

## Reproductive and Sexual Health

# Navy Medicine and the Prevention of Unplanned Pregnancy

16 April 2014



**NAVY AND MARINE CORPS PUBLIC HEALTH CENTER**

PREVENTION AND PROTECTION START HERE

[WWW.NMCPHC.MED.NAVY.MIL/HEALTHY\\_LIVING/](http://WWW.NMCPHC.MED.NAVY.MIL/HEALTHY_LIVING/)

The views expressed in this briefing are those of the authors and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U. S. Government



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# Webinar Courtesy

- Good Morning and thank you for joining us!
- To listen to the presentation, use the dial in: (877) 885- 1087 Code: 704 516 0523#
- We ask that all participants please mute your phone lines either by pressing \*6 or the mute button on your phone.
- Please do not put your phone on hold at any point during the call.
- The slides and audio will be archived on the NMCPHC webpage at: <http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/webinars.aspx>



# Learning Objectives

- Describe Unplanned Pregnancy in the Navy
- Describe Contraception Use Among Sailors
- Describe the Role on Navy Medicine in Family Planning for Sailors and Marines
- Describe Contraception on Navy AMALs
- Describe the Variance of LARC vs. SARC Prescriptions in Navy Medicine
- Describe Family Planning Resources Available from NMCPHC
- Describe WHCCAB Initiatives
- Describe the NMC Portsmouth LARC Initiative
- Describe NMC San Diego LARC Initiatives





# Percent who said "My Last Pregnancy While in the Navy was Planned" Among Navy Enlisted Women

(Navy Pregnancy and Parenting Surveys: NPRDC 1996, 1998; and NPRST 2001, 2002, 2004, 2006, 2008, 2010, 2012)

HP 2020 objective:  
not less than 56%  
planned

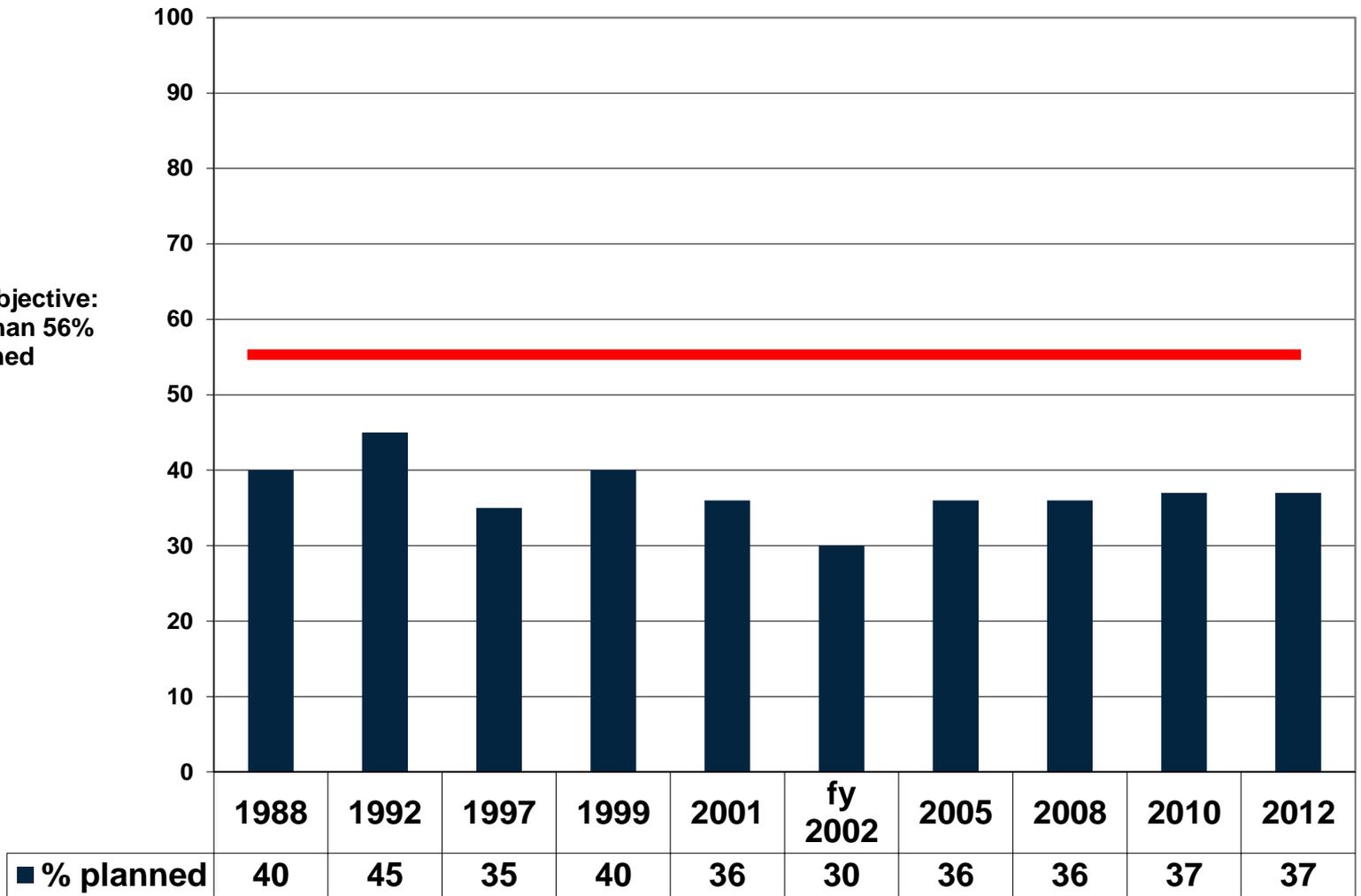
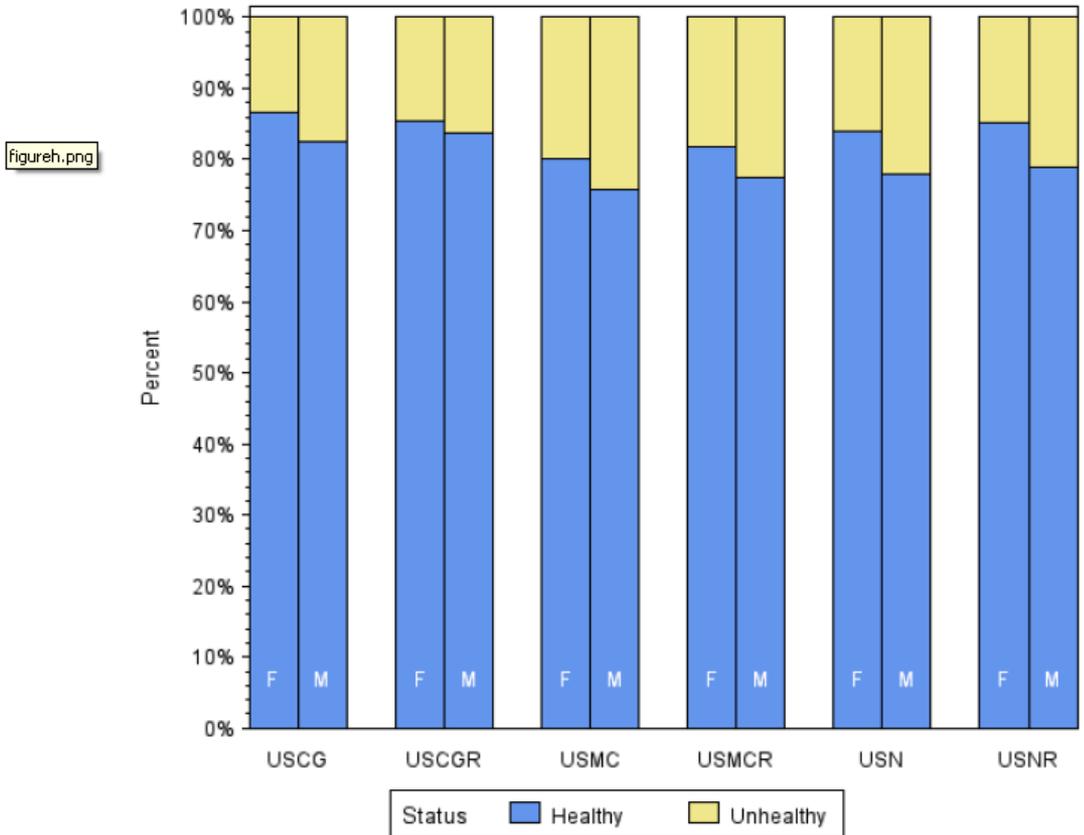


