Contraceptive Options for Adolescents

Contraceptive Method Effectiveness	Safety, Appropriateness, and Special Considerations for the Adolescent Client	Counseling Issues
Low-Dose Combined Oral Contraceptives (COCs) *Typical Use Effectiveness:* 6-8 pregnancies per 100 women in first year of use. *Correct and Consistent Use:* 0.1 pregnancies per 100 women in the first year of use.	Yes, low-dose COCs are appropriate and safe for adolescents. Many adolescents choose a COC because of low failure rate, the relief from dysmenorrhea, and the ease of using a method that is not directly related to intercourse. COCs may be used in sexually active adolescents before onset of menses. Selection of a particular COC depends on cost, availability, and the needs of the client. Some pills are more estrogen dominant and others are more progestin dominant. A COC with more progestin is helpful in adolescent clients with dysmenorrhea, hypermenorrhea, previous breakthrough bleeding, and/or dysfunctional uterine bleeding. A client with previous nausea or vomiting on COCs may benefit from using a very low-dose estrogen pill with 20 mcg ethinyl estradiol. COCs may be beneficial for adolescents who have Premenstrual Syndrome (PMS), endometriosis, acne, or for adolescents with hypoestrogenism due to eating disorders and excessive exercise. Failure rates are higher for adolescents than for all	The most important counseling issue with adolescents is to make sure they understand the necessity of taking pills correctly. Show the client the pill packet and explain how to take the pills. The client should: Take the first pill on the first day of her period or on any of the next four days. Take one pill every day, at the same time of day. After finishing one packet, take the first pill in the next packet on the next day if the client has a 28-day packet. If the client has a 21-day packet, she should wait seven days and then begin the next packet. Explain to the client that if she forgets to take her pills, she may become pregnant. If she forgets to take her pills, she should do the following: If she misses one pill, the client should take it as soon as she remembers. Take the next one at the regular time. If she misses two pills, the client should take two pills as soon as she remembers. She should take two pills the next day, and use a backup method for the next week. The client should finish the packet normally.

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	other ages. Failure to take pills regularly is often due to lack of knowledge or confusion about pill taking. Providers should encourage condom use in addition to COCs for STI/HIV protection. Help adolescents figure out where to keep pills and how to remember to take them at the same time daily by linking pill taking to a routine activity such as brushing teeth. COCs are available in 21-day or 28-day packages. Most adolescents do better using the 28-day pill because it is easier to remember taking a pill every day rather than stopping for 7 days. Discuss when to start taking the pill carefully with adolescents so that you both are clear about when she began taking the pills. This will make it easier to determine later whether the pills are being taken correctly.	If she misses more than two pills, the client should throw away the packet, and start a new one, and use a back-up method for the next week. Review possible side effects. Side effects, especially breakthrough bleeding, are common in the first few cycles. Occasionally, women may experience nausea, weight gain, breast tenderness, headaches, unexpected bleeding or spotting, depression, or dizziness. These side effects usually settle over time. Encourage the adolescent to persevere and return if the side effects remain troublesome. Review the reasons why she should return to the care provider: Chest pain or shortness of breath. Severe headaches (with blurred vision). Swelling or severe pain in one leg. Tell the client to return anytime she has a problem and in time for re-supply. Have the client repeat this information.
Progestin-Only Pills (POPs) *Typical Use Effectiveness for Breastfeeding Women:* 1 pregnancy per 100 women in first year of use.	Yes, POPs are appropriate and safe for adolescents. But, POPs must be taken daily at approximately the same time every day to be effective in preventing pregnancy because the progestin levels in the blood peak about 2 hours after they are taken	Show the client the pill packet and explain how to take the pills. She should: Take the first pill on the first day of her period or on any of the next four days. Take one pill every day, at the same time of day. Take the pills non-stop, from one packet to another.

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Typical Use Effectiveness for Non-Breastfeeding Women: 5 pregnancies per 100 women in first year of use. *Correct and Consistent Use:* 0.5 pregnancies per 100 women in the first year of use.	and then rapidly decline. If a client is 3 hours late taking the pill, she should use a back-up form of contraception. POPs may not be the best choice for adolescents who cannot remember to take POPs at the same time every day. POPs are a choice for adolescents who cannot tolerate the estrogen in COCs or have a medical contraindication to the use of COCs. If a client is switching from a COC to a POP, they should start taking the POP at the end of the active 21 COC tablets. Because POPs do not protect against STIs/HIV, providers should encourage condom use in addition to POPs.	**Do not miss a day.** Explain what the client should do if she misses taking one POP: Take it as soon as she remembers. Continue taking the next pill at the usual time and use a backup method for the next 7 days. Then continue taking the pills as usual. Explain what the client should do if she misses 2 or more POPs. She should: Take 2 pills as soon as she remembers. Take 2 pills on the next day. Use a backup method for the next 7 days. Then continue taking the pills as usual. Review possible side effects. Women not breastfeeding may have a change in menstrual periods. Most breastfeeding women have no side effects. Occasionally, women may experience breast tenderness or headaches. Review the reasons why she should return to the care provider: If she thinks she might be pregnant. If she has abdominal pain, breast tenderness, or fainting. Tell the client to return anytime she has any worries or a problem and in time for resupply.

