ALTERNATIVES TO ABSTINENCE: EDUCATING PATIENTS ABOUT OTC BIRTH CONTROL METHODS

By: Vona Broughton, CHES & Kevin McCarthy, RPH

ACCREDITATION:
Pharmacists
Pharmacy Technicians

CE Credits:
1.0 Credit hour or 0.1 CEU

TARGET AUDIENCE:
Pharmacists & Technicians

PROGRAM OVERVIEW:
Counseling the patient who seeks advice on over the counter contraception can often result in an awkward encounter, especially if the pharmacist is not fully knowledgeable in the latest products on the market. In addition, advice and counseling on this topic must be done professionally and with sensitivity to avoid embarrassment to either party.

OBJECTIVES:
1. Identify several available birth control methods, specifically over the counter options.
2. Compare over the counter birth control method options including mechanisms of action, efficacy, safety, and tolerability.
3. Describe the role pharmacists can have in identifying, educating and counseling patients seeking contraceptives.
4. Investigate current news reports involving birth control options.
**WHAT ARE CONTRACEPTIVES?**

Definition:

“A substance or device capable of preventing pregnancy.”

---

**Note:**
Birth control methods are NOT substitutes for prevention methods against sexually transmitted diseases or infections.

---

**HERE ARE SOME STATS...**

- All contraceptives have failed!
- Average woman using reversible contraception can expect 2 unintended pregnancies in her lifetime!
- 50% become pregnant in first 6 months!

---

**Fast Facts:**

- Some birth control methods are more effective than others.
- No method, other than abstinence, is 100% effective.
- Many factors influence effectiveness of any method available.
- Best method is individual choice and should be discussed with healthcare provider.
WHAT IS THE BEST METHOD?

- All methods have pros and cons
- Think about:
  - Overall health
  - Frequency of Sex
  - # of partners
  - Children?
  - Side effects
  - Comfort level
  - Availability

A FEW MORE ITEMS TO CONSIDER

- Health risks & side effects
- Does it fit the lifestyle?
- What are her intentions?

THE REPRODUCTIVE PROCESS

WHAT ARE MY CHOICES?

- Tubal Ligation
- Tubal Microinserts
- Male Sterilization (Vasectomy)
- Diaphragm
- Cervical Cap
- Vaginal Sponge
- Male Condom
- Female Condom
- Spermicides
- Withdrawal
- “Outercourse”
Failure Rates for Birth Control Methods When Used Correctly

(Number of pregnancies per 100 women per year)

- Male condom alone: 11
- Female condom alone: 21
- Diaphragm with spermicide: 17
- Cervical cap with spermicide: 17 to 23
- Sponge with spermicide: 14 to 28
- Spermicide alone: 20 to 50
- Oral contraceptives: 1 to 2
- Contraceptive patch*: 1 to 2
- Vaginal contraceptive ring: 1 to 2
- Hormone shots: less than 1
- IUD: less than 1
- Periodic abstinence: 20

*Contraceptive patch is less effective in women weighing more than 198 pounds.

Information from U.S. Food and Drug Administration. Birth Control Guide.

THERE ARE CHOICES!

- Male Condom
- Female Condom
- Spermicides
- Emergency contraception

MALE CONDOM

- Made of latex or polyurethane
- 97% effective against pregnancy
- Do not use with female condom
- Protects against STIs
- Inexpensive, safe, convenient

THE GOOD, BAD AND THE GREAT

- Male attitudes matter!
- Lack of spontaneity
- Partners should agree to use
- Easily reversible
- Minimal side effects
- Tailor counseling to pt’s individual needs.
ALTernatives to abstinence: educating your patients about OTC birth control methods

Female Condom:
- FDA approved
- First woman-controlled method that protects against STIs
- Lubricated inside & out
- 79%-92% effectiveness
- One time use only, available OTC
- Do not use with male condom

The Good, Bad, and Great:
- Less discreet
- Uncomfortable insertion
- Noisy
- Somewhat lower effectiveness than other non-hormonal methods and male condoms
- Not as available, costs more

The Good, Bad, and Great:
- Easily reversible
- Minimal side effects
- No latex allergies
- Tailor counseling to individual needs of patient

Vaginal Sponge:
- A foam sponge, covers cervix to prevent pregnancy
- Effective 24 hrs.
- Easy to use
- One time use only
VAGINAL SPONGE

- 60–91% effective
- Better for women who have not given birth
- Does not protect against STIs
- Not safe for all women
- $9–15, availability limited

THE GOOD, BAD, AND GREAT

- Safe, simple, convenient, available OTC
- No interruptions, relatively discreet
- Does not affect hormones
- Difficult to insert/remove
- Vaginal irritation, TSS, yeast infections
- Messy, vaginal dryness
- Sensitivity to spermicide

SPERMICIDE

- Gas, foam, cream, or suppositories that kill sperm
- Purchased in grocery store or drug store
- About 70%–75% effective used alone
- Often combined with other methods

THE GOOD, BAD, AND GREAT

**Advantages**
- Can be obtained easily
- Relatively discreet
- Easily reversible
- No Rx

**Disadvantages**
- No STD protection
- Messy
- Allergies/irritations/UTIs
EMERGENCY CONTRACEPTION

- Emergency situations only
- Rape, unplanned sex, contraception malfunction
- Definition
  - Morning after pill
  - Prevents pregnancy
- Reduces pregnancy risk by 75–95%

Emergency Contraception

- Plan B
  - Only Emergency Contraceptive pill in U.S.
  - Sold to women age 18+ w/o prescription
  - Alternative – Yuzpe regimen EC
- Sold in pharmacies & clinics without a prescription if 18+
- Emotional duress of patient
- No restrictions on quantities
- Won’t terminate pregnancies

THE GOOD, BAD AND GREAT

- Back up plan
- Available OTC any time
- Prevents abortion/ costs less
  - 75% ~95% effective
- Not abortifacients
- Does not prevent STDs
- Under 17 needs prescription
- Costly $45 ~ $65
- Side effects such as nausea, vomiting, & fatigue
### Risks and Side Effects of EC

- No long term effects
  - Nausea/Vomiting
  - Abdominal pain
  - Fatigue
  - Headache
  - Tender breasts
  - Break through bleeding, Menstrual cycle changes
- SE greater with Yuzpe
  - Vomiting
  - Meclizine

### Counseling About EC

- Patient is under stress
- Be respectful and understanding
- Convey that EC is for emergency use only
- After counseling, may need to refer to dr.
- STD concerns
- EPT after 3 weeks
- Pharmacist – Last resort

### In The News!

- Many new updates
- Type in the chat box to tell us what you think about each article!

### In The News...

- FDA approves Teva’s new formulation for emergency contraceptive
  - Now only one pill
  - Now approved for girls ages 17 and over OTC
WHAT ARE YOUR THOUGHTS?

Type in the chat box now...

IN THE NEWS...

› New contraception device developed by Weill Cornell Researchers, to prevent HIV transmission
› Device made of natural materials that are already approved by FDA

WHAT DO YOU THINK?

Type in the chat box now...

IN THE NEWS...

› Bayer submits first-in-class estradiol–based oral contraceptive for approval in the U.S.
CONCLUSION

› Stay informed!
› Understand the facts, help pt to understand
› Counseling should be tailored to individual
› Seek info from healthcare provider when needed