Figure H:  
**Pregnancy Planning Response Profile by Service Component and Gender**  
 198,529 records



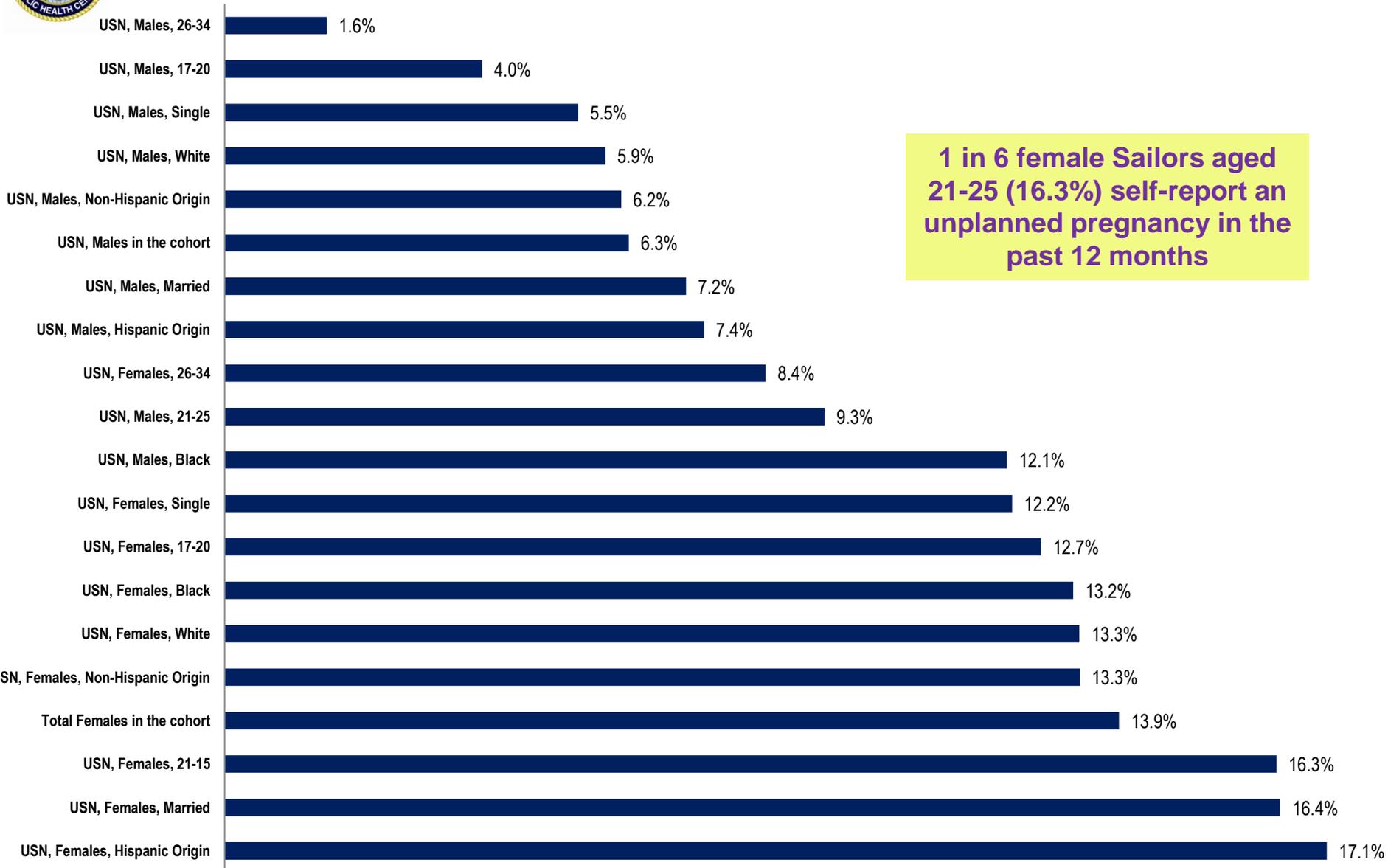
**1 in 4 males  
 and  
 1 in 5 females  
 self-report  
 current risk of  
 an unplanned  
 pregnancy**





# Experienced Unplanned Pregnancy in Previous 12 months, Enlisted Members, Navy, 2011

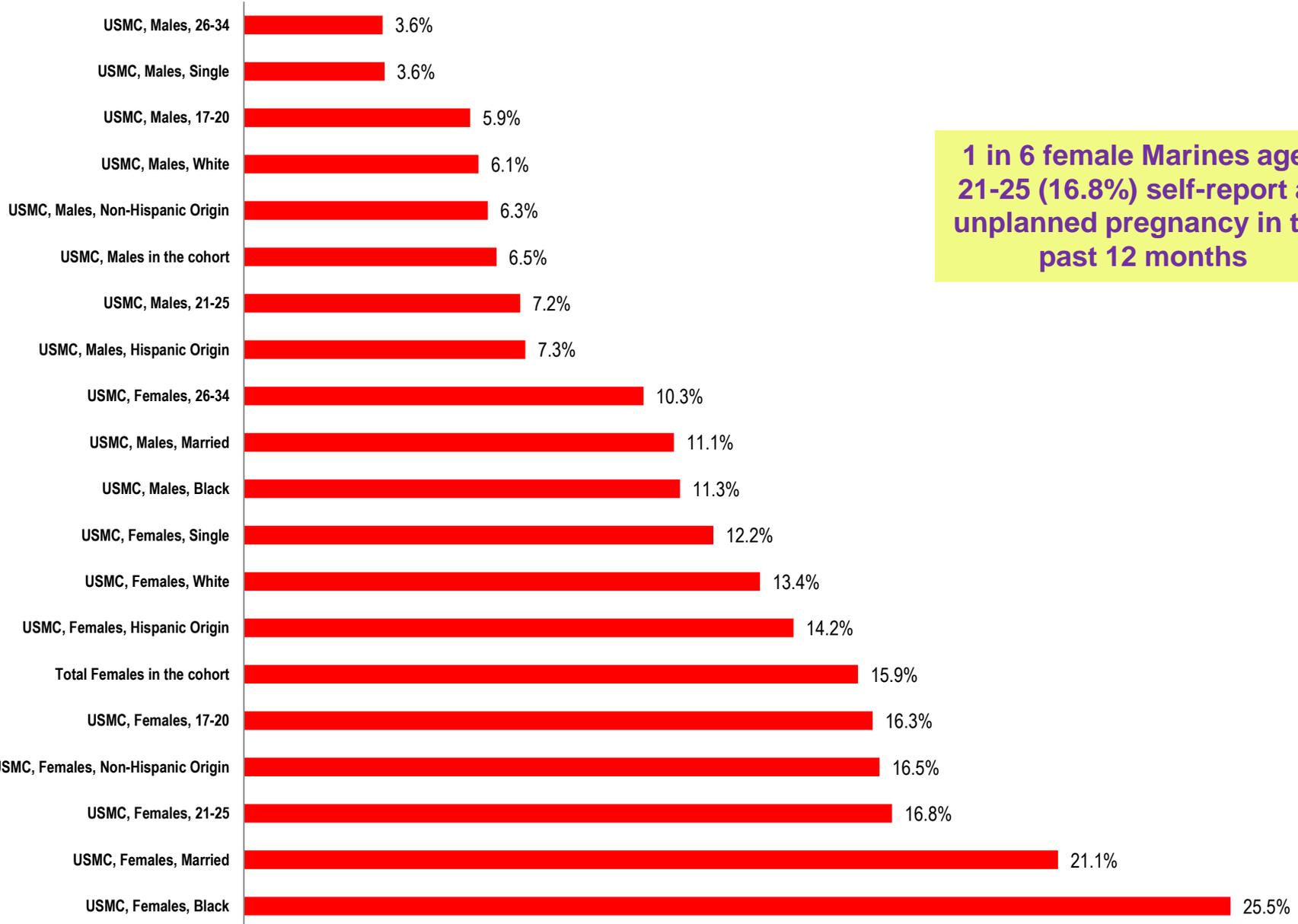
Source: 2011 DoD Survey of Health Related Behaviors



**1 in 6 female Sailors aged 21-25 (16.3%) self-report an unplanned pregnancy in the past 12 months**

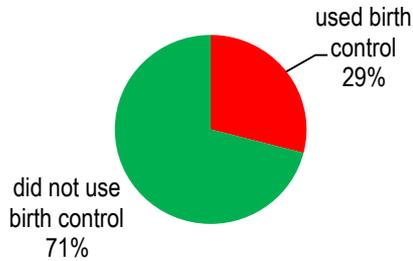
# Experienced Unplanned Pregnancy in Previous 12 months, Enlisted Members, Marine Corps, 2011

