



Transcript from *Contraception 101: More than Just Pills and Condoms*
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Part 8: Finding the Best Method

Karen Butler-Colbert [*MSN, CRNP Nurse Practitioner*]: There is no perfect birth control and I deal with a population uh, who obviously they're young and immature and so when they come in, it's very interesting. They...They're set on one thing No matter what, it doesn't matter if they are...if they are candidates for it or not, you know, my best friend is using this and I'm gonna use it. And we kind of talk about the different varieties and...and we work around patients, but oftentimes the pill is the most popular of choices providing reasons, they think their best friend's using it. That tends to be the number one reason and number two uh, the cost. The birth control pill where we are because we're a Title X (ten) clinic is less expensive. So we do have all the other options, but the pill kind of seems to be the standard, initial birth control for our patients. And it's funny because the failure rate of patients then coming in, "Well, I forgot to take my pill." A variety, "My mother found my pill" or whatever the case may be, they then come back in and they're willing to talk about the other options that we tried at the first visit to talk about. So what we're finding though is for the, slightly older patients uh, they're more receptive to the variety of options. The op, the pill, the Depo, which I don't know if you mentioned. The Depo-Provera is an injection. It's every three months and similar to all

the other uh, medications that had the progestin in it. There are some side effects that effect the cycle, but it is a three-month injection. So that's a very good alternative and that's every three months. So four times a year you get your birth control. It is a motivation to come in. Every three months you have a two-week window, but it is uh, a very effective for birth control as long as you come in when you're supposed to. Uh, the patch is another one that the patients do like, but there uh, are some side effects that the patients don't like and that one being that uh, they get a little irritation from the actual uh, adhesive. Now you can put it in different locations, but a lot of our patients, especially in summertime only want it where it can't be seen. So they...they do it to themselves once again, you know. This one's a failure rate, but the patch is very good for birth control uh, if they're willing to do that. The ring is one of my favorites to be honest with you and the patients uh, are a little skittish because they have to insert the ring themselves. Uh, what I've done is, which has been quite successful is we put the first ring in, in the office. We are there. We watch them do it and it's kind of this, there's a scare factor. They think that the vagina is the abyss and I was like, "Nothing's gonna get lost in there, guys." And, you know, and...and I'm like, "I'll tell you what. You put it in. See how you do and then you can, you know, and then you'll get very comfortable with this." And that's been a very high success rate. The ring is a little bit more expensive because it's the only, the NuvaRing is the only one in the market, but it is very effective. And once people get comfortable inserting the ring, they are more likely to continue with the ring. Now the IUD uh, as Dr. Espey explained very well uh, is a very good option and years ago it used to be thought that you had to be a mother who had four children and now you didn't want any more children for the next ten years. You had the IUD. Well, that's

not...not the case. You don't have to have children to have an IUD placed so you can be a seventeen-year-old who's never been pregnant and have an IUD placed. Uh, obviously the cost is a main factor and patients are still in this idea, "Well, my mother had an IUD placed and it, she had a horrible experience." That was the Dalkon Shield, years and years ago. So we're trying to encourage the patients to realize, "You know, you're seventeen. Are you planning on having children in the next ten years? And even if you are planning on having children in the next five years, we can remove the IUD, but it's a very effective form of birth control. There are a few side effects and you don't have to worry about it. It's there. You've taken control of your contraception." So the IUD is still not very popular with our younger population and the cost is still restrictive for older populations, but we have been working around that as far as getting contributions from various organizations to um, increase the use of the IUD. Uh, Implanon is...is still very new. The minute we say it's something is being inserted into the arm, the people fall on the floor. They're like, "That's not happening." But we...we still offer it to our patients because we really feel it's a very good form of birth control. Now as far as the patient's perspective on why they choose a...a contraceptive and why they don't choose um, a contraceptive. The birth control pill and the Depo are the most commonly used because they are so well known and they're affordable. Uh, a lot of patients do prefer the Depo because they're...they're convenient. It's very convenient. Uh, word-of-mouth, like I said before, is really the most popular thing with our patients and as long as they are candidates for the birth control, they want to go with what their best friend is using and that's okay with us as long as they are gonna be uh, good users of that particular birth control. Um, we have found that our, we have a large immigrant population and uh,

coming from Central and South America and they are the most receptive to using IUDs, mainly because IUDs are so widely used...widely used in uh, foreign countries as Dr. Cates is going to inform us uh, and it's very interesting. They can get them for free in their countries and a lot of them have had them put in when they were fourteen, fifteen. They're here. They're not twenty-five years old. They want a new one. So it's very interesting to see that that population really wants to continue with the IUD and it's very encouraging actually. Now as far as the non-use issues uh, main thing is the up-front cost, especially for the IUD and what they don't realize is that over time it actually is less expensive than any of the other forms of birth control. But uh, that...that initial dollar amount just, people go running. Now some common myths and concerns which I don't know if any of you ever heard these, but main thing is that people think birth control can cause weight gain. There are some that can cause weight gain, but we tell patients up front and most of them do not cause weight gain. That really is, I tell patients, "You're just, you're trying to find an excuse at that point uh, if you're gaining weight." Uh, also some people think they have to menstruate every month like you had said uh, that isn't the case. But there are lot of people who think that that, it's dirty not to menstruate every month, but it actually is absolutely perfectly healthy not to menstruate every month. Uh, like I said before the NuvaRing and the IUD can get lost into your body and like, "You know, I may blow it out my nose one day." Like you will not blow out the IUD out of your nose. I promise you. Uh, so it's...it's very interesting. Uh, people still think birth control causes infertility. Uh, that is not the case at all. It is short-term uh, contraception. Once it's completed your fertility will return as long as you...you as a person are able to get pregnant. Some people believe birth control causes cancers, but as Dr. Espey had

said, it actually can decrease the risk for ovarian and cervical and uterine cancer. Uh, patients who have not had a baby cannot have an IUD placed, which I had said before. That is not the case. Uh, IUDs can get embedded in the uterus. That is a potential risk that had been so infrequent um, of this happening. Um, people feel IUDs will make you infertile. That will not happen. Uh, a friend had a bad experience with a particular method. That's going to happen to me. Once again, not always the case. Uh, people feel that Plan B, which is the morning-after pill is the same as the abortion pill and uh, will end the pregnancy. That's not the case either. And uh, I've learned that people uh, have tried using Saran Wrap as an alternative to uh, condoms. Uh, well, that's not as effective. Uh, don't do that at home. Uh...uh, you cannot get pregnant for the first time you have intercourse. Uh, many of my patients have learned that is not the case uh, and that certain positions can prevent pregnancy and then people feel that douching after intercourse can also prevent pregnancy; not also the case. So we have just found that uh, we have a captive audience when they come in. We try to educate about all the options because there really are a lot of options and there is no perfect method, but we work with the patients individually and we try to say, "This most likely will work best for you as long as you're comfortable with it. But also kind of realize that there isn't just the pill and just um, Depo. There are many other options." And the more the patients are educated, the more receptive they are to exploring other options. And as long as it is not cost prohibitive they um, we have patients who are will...are willing to try their methods.