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		Have the client repeat this information.
Depo-Provera (DMPA) Injectable Contraceptive *Typical Use Effectiveness:* 0.3 pregnancies per 100 women in first year of use. *Correct and Consistent Use:* 0.3 pregnancies per 100 women in the first year of use.	Yes, DMPA is safe and appropriate for adolescents. It is a good method for adolescents who have difficulty remembering when to take oral contraceptives. Since it may be difficult for adolescents to remember to return at regular intervals it may be helpful to use a reminder system that encourages clients to return 12 weeks after the previous injection. This allows for a 2 week "grace period" where the injection can still be given up to 14 weeks without fear of pregnancy. DMPA does not protect against STIs/HIV; therefore providers should encourage condom use as well.	Show the client the vial of DMPA. Explain the use of DMPA. DMPA is given by injection every three months. The client should never be more than two weeks late for her repeat injection. If the client knows that she may not be able to come at the appointed time, she may come up to four weeks early. The injection will take effect immediately if it is given between day one and day seven of her menstrual cycle. If the injection is given after day seven of her cycle, a back-up method should be used for 24 hours. Review possible side effects. Most women initially experience irregular spotting or prolonged light to moderate bleeding. Later bleeding is likely to be lighter, less frequent, or stop altogether. Some women also experience weight gain or headaches. Review the reasons why she should return to the care provider: Heavy vaginal bleeding. Excessive weight gain. Headaches.

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		Tell the client to return anytime she has a problem and in time for her next injection. Have the client repeat this information.
Implants *Effectiveness:* 0.1 pregnancies per 100 women in the first year of use. A small risk of pregnancy remains beyond the first year of use and continues as long as the adolescent is using the implant: Over 5 years of Jadelle or Sino-plant use: About 1 pregnancy per 100 women Over 3 years of Implanon or Nexplanon use: Less than 1 pregnancy per 100 women	Yes, Implants are safe and appropriate for adolescents. The main reason for discontinuation of Implants is menstrual problems, especially irregular bleeding. Counseling is essential because adolescents must be prepared for irregular bleeding and must make plans about how they and their partner will react to the irregular bleeding. Although the overall days of bleeding may increase, the total blood loss is often less and rarely results in anemia. After removal of Implants, fertility returns rapidly. Studies done on Implants use by adolescents found side effects similar to those of older women and similar continuation rates. Continuation rates for adolescents using Implants were higher than those for adolescents using Pills or DMPA. Adolescents who select this method are most likely to want 3-5 years of contraceptive protection, have often experienced failure of other methods, can tolerate a small surgical procedure, and	Show the client the Implant rods. Explain how Implants work and how they are used. When the Implant rods are inserted the client should: Keep the insertion area dry for 4 days. She can take the gauze off after 2 days and the adhesive bandage after 5 days. Her arm may be sore for a few days. There might be some bruising or swelling. Return to the clinic if she has any concerns. If possible, give the client a card that tells her the date of Implants insertion, where to go if she has questions or problems and when she should have Implants removed. Give advice on common side effects such as weight gain, skin disorders, and changes in menstrual bleeding including spotting, bleeding between periods, or amenorrhea. Explain that some of these are common and not harmful. Describe symptoms of serious problems that require

