ILLINOIS STATE MEDICAL SOCIETY

Resolution 11.2022-26
(A-23)

Introduced by:	Rana Senlik Akram, Agnieszka Mynarska and Rasa Valiauga, ISMS Members
Subject:	Birth Control and Proposed Appropriate Counseling on Side Effects
Referred to:	Council on Medical Service

Whereas, hormonal oral contraceptive pills are a common medication used, with millions of women of reproductive age using hormonal oral contraceptive pills per year in the U.S.[1]; and

Whereas, the American College of Obstetricians and Gynecologists (ACOG) and numerous other sources of authority establish that oral hormonal contraceptives are safe and that oral hormonal contraceptives are safe to be available over the counter[2]; and

Whereas, this increases the number of patients using hormonal oral contraceptives without the oversight of a healthcare provider; and

Whereas, major side effects commonly discussed are venous thromboembolisms, sore breasts, spotting, nausea, headaches[3]; and

Whereas, other side effects such as exacerbation of insomnia are less often discussed, but have been found in research and there is increasing attention being brought to the possible link of mood disorders and use of oral contraceptive pills[4]; and

Whereas, it has been suggested that the reported association between hormonal oral contraceptive use and depression may be confounding due to the influence of health care utilization, simply because accessing care for contraception prescription increases the recorded incidence of depression[5]; and

Whereas, research is unclear about the causality of hormonal contraception on mood and research points to the possibility of multiple psychosocial factors contributing to this possible association [6]; and

Whereas, hormonal contraception is not appropriate for everyone[7]; and

Whereas, it is recommended that patients establish a trusting relationship with their healthcare provider, that the healthcare provider conduct a thorough assessment of the psychosocial and medical profile of patients undertaking hormonal contraceptive care, and provide good counseling so as to prevent unwanted pregnancies, abortion and thus added undo stress[8]; therefore, be it

RESOLVED, that ISMS encourage Illinois medical schools to continue to ensure medical students are fully trained to counsel patients who use or are considering using oral contraceptives, including their appropriate use, possible side effects and risks, even though these products may be obtained from a pharmacy without a physician's prescription; and be it further

RESOLVED, that the ISMS introduce a resolution to the American Medical Association (AMA) calling for similar policy across U.S. medical schools.

References:

1. Daniels K, Abma JC. Current contraceptive status among women aged 15–49: United States, 2015–2017. NCHS Data Brief, no 327. Hyattsville, MD: National Center for Health Statistics. 2018.
2. Michelle Isley, MD, and Rebecca H. Allen, MD, MPH. Over-the-counter access to hormonal contraception. ACOG Committee Opinion No. 788. American College of Obstetricians and Gynecologists. Obstet Gynecol 2019;134:e96–105.
3. Teal S, Edelman A. Contraception Selection, Effectiveness, and Adverse Effects: A Review. JAMA. 2021;326(24):2507–2518. doi:10.1001/jama.2021.21392
4. Morssinkhof MWL, Lamers F, Hoogendoorn AW, et al. Oral contraceptives, depressive and insomnia symptoms in adult women with and without depression. *Psychoneuroendocrinology*. 2021;133:105390. doi:10.1016/j.psyneuen.2021.105390
5. Ditch S, Roberts TA, Hansen S. The influence of health care utilization on the association between hormonal contraception initiation and subsequent depression diagnosis and antidepressant use. *Contraception*. 2020;101(4):237-243. doi:10.1016/j.contraception.2019.12.011
6. de Wit AE, Booij SH, Giltay EJ, Joffe H, Schoevers RA, Oldehinkel AJ. Association of Use of Oral Contraceptives With Depressive Symptoms Among Adolescents and Young Women. *JAMA Psychiatry.* 2020;77(1):52–59. doi:10.1001/jamapsychiatry.2019.2838
7. Serfaty D. Update on contraceptive contraindications. *Journal of Gynecology Obstetrics and Human Reproduction*. 2019 (48)5:297-307. https://doi.org/10.1016/j.jogoh.2019.02.006

8. Akers AY, Gold MA, Borrero S, Santucci A, Schwarz EB. Providers' perspectives on challenges to contraceptive counseling in primary care settings. *J Womens Health (Larchmt)*. 2010;19(6):1163-1170. doi:10.1089/jwh.2009.1735

Fiscal Note:

None

Existing ISMS policy related to this issue:

The Illinois State Medical Society recommends elimination of the requirement for a physician's prescription to purchase birth control pills (BCP) and OTC hormonal contraceptives and allow OTC purchase, and advocates for the revocation of FDA and/or Congressional regulations requiring a prescription for OTC hormonal BCP. (2021 Annual Meeting; BOT 2020-OCT; Last BOT Review 2020)

Policy 200674: ISMS supports a standing order from either the director of Public Health (if a physician) or the medical director of the Department of Public Health (if the director is not a physician) for the provision of Short-Acting Hormonal Methods of Contraception and Contraceptive Injection (as defined by the U.S. Food and Drug Administration) to individuals who are without risk, as determined by a self-screening risk assessment tool (detailed below), whose responses are confirmed by a pharmacist.

