Contraception in Patients with Rheumatic Disease

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KEYWORDS

- Contraception • Birth control pill • Intrauterine device
- Long-acting reversible contraception • Systemic lupus erythematosus
- Antiphospholipid syndrome

KEY POINTS

- Contraception is an important area of reproductive health for patients with rheumatic diseases given the potential pregnancy risks associated with active disease, teratogenic medications, and severe disease-related damage.
- Long-acting reversible contraceptives, such as intrauterine devices and progestin implants, are most effective and should be encouraged even for nulliparous or adolescent patients who do not have contraindications.
- Antiphospholipid-negative patients with stable systemic lupus erythematosus may use oral combined contraceptives.
- Antiphospholipid-positive patients, or patients with rheumatic disease with other risk factors for thrombosis, should not use estrogen-containing contraceptives.
- Contraceptive methods should be discussed by both the rheumatologist and gynecologist to determine the safest, most effective, and most convenient form for each individual patient.

INTRODUCTION

Counseling patients to plan for pregnancy is an important aspect of care for reproductive-aged patients, especially in the presence of active rheumatic disease, teratogenic medications, or severe disease-related damage. Prepregnancy planning may promote optimal pregnancy outcomes for patients with rheumatic disease, but minimizing unplanned pregnancies relies on the critical assumption that patients use safe and effective contraception. As a result, a basic knowledge of currently available contraceptive methods is essential for both rheumatologists and patients with rheumatic disease.

Effective Contraception

Effectiveness of contraceptive methods varies widely, and counseling for patients must include both the necessity of contraceptive use and also guidance on the safest, most effective methods for that particular patient. Effectiveness is reported

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in 2 ways: as perfect use (ie, when used exactly as prescribed), and typical use, reflecting real-world use. Perfect use and typical use effectiveness are closest for those methods not directly related to the act of intercourse, and are nearly identical for long-acting reversible contraceptives (LARC) that require no effort on the part of the patient, such as the intrauterine device (IUD) and subdermal implant.[1]

Reversible contraception includes barrier methods, IUDs, and various forms of hormonal contraceptives. Natural or fertility awareness methods are least effective and are not recommended for patients with rheumatic disease for whom unintended pregnancy may have adverse health consequences. Effectiveness rates for commonly used contraceptive methods are summarized in Table 1.

LARC methods are clearly most effective: a prospective study of 9256 women showed superior efficacy of LARC (IUD or implant) compared with other contraceptives (including oral contraceptive pills, patch, and vaginal ring). The contraceptive failure rate was 4.55 (per 100 participant-years) for oral, patch, and vaginal ring contraceptives versus 0.27 (per 100 participant-years) for LARC methods.[2] Despite the demonstrated greater efficacy for LARC, the most common contraceptive methods used by women of child-bearing age in the United States are the combined oral contraceptive pill (27%) and female sterilization (28%). Rate of IUD use is about 7%.[3,4]

UNDERUSE OF EFFECTIVE CONTRACEPTION

Effective contraceptive methods are underused by patients with rheumatic disease. In general, patients with rheumatic disease at risk for unplanned pregnancy do not consistently use contraception, and, when they do, they often use a less effective method (usually condoms).

Table 1
Perfect use and typical use effectiveness for contraceptive methods

	Effectiveness (%)[a]	
Method	**Perfect Use**	**Typical Use**
None	85	85
Barrier Methods:		
Condom	2	15
Diaphragm	6	16
IUDs:		
Copper IUD	0.6	0.8
LNG-IUD	0.2	0.2
Progesterone Only:		
Progesterone pill	0.5	8
Etonogestrel implant	0.05	0.05
DMPA IM	0.3	3
Combined Hormonal Contraceptives:		
Oral	0.3	9
Transdermal patch	0.3	9
Vaginal ring	0.3	9

Abbreviations: DMPA, depot medroxyprogesterone acetate; IM, intramuscular; LNG, levonorgestrel.
[a] Percentage of women experiencing pregnancy during first year of use.
Adapted from Centers for Disease Control and Prevention (CDC). U.S. medical eligibility criteria for contraceptive use, 2010. MMWR Recomm Rep 2010;59(RR–4):1–86.

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