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Contraception Highlights March 2012

This month's featured editorial

ARHP's Annual Reproductive Health Clinical Conference: a laboratory for innovative provider education that can lead to real practice change

Ellen Cohen, David Turok

pages 221-223

What is the best way to develop continuing medical education (CME) programs that help diminish the gap between evidence and practice and that improve provider competence, performance and patient care? Behavioral scientists are zeroing in on some surprising answers that can help us refresh more traditional educational approaches and change the way health care providers learn. We know, for example, that individual knowledge transfer alone is necessary but not sufficient to create practice change and improve competence and patient outcomes. [read more >](#)

Review Article

The benefits and risks of using a levonorgestrel-releasing intrauterine system for contraception

Richdeep S. Gill, Dereck Mok, Matthew Hudson, Xinzhe Shi

pages 224-234

The contraceptive profile of the levonorgestrel-releasing intrauterine system (LNG-IUS; Mirena®) is well established, with efficacy similar to that achieved with sterilization and rapid return to fertility after discontinuation of use. The LNG-IUS is typically associated with transient menstrual disturbance during the first few months of use, but this usually settles with continued use, with a concomitant decrease in menstrual blood loss. Overall, the safety profile of the LNG-IUS has been well established across a wide population of women, and the available data do not suggest that the LNG-IUS adversely affects bone health or increase the risk of adverse cardiovascular events or breast and uterine cancers. This article reviews the literature to provide updated information on the risks and benefits associated with the LNG-IUS, particularly focusing on its use in contraception

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Original research articles

Body weight does not impact pregnancy rates during use of a low-dose extended-regimen 91-day oral contraceptive

Carolyn L. Westhoff, Howard I. Hait, Kathleen Z. Reape

pages 235-239

Background: This study evaluated the impact of weight on efficacy during use of an extended oral contraceptive (OC).

Conclusions: No evidence of any reduction in the level of contraceptive efficacy was observed with this low-dose extended OC regimen in overweight and obese women.

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Immediate versus delayed insertion of the levonorgestrel-releasing intrauterine device following dilation and evacuation: a randomized controlled trial

Heather L. Hohmann, Matthew F. Reeves, Beatrice A. Chen, Lisa K. Perriera

pages 240-245

Background: The study was conducted to compare 6-month usage of the levonorgestrel-releasing intrauterine device (LNG-IUD) when placed immediately or 3 to 6 weeks after dilation and evacuation (D&E) procedure.

Conclusions: Significantly more participants had the LNG-IUD placed in the immediate insertion group compared with the delayed insertion group. Given the low risk of complications, immediate post-D&E insertion of the LNG-IUD should be offered, especially for populations that may have difficulty returning for follow-up.

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Contraceptive vaginal ring treatment of heavy menstrual bleeding: a randomized controlled trial with norethisterone

Hatem Abu Hashim, Waleed Alsherbini, Mohamed Bazeed
pages 246-252

Background: This study compared the efficacy of the contraceptive vaginal ring (CVR; NuvaRing; N.V. Organon, Oss, the Netherlands) and norethisterone for treatment of idiopathic heavy menstrual bleeding (HMB) during the fertile age.

Conclusions: Both the CVR and oral norethisterone are effective treatments for idiopathic HMB. The CVR may be an attractive option especially for those requesting contraception as well.

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Effects of extended regimens of the contraceptive vaginal ring on carbohydrate metabolism

Cristina A.F. Guazzelli, Fernando A. Barreiros, Maria R. Torloni, Marcia Barbieri
pages 253-256

Background: There are few publications on the metabolic effects of extended regimens of the contraceptive vaginal ring. The aim of this study was to assess changes in fasting plasma glucose levels and insulin concentration of women using the contraceptive vaginal ring continuously over a 1-year period.

Conclusion: Fasting plasma glucose concentration, insulin levels and homeostatic model assessment values of women using the vaginal ring on an extended regimen did not change significantly over a 1-year period.

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Interest in using intrauterine contraception when the option of self-removal is provided

Diana Greene Foster, Deborah Karasek, Daniel Grossman, Philip Darney
pages 257-262

Background: The need to ask a clinician to remove an intrauterine contraceptive (IUC) may deter some women from trying the method. There is little risk to a woman who attempts to remove her own IUC.

Conclusions: Informing women that they may safely attempt self-removal of their IUC may increase interest in trying an IUC.

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No sex for science? Formative research on the acceptability and feasibility of a true contraceptive efficacy clinical trial

Amy L. Corneli, Christina Wong, Natalie T. Eley, Monique Peloquin Mueller
pages 263-269

Background: Recruitment challenges and restrictions on intercourse frequency and timing have stymied previous attempts to implement true contraceptive efficacy clinical trials.

