Contraception: We still have work to do!

Eve Espey, MD MPH
University of New Mexico

Disclosures

- None

Land acknowledgement

Founded in 1889, UNM sits on the traditional homelands of the Tiwa people, whose descendants today include the Pueblos of Sandia and Isleta. The Indigenous peoples of New Mexico have deep connections to the land. We honor that legacy and the peoples who continue to remain its protectors and stewards.

Objectives

- Understand the US historical perspective to inform discussions for expanding access to contraception

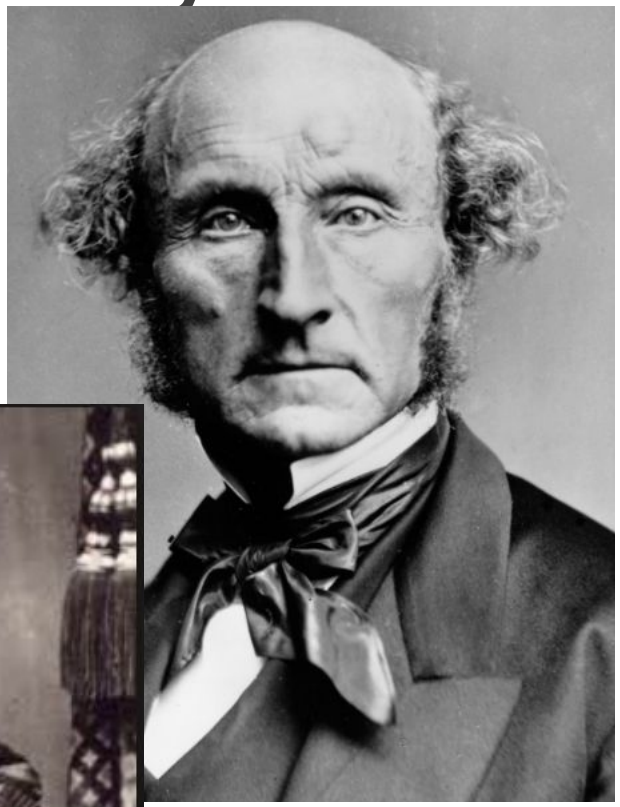
- Review both current attacks on contraception access and innovations to make contraception more available

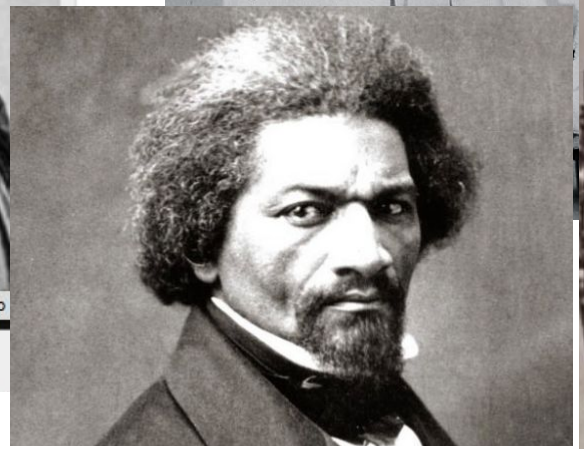
- Provide a case example of long-term strategy that resulted in expanded contraceptive access

ACOG supports access to comprehensive contraceptive care and contraceptive methods as an integral component of women's health care and is committed to encouraging and upholding policies and actions that ensure the availability of affordable and accessible contraceptive care and contraceptive methods

https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2015/01/access-to-contraception#:~:text=The%20College%20supports%20unhindered%20access,create%20obstacles%20to%20contraceptive%20access.

Women's rights: 19th – 20th century





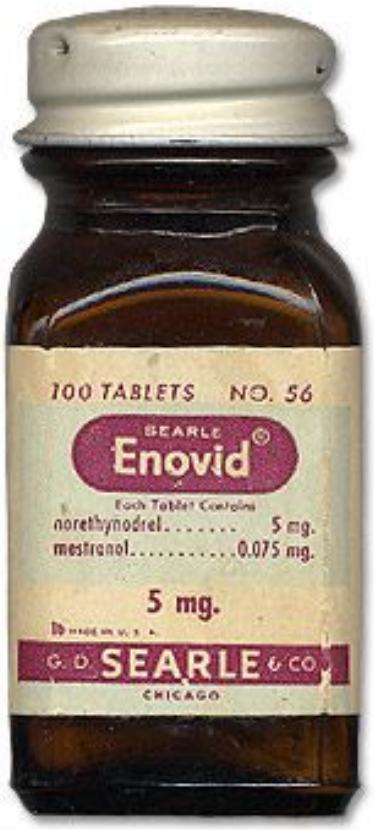
Anthony Comstock: 1873

US Comstock Law of 1873

"…no obscene, lewd, or lascivious book, pamphlet…

designed for the prevention of conception …."

FDA approval of the pill: 1960



D. / PHARMACIA CORPORATION

Griswold vs. Connecticut: 1965

Supreme court decision: “Unconstitutional to prohibit married couples from using birth control”

Title X signed into law: 1972

"Universal human right"

"It is my view that no American woman should be denied access to family planning assistance because of her economic condition."

George H.W. Bush champions family planning: 1972

799 United Nations Plaza
New York, N. Y. 10017

March 28, 1972

Alan F. Guttmacher, M.D.
President
Planned Parenthood-World Population
Planned Parenthood Federation
of America, Inc.
810 Seventh Avenue
New York, N. Y. 10019

Dear Dr. Guttmacher:

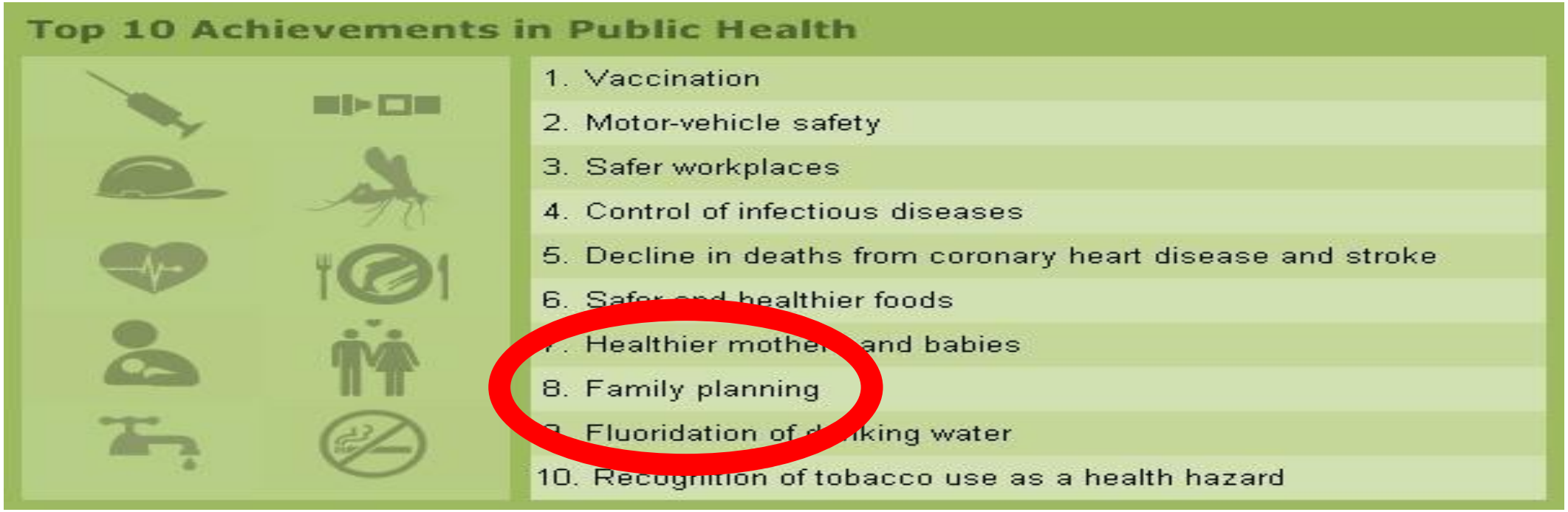
My congratulations to you and your colleagues on your "Family Planning" Stamp. Efforts like this, that help further work of such worldwide importance, are something for which this country can justly be proud.

I'm honored to own this first-day cover and deeply appreciative of the dedication that it symbolizes.

