Misperceptions About Contraceptives Persist

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CALGARY, ALTA. — Physicians may have a surprising number of misconceptions about birth control, according to recent responses to a survey by 96 family physicians in Kingston, Ont.

Contrary to evidence in the medical literature, more than 60% of respondents thought pelvic inflammatory disease and ectopic pregnancy were major risks of intrauterine device use; 50% thought IUD failure was a major risk; and fewer than one-third would recommend an IUD as an option for nulliparous women, for postcoital contraception, for women with fibroids, or for women who had pelvic inflammatory disease within the last year (Can. Fam. Physician 2008;54:560-6).

"Only 41% of these physicians inserted IUDs," Dr. Amanda Black said at the annual meeting of the Society of Obstetricians and Gynaecologists of Canada (SOGC). There may be inadequate instruction with regard to contraception in physician-training programs, she said. "Not everybody does IUD insertions, subdermal progestin implant, or vasectomy."

Other barriers to effective contraceptive use include exaggerated concerns about potential side effects. For example, women with diabetes may use oral contraceptives if they have no end-organ damage, said Dr. Black of the division of general obstetrics and gynecology at the Ottawa Hospital. Oral contraceptives are also safe in women older than age 35 if they are healthy nonsmokers, and in women with systemic lupus erythematosus provided they have no antiphospholipid antibodies, vascular disease, or nephritis.

Another common exaggerated concern is that the use of oral and transdermal patch contraceptives cause weight gain. However, a recent Cochrane systematic review of randomized, controlled data concluded that there is no association between oral contraceptives or transdermal contraceptives and weight gain (Cochrane Database Syst. Rev. 2006 Jan. 25 [doi:10.1002/14651858.CD003987.pub2]).

Restrictive and inaccurate product labeling can also play a role in fueling misperceptions. For example, in product packaging for oral contraceptives, risks "are described for an entire class of drugs and don't reflect potential differences in products," Dr. Black said. "They don't reflect the gradual reduction of estrogen dose since the introduction of oral contraceptives."

And although breastfeeding is listed under precautions in oral contraceptive packaging "no high-level evidence demonstrates a harmful impact of oral contraceptives on breastfeeding."

Compliance with contraceptive use is another matter of concern. According to the book "Contraceptive Technology" (New York: Ardent Media, 2007), 32% of women discontinue use of the birth control pill after 1 year, whereas 44% discontinue use of depot medroxyprogesterone acetate, and 20% discontinue use of intrauterine devices.

"One of the things we don't do well in is contraceptive counseling," said Dr. Black, also of the department of obstetrics and gynecology at the University of Ottawa. "Discontinuation of all of the methods is pretty high at 1 year. But we also know that higher continuation rates are associated with good contraceptive care, the availability of a patient's method of choice, access to follow-up care to discuss ongoing concerns, and receiving information from health care providers about the noncontraceptive benefits of contraception."

In an effort to improve professional and public education on contraception and related sexual health issues, the SOGC launched the Contraception Awareness Program in 1999, in partnership with Wyeth-Ayerst Laboratories, Janssen-Ortho Inc., Organon Canada Ltd., and Berlex (now a part of Bayer Inc.).

The "three pillars" of the program are freedom from unplanned pregnancy, freedom from sexually transmitted infections, and freedom from sexual coercion, abuse, and dysfunction. Initiatives have included school-based programs featuring visits by health professionals, and public education campaigns that include lectures, public service announcements, and brochures.

Part of the program's work involved launching a popular Web site that contains up-to-date information and education on sexual health for adults, teachers, parents, and health professionals (www.sexualityandu.ca).

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