Source: 2011 DoD Survey of Health Related Behaviors

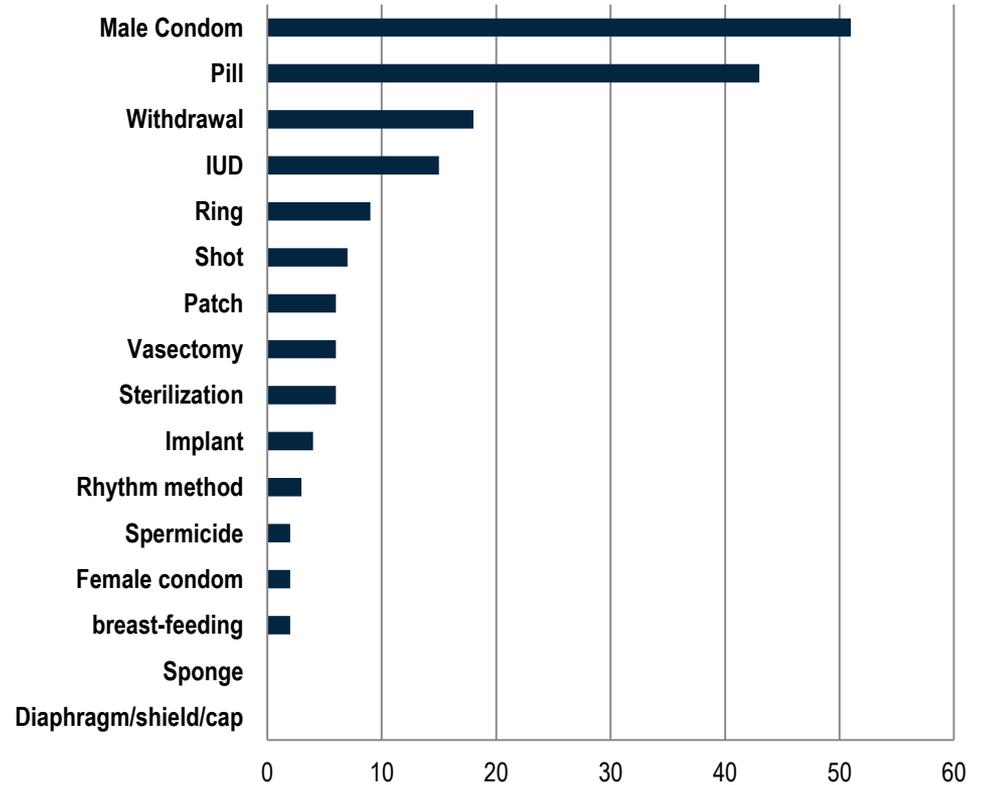


**1 in 6 female Marines aged 21-25 (16.8%) self-report an unplanned pregnancy in the past 12 months**

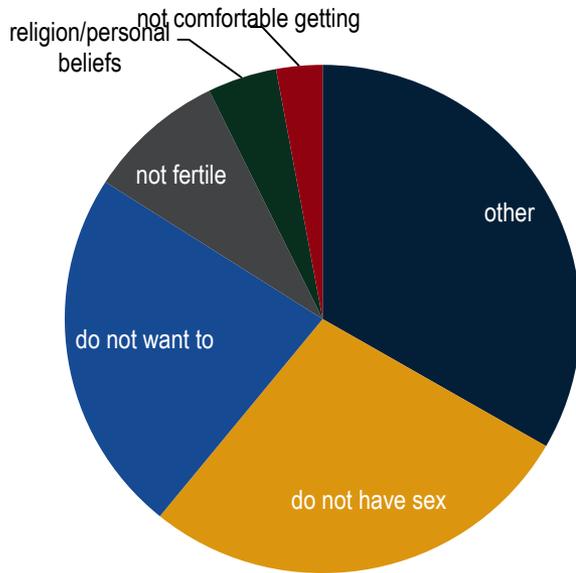
Navy Enlisted Women Had UPP While Using B/C;  
2012



Failed Birth Control Methods (had  
unplanned pregnancy)  
Navy Enlisted Women; 2010



Reason no B/C (officer and enlisted)



	Diap hrag m/sh ield/ cap	Spo nge	brea st- feed ing	Fem ale cond om	Sper mici de	Rhyt hm meth od	Impl ant	Steri lizati on	Vas ecto my	Patc h	Shot	Ring	IUD	With draw al	Pill	Male Con dom
Series1	0	0	2	2	2	3	4	6	6	6	7	9	15	18	43	51



# “Typical” Contraception Effectiveness Rates

Extremely  
effective

---

Prevents  
pregnancy  
>99% of the  
time

---

Male/Female  
Sterilization  
IUD/IUS  
Implants

Very  
effective

---

Prevents  
pregnancy  
~91-99% of  
the time

---

Pills  
Injectables  
Patch  
Ring

Moderately  
effective

---

Prevents  
pregnancy  
~81-90% of  
the time

---

Male/Female  
Condom  
Sponge  
Diaphragm

Effective

---

Prevents  
pregnancy  
up to 80% of  
the time

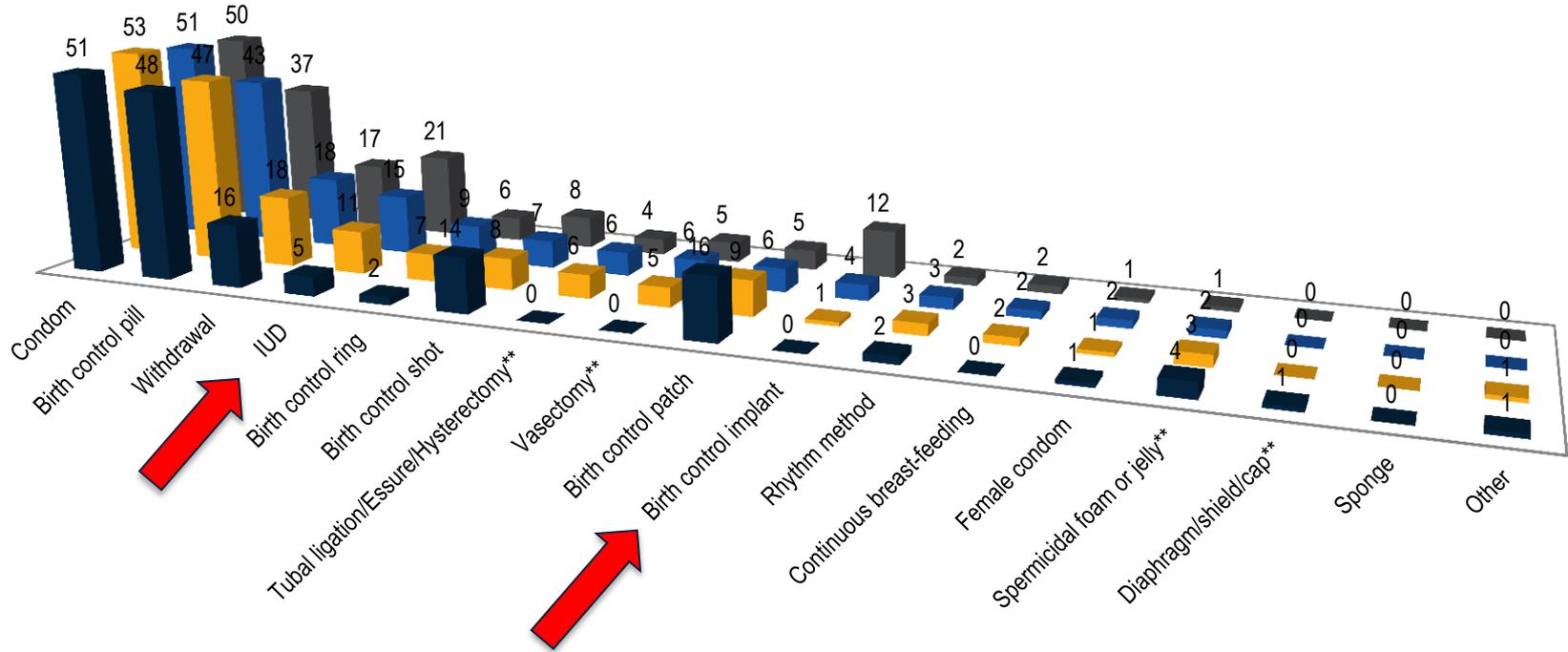
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Fertility  
awareness  
Cervical cap  
Spermicide