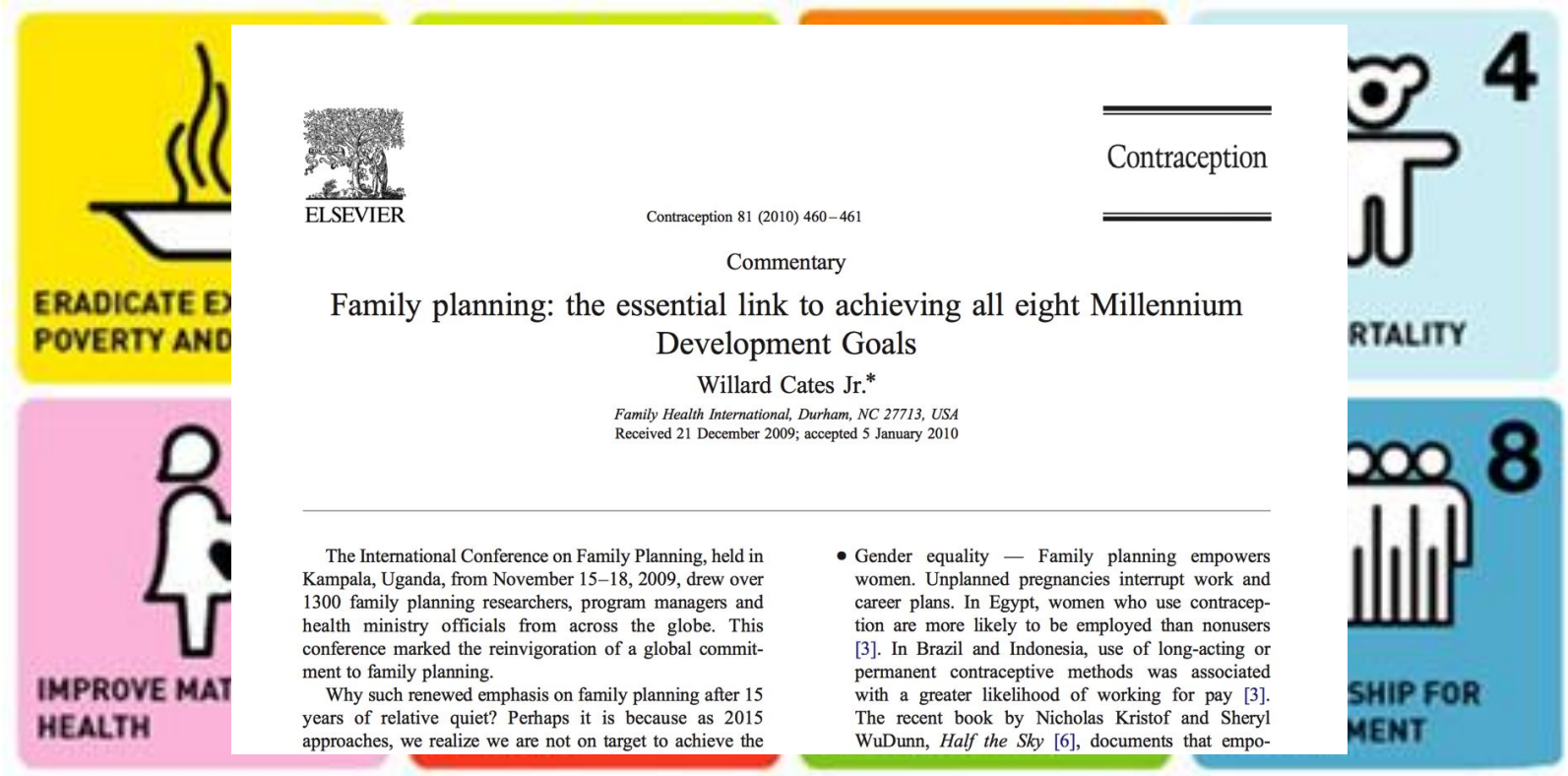
Yours very truly,

George Bush

CDC 20th Century Top 10



Millennium Development Goals



ELSEVIER

Contraception

Contraception 81 (2010) 460–461

Commentary

Family planning: the essential link to achieving all eight Millennium Development Goals

Willard Cates Jr.*

Family Health International, Durham, NC 27713, USA

Received 21 December 2009; accepted 5 January 2010

The International Conference on Family Planning, held in Kampala, Uganda, from November 15–18, 2009, drew over 1300 family planning researchers, program managers and health ministry officials from across the globe. This conference marked the reinvigoration of a global commitment to family planning.

Why such renewed emphasis on family planning after 15 years of relative quiet? Perhaps it is because as 2015 approaches, we realize we are not on target to achieve the

- Gender equality — Family planning empowers women. Unplanned pregnancies interrupt work and career plans. In Egypt, women who use contraception are more likely to be employed than nonusers [3]. In Brazil and Indonesia, use of long-acting or permanent contraceptive methods was associated with a greater likelihood of working for pay [3]. The recent book by Nicholas Kristof and Sheryl WuDunn, *Half the Sky* [6], documents that empo-

Contraception mandate ACA 2012

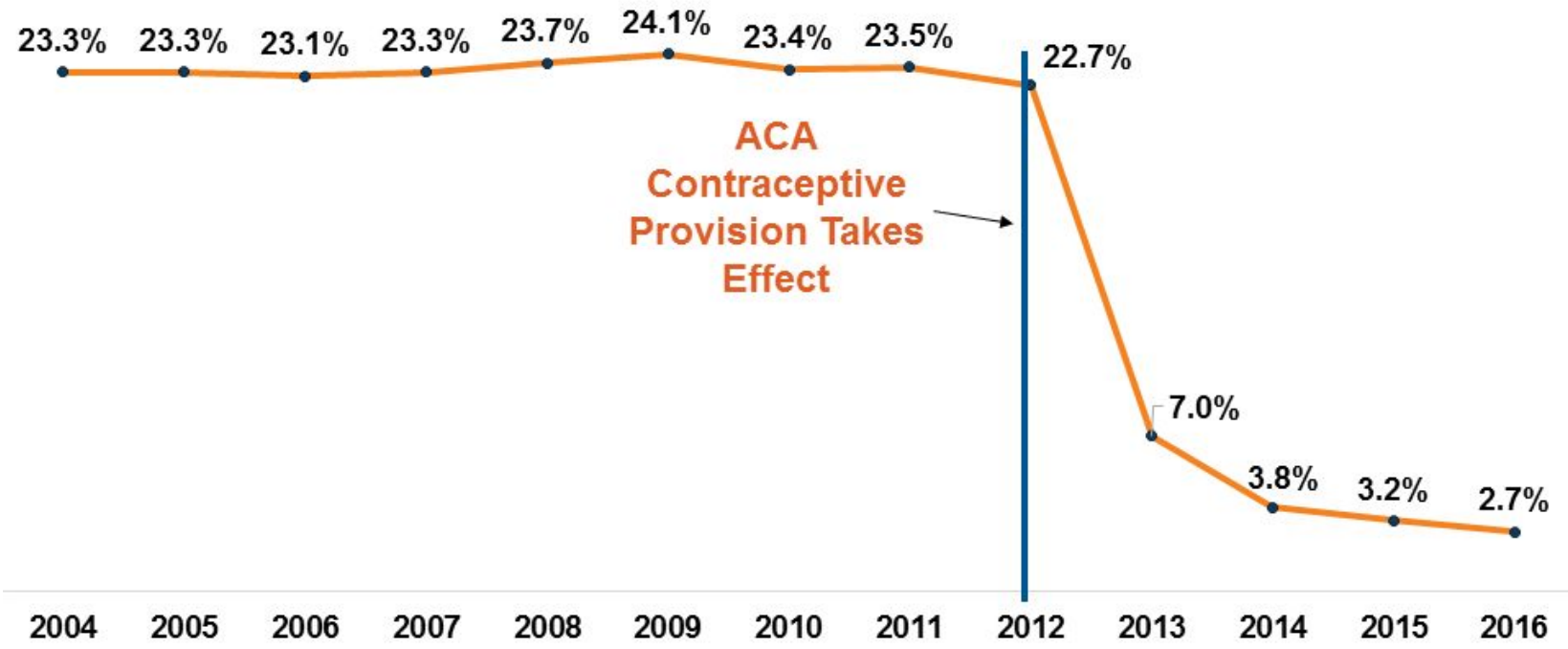
Most private health insurance plans must cover the full range of contraceptive methods, services and counseling without copayments or deductibles.

https://www.healthaffairs.org/content/forefront/federal-officials-clarify-contraceptive-coverage-requirements

Figure 2

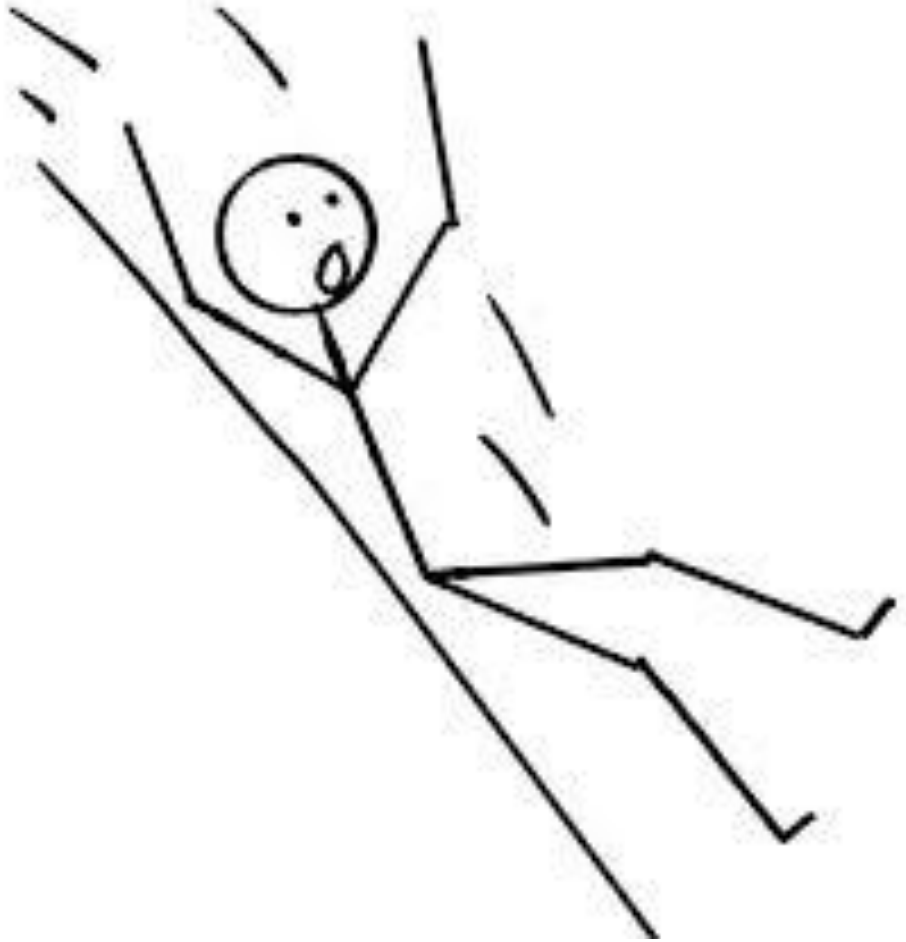
The Contraceptive Coverage Policy Has Had a Large Impact on Out-Of-Pocket Spending in a Short Amount of Time

Share of insured women reporting any out-of-pocket spending on oral contraceptives



NOTE: Share of Women age 15-44 with health coverage from a large employer who have any out-of-pocket spending on oral contraceptive pills, 2004-2015.
SOURCE: Kaiser Family Foundation analysis of Truven Health Analytics MarketScan Commercial Claims and Encounters Database, 2004 – 2016. Peterson-Kaiser Health System Tracker.