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	have access to services. Adolescents may be concerned about the Implants rods being visible under the skin. They are afraid others may see them and know they are sexually active. Programs must ensure that adolescents have access to services to remove Implants whenever an adolescent needs or wants removal. Implants does not protect against STIs/HIV, therefore providers should encourage condom use as well.	medical attention. Explain that she should return to the clinic if she thinks she might be pregnant, has severe pain in her lower abdomen, infection at the insertion site, very heavy menstrual bleeding (twice as much or twice as long as usual), very bad headaches that start or become worse after she begins using Implants, or if skin or eyes become unusually yellow. It is especially important for adolescents that there are facilities where subdermal implants can be removed whenever the client requests.
IUDs (TCu 380A) *Typical Use Effectiveness:* 0.8 pregnancies per 100 women in the first year of use. *Correct and Consistent Use:* 0.6 pregnancies per 100 women in the first year of use.	Yes, IUDs are appropriate for adolescents in stable, mutually monogamous relationships. Women under the age of 20 who have not given birth appear to have greater risks for expulsions and painful menses. Careful screening for STIs before insertion is important. Where STI incidence is high among adolescents other contraceptives that have a protective effect against STIs may be a better option.	Show the client the IUD and explain how it is inserted. Explain to the client how to check for the strings. Review possible side effects. Side effects of IUD use may include: cramping and some pain during and immediately after insertion, heavier and longer menstrual flow for the first few months, increased vaginal discharge, and possible infection. Heavier and longer bleeding is normal and expected, especially in the first few months. Bleeding usually decreases during the first and second years of IUD use. Explain the warning signs of potential complications: Abnormal bleeding.

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		Abnormal discharge. Pain (abdominal or pain with intercourse). Fever. Strings missing, shorter, or longer. Tell the client to return any time she has a problem. Remind her that the IUD can stay in for up to 10 years. Have the client repeat this information.
Male Condoms *Typical Use Effectiveness:* 14 pregnancies per 100 women in the first year of use. *Correct and Consistent Use:* 3 pregnancies per 100 women in the first year of use. Adolescents who use condoms correctly every time can reduce their risk of STIs to a very low level.	Yes, condoms are safe and appropriate for adolescents. Because they are available without a prescription and provide protection against STIs/HIV, they are a good method for adolescents. Behavior change towards condom use among adolescents requires skill development and practice in learning how to use condoms correctly, empowering female adolescents, overcoming cultural barriers, and peer support. Adolescent girls frequently are not assertive about the use of condoms when their partner rejects the idea. Providers should give adolescents ideas about how to negotiate condom use. Cultural barriers and the realistic extent of possible change	Show the client the condom and explain how to use it. She should: Open the package carefully so the condom doesn't tear. Not unroll the condom before putting it on. Place the unrolled condom on the tip of the hard penis. Hold the tip of the condom with the thumb and forefinger. Unroll the condom until it covers the penis. Leave enough space at the tip of the condom for the semen. After ejaculation, hold the rim of the condom and pull the penis out of the vagina before it becomes soft. Explain about the care of condoms. Don't apply oil-based lubricants (like baby oil, cooking oil, petroleum jelly/Vaseline, or cold cream) because they can destroy the condom. It is safe to use contraceptive

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	need to be understood. Condoms provide significant protection against STIs/HIV. Condoms may be lubricated or unlubricated. In most areas of the world lubricated condoms are preferred by most adolescents.	foam or jelly, clean water, saliva, or water-based lubricants. Store condoms in a cool, dry place. Don't carry them near the body because heat can destroy them. Use each condom only once. Don't use a condom if the package is broken or if the condom is dry or sticky or the color has changed. Take care to dispose of used condoms properly. Review possible side effects. Most men and women have no side effects. Occasionally men or women can be allergic to condoms or spermicides. If itching, burning, or swelling develop, the client(s) should return to the clinic to discuss another method. Tell the client to return to the clinic: Any time there is a problem. In time for re-supply. If either partner is unhappy with the method. If either partner thinks she or he may have been exposed to an STI. Have the client repeat the instructions.
Female Condoms	Yes, female condoms are appropriate for adolescents. Users of female condoms are more likely to be successful when they	After an adolescent client has decided to use female condoms, demonstrate how to use a female condom and allow clients to

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	receive thorough counseling. When counseling adolescents about condoms, providers should explain their characteristics, including dual protection and effectiveness. It is also important to respond to and correct any misconceptions, myths or fears about condoms that the adolescent client expresses.	practice using a model or other item. Emphasize the importance of consistent and correct use. Clear and practical information on how to avoid common mistakes in use and how to get more supplies is also essential. Advise clients that emergency contraceptive pills (ECPs) may be available in case a condom slips or breaks or was used incorrectly. Give clients ECPs in advance if possible, or advise them where to go for ECPs. Because partner communication and cooperation is required for effective use of condoms, explore partner negotiation techniques as needed. If culturally appropriate, it is also helpful to talk to clients about how to make the use of condoms a part of sexual activities.
Lactational Amenorrhea Method (LAM) *Typical Use Effectiveness:* 2 pregnancies per 100 women in the first 6 months after childbirth. *Correct and Consistent Use:* 0.5 pregnancies per 100 women in the first 6 months after childbirth.	Yes, LAM is appropriate for any young woman who is under 6 months postpartum, fully or nearly fully breastfeeding, and amenorrheic. This method may be difficult for adolescents unless they have a stable lifestyle that is conducive to frequent breastfeeding. The LAM method does not provide protection against STIs/HIV; therefore providers should encourage condom use as well.	Ask the client these 3 important questions: Have your menses returned? Are you regularly giving the baby much other food besides breast milk or allowing long periods without breastfeeding, either day or night? Is your baby more than 6 months old? If the answer to all of these questions is “no,” then the client can use LAM. Her chance of pregnancy is only 1% to 2% but she can also choose a complimentary form of family planning at any time. It is important to remember that if the answer to any of the questions is “yes,” then she is at risk of getting