# Contraception Use - Navy Enlisted Women: 2005-2012

■ 2005 ■ 2008 ■ 2010 ■ 2012



	Condom	Birth control pill	Withdrawal	IUD	Birth control ring	Birth control shot	Tubal ligation/Essure/Hysterectomy**	Vasectomy**	Birth control patch	Birth control implant	Rhythm method	Continuous breast-feeding	Female condom	Spermicidal foam or jelly**	Diaphragm/shield/cap**	Sponge	Other
2005	51	48	16	5	2	14	0	0	16	0	2	0	1	4	1	0	1
2008	53	47	18	11	7	8	6	5	9	1	3	2	1	3	0	0	1
2010	51	43	18	15	9	7	6	6	6	4	3	2	2	2	0	0	0
2012	50	37	17	21	6	8	4	5	5	12	2	2	1	1	0	0	0



# About LARC...

	Non-contraceptive benefits	Side effects	Complications (Rare)
Copper <i>UD</i> - <i>Paragard</i>	<ul style="list-style-type: none"> <li>-Lactation not disturbed</li> <li>-Reduced risk of ectopic pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>-Increased menstrual flow, blood loss and cramping</li> </ul>	<ul style="list-style-type: none"> <li>-PID following insertion</li> <li>-Uterine perforation</li> <li>- Bleeding with expulsion</li> </ul>
Hormonal IUS - Mirena	<ul style="list-style-type: none"> <li>-Lactation not disturbed</li> <li>-Reduced risk of ectopic pregnancy</li> <li>-Decreased cramping and pain</li> <li>-Treats bleeding from dysfunctional uterine bleeding, menorrhagia &amp; fibroids</li> </ul>	<ul style="list-style-type: none"> <li>-Increased irregular bleeding</li> <li>-Increased amenorrhea</li> <li>-Decreased menstrual flow</li> </ul>	<ul style="list-style-type: none"> <li>-PID following insertion</li> <li>-Uterine perforation</li> <li>- Bleeding with expulsion</li> </ul>
Hormonal Implant - Nexplanon	<ul style="list-style-type: none"> <li>-Lactation not disturbed</li> <li>-Less blood loss per cycle</li> <li>-Reduced risk of ectopic pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>-Menstrual changes</li> <li>-Mood changes</li> <li>-Weigh gain or loss</li> <li>-Headaches</li> <li>-Hair loss</li> </ul>	<ul style="list-style-type: none"> <li>-Infection at implant site</li> <li>-Reaction to local anesthesia</li> <li>-Complicated removal</li> <li>-Depression</li> </ul>



## The American Congress of Obstetricians and Gynecologists

1. Provide counseling on all contraceptive options, including implants and IUDs, even if the patient initially states a preference for a specific contraceptive method.
2. Encourage implants and IUDs for all appropriate candidates, including nulliparous women and adolescents.
3. Adopt same-day insertion protocols. Screening for chlamydia, gonorrhea, and cervical cancer should not be required before implant or IUD insertion but may be obtained on the day of insertion, if indicated.
4. Avoid unnecessary delays, such as waiting to initiate a method until after a postabortion or miscarriage follow-up visit or to time insertion with menses.

Number 450, December 2009 (Reaffirmed 2011)

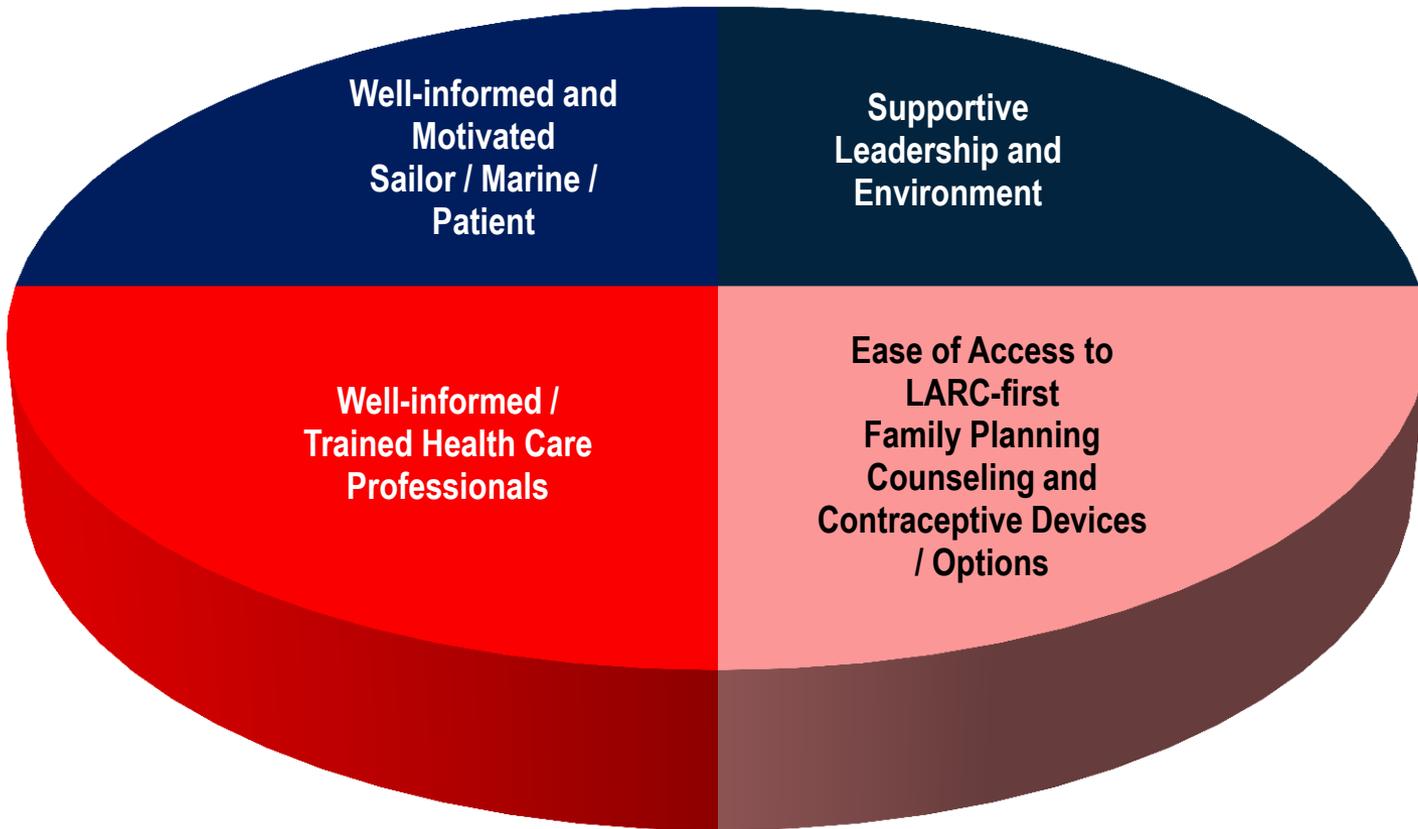
**ACOG Committee on Gynecologic Practice**

**Long-Acting Reversible Contraception Working Group**

[http://www.acog.org/Resources And Publications/Committee Opinions/Committee on Gynecologic Practice/Increasing Use of Contraceptive Implants and Intrauterine Devices To Reduce Unintended Pregnancy](http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Gynecologic_Practice/Increasing_Use_of_Contraceptive_Implants_and_Intrauterine_Devices_To_Reduce_Unintended_Pregnancy)



# Elements for Effective Family Planning



## Elements for Effective Family Planning

- No institutionalized mechanism or curriculum for contraception counseling skills for military-trained IDCs, PAs, Health Educators, other primary care providers
- No institutionalized mechanism or plan for LARC-insertion training for Navy clinicians

