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Guest Blog: Prevent Teen Pregnancy on a LARC

Posted on [September 27, 2012](#) by [James T. Breeden, MD](#)



— Elisabeth J.
Woodhams,
MD

In my Chicago clinic I see a lot of adolescents, and by extension, I prescribe a *lot* of contraception. Although, by “prescribe contraception” I actually mean “place IUDs and implants,” which, until recently, had been considered a fairly edgy clinical practice in some circles. Imagine my excitement, then, over [ACOG’s latest recommendations](#) from the Committee on Adolescent Health Care and the Long-Acting Contraception Work Group that encourage us to offer these two contraceptive methods as first-line options for sexually active teens.

Family planning specialists have long known that long-acting reversible contraception (LARC) devices are safe for adolescents and are significantly more effective at preventing pregnancy when compared with other forms of short-acting contraception, such as pills, patches, or vaginal rings. In fact, [a recent study](#) found that women using a LARC device were 20 times less likely to experience an unplanned pregnancy than women using short-acting methods. This is hugely important considering that:

- 82% of adolescent pregnancies are unplanned
- 20% of adolescent mothers will experience a second pregnancy within two years of their first pregnancy
- Condoms are the most common method of contraception used by adolescents. While still important for preventing sexually transmitted infections (STIs), they are the least effective contraceptive method for preventing pregnancy.

LARC methods work better than short-acting ones because there's no user error. As I tell my patients, a pack of pills only works if you're actually taking them. Also, the continuation rates are better—in that same study, 86% of adolescents using a LARC device were still using it a year later, compared with 55% of those using a shorter-acting method.

And LARC methods are very safe for adolescents:

- IUD expulsion is uncommon in adolescents
- There is no increased risk of infertility for IUD users
- Any increased risk of pelvic inflammatory diseases (PID) is limited to the first 20 days after insertion of an IUD and is related to infection at the time of insertion rather than the IUD itself. This is another important reason ob-gyns should screen all their patients under 25 for chlamydia and gonorrhea annually.
- IUDs and implants can be placed immediately post-delivery or post-abortion
- IUDs and implants can decrease menstrual blood loss and decrease anemia, a plus for many teens

So make sure LARC methods are at the top of your list when you're counseling adolescent patients. For many teens, LARC devices—combined with condoms for STI prevention—are the best way to ensure they get on the right reproductive track early.

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Keeping It Sexy during Menopause

Posted on [September 20, 2012](#) by [James T. Breeden, MD](#)

While hot flashes typically top a woman's list of menopausal concerns, they are not the only disruptive symptom of menopause. For some women, menopause also brings unpleasant and unexpected sexual changes—such as a decreased sex drive or pain during sex.

It is not uncommon for women to occasionally encounter problems with sex throughout their lifetime. Studies suggest that 35%–45% of women believe they have sexual problems that make sex difficult. While sexual function can be affected by many things, hormone fluctuations are often the culprit. During menopause, loss of estrogen leads to increased vaginal dryness, thinning of vaginal tissue, decreased interest in sex, and more difficulty reaching orgasm. These complications can make sex painful or cause women to avoid intimacy. But here's the good news: menopause is no sentence for a sexless life.