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		pregnant and needs another method of family planning if she doesn't want to become pregnant. Breastfeeding is most effective if the client does the following: Breastfeeds on demand, day and night. Feeds from both breasts. Avoids intervals of more than four hours between any daytime feeds and more than six hours between any nighttime feeds. Breastfeeds fully or nearly fully for about six months. When introducing supplemental feeds, breastfeeds first and then give the feed. Doesn't use pacifiers, nipples, or bottles. Expresses breastmilk if separated from the baby. Tries to eat healthy foods and drink plenty of water. Continues breastfeeding as long as possible (2 years or beyond). It isn't necessary to give the baby water or teas. However, if the baby seems thirsty she should drink more water. The client must stop using LAM as her only form of contraception if: Her baby reaches 6 months of age. She is having menstrual bleeding. She begins giving the baby supplemental foods.

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Standard Days Method Effectiveness: 5 pregnancies per 100 women over the first year of use	Menstrual cycle irregularities are common in young women in the first several years after their first monthly bleeding. Identifying the fertile time may be difficult, so SDM may not be the best method for adolescent clients. The Standard Days Method (SDM) and other fertility awareness methods require partners' cooperation. Couples must be committed to abstaining or using another method on fertile days. Couples must keep track of the days according to SDM rules. There are no side effects or health risks with SDM. SDM does not provide protection against STIs or HIV/AIDS	Couples using SDM identify the woman's fertile time using CycleBeads® or a paper-based version of SDM. SDM identifies days 8 through 19 as the fertile days of the cycle for most women—those who have menstrual cycles between 26 and 32 days long. To prevent pregnancy couples use barrier methods or abstain from intercourse during those fertile days. CycleBeads® or the paper version of CycleBeads® represent the menstrual cycle There are 32 beads, each representing a day of the cycle The red bead represents the first day of menstruation – which also is the first day of the cycle The brown beads represent when pregnancy is very unlikely The white beads represent fertile days when a woman can get pregnant A moveable rubber ring is used to mark each day The cylinder, with an arrow, indicates the direction in which the ring should be moved The darker brown bead helps you know if your period came on time.
Male Sterilization **Vasectomy Sterilization:** *Typical Use Effectiveness:* 0.15 pregnancies caused per 100 men in the first year after the procedure.	While there is no medical reason to deny sterilization, it is generally not recommended for people at the beginning of their childbearing years. However, there may be mitigating circumstances, such as HIV or the presence of some genetic diseases,	Discuss the client's decision to be sterilized. How long has he considered it? Has he discussed it with his wife or partner? How would he feel if circumstances change in his life such as divorce or death of a child or spouse? Does he understand that the method is permanent? Give the client instructions before the procedure. He should:

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Correct and Consistent Use. Correct use means using condoms or another effective family planning method consistently for the first 20 ejaculations or for 3 months after the procedure.	where youth may wish to discuss sterilization. Low parity and young age are risk factors for regret. Vasectomy does not provide protection against STIs/HIV.	Eat a light breakfast the morning of the procedure. Bathe the day of the surgery and wear clean clothes. Empty bowels the morning of surgery and urinate just before the procedure. Ask someone to accompany client home after the procedure. Give the client instructions after the procedure. He should: Rest for a day or two. Not lift anything heavy or do heavy work for one week after the procedure. Take all of the medicine given at the clinic. Keep the incision clean and dry. May bathe after 24 hours. May notice bruising in the area of the stitches, this is normal. The stitches will dissolve and don't have to be removed (**Note:** These instructions must be modified if non-absorbable sutures are used or no sutures at all). Avoid intercourse for 2-3 days and then use condoms for 20 ejaculations. Review possible side effects. Return immediately to the doctor or clinic if there is fever, bleeding, or pus from the incision, dizziness, excessive scrotal pain which persists or gets worse, or excessive swelling of the scrotum. **Note:** If semen analysis is available, offer to have sperm analyzed after 15-20 ejaculations.