Well-informed / Trained  
Health Care  
Professionals

- **Access to LARC-first Services**

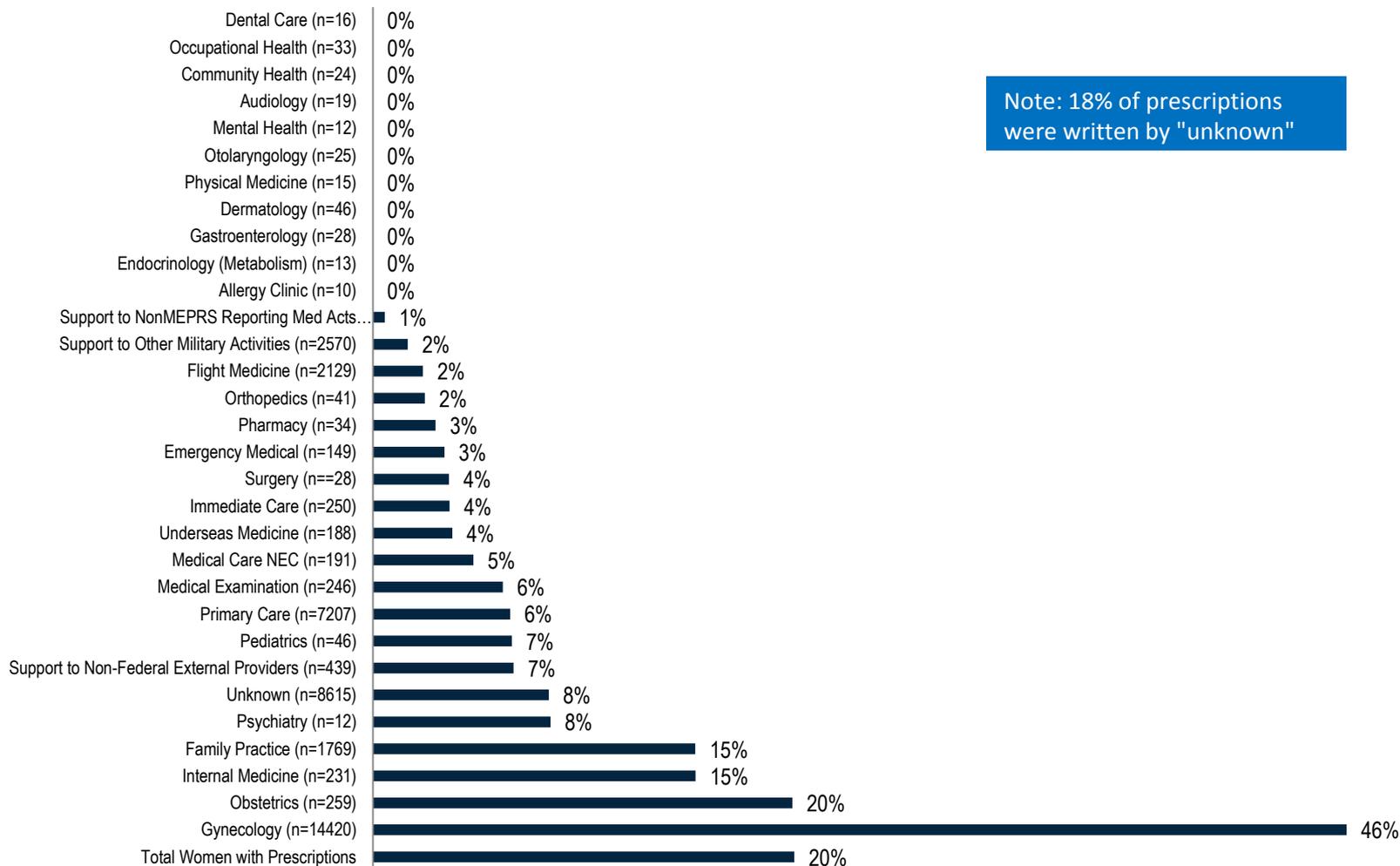
- Navy and Marine Corps Boot Camps:
  - Excellent and Improved access....
- Medical Home services may or may not include easy access to:
  - LARC-first family planning counseling
  - LARC devices
  - LARC-placement services
- Other clinical settings:
  - Ships?
  - Deployed settings?
  - Isolated CONUS Locations?

## Elements for Effective Family Planning

Ease of Access to LARC-first Family Planning Counseling and Contraceptive Devices / Options



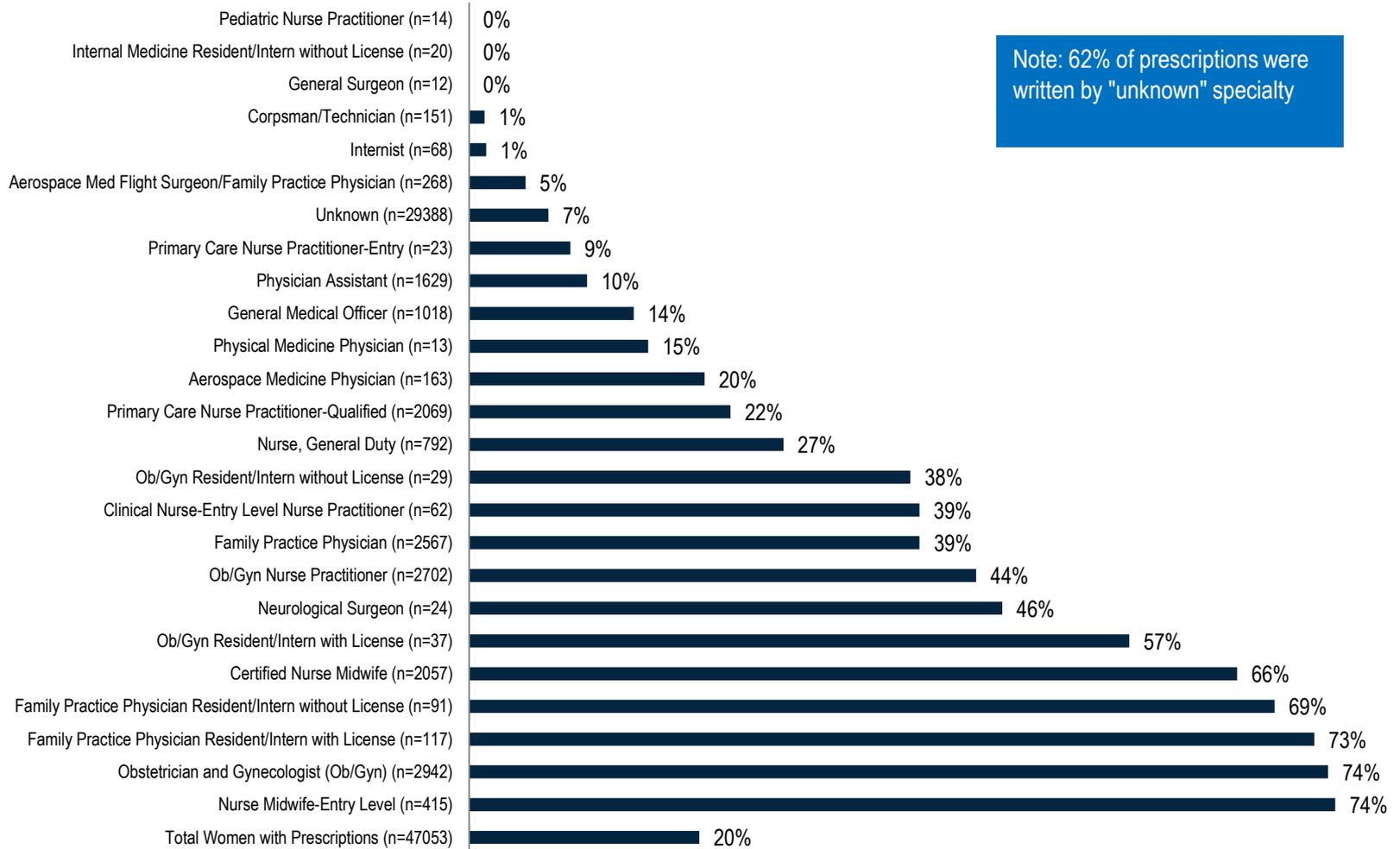
## Percent of Contraception Prescriptions Which Were LARC (vs SARC) for Active Duty Sailor or Marine Patient Aged 20-29; 2010-2012 (n= total prescriptions; minimum 10 prescriptions) NMCPHC, August 2013



Note: 18% of prescriptions were written by "unknown"