KFF
HENRY J KAISER FAMILY FOUNDATION



Burwell vs. Hobby Lobby 2014

Hobby Lobby's position:

- Government violates freedom of religion by requiring insurance coverage of the methods by Hobby Lobby
- Belief that certain forms of birth control are an abortion

Opposing contraception access: 2016-2020

Legislative and regulatory efforts to:

- Expand conscience refusals in provision of contraception

- Weaken the ACA contraceptive mandate to reduce coverage

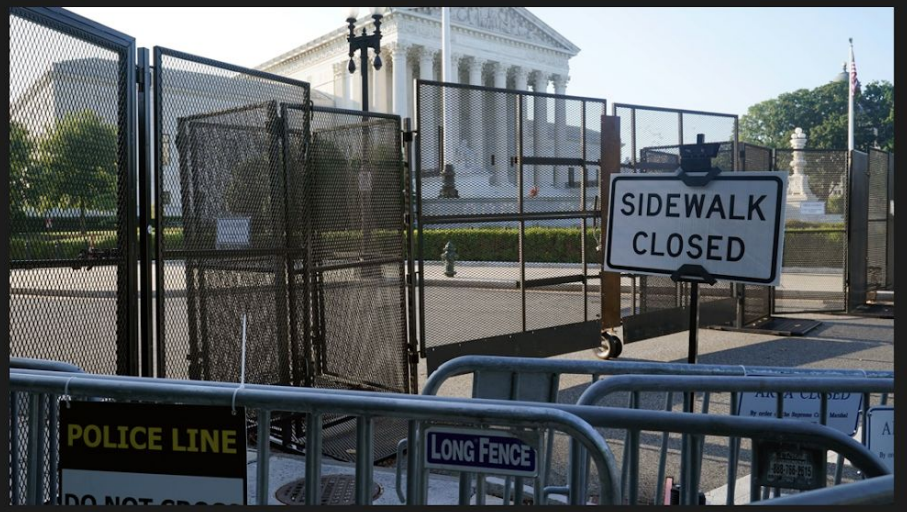
- Defund Title X/Planned Parenthood

- Direct Title X funds to non-evidence-based programs including sex education, “pregnancy crisis centers”

AP TOP HEADLINES

Supreme Court overturns Roe v. Wade; states can ban abortion

by: MARK SHERMAN, Associated Press
Posted: Jun 24, 2022 / 07:12 AM PDT
Updated: Jun 24, 2022 / 06:54 PM PDT



The Supreme Court, Friday, June 24, 2022, in Washington. (AP Photo/Steve Helber)

June 24, 2022

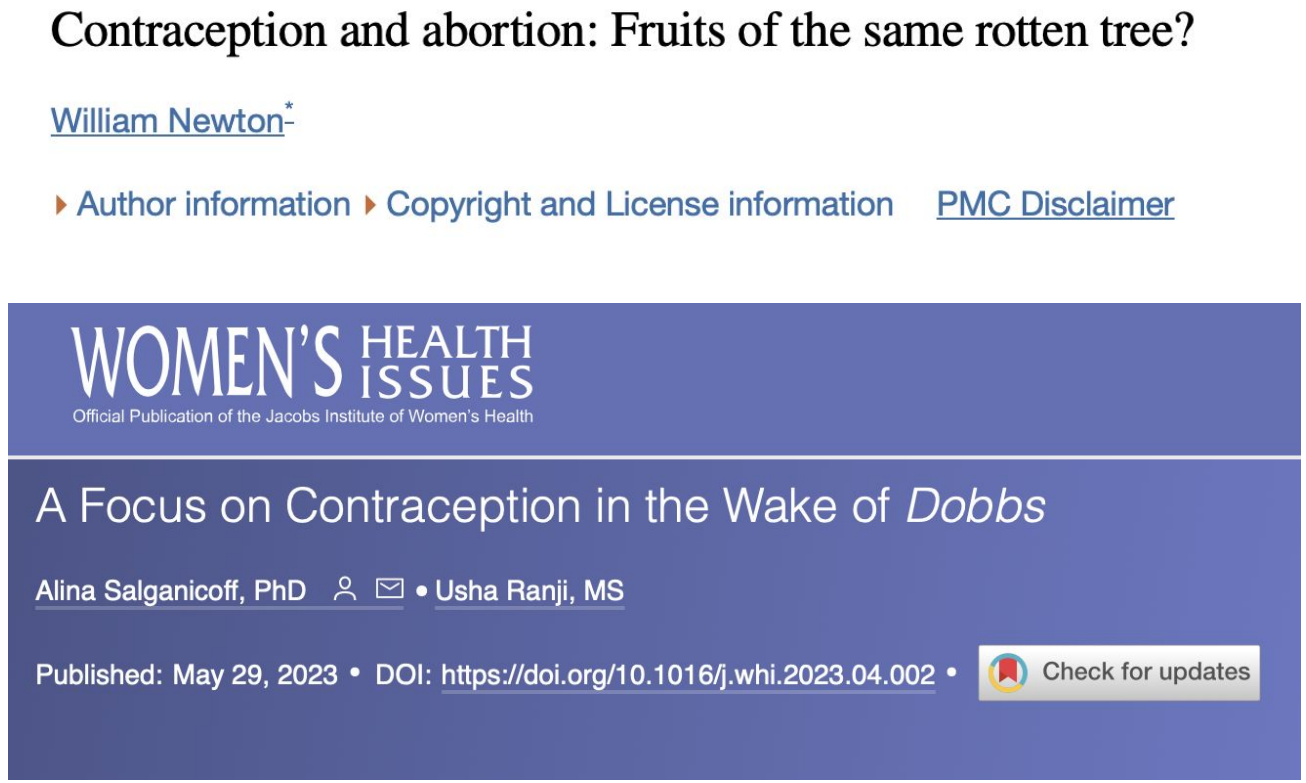
https://apnews.com/article/abortion-supreme-court-decision-854f60302f21c2c35129e58cf8d8a7b0

Contraception at risk

- Conflation of contraception with abortion, EC and IUDs

- Closure of abortion clinics expands family planning deserts
  - Biggest impact on low income and communities of color

- Expansion of misinformation/disinformation, junk science



Contraception and abortion: Fruits of the same rotten tree?

William Newton*

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WOMEN'S HEALTH ISSUES

Official Publication of the Jacobs Institute of Women's Health

A Focus on Contraception in the Wake of *Dobbs*

Alina Salganicoff, PhD • Usha Ranji, MS

Published: May 29, 2023 • DOI: https://doi.org/10.1016/j.whi.2023.04.002 • Check for updates

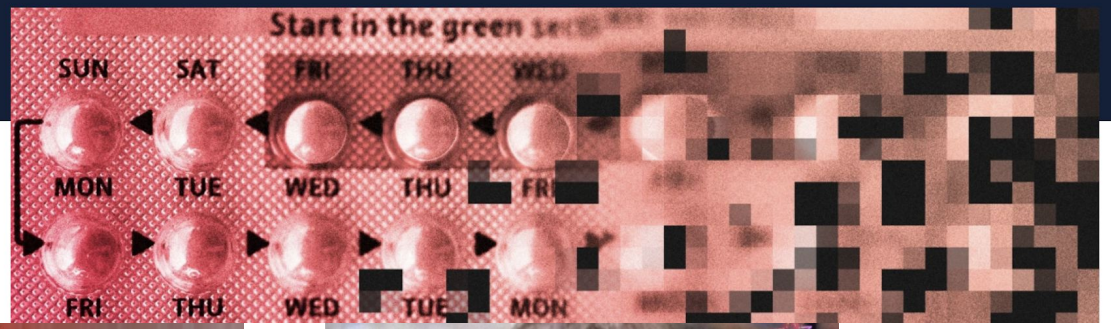
https://www.whijournal.com/article/S1049-3867(23)00082-8/fulltext

Disinformation

Ep 430 | GIRL TALK: Why Women (And I!) Are Ditching Birth Control

Conservative influencers are pushing an anti-birth control message

Alarmist statements about hormonal birth control go viral on social media, but experts say they're not showing the full picture.



- Individual choice vs. a positive right

“This means the individual is responsible for the choice. For birth control, it would entail paying out of pocket for the cost, It also means accepting that if an employer, doctor, nurse or pharmacist, doesn’t want to participate in your personal choice, he or she shouldn’t be made to do so. “

- Hadley Manning, Independent Women’s Voice


The New York Times

OPINION
GUEST ESSAY

The Conservative Position on Birth Control Is About Individual Responsibility

June 24, 2023

https://www.nytimes.com/2023/06/24/opinion/pro-life-birth-control-abortion.html?sr
w-share

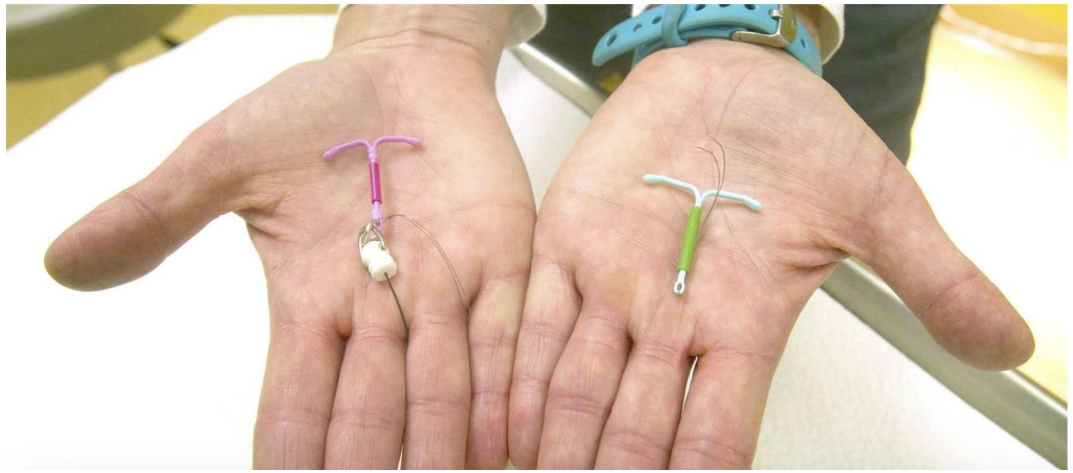
Stateline

HEALTH CARE EDUCATION DEMOCRACY ENVIRONMENT SOCIETY CRIMINAL JUSTICE

ABORTION ACCESS HEALTH

Some States Already Are Targeting Birth Control

BY: **MICHAEL OLLOVE** - MAY 19, 2022 12:00 AM



Missouri 2022

Proposed law to block Medicaid funding to Planned Parenthood and to block Medicaid funding for Emergency Contraception and IUDs