Conclusion: Data suggest that a true contraceptive efficacy clinical trial may not be feasible at this time in these settings.

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IUD use in adolescent mothers: retention, failure and reasons for discontinuation

Stephanie B. Teal, Jeanelle Sheeder
pages 270-274

Background: Many professional organizations recommend intrauterine device (IUD) use in adolescents, but data on performance of currently available devices in US teens are scant. We describe IUD continuation, side effect and pregnancy rates in parous adolescents.

Conclusions: Over half of parous adolescents who choose IUDs keep them for at least 1 year. Expulsion rates and pregnancy rates are higher than reported in the general population.

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Intrauterine lidocaine infusion for pain management during outpatient transcervical tubal sterilization: a randomized controlled trial

Michelle M. Isley, Jeffrey T. Jensen, Mark D. Nichols, Amy Lehman
pages 275-281

Background: The study was conducted to examine the effects of a 4% intrauterine lidocaine infusion on patient-perceived pain during transcervical sterilization.

Conclusions: Intrauterine lidocaine prior to outpatient transcervical sterilization does not decrease pain.

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Associations between recent contraceptive use and quality of life among women

Sanithia L. Williams, Sara M. Parisi, Rachel Hess, E. Bimla Schwarz
pages 282-287

Background: Whether contraception affects health-related quality of life (HRQoL) is unclear.

Conclusions: Measures of women's HRQoL differ with contraceptive use.

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Oral contraceptive and progestin-only use correlates to tissue tumor marker expression in women with cervical intraepithelial neoplasia

Raghad Samir, Anna Asplund, Tibor Tot, Gyula Pekar
pages 288-293

Background: The study was conducted to investigate correlations between combined oral contraceptive (COC), any progestin-only contraceptive, medicated intrauterine device (MID) or systemic progestin-only (Syst-P) use and tumor marker expression in cervical intraepithelial neoplasia compared to nonusers.

Conclusions: The study showed molecular alterations, which, in general, have not been studied previously in COC users and have never been studied in progestogen-only users. These biological events might be involved in epidemiological correlations found between hormonal contraceptive use and cervical neoplasms.

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Routine training is not enough: structured training in family planning and abortion improves residents' competency scores and intentions to provide abortion after graduation more than ad hoc training

Laura MacIsaac, Zevidah Vickery

pages 294-298

Background: Abortion provision remains threatened by the paucity of physicians trained to provide them. Lack of training during residency has been cited by obstetrician and gynecologist (ob-gyn) physicians as a reason for not including abortion in their practice.

Conclusions: A structured rotation in family planning and abortion for obstetrics/gynecology residents results in increases in competency and intentions to provide abortion, and an association between the two. In-hospital structured training proved to be superior to ad hoc training in our affiliate institution in improving competency and intention to provide abortion after residency.

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The effect of perioperative ketorolac on pain control in pregnancy termination

Natalie E. Roche, Dongchen Li, Denise James, Adam Fechner

pages 299-303

Background: The study was conducted to evaluate the effect of perioperative ketorolac on pain associated with first-trimester aspiration abortion.

Conclusions: Perioperative ketorolac has the same effect on postoperative pain as determined by VAS as placebo. The use of ketorolac at the 30-mg dose cannot be recommended for better pain control for patients undergoing first-trimester pregnancy termination by suction curettage. The only positive effect of the use of ketorolac compared to placebo was a reduction in the use of acetaminophen. Ketorolac use does not appear to change blood loss in the operating room or through postoperative day 1 compared to placebo.

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Abortion practice in Mexico: a survey of health care providers

Ila Dayananda, Dilys Walker, Erika E. Atienzo, Sadia Haider

pages 304-310

Background: Little is known about abortion practice in Mexico postlegalization of abortion in Mexico City in 2007.

Conclusions: Given the interest in learning to provide safe abortion services and the prevalent use of ineffective medical abortion regimens and sharp curettage, abortion training in Mexico should be strengthened.

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This month's commentary

Reproductive Health 2011 module summaries

pages 311-315

Ellen Cohen

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Reproductive Health 2011 Conference Abstracts

The abstracts presented at *Reproductive Health 2011* are published in this issue of *Contraception*. [Log in](#) to access the 48 abstracts that were carefully selected by the Abstract Review Committee. Make plans to attend [Reproductive Health 2012](#) September 20-22 to get the latest in reproductive health research and meet the top researchers in the field.

Letters to the Editor

Correspondence

Victoria Jennings, Irit Sinai

pages 331-332

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Reply to Jennings and Sinai

James Trussell

pages 332-333

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