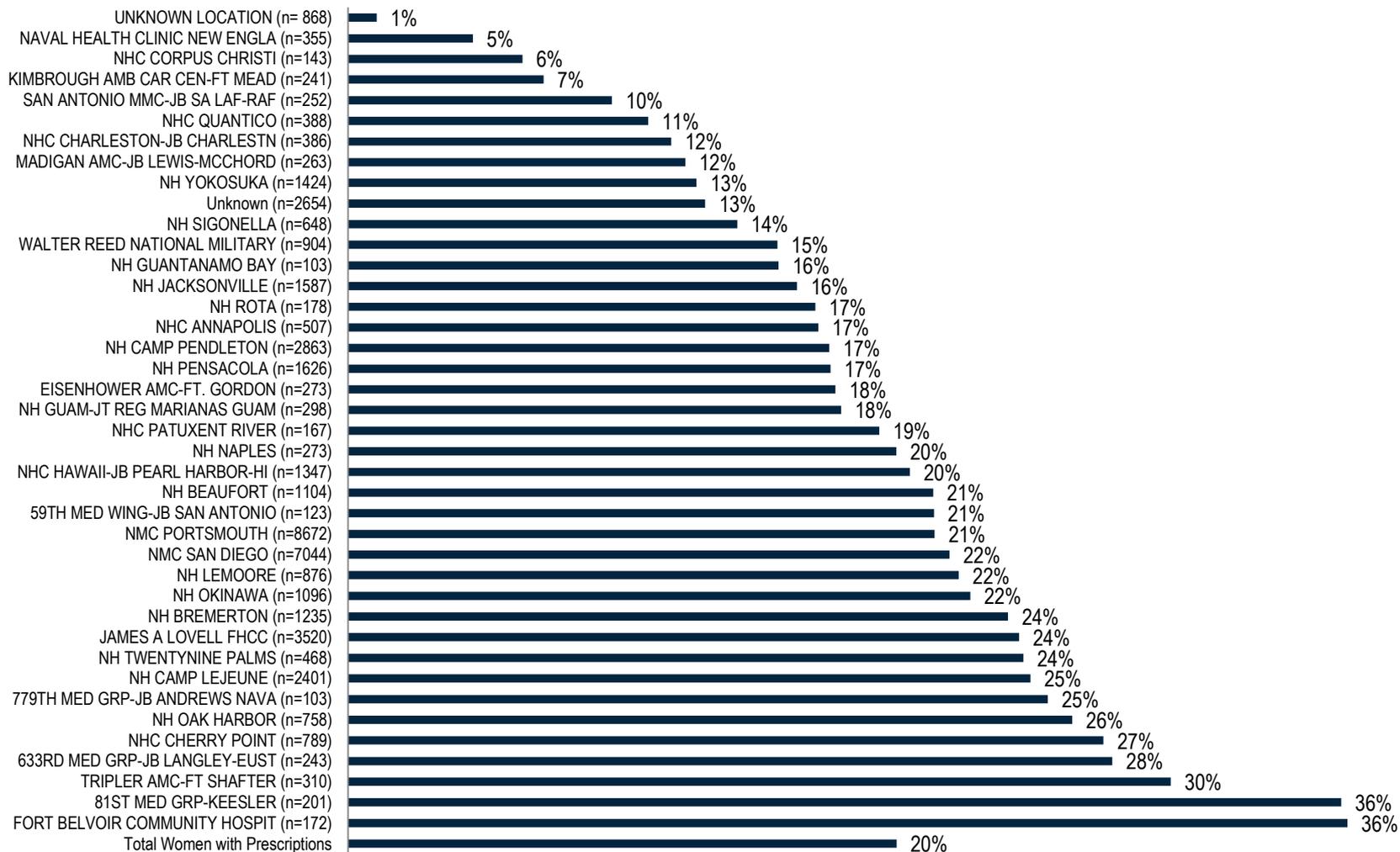
## Percent of Contraception Prescriptions Which Were LARC (vs SARC) for Active Duty Sailor or Marine Patient Aged 20-29; 2010-2012 (n= total prescriptions; minimum 10 prescriptions) NMCPHC, August 2103



Note: 62% of prescriptions were written by "unknown" specialty



## Percent of Contraception Prescriptions Which Were LARC (vs SARC) for Active Duty Sailor or Marine Patient Aged 20-29; 2010-2012 (n= total prescriptions; minimum 100 prescriptions) NMCPHC, August 2013



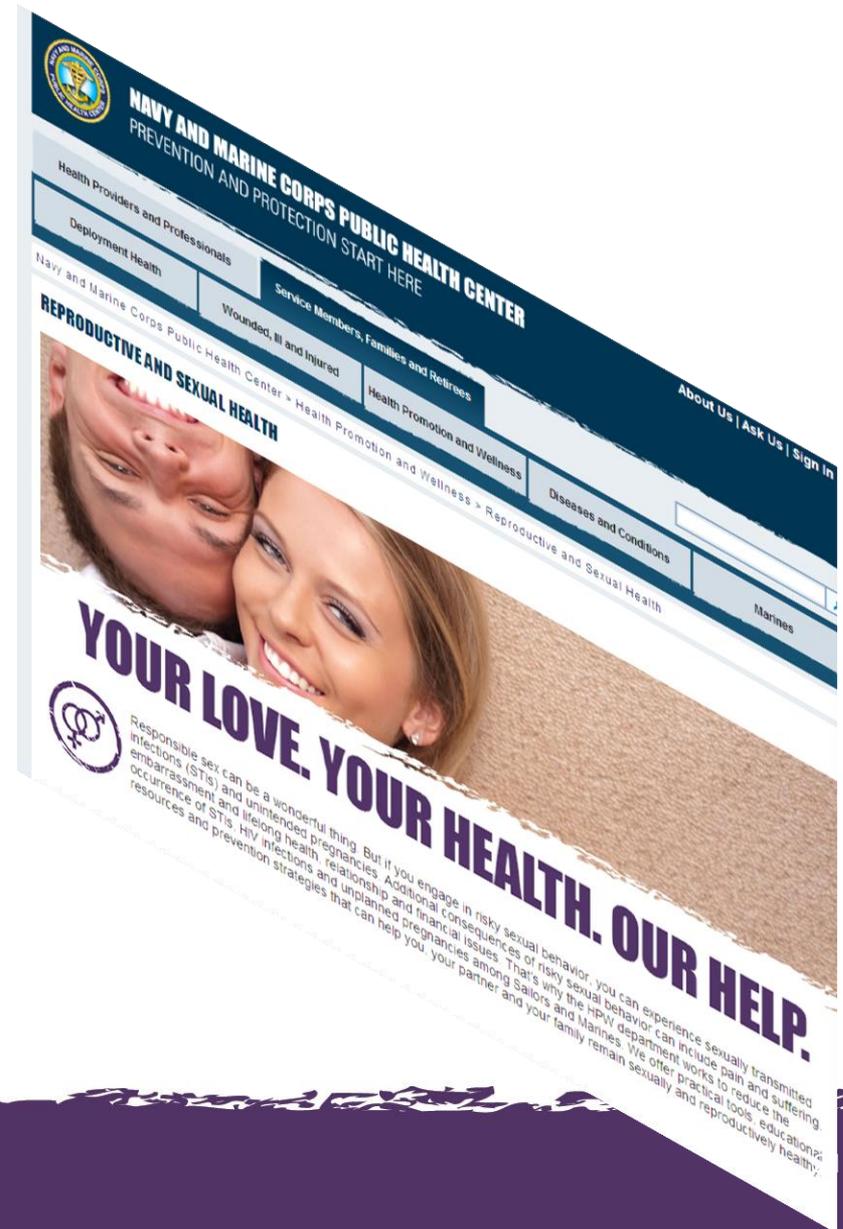
# Contraception in Navy AMALs

	LSD 41, LPD-4, LPD-17, LCC, LHA, LHD, LHA- 6,	FFG	LCS, DDG, CG, DDG-1000	AS 39, AS-40	SSN, BN, GN	CVN
NORETHINDRONE AND ETHINYL ESTRADIOL TABLETS USP 1MG/0.035MG 28 D	X	X	X	X	X	X
LEVONORGESTREL AND ETHINYL ESTRADIOL TABS USP 0.1MG/0.02MG 168S	X				X	X
LEVONORGESTREL TABLETS 1.5MG (PLAN B)	X		X			X
NORGESTREL AND ETHINYL ESTRADIOL TABLETS USP 168 TABS/PACKAGE				X	X	X
LEVONORGESTREL AND ETHINYL ESTRADIOL TABLETS USP 168S				X		
NORELGESTROMIN & ETHINYL ESTRADIOL TRANSDERMAL SYS 150/20MCG 18S						X
DROSPIRENONE AND ETHINYL ESTRADIOL TABLETS 28 TABLETS X 3 CYCLES						X
DROSPIRENONE-ETHINYL ESTRADIOL 3 MG-0.03 MG TABLET 28S						X
ETONOGESTREL-ETHINYL ESTRADIOL 0.12 MG -0.015 MG/24 HR VAGINAL RINGS						X



# NMCPHC-SHARP Resources

- SHARP web pages:
  - Contraception
  - LARC
  - Family Planning
- SHARP Products
  - Films
  - Factsheets
  - Posters
  - Lectures
- SHARP Toolbox DVD
- *SHARP*News newsletter





FACT SHEET FOR CLINICIANS – revised 1 July 2013

## LONG ACTING REVERSIBLE CONTRACEPTIVES (LARC)

### What is Long-Acting Reversible Contraception (LARC)?

LARCs available in the U.S. include contraceptive implants and intrauterine contraceptives.