> "Anything that destroys that life is abortion, it's not birth control," said the state senator who spearheaded the legislation.

https://stateline.org/2022/05/19/some-states-already-are-targeting-birth-control/

Contraception on the legislative chopping block

The Washington Post
Democracy Dies in Darkness

Conservative attacks on birth control could threaten access

Far-right conservatives are sowing misinformation that inaccurately characterizes IUDs, emergency contrac
birth-control pills as causing abortions

By Lauren Weber

June 5, 2024 at 5:00 a.m. EDT

- Missouri
  - Blocked a bill to expand access to birth control pills by claiming they induce abortions
- Louisiana
  - Defeated a bill to protect the right to contraception by equating EC with abortion
- Idaho
  - Advocacy for a bill to ban access to EC and IUDs as abortifacients

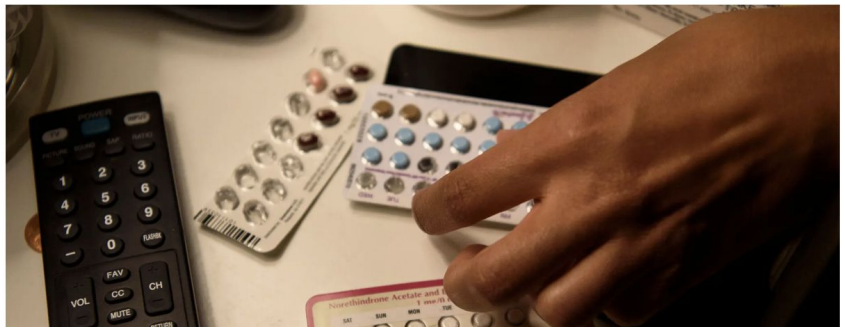
Contraception. 2022 Oct;114:6-9. doi: 10.1016/j.contraception.2022.06.008. Epub 2022 Jun 23.

Now is the time to safeguard access to emergency contraception as abortion restrictions sweep the United States

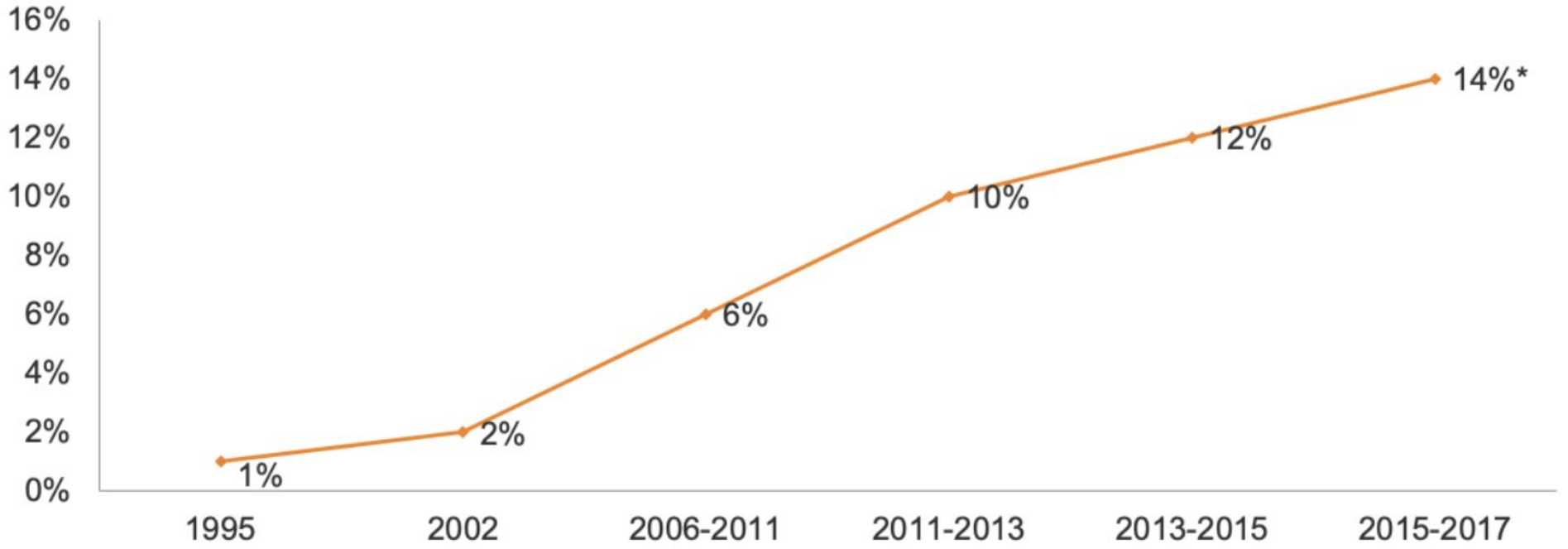
Kelly Cleland [1], Bhavik Kumar [2], Nikita Kakkad [3], Jasmine Shabazz [4], Nicola R Brogan [5], Mara K Gandal-Powers [6], Robyn Elliott [7], Rebecca Stone [8], David K Turok [9]

A Year After Dobbs, Advocates Push in the States for a Right to Birth Control

After Justice Clarence Thomas cast doubt on the Supreme Court decision that established a right to contraception, reproductive rights advocates are pressing for new protections at the state level.



IUD Utilization Over Time Among Women Ages 15-44 Who Used Contraception Within Previous 30 Days



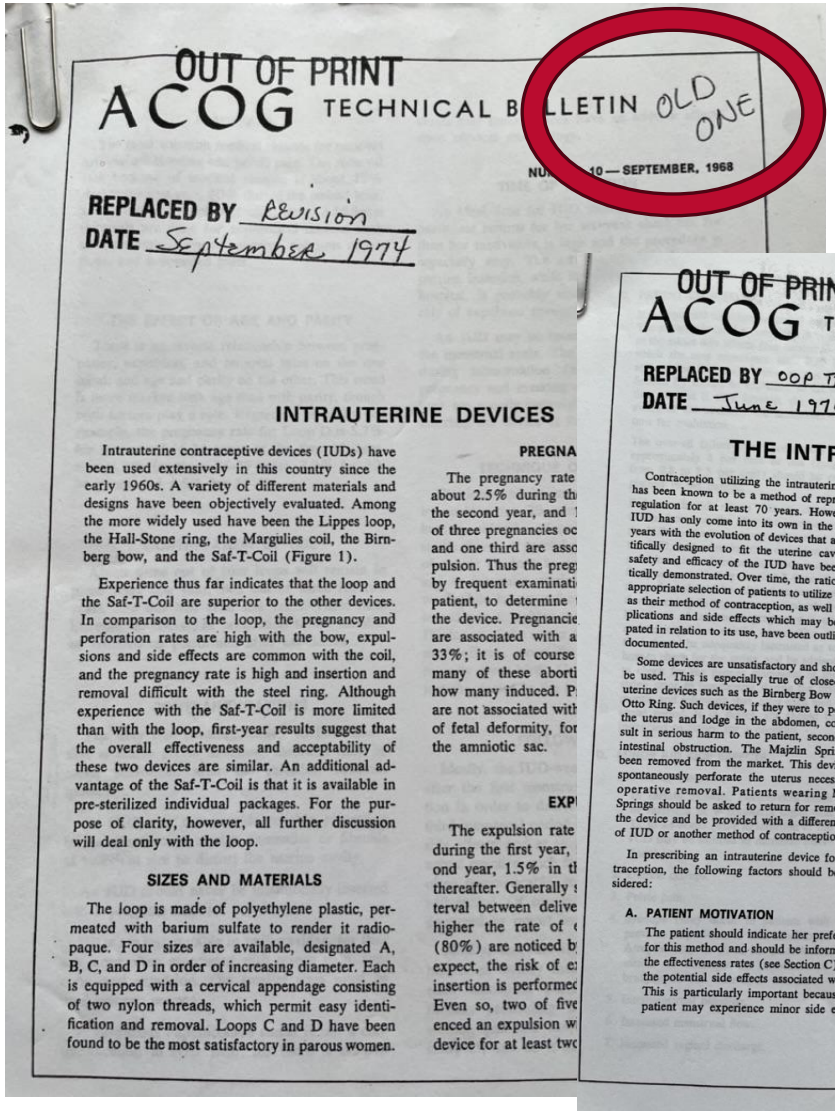
NOTE: A woman may use more than one method; data reflect the most effective method used.*Indicates a statistically significant difference from 2002, p<0.05.
SOURCE: KFF analysis of National Survey of Family Growth, 1995 - 2017

KFF
HENRY J KAISER FAMILY FOUNDATION

https://www.kff.org/womens-health-policy/fact-sheet/intrauterine-devices-iuds-access-for-women-in-the-u-s/

1968 ACOG IUD Technical Bulletin

1968



OUT OF PRINT

ACOG TECHNICAL B LLETIN OLD ONE

NU 10—SEPTEMBER, 1968

REPLACED BY Revision

DATE September 1974

INTRAUTERINE DEVICES

Intrauterine contraceptive devices (IUDs) have been used extensively in this country since the early 1960s. A variety of different materials and designs have been objectively evaluated. Among the more widely used have been the Lippes loop, the Hall-Stone ring, the Margulies coil, the Birnberg bow, and the Saf-T-Coil (Figure 1).

