TABLE 70-3 COMPARISON OF LONG-ACTING, REVERSIBLE CONTRACEPTION METHODS

METHOD	*PERCENTAGE OF WOMEN WITH AN UNINTENDED PREGNANCY DURING FIRST YEAR OF USE*		PERCENTAGE OF WOMEN CONTINUING USE AT 1 YEAR[‡]
	Typical Use[*]	*Perfect Use*[†]	
No method[§]	85	85	
Spermicides[‖]	29	18	42
Withdrawal	27	4	43
Fertility awareness–based methods	25		51
Standard days method[¶]		5	
Two-day method[¶]		4	
Ovulation method[¶]		3	
Sponge			
Parous women	32	20	46
Nulliparous women	16	9	57
Diaphragm[#]	16	6	57
Condom[**]			
Female (Reality)	21	5	49
Male	15	2	53
Combined pill and progestin-only pill	8	0.3	68
Evra patch	8	0.3	68
NuvaRing	8	0.3	68
Depo-Provera	3	0.3	56
Intrauterine device (IUD)			
ParaGard (copper T)	0.8	0.6	78
Mirena (levonorgestrel intrauterine system)	0.2	0.2	80
Implanor	0.05	0.05	84
Female sterilization	0.5	0.5	100
Male sterilization	0.15	0.10	100
Emergency contraceptive pills	Use within 72 hr after unprotected intercourse reduces risk of pregnancy ≥75%.[††]		
Lactational amenorrhea method	Highly effective, temporary method of contraception[‡‡]		

Modified from Trussell J, Wynn LL: Reducing unintended pregnancy in the United States, Contraception 77:1–5, 2008.

[*]Among typical couples who initiate use of a method (not necessarily for the first time), the percentage who experience an accidental pregnancy during the first year if they do not stop use for any other reason. Estimates of the probability of pregnancy during the first year of typical use for spermicides, withdrawal, fertility awareness–based methods, the diaphragm, the male condom, the pill, and Depo-Provera are taken from the 1995 National Survey of Family Growth (NSFG), corrected for underreporting of abortion; see the reference above for the derivation of estimates for other methods.

[†]Among couples who initiate use of a method (not necessarily for the first time) and who use it perfectly (both consistently and correctly), the percentage who experience an accidental pregnancy during the first year if they do not stop use for any other reason. Trussell and Wynn (2008) provide the derivation of the estimate for each method.

[‡]Among couples attempting to avoid pregnancy, the percentage who continue to use a method for 1year.

[§]The percentages for becoming pregnant in columns 2 and 3 are based on data from populations in which contraception is not used and from women who cease using contraception to become pregnant. Among these populations, about 89% become pregnant within 1 year. This estimate was lowered slightly (to 85%) to represent the percentage who would become pregnant within 1 year among women now relying on reversible methods of contraception if they abandoned contraception altogether.

[‖]Foams, creams, gels, vaginal suppositories, and vaginal film.

[¶]The ovulation and 2-day methods are based on evaluation of cervical mucus. The standard days method avoids intercourse on cycle days 8 to 19.

[#]With spermicidal cream or jelly.

[**]Without spermicides.

[††]The treatment schedule is one dose within 120 hr after unprotected intercourse and a second dose 12 hr after the first dose. Both doses of plan B can be taken at the same time. Plan B (one dose is one white pill) is the only dedicated product specifically marketed for emergency contraception. The U.S. Food and Drug Administration also has declared the following 22 brands of oral contraceptives to be safe and effective for emergency contraception: Ogestrel or Ovral (one dose is two white pills); Levlen or Nordetto (one dose is four light orange pills), Cryselle, Levore, Low Ogestrel, Lo/Ovral, or Quasense (one dose is four white pills), Tri Levlen or Triphasil (one dose is four yellow pills), Jolessa, Portia, Seasonale, or Trivora (one dose is four pink pills), Seasonique (one dose is four light blue-green pills), Empresse (one dose is four orange pills), Alesse, Lessira, or Levlite (one dose is five pink pills), Aviane (one dose is five orange pills), and Lutera (one dose is five white pills).

[‡‡]To maintain effective protection against pregnancy, another method of contraception must be used as soon as menstruation resumes, the frequency or duration of breast-feedings is reduced, bottle feedings are introduced, or the baby reaches 6 months of age. The best estimates of failure rate of all types of tubal sterilization is 1.31 after 5 years and 1.85 per 100 women after 10 years; it is highest for tubal fulguration and lowest for segmental resection in the 10 years after the procedure.

risk for future development of type 2 diabetes. In women with pregestational diabetes and GDM, adequate control of diabetes reduces the risk of congenital malformations.

Thyroid disease is the second most common endocrine disease that affects reproductive-age women. Hyperthyroidism and overt hypothyroidism occur in approximately 0.2% and 2.5% of all pregnancies, respectively. Adequate treatment of thyroid illness improves pregnancy outcomes. Approximately 70% to 80% of women with rheumatoid arthritis experience remission of disease during pregnancy, although the remaining women have active or worsening disease in pregnancy. Women with systemic lupus erythematosus (SLE) often experience exacerbations in pregnancy. SLE increases the risk of adverse fetal outcomes, including spontaneous abortion, fetal growth restriction, and preterm birth.

A few conditions confer significant mortality risks to the mother and fetus. Pulmonary hypertension (especially Eisenmenger's syndrome), congenital heart disease with hypoxia, poor functional class, and arrhythmias are associated with adverse maternal outcomes.

Medications in Pregnancy

Pregnant women should avoid the use of most medications (Table 70-4). However, the benefits of medications may outweigh the risks, particularly for women with chronic medical