Policy 200641: It is the policy of ISMS to 1) condemn age-based, cost-based, and other non- medical barriers to contraceptive drug access 2) support equitable access to over-the-counter (OTC) contraceptives, including those forms of contraception recommended for OTC sale, forms of screening, and prescribing by non-physicians 3) prohibit cost-sharing obstacles to OTC contraceptive drug access, and full coverage of all contraception without regard to prescription or OTC utilization, since all contraception is essential preventive health 4) advocate for simpler FDA OTC drug approval applications and registration, as well as regulations that promote access to sufficient varieties of OTC contraception in the marketplace 5) advocate for the legislative and/or regulatory mechanisms needed to grant these improvements to OTC contraceptive drug access and quality care. (HOD 2017)

The preventive medicine approach to the problem of unwanted pregnancies should be encouraged through family life education in the schools, wider dissemination of family planning information, including birth control information and devices, and encouragement of research in population control methods. (HOD 1971; Last BOT Review 2014)

Relevant AMA Policy:

Contraceptive Advertising H-75.995
Our AMA supports the concept of providing accurate and balanced information on the effectiveness, safety and risks/benefits of contraception in all public media and urges that such advertisements include appropriate information on the effectiveness, safety and risk/benefits of various methods.

Drug Interactions Between Oral Contraceptives and Antibiotics H-75.986
It is the policy of the AMA that: (1) women who are prescribed rifampin concomitantly with oral contraceptives are faced with a significant risk of oral contraceptive failure and should be counseled about the additional use of nonhormonal contraceptive methods during the course of rifampin therapy; and (2) women using combined oral contraceptives should be informed about the small risk of interactions with antibiotics and that it is not possible to identify in advance the women who may be at risk of oral contraceptive failure. Women who are not comfortable with the small risk of interaction should be counseled about the additional use of nonhormonal contraceptive methods. Women who have had previous oral contraceptive failures or who develop breakthrough bleeding during concomitant use of antibiotics and oral contraceptives should be counseled about the use of alternate methods of contraception if they engage in intercourse during the period of concomitant use, as they may be part of the subset of women at high risk of contraceptive failure.

Over-the-Counter Access to Oral Contraceptives D-75.995
Our AMA: (1) encourages the US Food and Drug Administration to approve a switch in status from prescription to over-the-counter for oral contraceptives, without age restriction; (2) encourages the continued study of issues relevant to over-the- counter access for oral contraceptives; and (3) will work with expert stakeholders to advocate for the availability of hormonal contraception as an over-the- counter medication

Sexuality Education, Sexual Violence Prevention, Abstinence, and Distribution of Condoms in Schools H-170.968
(1) Supports the concept of sexuality education in the home, when possible, as well as developmentally appropriate sexuality education programming in the schools at all levels, at local option and direction;
(2) Urges schools at all education levels to implement comprehensive, developmentally appropriate sexuality education programs that: (a) are based on rigorous, peer reviewed science; (b) incorporate sexual violence prevention; (c) show promise for delaying the onset of sexual activity and a reduction in sexual behavior that puts adolescents at risk for contracting human immunodeficiency virus (HIV) and other sexually transmitted diseases and for becoming pregnant; (d) include an integrated strategy for making condoms and other effective barrier protection methods available to students and for

providing both factual information and skill-building related to reproductive biology, sexual abstinence, sexual responsibility, contraceptives including condoms, alternatives in birth control, and other issues aimed at prevention of pregnancy and sexual transmission of diseases; (e) utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training that includes addressing the needs of LGBTQ+ youth; (f) appropriately and comprehensively address the sexual behavior of all people, inclusive of sexual and gender minorities; (g) include ample involvement of parents, health professionals, and other concerned members of the community in the development of the program; (h) are part of an overall health education program; and (i) include culturally competent materials that are language-appropriate for Limited English Proficiency (LEP) pupils;

(3) Continues to monitor future research findings related to emerging initiatives that include abstinence-only, school-based sexuality education, and consent communication to prevent dating violence while promoting healthy relationships, and school-based condom availability programs that address sexually transmitted diseases and pregnancy prevention for young people and report back to the House of Delegates as appropriate;

(4) Will work with the United States Surgeon General to design programs that address communities of color and youth in high risk situations within the context of a comprehensive school health education program;

(5) Opposes the sole use of abstinence-only education, as defined by the 1996 Temporary Assistance to Needy Families Act (P.L. 104-193), within school systems;

(6) Endorses comprehensive family life education in lieu of abstinence-only education, unless research shows abstinence-only education to be superior in preventing negative health outcomes;

(7) Supports federal funding of comprehensive sex education programs that stress the importance of preventing unwanted teenage pregnancy and sexually transmitted infections via comprehensive education, including contraceptive choices, abstinence, and safer sex, and opposes federal funding of community-based programs that do not show evidence-based benefits; and

(8) Extends its support of comprehensive family-life education to community-based programs promoting abstinence as the best method to prevent teenage pregnancy and sexually-transmitted diseases while also discussing the roles of condoms and birth control, as endorsed for school systems in this policy;

(9) Supports the development of sexual education curriculum that integrates dating violence prevention through lessons on healthy relationships, sexual health, and conversations about consent; and

(10) Encourages physicians and all interested parties to develop best-practice, evidence- based, guidelines for sexual education curricula that are developmentally appropriate as well as medically, factually, and technically accurate.