Experience thus far indicates that the loop and the Saf-T-Coil are superior to the other devices. In comparison to the loop, the pregnancy and perforation rates are high with the bow, expulsions and side effects are common with the coil, and the pregnancy rate is high and insertion and removal difficult with the steel ring. Although experience with the Saf-T-Coil is more limited than with the loop, first-year results suggest that the overall effectiveness and acceptability of these two devices are similar. An additional advantage of the Saf-T-Coil is that it is available in pre-sterilized individual packages. For the purpose of clarity, however, all further discussion will deal only with the loop.

SIZES AND MATERIALS

The loop is made of polyethylene plastic, permeated with barium sulfate to render it radiopaque. Four sizes are available, designated A, B, C, and D in order of increasing diameter. Each is equipped with a cervical appendage consisting of two nylon threads, which permit easy identification and removal. Loops C and D have been found to be the most satisfactory in parous women.

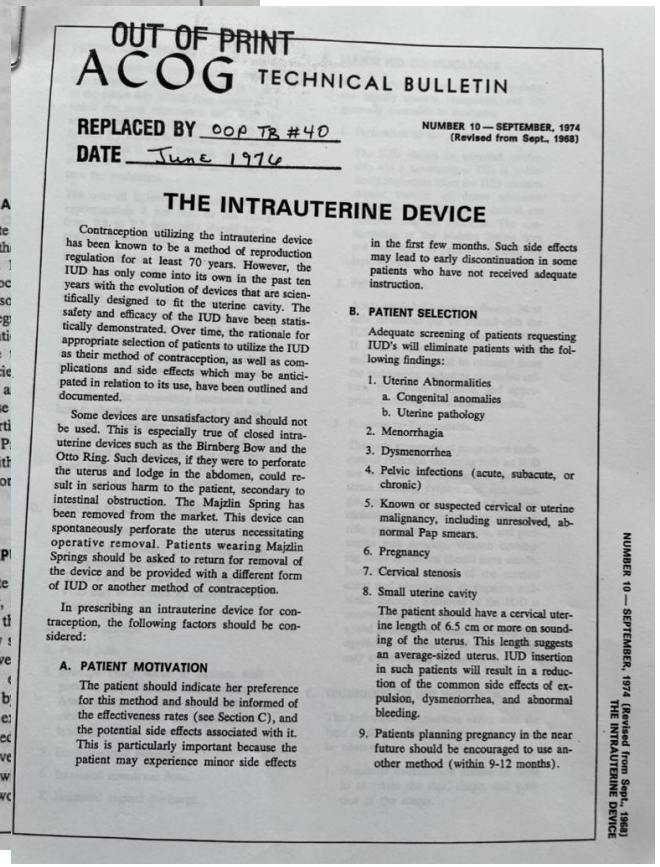
PREGNA

The pregnancy rate about 2.5% during th the second year, and of three pregnancies oc and one third are assc pulsion. Thus the preg by frequent examinati patient, to determine the device. Pregnancie are associated with a 33%; it is of course many of these aborti how many induced. P are not associated wit of fetal deformity, for the amniotic sac.

EXP

The expulsion rate during the first year, ond year, 1.5% in tl thereafter. Generally terval between delive higher the rate of (80%) are noticed b expect, the risk of e insertion is performec Even so, two of five enced an expulsion w device for at least two

1974



OUT OF PRINT

ACOG TECHNICAL BULLETIN

REPLACED BY OOP TB #40

DATE June 1976

NUMBER 10 — SEPTEMBER, 1974 (Revised from Sept., 1968)

THE INTRAUTERINE DEVICE

Contraception utilizing the intrauterine device has been known to be a method of reproduction regulation for at least 70 years. However, the IUD has only come into its own in the past ten years with the evolution of devices that are scientifically designed to fit the uterine cavity. The safety and efficacy of the IUD have been statistically demonstrated. Over time, the rationale for appropriate selection of patients to utilize the IUD as their method of contraception, as well as complications and side effects which may be anticipated in relation to its use, have been outlined and documented.

Some devices are unsatisfactory and should not be used. This is especially true of closed intrauterine devices such as the Birnberg Bow and the Otto Ring. Such devices, if they were to perforate the uterus and lodge in the abdomen, could result in serious harm to the patient, secondary to intestinal obstruction. The Majzlin Spring has been removed from the market. This device can spontaneously perforate the uterus necessitating operative removal. Patients wearing Majzlin Springs should be asked to return for removal of the device and be provided with a different form of IUD or another method of contraception.

In prescribing an intrauterine device for contraception, the following factors should be considered:

A. PATIENT MOTIVATION

The patient should indicate her preference for this method and should be informed of the effectiveness rates (see Section C), and the potential side effects associated with it. This is particularly important because the patient may experience minor side effects in the first few months. Such side effects may lead to early discontinuation in some patients who have not received adequate instruction.

B. PATIENT SELECTION

Adequate screening of patients requesting IUD's will eliminate patients with the following findings:

1. Uterine Abnormalities
   a. Congenital anomalies
   b. Uterine pathology
2. Menorrhagia
3. Dysmenorrhea
4. Pelvic infections (acute, subacute, or chronic)
5. Known or suspected cervical or uterine malignancy, including unresolved, abnormal Pap smears.
6. Pregnancy
7. Cervical stenosis
8. Small uterine cavity

   The patient should have a cervical uterine length of 6.5 cm or more on sounding of the uterus. This length suggests an average-sized uterus. IUD insertion in such patients will result in a reduction of the common side effects of expulsion, dysmenorrhea, and abnormal bleeding.

9. Patients planning pregnancy in the near future should be encouraged to use another method (within 9-12 months).

NUMBER 10 — SEPTEMBER, 1974 (Revised from Sept., 1968) THE INTRAUTERINE DEVICE

CONTRAINDICATIONS

The only true contraindication to IUD insertion is active pelvic infection. Insertion may be safely performed after the infection becomes quiescent.

An IUD may not provide reliable protection in the presence of uterine anomalies or fibroids of sufficient size to distort the uterine cavity.

An IUD should never be intentionally inserted into a pregnant uterus.

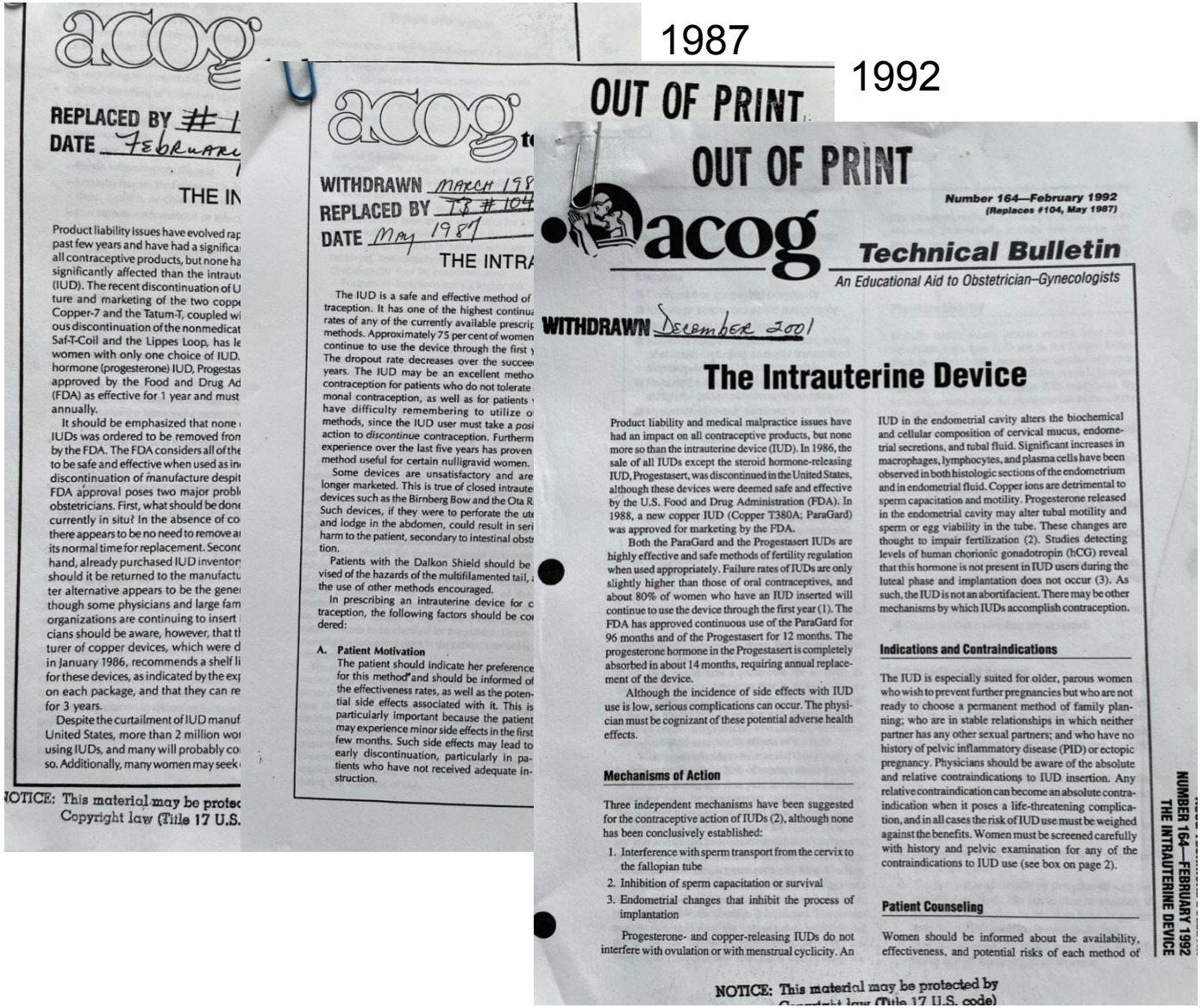
IUDs are less suitable in nulligravidae, for they are more often associated with severe pain, syncope, and expulsion. The smaller sizes must be