#### In general, LARCs are:

- extremely effective in preventing pregnancy (>99% effective)
- low maintenance for clinicians and users
- discreet
- provide continuous contraception for 3-12 years
- safe for most women, including teens and HIV positive women
- safe for women who have had a cesarean section, STIs, PID, ectopic pregnancy and for non-monogamous women
- well tolerated by adolescents and most nulliparas
- enjoy very high user satisfaction
- enjoy very high user continuation rates
- cost-saving when compared to oral contraceptive pills
- enjoy easy placement and removal by an insertion-certified clinician
- enable rapid return to fertility after removal

#### Copper T 380A (TCu380A) (Paragard)

First year pregnancy probability is 0.5 - 0.8%. First year user continuation rate is 85-90%. Use is associated with a reduction in risk for endometrial cancer. Effective up to 10 years after placement. Can be placed at any point in the menstrual cycle and immediately after delivery of the placenta. Chlamydia testing can be performed at the time of placement. Common but benign side effects include menstrual disturbances, cramping and pain, expulsion of the device, and Actinomyces-like organisms on Pap smear. Spontaneous expulsion rate in the first year is 2-10%, (increased chance with nulliparity, age under 20, menorrhagia, or severe dysmenorrhea). Rare but serious health risks include infection, pregnancy complications, and uterine perforation (for skilled providers, rate is 1 per 1000 or less; perforation risk may be elevated during lactation). Absolute contraindications include current pregnancy, active pelvic infection, unexplained vaginal bleeding or severe uterine distortion. Use is NOT contraindicated by prior STI, PID, ectopic pregnancy or current non-monogamy. NO evidence suggests that the IUD should be removed for treatment of Chlamydia or gonorrhea. Most women, including nulliparas, experience rapid return to fertility after IUD removal. Litigation related to IUDs has virtually disappeared.



#### Levonorgestrel (LNg) IUC (Mirena)

First year pregnancy probability is 0.1 - 0.2%. First year user continuation rate is 85-90%. Use is associated with a reduction in risk for endometrial cancer. Effective up to 5 years after placement. Can be placed at any point in the menstrual cycle but should be delayed until 6-8 weeks post-partum. Chlamydia testing can be performed at the time of placement. Common but benign side effects, spontaneous expulsion rates, rare but serious health risks and absolute contraindications are the same as for Paragard. Unlike hormonal contraception containing estrogen, Mirena is NOT associated with an increased risk of venous thrombosis. Use is NOT contraindicated by prior STI, PID, ectopic pregnancy or current non-monogamy. NO evidence suggests that the IUD should be removed for treatment of Chlamydia or gonorrhea. Multiple noncontraceptive benefits. Most women, including nulliparas, experience rapid return to fertility after LNg IUC removal. Litigation related to IUDs has virtually disappeared.

#### Levonorgestrel (LNg) IUC (SKYLA)

FDA approved 9 January 2013. Effective up to 3 years after placement. Skyla is a progestin-containing intrauterine system (IUS) indicated for prevention of pregnancy for up to 3 years. To be inserted by a trained healthcare provider. Patient should be re-examined and evaluated 4 to 6 weeks after insertion; then, yearly or more often if indicated. PID was observed in 0.4% of women overall and occurred more frequently within the first year and most often within the first month after insertion. In clinical trials, a total of 77 subjects out of 1,672 (4.6%) discontinued due to uterine bleeding complaints. The incidence of perforation during clinical trials was < 0.1%. A 3-year expulsion rate of 3.2% was reported. Skyla is MRI conditional and can be safely scanned only under specific conditions.

- Long-Acting Reversible Contraception Fact Sheet (NMCPHC)

- Copper IUD - Patient fact sheet (ARHP)
- Hormonal IUD - Patient fact sheet (ARHP)
- IUD Video (NMCPHC)
- IUD Information (Bedsider.org)
- IUD Information (Planned Parenthood)

- Birth Control Implant (Planned Parenthood)
- Birth Control Implant - Patient fact sheet (ARHP)
- Birth Control Implant (bedsider.org)
- Birth Control Implant Video (NMCPHC)

### For Family Planning Counselors; Healthcare Para-Professionals; Health Educators

- Video Demonstration: LARC-First Contraception Counseling (Contraceptive CHOICE Project)

### For Clinicians

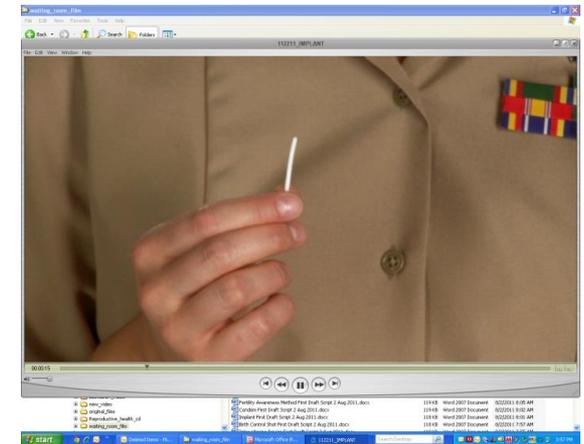
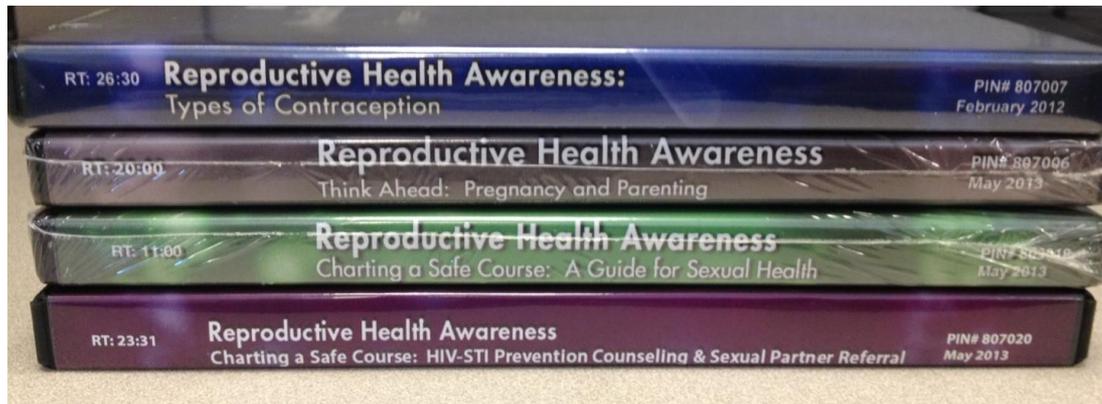
- BUMED Policy - Screen Women for Family Planning / Contraception Needs Prior to Sea Duty (04 Dec 2012)
- LARC Factsheet for Clinicians (NMCPHC)
- U.S. Selected Practice Recommendations for Contraceptive Use, 2013 (CDC)
- United States Medical Eligibility Criteria (USMEC) for Contraceptive Use
  - USMEC Wall Chart
  - USMEC Report
- Journal of Adolescent Health - Special Supplement on LARC (all articles free)
- Improving Contraceptive Use in the U.S. (Guttmacher; 2008)
- Renewed Interest in Intrauterine Contraception in the United States: Evidence and Explanation (David Hubacher; Family Health International; 2010)
- The Potential of Long-acting Reversible Contraception to Decrease Unintended Pregnancy (ARHP)
- Reversible Contraception Update: The Importance of Long-Acting Reversible Contraception (PostGrad Med; 2009)
- Use of the Mirena LNG-IUS and Paragard CuT380A intrauterine devices in nulliparous women (Society for Family Planning; in press 2010)

#### Clinician Training Resources:

- Contraception slide set for grand-rounds or other local clinician training event (ACOG)
- On-demand webinars (ARHP)
- Clinical Minute webinars (ARHP)

# SHARP Resources - Films

- *RH: Pregnancy and Parenting: Think Ahead* (2013)
- *RH: Types of Contraception* (2012) (Best DoD Training Film for 2012)
- *Chart a Safe Course for Sexual Health* (2013)
- *Sexual Risk Assessment* (2013)
- *HIV-STI Prevention Counseling and Sexual Partner Referral* (2013)



## Do you plan on having a baby in the next 12 months?

Don't want to worry about remembering birth control? This forgettable contraceptive method is over 99% reliable.

- >> Once placed under the skin of your arm by your doctor, there's nothing else you need for birth control.
- >> Lasts for up to 3 years.
- >> Have it removed, and you're ready for a baby.
- >> Most women have fewer, lighter periods.
- >> Irregular bleeding is the most common side effect.

