Monthly combination injectable contraceptives

D. Grimes

Biomedical Affairs, Family Health International, Research Triangle Park, North Carolina, USA

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A broader array of highly effective contraceptive choices is important for reducing rates of unwanted pregnancy. Surveys conducted in Europe and elsewhere confirm that women are interested in new, highly effective options and are willing to use them\(^1\). With greater choice comes a greater likelihood that women will find a method with which they are comfortable.

The introduction of a monthly combination injectable contraceptive increases choice among reversible contraceptive methods in the highest tier of efficacy. In many countries, the childbearing years in the average woman occur over a very confined interval\(^2\). Thereafter, highly effective contraception may be needed for extended periods, often decades, once the desired family size is achieved. Methods that are long-acting and reduce dependence on compliance offer the best opportunity for contraceptive success. The relative features of these methods will define their appeal to any individual, but choice matters. Women's needs differ, and they evolve.

Contraceptives can be grouped into three broad classes by contraceptive effectiveness\(^3\). The least effective are the traditional methods that are coitus-dependent. These include barrier methods, such as condoms and diaphragms, and spermicides. Although condoms can play a very important role in preventing transmission of sexually transmitted diseases, barrier methods are not particularly effective for preventing pregnancy in typical use.

Oral contraceptives, which have an intermediate level of efficacy, have impressive effectiveness in perfect use, but lower effectiveness in typical use. In the United States, the first-year failure rate is approximately 7%. This reflects in part the difficulty in remembering a daily pill, which is also well documented in chronic diseases.

The highest level of effectiveness among reversible contraceptives is achieved with hormone implants, hormone injectable contraceptives, and intrauterine devices (IUDs). With these, differences in effectiveness between perfect and typical use are minimal. This reflects the reduced dependence on compliance of these methods.

In the 1970s, negative publicity about oral contraceptives and IUDs contributed to important changes in birth control choice. One effect was a surge in tubal sterilizations, which many younger women eventually regretted. Other women who stopped using or were discouraged from using oral contraceptives and IUDs turned to less effective methods, which resulted in more unintended pregnancies.

Surveys demonstrate that women want contraception that is easy to use and has few side-effects\(^4\). Other features considered attractive are rapid return to fertility and a predictable, monthly bleeding pattern. Many women are also interested in monthly administration. However, the best method of contraception for any individual woman is the one that she chooses. One study
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recently demonstrated that women who left the clinic with the method they wanted when they arrived were much more likely to be compliant than were women who received a different method at the direction of the clinician. This emphasizes that clinicians should not impose their own preferences. With a large array of choices of highly effective methods, the likelihood that women can be matched with an acceptable option increases.

Awareness is growing among women about the non-contraceptive benefits of some methods of birth control, such as the potential for cancer protection, a reduced risk of acne, or an improvement in menstrual regularity. The relevance of these benefits changes during a woman’s reproductive life. Young women may be interested in acne treatment; older women may be more concerned with reduction in the risk of ovarian cancer.

The introduction of a monthly combination injectable contraceptive is an important addition to the currently available contraceptive options for women in the United States. This product offers excellent contraceptive protection and the convenience of once-a-month administration. The monthly injectable contraceptive is likely to fill an important contraceptive niche for women in the United States.

REFERENCES