1992 ACOG IUD Technical Bulletin

1976

1987

1992

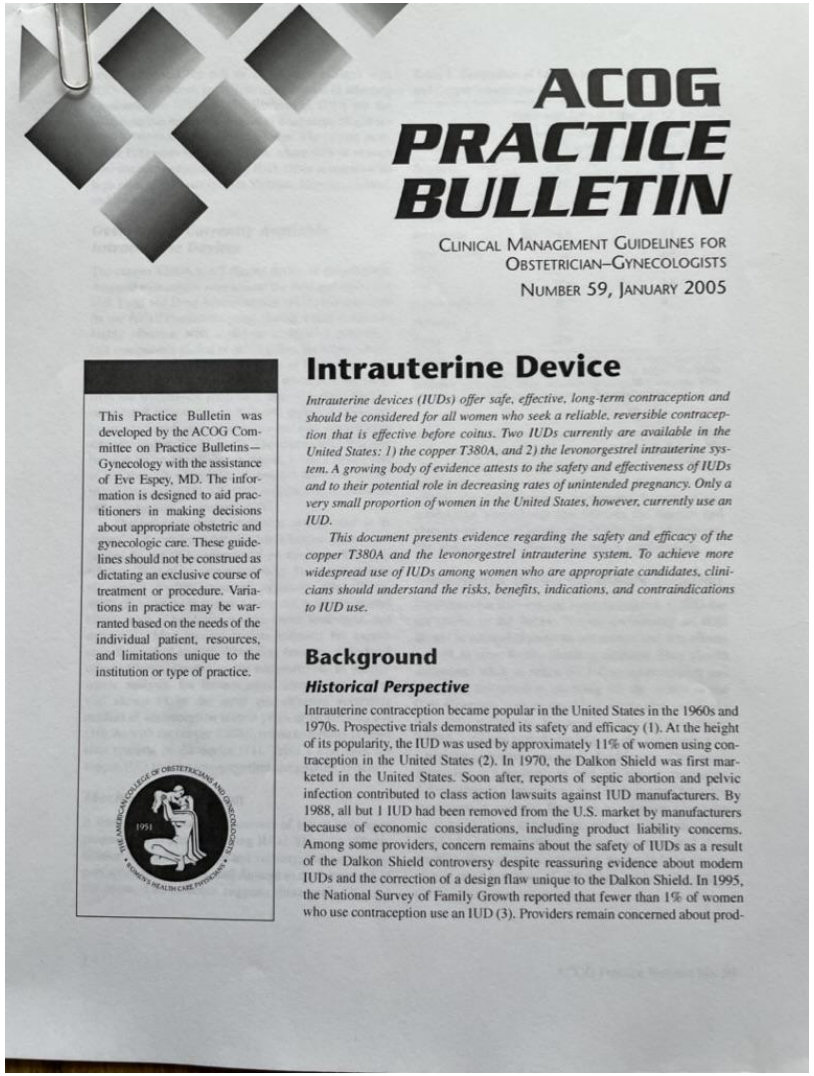


Indications and Contraindications

The IUD is especially suited for older, parous women who wish to prevent further pregnancies but who are not ready to choose a permanent method of family planning; who are in stable relationships in which neither partner has any other sexual partners; and who have no history of pelvic inflammatory disease (PID) or ectopic pregnancy. Physicians should be aware of the absolute and relative contraindications to IUD insertion. Any relative contraindication can become an absolute contraindication when it poses a life-threatening complication, and in all cases the risk of IUD use must be weighed against the benefits. Women must be screened carefully with history and pelvic examination for any of the contraindications to IUD use (see box on page 2).

2005 ACOG IUD Practice Bulletin

2005



ACOG
PRACTICE
BULLETIN

CLINICAL MANAGEMENT GUIDELINES FOR
OBSTETRICIAN–GYNECOLOGISTS
NUMBER 59, JANUARY 2005

This Practice Bulletin was developed by the ACOG Committee on Practice Bulletins—Gynecology with the assistance of Eve Espey, MD. The information is designed to aid practitioners in making decisions about appropriate obstetric and gynecologic care. These guidelines should not be construed as dictating an exclusive course of treatment or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to the institution or type of practice.

Intrauterine Device

Intrauterine devices (IUDs) offer safe, effective, long-term contraception and should be considered for all women who seek a reliable, reversible contraception that is effective before coitus. Two IUDs currently are available in the United States: 1) the copper T380A, and 2) the levonorgestrel intrauterine system. A growing body of evidence attests to the safety and effectiveness of IUDs and to their potential role in decreasing rates of unintended pregnancy. Only a very small proportion of women in the United States, however, currently use an IUD.

This document presents evidence regarding the safety and efficacy of the copper T380A and the levonorgestrel intrauterine system. To achieve more widespread use of IUDs among women who are appropriate candidates, clinicians should understand the risks, benefits, indications, and contraindications to IUD use.

Background

Historical Perspective

Intrauterine contraception became popular in the United States in the 1960s and 1970s. Prospective trials demonstrated its safety and efficacy (1). At the height of its popularity, the IUD was used by approximately 11% of women using contraception in the United States (2). In 1970, the Dalkon Shield was first marketed in the United States. Soon after, reports of septic abortion and pelvic infection contributed to class action lawsuits against IUD manufacturers. By 1988, all but 1 IUD had been removed from the U.S. market by manufacturers because of economic considerations, including product liability concerns. Among some providers, concern remains about the safety of IUDs as a result of the Dalkon Shield controversy despite reassuring evidence about modern IUDs and the correction of a design flaw unique to the Dalkon Shield. In 1995, the National Survey of Family Growth reported that fewer than 1% of women who use contraception use an IUD (3). Providers remain concerned about prod-

Intrauterine Device

Intrauterine devices (IUDs) offer safe, effective, long-term contraception and should be considered for all women who seek a reliable, reversible contraception that is effective before coitus. Two IUDs currently are available in the United States: 1) the copper T380A, and 2) the levonorgestrel intrauterine system. A growing body of evidence attests to the safety and effectiveness of IUDs and to their potential role in decreasing rates of unintended pregnancy. Only a very small proportion of women in the United States, however, currently use an IUD.

Turning the IUD narrative around

Sister Song
Women of Color Reproductive Justice Collective

Tik Tok

ACOG
The American College of Obstetricians and Gynecologists

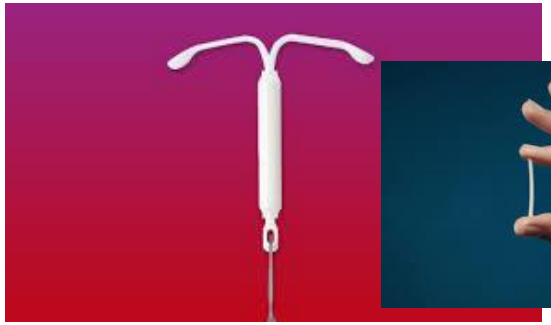
Research

The Contraceptive CHOICE Project Round Up: what we did and what we learned

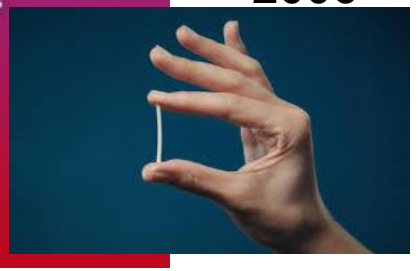
Colleen McNicholas, DO MSCI, Tessa Madden, MD MPH, Gina Secura, PhD, and Jeffrey F. Peipert, MD PhD

Contraceptive technology

2000



2006



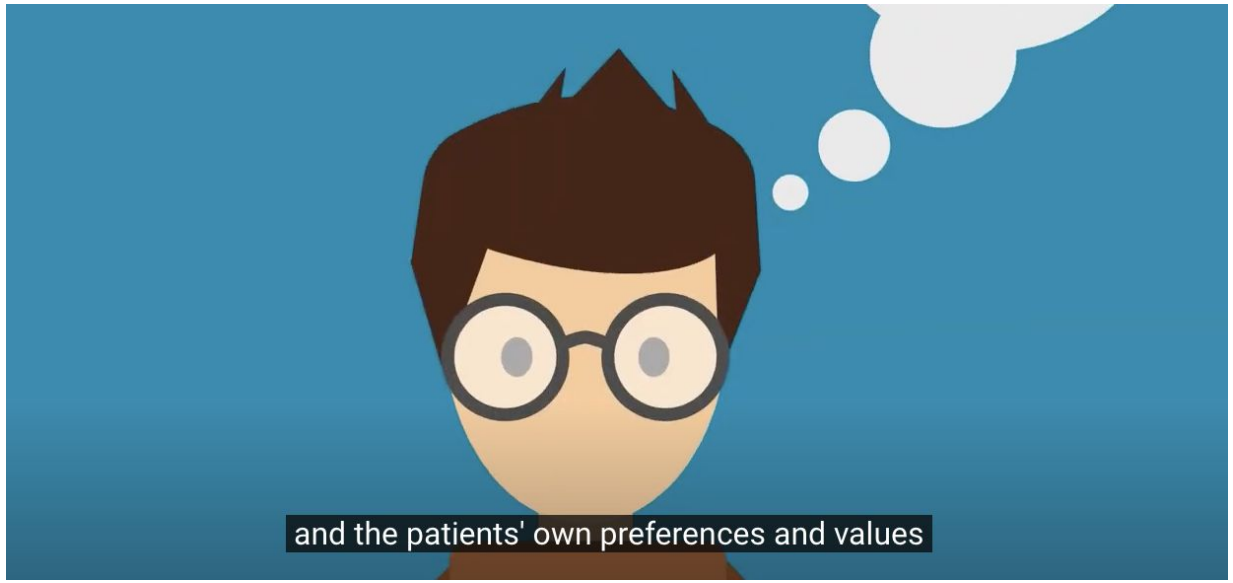
Contraception coercion

"They wanted to go with the IUD…That's the one they kept bringing up over and over again. I was like, it's definitely a no-no. they said 'It's good, and you know like 90% of the women they love it,' and you know…I was like '100% of me says NO.'"

Yee 2011

The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.

