

# TYPICAL USE AND PERFECT USE EFFECTIVENESS OF CONTRACEPTIVE METHODS

## Seven approaches to decreasing unintended pregnancy

**1** Use more forgettable methods - or Long Acting Reversible Contraceptives (LARC methods) by carefully explaining their **effectiveness**, assuring easy **access** to them and making them available at low or **no cost**.  
Ref 1-4

**2** Stop making emergency contraceptive pills your only response to a woman seeking emergency contraception. Today the **Copper-T 380a IUD (ParaGard)** is by far the best approach to emergency contraception. Ref 5-7  
Case 1: 15 yo has sex on her parents kingsize bed.

**3** Use the **Quick Start** approach to starting almost all contraceptives. This includes doing tubal sterilization and placement of IUDs and implants immediately following delivery when one of these is the method a woman wants to use.  
Ref 8-11

**4** To improve contraceptive effectiveness, prevent sexual transmitted infections, and prevent tubal occlusion due to silent chlamydia infections, use **condoms** as well as another more effective contraceptive.  
Ref 12-16

Case 2: After tubal sterilization and while taking pills, a woman uses withdrawal followed by a condom. She wonders if she should use emergency contraceptive pills because of the possibility of pre-ejaculate before withdrawal.

**MORE EFFECTIVE**  
Less than 1 pregnancy per 100 women in one year

6 to 12 pregnancies per 100 women in one year

**LESS EFFECTIVE**  
18 or more pregnancies per 100 women in one year



**5** **Vasectomy and tubal sterilization** are excellent options for some couples. Both should be presented as 100% permanent. Use another method for first 3 months after a vasectomy is performed and until there are no motile sperm on 2 semen analyses. When doing tubal sterilization remove fimbria of fallopian tubes to reduce risk for ovarian cancer.

**6** To lower the **9% typical use failure rate of pills** (1 million unintended pregnancies per year), recommend that pills be taken continuously or with just 2 non-hormone days if a woman can tolerate the initial menstrual spotting and irregularity.  
Ref 17-21  
Case 3: Couple decides to have one child only, but then experience a birth control pill failure. What happens next caused their divorce. What happened?

**7** Due to the less than 100% effectiveness of all contraceptives, carelessness, thoughtlessness, excessive use of alcohol, the cost of contraceptives, a small number of pregnancies that threaten the life of the mother, forced sexual intercourse and incest, **safe legal abortions** must be available as a backup to our current contraceptives.  
Case 4: Mother of five, becomes pregnant with IUD. Rats are biting her children. Finds housing that will accept 5 children, but abortion is illegal. What does she do?

James Trussell IN Hatcher; Contraceptive Technology, 20th Edition, 2011 and Adapted from WHO 2007-2013

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Unintended pregnancy: 49% is completely UNacceptable. Robert A. Hatcher, MD, MPH

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# No Woman Can Call Herself Free...



“Women hold up half the sky.” Some would argue that women hold up more than half the sky. For women to be healthy and strong and free and for women to be the best that they can be... well, here were Margaret Sanger’s thoughts in 1920. They are just as true today:

**“No woman can call herself free who does not own and control her body. No woman can call herself free until she can choose consciously whether she will or will not be a mother.”**

*Margaret Sanger, 1920*

Accomplishing the 7 approaches described on the previous pages that could reduce unintended pregnancies involves many women’s rights and women’s justice issues - from rape, incest, physical abuse, and sex education for teenagers, to public support for birth control and this all important questions: Who in a family decides the number of children?

Whether women will be able to choose to use the very best of our modern hormonal contraceptives, the three Long Acting Reversible Contraceptives, and the somewhat less effective hormonal contraceptives, pills, mini-pills, injections, patches and rings, depends on the way in which PREGNANCY and PERSONHOOD are defined. If a woman is deemed to be pregnant as soon as fertilization occurs, then anything that stops the reproductive process after fertilization is defined as an abortion. This would mean that ALL of the modern contraceptives, IUDs, implants, pills, mini-pills, injections, patches and rings, that is, all the contraceptives developed since 1960, would be unavailable for many women because all of these methods occasionally may work after fertilization by blocking implantation. Women using all modern contraceptives would thereby NOT be free to choose consciously whether they will or will not be a mother.

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# MESSAGE: Unintended pregnancy: 49% is completely **UNacceptable**

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**1**

The week my career in family planning began, in **July 1966**, as an Epidemic Intelligence Service officer at the CDC, Dr. Christopher Tietze stressed the importance of contraceptives by noting that **50% of pregnancies in the United States were unintended**. This unfortunate percentage is where we are today... five decades later. **We can do better!**

**2**

**Seven approaches** are outlined on the next two pages. If you want to be part of the solution to the problem of unintended pregnancies, these seven approaches may become part of your medical practice, counseling, teaching or your objectives for the next year. These seven approaches may influence how you want to spend your money and time. For those of you in the reproductive years, these seven approaches may help you avoid an unintended pregnancy.

**3**

**The forgettable methods or Long Acting Reversible Contraceptives (IUDs and implants) are extraordinarily effective.**

In our day to day lives we have only one chance to make a favorable first impression.

A parallel opportunity exists when we try to help a person avoid an unwanted pregnancy. The first sentence out of our mouths must be a message along these lines: **“We are able help you today to avoid an unintended pregnancy by offering you one of the 2 most effective reversible contraceptives ever developed — an intrauterine device or an implant.”**

Dr. Claude Burnett in Athens, GA adorns the walls of health department clinics with posters showing failure rates per 10,000 women in a way that takes the decimal points out of our failure rates. Nexplanon’s failure rate, 5/10,000, is definitely lower than the failure rate of female sterilization, 50/10,000, and in a completely different ballpark than the failure rate of combined pills, 900/10,000.