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Female Sterilization *Typical Use Effectiveness:* In the first year after the procedure: 0.5 pregnancies per 100 women (1 in every 200 women). Within 10 years after the procedure: 1.8 pregnancies per 100 women (1 in every 55 women). Effectiveness depends partly on how the tubes are blocked, but all pregnancy rates are low. *Correct and Consistent Use:* In the first year after the procedure: 0.5 pregnancies per 100 women (1 in every 200 women). Within 10 years after the procedure: 1.8 pregnancies per 100 women (1 in every 55 women).	While there is no medical reason to deny sterilization, it is generally not recommended for people at the beginning of their childbearing years. However, there may be mitigating circumstances, such as HIV or the presence of some genetic diseases, where youth may wish to discuss sterilization. Low parity and young age are risk factors for regret. Sterilization does not provide protection against STIs/HIV.	Discuss the client's decision to be sterilized. How long has she considered it? Has she discussed it with her husband or partner? How would she feel if circumstances change in her life, such as divorce or death of a child or spouse? Does she understand that the method is permanent? Give the client instructions before the procedure. She should: Not eat or drink anything after midnight the night before the surgery. Bathe the day of surgery and wear clean clothes. Ask someone to bring her home after the procedure. Ask a friend or family member to care for her children, if applicable. Not wear jewelry, nail polish, or hairpins. Give the client instructions after the procedure. She should: Rest for a day or two. Not lift anything heavy or do heavy work for one week after the procedure. Keep the incision clean and dry. May bathe after 24 hours. Expect to feel a little pain in the lower abdomen. May notice bruising or discoloration in the area of the procedure, this is normal. Return to the clinic in one week to have the stitches

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		removed (Note: The instructions should be modified where absorbable sutures are used). Review possible side effects. Return immediately to the clinic if client experiences fever, bleeding, pus from the incision, or abdominal pain that doesn't go away or gets worse.
Emergency Contraceptive Pills (ECPs) The LNG-only regimen reduces the risk of pregnancy by about 85% after a single act of intercourse. The Yuzpe regimen reduces the risk by about 74%.	Emergency contraceptive pills should be available to adolescents who have unprotected sex. The earlier ECPs are taken after unprotected sex, the greater the chances are that they will be effective. ECPs can be provided in advance to adolescents, but they should be counseled that ECPs are **for emergency use only.** ECPs do not provide protection against STIs/HIV.	Show the client the pills and explain how to use them. She should: Swallow the first dose as soon as convenient, but no later than 72 hours after having unprotected sex. Swallow the second dose 12 hours after the first dose. Important: if more than 72 hours have passed since client had unprotected sex do not use ECPs. If client vomits within two hours of taking a dose, she should take two tablets as soon as possible. If the vomiting occurs after the first dose, client will still need to take a second dose 12 hours later (provider can give client extra pills). To reduce nausea, take the tablets after eating or before bed. Instruct the client not to take any extra emergency contraceptive pills unless vomiting occurs. More pills will not decrease the risk of pregnancy further. **Important:** If more than 72 hours have passed since client

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		had unprotected sex, do not use ECPs. Review possible side effects. ECPs often cause temporary side effects such as nausea and vomiting. Sometimes they can cause headaches, dizziness, cramping, or breast tenderness. These side effects generally do not last more than 24 hours. Review what to expect after using ECPs. Women will not see any immediate signs showing whether the ECPs worked. The menstrual period should come on time (or a few days early or late). Tell the client that if her period is more than a week later than expected, or if she has any cause for concern, she should return to the clinic. Instruct the client to return to the clinic when she has her period if she wishes to use a contraceptive method to prevent future pregnancies. Have the client repeat this information.
Abstinence Effectiveness rates are not available.	Abstinence is appropriate for young people who have not yet begun sexual activity, as well as those who are already sexually experienced. There may be emotional or social advantages to delaying sexual intercourse until youth	Pregnancy will not occur if close contact between the penis and vagina does not take place. The risk of some (but not all) STIs, including HIV, is avoided if youth do not engage in vaginal, anal, or oral sex. Intimate skin to skin genital contact may transmit

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	are older, more mature, or married. Abstinence provides protection against some, but not all, STIs.	some STIs, including herpes, genital warts and syphilis. Discuss ways to handle peer and partner pressure to engage in sexual activity.