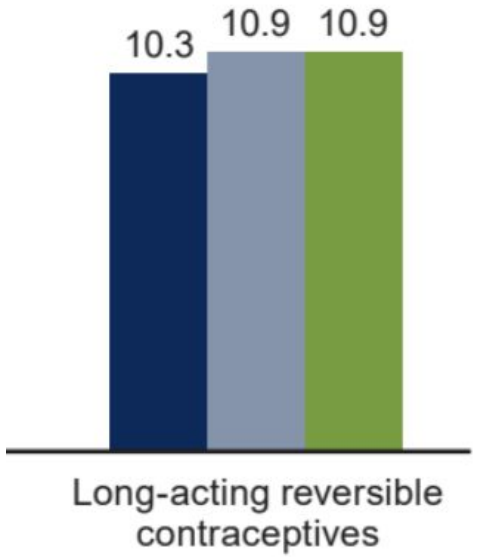
Shared decision making, free of judgment or coercion, is the standard for patient-centered contraceptive decision making



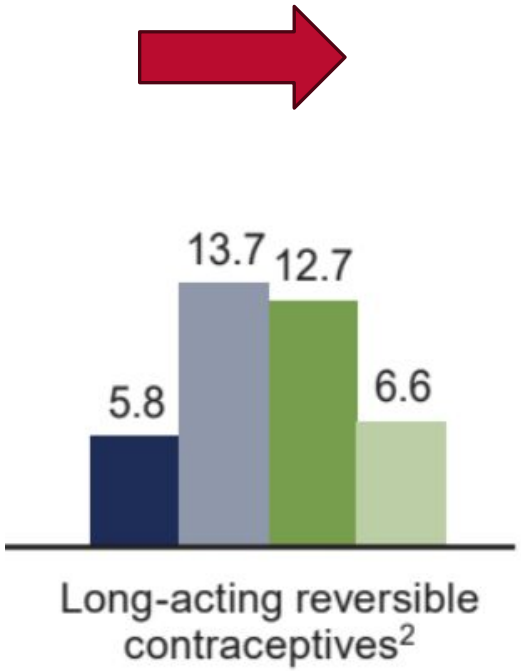
https://www.youtube.com/watch?v=HWIpMBQu8Uc

Reassuring NCHS data: LARC 2017-2019

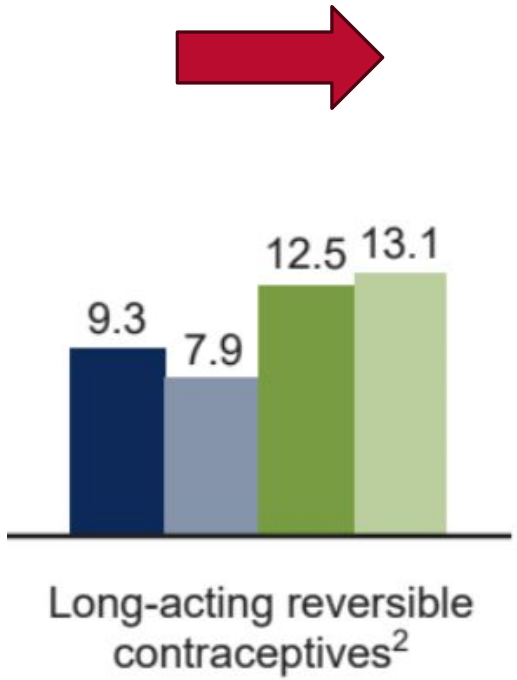
Hispanic, White, Black



Increasing age

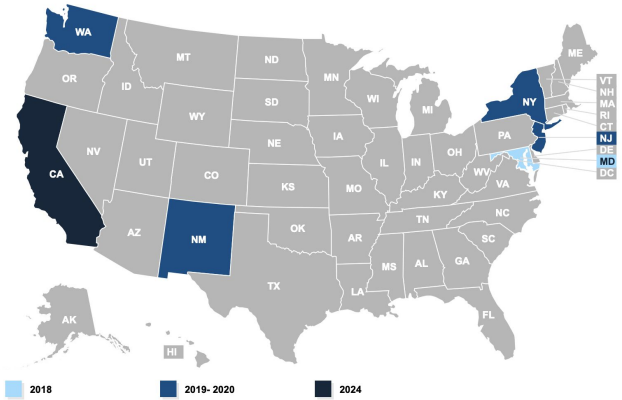


Increasing education



Daniels K, Abma JC. Current contraceptive status among women aged 15–49: United States, 2017–2019. NCHS Data Brief, no 388. Hyattsville, MD: National Center for Health Statistics, 2020.

What can we do?



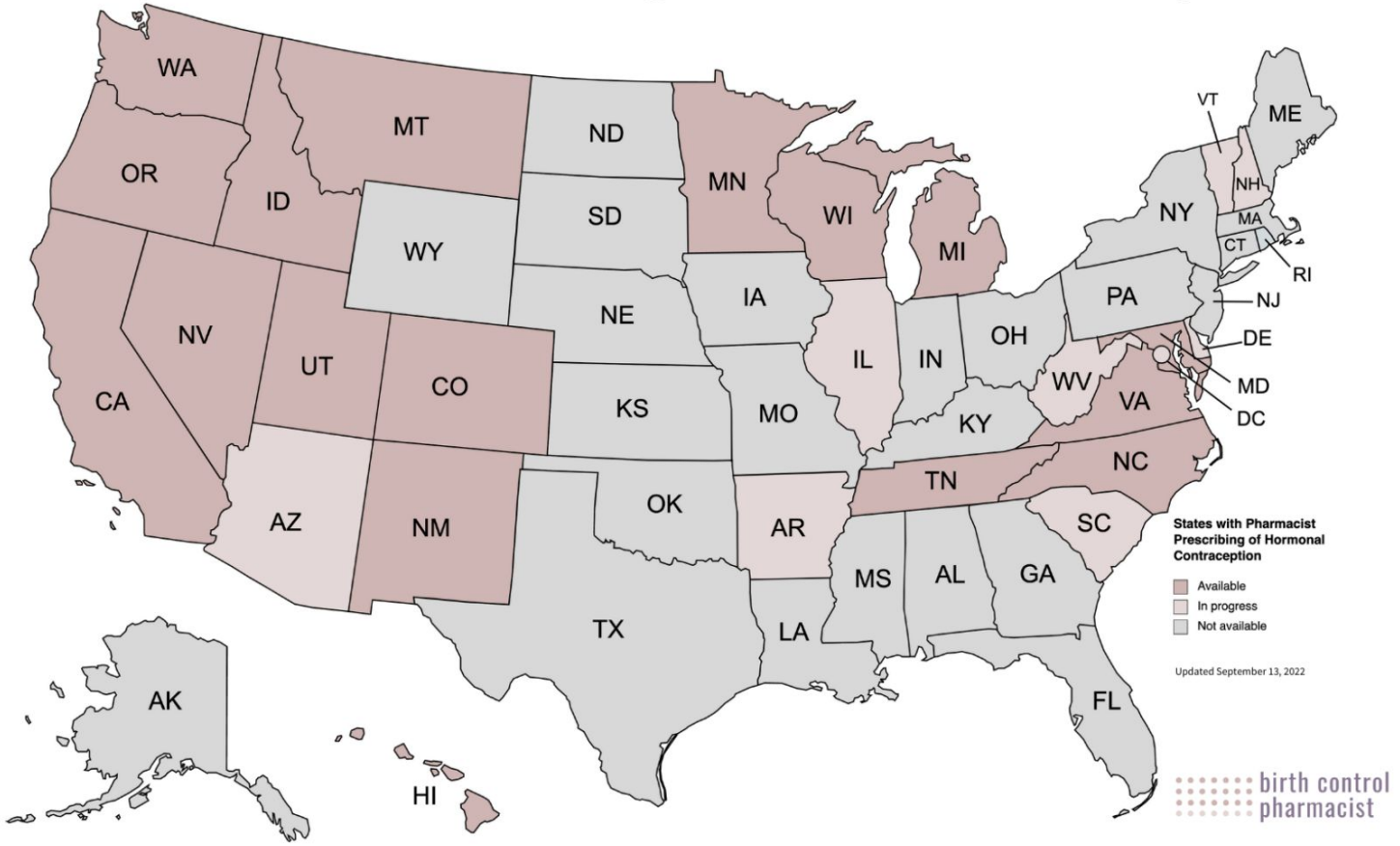
- Advocacy
  - Lobby for 6 months – 1 year of birth control
  - Lobby for contraceptive equity laws (codify ACA in state law)
  - Lobby for insurance coverage of OTC contraceptive options (O-pill)
  - Lobby for extension of Medicaid through a year postpartum
- Connect with community organizations
- Consider contraception visits an emergency – 1 visit for IUD insertion
- Ensure access to postpartum contraception initiation – IUDs, implants

Telemedicine for contraception

Use telemedicine for contraception initiation and maintenance

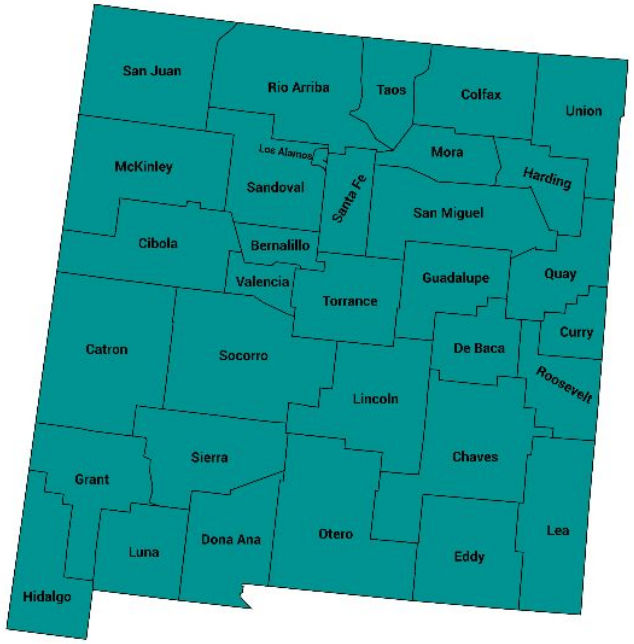
- Combined hormonal contraceptives
  - Review medical history for contraindications and medication use
  - Use US MEC to determine if appropriate candidate for use
  - Prescribe 1 year and/or maximum allowable cycles – mail-order if available
  - Check BP or use either home cuff/pharmacy cuff/shared decision making

