Referral from:	
Phone Number Home Work Cell		<input type="checkbox"/> BCW Assessment Room <input type="checkbox"/> GP/ Midwife Office/NP <input type="checkbox"/> OB/GYN Office <input type="checkbox"/> ED <input type="checkbox"/> Fertility Centre <input type="checkbox"/> Other _____	
Address		Referring provider name:	
City/ Town & Postal Code		_____	
Date of Birth (day/month/year)	PHN	Billing # : _____	
Out of country/province <input type="checkbox"/> No <input type="checkbox"/> Yes	Interpreter required <input type="checkbox"/> No <input type="checkbox"/> Yes	cc: _____	
Valid MSP <input type="checkbox"/> No <input type="checkbox"/> Yes	Interpreter booked <input type="checkbox"/> No <input type="checkbox"/> Yes	cc: _____	
Private pay <input type="checkbox"/> No <input type="checkbox"/> Yes	Language spoken _____		
Reason for Referral:			
Please indicate at least one of the following:			
<input type="checkbox"/> ≥ 1 Absolute or Relative Contraindication to hormonal and/or non-hormonal contraception • Please list contraindication: _____			
<input type="checkbox"/> Current malpositioned IUD <input type="checkbox"/> Previous difficult IUD insertion <input type="checkbox"/> Difficult IUD removal <input type="checkbox"/> Contraceptive Implant Removal			
Relevant History:			

<p><i>Please note that all patients will be triaged and receive an initial consultation with a gynecologist. Follow-up will be booked as required.</i></p> <p>**OUR CLINIC DOES NOT OFFER SAME-DAY IUD INSERTION UNLESS PATIENT BRINGS IUD TO INITIAL VISIT**.</p>			
Special Considerations:			
• MRSA Positive? <input type="checkbox"/> No <input type="checkbox"/> Yes			
• Does the patient have a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes Nature of Disability: _____			
• Does the patient have transfer requirements? <input type="checkbox"/> No <input type="checkbox"/> Self <input type="checkbox"/> Board <input type="checkbox"/> Requires lift			
• If yes, will an attendant accompany the patient? <input type="checkbox"/> No <input type="checkbox"/> Yes (this is advised if require help transferring)			
Done	Not Done	Send copies of the following if available:	
<input type="checkbox"/>	<input type="checkbox"/>	Consultation(s)	
<input type="checkbox"/>	<input type="checkbox"/>	Ultrasounds	
<input type="checkbox"/>	<input type="checkbox"/>	Laboratory results	

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CLINICAL SCENARIO #2:
27 YR G1T1 WITH SLE NEPHRITIS, APAS
NEGATIVE



SLE and Contraception

- SLE in pregnancy can have **significant** maternal and fetal risks
- Prior to recommending contraceptive options, a few follow up questions
 - APAS status
 - Thrombocytopenia
 - Immunosuppression



CONTRACEPTION AND SLE

- Positive or unknown antiphospholipid antibodies
- Category 1 - Copper IUD
- Category 3 – LNG IUD, DMPA, POP
- Category 4 - CHC



CONTRACEPTION AND SLE

- Severe Thrombocytopenia
- Category 2 – Cu-IUD, LNG IUD, DMPA, POP, CHC
- Caution!
 - Initiation of Cu-IUD and DMPA is Category 3 due to increased episodes of unscheduled bleeding



CONTRACEPTION AND SLE

- Absence of: APAS, severe thrombocytopenia, immunosuppression
 - Category 1 – Cu-IUD
 - Category 2 – LNG IUD, DMPA, POP, CHC
- **SLE Flare**
 - Two well controlled studies failed to demonstrate the association of CHC use and increased flare

Sammaritano, 2017



Question #3

- I feel comfortable that I could recommend 2 contraceptive options to a 27 yr G0 with SLE nephritis
- A) this is my nightmare
- B) I can think of one option
- C) somewhat comfortable
- D) Without a doubt...sending them to the Complex Contraception Clinic



Summary

- Women spend **at least half of their lives** at risk for unintended pregnancy
- **CDC MEC is an excellent resource to help with contraceptive options!!!**
- **WHC Complex Contraception can help healthcare practitioners and their patients develop a safe contraceptive plan in the setting of relative and/or absolute contraindications to standard contraceptive options**



THANK YOU!

?Questions

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HIGH YIELD RESOURCES

- CDC Medical Eligibility for Contraceptive Use App
- SOGC Contraception Guidelines, Part 1-4
- FSRH (UK MEC)





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