Student Travelers and Contraception: Embrace the Optimal Solution

Conflicts of Interest for Julie?

- Never had 'em, never will.

Advantages

LARC – in the following order

- LNG-IUD
- Implants
- Cu-IUD

Travel Implications

- Zika
- Malaria
- Influenza
- ETOH
- Sexual Assault

LARC preferred for adolescents for years US

- American Academy of Pediatrics
- American College of Obstetricians and Gynecologists

Yet only 5% of adolescents have ever used and IUD or implant (Saldana, 2018).
IUDs Safe (Jatlaoui et al, 2016)

- pregnancy
- perforation
- infection
- heavy bleeding
- removals for bleeding

Some increased risk of clots

- Ortho Evra Patch (now generic only in US)
- Desogestrel and drospirenone (norgestimate better acne/hirsuitism/PCOS)

Clinician Problem?

Method of choice for adolescents

- only 5% have used a IUD or implant (Saldana, 2018)

Study of patients and gynecologists (Oppelt et al, 2017)

- 62% using socs, only 8% using behavior independent LARC
- 64% of patients thought LARC would be an option if had more info but gynecologists underestimated this figure at only 18%
- 66% of gynecologists believed that patients NEVER forget a pill, nearly half the women reported they had missed at least one pill in the last 3 months.

60% of patients thought LARC would be an option if had more info but gynecologists underestimated this figure at only 18%

Progestin-secreting IUD

- Lower risk of thrombosis
- Can suppress menses
- Highly effective
- Safe for adolescents, nulliparous women
- Cost effective in many places

Travel (Keyes, 2015)

<table>
<thead>
<tr>
<th>Method</th>
<th>Sex Hormone Increased?</th>
<th>Clot Risk Increased?</th>
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<tbody>
<tr>
<td>COC</td>
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<td>Ortho Evra Patch</td>
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<tr>
<td>Mirena IUD</td>
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OCPS increase sex hormone binding globulin

Acne?

Can use spironolactone or plenty of others
Remember

- Only condoms prevent STIs!
- Only refer to experienced providers
- Can send patients with EC, best to prescribe

WHO Medical Eligibility Criteria

Other countries have adapted to created their own (US, France, UK)

Review of MECs, In general: (Sarfaty, 2019)

- HCs and particularly CHCs are contraindicated for use in the largest number of pathological conditions
- Few contraindications for progestogen-only contraceptives (except for injectable DMPA) LARC, and local contraceptive or devices (condoms, diaphragms, cervical caps, spermicides)

CDC Contraceptive Guidance for Health Care Providers

- U.S. Medical Eligibility Criteria for Contraceptive Use (US MEC)
- U.S. Selected Practice Recommendations for Contraceptive Use (US SPR)

Summary Chart US MEC

Late or missed instructions (CDC)
Role of Travel Health Provider

1. Identify your resources
   - Patient Protection and the Affordable Care Act
   - Planned Parenthood
   - EC

2. Educate yourself and educate your patients

3. Educate other providers

References