Pharmacist Prescribing of Hormonal Contraception



Birthcontrolpharmacist.com 2022

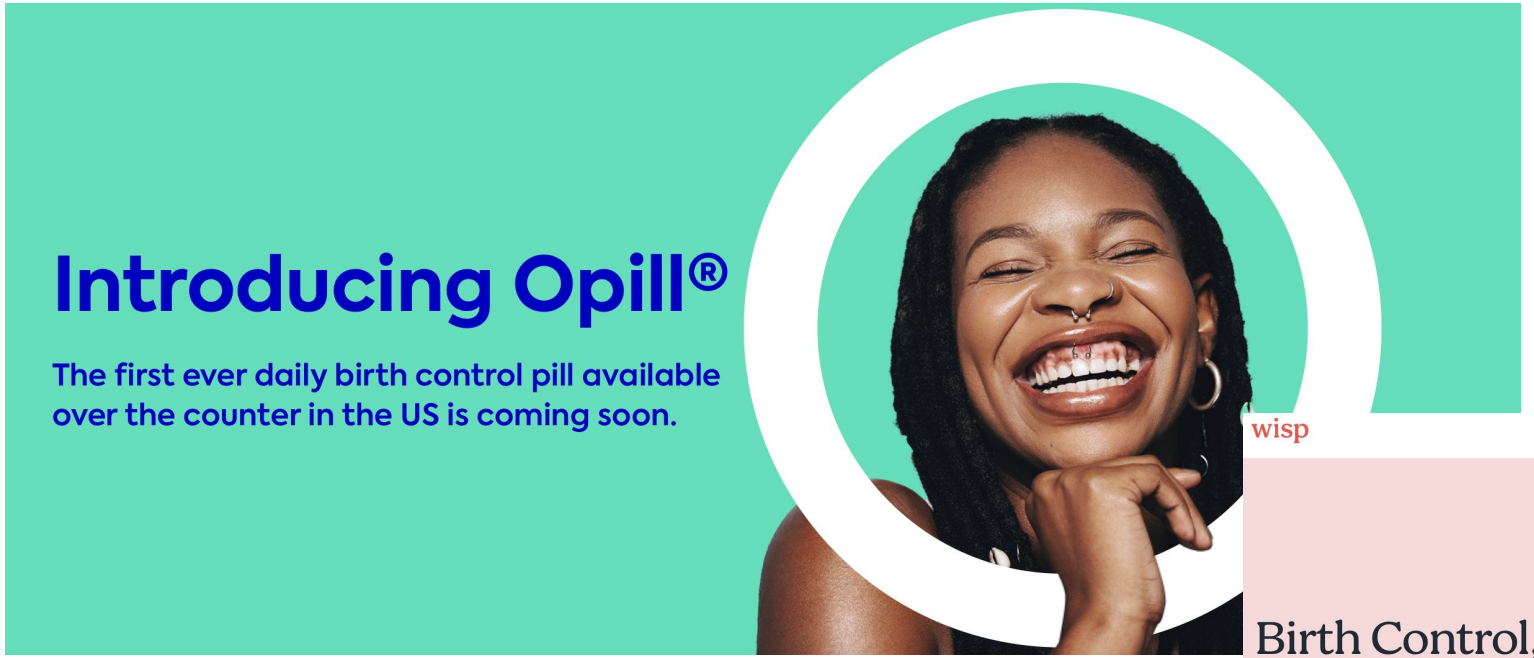
New Mexico

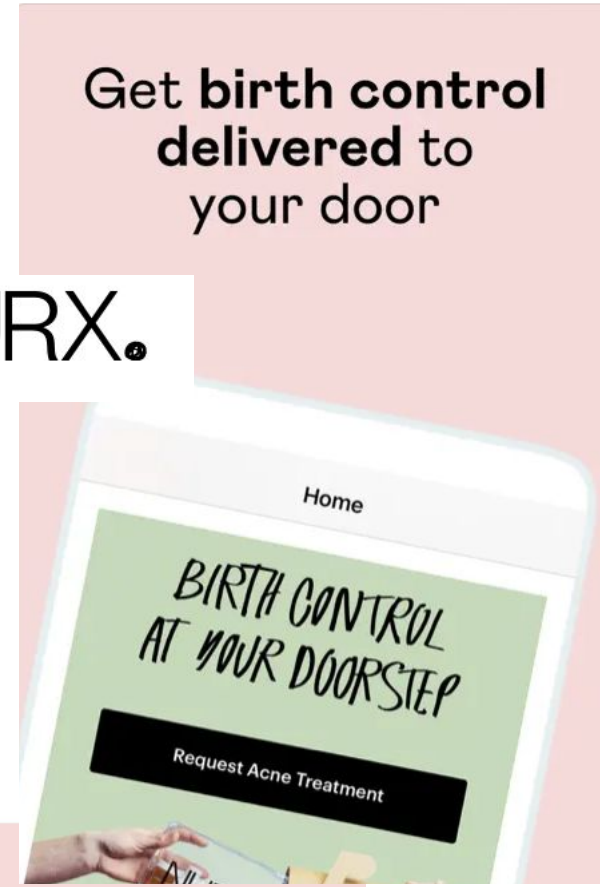


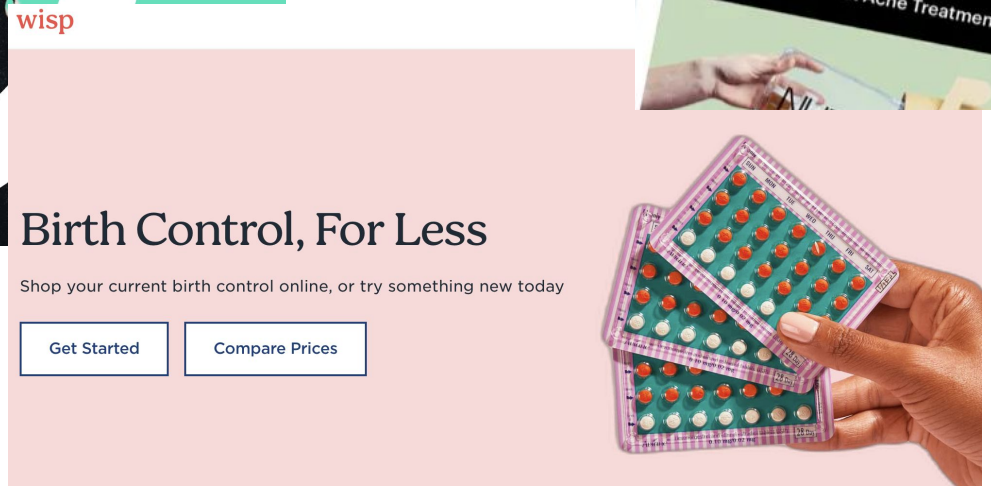
Created with mapchart.net

- 2001 – Pharmacist Prescriptive Authority Act
- 2017 – Act amended to include hormonal contraception through statewide protocol
  - pill, patch, ring, depo-medroxyprogesterone acetate
- 2019 – New Mexico HB89
  - 6-month supply of contraception
- 2020 – New Mexico HB42
  - Reimbursement of pharmacists at same rate as physicians

Access options are expanding







ACOG: Education and Advocacy

ACOG
The American College of Obstetricians and Gynecologists

COMMITTEE STATEMENT

NUMBER 1
February 2022

Patient-Centered Contraceptive Counseling

Committee on Health Care for Underserved Women and Committee on Ethics. This Committee Statement was developed by the American College of Obstetricians and Gynecologists' Committee on Health Care for Underserved Women, Contraceptive Equity Expert Work Group, and Committee on Ethics in collaboration with Melissa Kottke, MD, MPH, MBA; Lisa Goldthwaite, MD, MPH; Kavita Arora, MD, MBE, MS; and Jennifer Villavicencio, MD, MPP.

Contraception can be a fundamental part of an individual's health and wellness. Therefore, contraceptive counseling is an important interaction between patients and obstetrician–gynecologists and other health care practitioners. Counseling is an opportunity to solicit an individual's values, preferences, and insight into what matters most to them as it relates to contraception. However, contraceptive counseling may be subject to undue influence, such as a counselor's personal biases (implicit or explicit), pressure or coercion from a counselor or partner, or even the ideology of the institution at which someone is seeking contraceptive access. Intentional application of a patient-centered reproductive justice framework and use of a shared decision making model is the recommended approach for providing supportive contraceptive counseling and care to help patients to achieve their reproductive goals.

Postpartum Contraceptive Access Initiative

Share | Print

Programs

The ACOG LARC Program's Postpartum Contraceptive Access Initiative (PCAI) is designed to provide clinical and operational support training for immediate postpartum LARC implementation.

News Releases | Jul 13, 2023

Share | Print

ACOG Praises FDA Approval of Over-the-Counter Access to Birth Control Pill

Policy Priorities

2023 Commitment to Policy Action

Share |

Drive Policies to Promote Equity in Health Care Access and Services and Improved Health Outcomes

Get active!

- Visit the ACOG exhibit to learn more about:
  - PCAI: Postpartum contraception access initiative with IPP LARC trainings

	Before PCAI	After PCAI
% of sites offering Liletta immediate postplacental or immediate postpartum	29%	72%
% of sites offering Mirena immediate postplacental or immediate postpartum	42%	83%
% of sites offering Paragard immediate postplacental or immediate postpartum	38%	85%
% of sites offering Nexplanon immediate postplacental or immediate postpartum	52%	88%


NEW MEXICO


HOUSE DEMOCRATS

"… the cases on contraception [and] abortion… present various faces of a single issue: the roles women are to play in society. Are women to have the opportunity to participate in full partnership with men in the nation's social, political, and economic life?"

—Ruth Bader Ginsburg, 1978

Ingredients for women’s equality

“Struggle is a never-ending process. Freedom is never really won; you earn it and win it in every generation”

- Coretta Scott King

Thanks mom!


THE MARCH
CONTINUES
for Equal Rights
SPLC
Southern Poverty Law Center