The hormonal implant does not protect against sexually transmitted infections. Use condoms with the IUD if you are concerned about STIs.

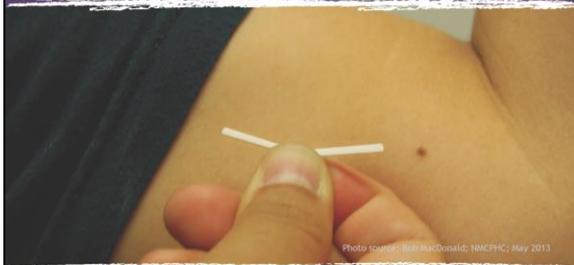


Photo source: Bob Macdonald; NMCPHC, May 2013

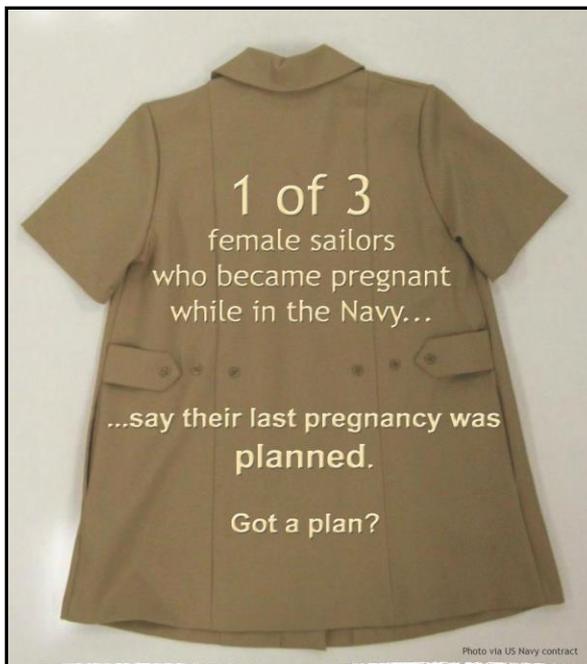
Some birth control methods, like the hormonal implant, are much more reliable than others.

Learn more about your birth control options >



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July 2013



1 of 3  
female sailors  
who became pregnant  
while in the Navy...

...say their last pregnancy was planned.

Got a plan?

Photo via US Navy contract



...some birth control methods are much more reliable than others

Learn more

about your birth control options

<http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/larc.aspx>

\*Among surveyed enlisted female sailors. Navy Personnel Research, Studies, and Technology. 2012 Pregnancy and Parenthood Survey. September 2013  
September 2013



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## Hormones or no Hormones? You Decide

- >> IUDs are very reliable as birth control - over 99%
- >> Quickly placed.
- >> Very Safe.
- >> Nothing to remember.
- >> Work for 3, 5 or 12 years.
- >> Quick removal and you're ready to have a baby.
- >> OK for women who have never had a baby and for those who have.

The IUD does not protect against sexually transmitted infections. Use condoms with the IUD if you are concerned about STIs.

Photo source: Bob Macdonald; NMCPHC, May 2013



Some birth control methods, like intrauterine devices (IUDs), are much more reliable than others.

Learn more about your birth control options >



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June 2013



FOR ADULT-ONLY CLINICAL SETTINGS IN NAVY MEDICINE

# Ask us...

...about your sexual health

Not planning on a pregnancy in the next 12 months?

Want the most reliable and reversible birth control?

Ask about the IUD or implant





HPV vaccine can help protect men and women up to age 26 from genital warts and cervical cancer. Three shots are needed. Have you started? Have you finished?

Sexually active women up to age 25 should ask for a Chlamydia test every year



Accidents happen.

Emergency contraceptive pills are available without age limits or a prescription.

Ask us about Plan B.





Do you know when your next pap test is due?



Ask for an HIV test at least every year if you are a man who has sex with men, or if you have sex without a condom with casual partners

Learn More 

DRAFT - NOT FOR DISTRIBUTION



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# Birth control pills

## Don't always do the job...



...only 1 of 3 Navy enlisted women say her last pregnancy was planned



...and about 1 of 3 who had an unplanned pregnancy were using contraception at the time she became pregnant



...and most of these women were using birth control pills

## But can be very reliable...

Take the pill at the same time every day!



Mark your calendar to pick up your refill!

Pack your pills. Always carry them with you

Learn More 

October 2013 photos: bedsider.org

Missed 1 pill - make it up!

Missed 2 pills - back it up!



Call your doctor - there are different instructions for different pills

Want more reliable birth control?

Ask about the IUD or implant





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# Accidents happen...

The emergency contraceptive pill is birth control you can take shortly after sex to reduce the chance of a pregnancy

One type is available without a prescription or age-limit at retail pharmacies and stores or from any Navy medical facility or Navy pharmacy.

This type of pill can be taken up to 72 hours after sex. But don't delay. The pill works better when taken sooner.

Other emergency contraception options are also available.

Learn more about your birth control options >> 

Emergency contraceptive pills will NOT harm an existing pregnancy.  
Emergency contraceptive pills do NOT protect against sexually transmitted  
Emergency contraceptive pills should NOT be used as your regular form of birth control because they are not as effective as many other types of birth control.



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April 2014



# WHCCAB Initiatives and Ideas

BUMED Women's Health Advisory Board – UPP Working Group:

- Sailor Education Data Call / Analysis
- Navy Medical Education Data Call / Analysis
- LIFESKILLS Family Planning Education for Sailors
- Navy Clinician Questionnaire: Clinician knowledge / attitudes / barriers
- CNA Study of UPP
- LARC-SARC Cost Analysis
- LARC Training Events



# Summary

- Unplanned Pregnancy in the Navy
- Contraception Use Among Sailors
- Describe the Role on Navy Medicine in Family Planning for Sailors and Marines
- Contraception on Navy AMALs
- Variance of LARC vs. SARC Prescriptions in MTFs
- Family Planning Resources Available from NMCPHC
- Describe WHCCAB Initiatives





# Portsmouth Medical Center Initiative

## CDR Richard L. Biggs, DO, MPH, FACOG

- Women's Health Clinic NMCP- Weekly LARC Clinic
  - Developed to address overwhelming need for LARC services
    - Members have limited access to LARC Services through Primary Care, their PCMs and through Operational Medicine
    - Limited access delays care, increases likelihood of unplanned pregnancy
  - Clinic is “see and treat”, no delay, no 2<sup>nd</sup> appointment, no barriers to care (e.g., current pap or STD screening culture requirement)
  - Aimed to place up to 14 LARCs/day
  - Secondary benefit is to use clinic to train rotating interns (i.e., future GMOs), and any local staff not fully certified in LARC placement.
    - This educational/training focus is a pay-it-forward concept



# San Diego Medical Center Initiatives

## CDR Theresa P. Everest, MSN, FNE, WHCNP-BC

- All forms of contraception available at NMCSO; counseling and placement can be done in single visit
- Nexplanon and IUDs placed immediately postpartum
- For patients requesting permanent contraception, there is high buy-in from nursing, anesthesia, MOR as well as OBGYN to support PPBTLs
- Primary care providers at NMCSO are trained in LARC insertion by an OBGYN staff who is a LARC method instructor
- Plan B available in clinics
- NMCSO OBGYN has a current research project to assess if training the PCMs in LARC increases their promotion of those methods
- Essure is placed in clinic to avoid delay from having to schedule in MOR



# Questions, Concerns, Ideas?

Navy and Marine Corps Public Health Center  
Sexual Health and Responsibility Program (SHARP)  
620 John Paul Jones Circle, Suite 1100  
Portsmouth VA 23708



<http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-health/Pages/reproductive-and-sexual-health.aspx>

e-mail:

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# Continuing Education

- **NMCPHC is a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) to receive 1 Category 1 CECH but only when viewed during the live webinar.**

**If you are a CHES and you viewed the live webinar, E-mail your name and CHES number to: [Melissa.cazaux@med.navy.mil](mailto:Melissa.cazaux@med.navy.mil)**

- **If you have viewed the recorded version of the webinar online and would like to request Cat. II CECH, download the certificate for this webinar from the NMCPHC Webinar website, complete it and send it to the NCHEC, Inc. for 1 Cat. II CECH**



- The slides and audio will be archived on the NMCPHC webpage at: <http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/webinars.aspx>
- Thank you for joining us and if you have any questions, please email Bob MacDonald at [michael.r.macdonald@med.navy.mil](mailto:michael.r.macdonald@med.navy.mil)

