

Birth Control Effectiveness and Safety Guide - for Blood Clots (VTE: Deep Vein Thrombosis or Pulmonary Embolisms)

Always use some form of birth control. This information is not meant to replace information you should be discussing with a knowledgeable medical professional.

Methods	Effectiveness	Effectiveness	Safety		Safety	Use & Important Safety Information	
	Number of pregnancies expected per 100 women [4, 6]		Blood Clots (VTE) developed annually [1, 5]	Blood Clots (VTE) annually in 1,000 women in the U.S.		This is a brief highlight of information you need to know. There are other short-term and long-term health issues not covered here.	
Sterilization Surgery for Women	Less than 1 in 100		2 in 10,000 Women	about 0.2 per 1,000		One-time procedure; permanent; Increased risk for blood clots at time of surgery.	
Surgical Sterilization Implant for Women - Essure	Less than 1 in 100		2 in 10,000 Women	about 0.2 per 1,000		One-time in office procedure; nothing to do or remember; permanent. Potential serious side effects include migration of coils, nickel allergies, swelling.	
Implantable Rod (Progestin Only)	Less than 1 in 100		2 in 10,000 Women	about 0.2 per 1,000		One time procedure; inserted by a healthcare provider; lasts up to 3 years; reversible.	
IUD Copper - No Hormones	Less than 1 in 100		2 in 10,000 Women	about 0.2 per 1,000		Safest & most effective reversible method; one-time procedure; inserted by a healthcare provider; lasts up to 10 years; reversible.	
IUD w/ Progestin Only	Less than 1 in 100		2 in 10,000 Women	about 0.2 per 1,000		One-time procedure; inserted by a healthcare provider. Lasts up to 3-7 years depending on type; reversible.	
Shot/Injection (Progestin Only (Depo Provera - DMPA))	6 in 100		6 - 8 in 10,000 women[[6]	up to 0.6 per 1,000		Need a shot every 3 months. Known to cause bone density loss. Effect in later life not known. Slightly Increased risk of HIV infection. Increased risk of harm or death from blood clots.	
Pills, Patch & Ring	Progestin Only Pill - Mini Pill Norethindrone or Norgestrel		4 in 100	2 in 10,000 women [6]		up to 0.2 per 1,000	Must swallow a pill same time every day. May have small increased risk for blood clots.
	1st & 2nd Generation Oral Contraceptives (Combined Pill) "The Pill" w/ Levenorgestrel, Norethisterone or Norgestimate		9 in 100	5 - 7 in 10,000 Women		up to .7 per 1,000	Must swallow a pill near the same time every day. Increased risk of harm or death due to blood clots.
	3rd Generation Contraceptives (Vaginal Contraceptive Ring - NuvaRing) w/ Etonogestrel		9 in 100	6 - 12 in 10,000 Women		up to 1.2 per 1,000	Insert a ring into the vagina yourself. Keep the ring in for 3 weeks and then remove it for 1 week. Increased risk of harm or death due to blood clots.
	3rd Generation Contraceptives (Patch) w/ Norelgestromin		9 in 100	6 - 12 in 10,000 Women		up to 1.2 per 1,000	Put on a new patch each week for 3 weeks (21 total days) then 1 week off. Increased risk of harm or death due to blood clots.
	4th Generation Oral Contraceptives (Combined Pill) w/ Drospirenone		9 in 100	9 - 12 in 10,000 Women		up to 1.2 per 1,000	Must swallow a pill near the same time every day. Increased risk of harm or death due to blood clots.
	Diaphragm with Spermicide		12 in 100	2 in 10,000 Women		0.2 per 1,000	Must use every time you have sex.
Natural Birth Control (Billings, Sympto-thermal, Creighton, Marquette methods)	1 to 12 in 100 [6]		2 in 10,000 Women	0.2 per 1,000		Must learn method to chart or monitor fertility daily throughout the month.	
Sponge with Spermicide	12 to 24 in 100		2 in 10,000 Women	0.2 per 1,000		Must use every time you have sex.	
Cervical Cap with Spermicide	17 to 23 in 100		2 in 10,000 Women	0.2 per 1,000		Must use every time you have sex.	
Male Condom	18 in 100		2 in 10,000 Women	0.2 per 1,000		Must use every time you have sex. Latex condoms reduce risk of STDs.	
Female Condom	21 in 100		2 in 10,000 Women	0.2 per 1,000		Must use every time you have sex. Can reduce risk of STDs.	
Spermicide Alone	28 in 100		2 in 10,000 Women	0.2 per 1,000		Must use every time you have sex.	

Other factors that increase risk of blood clots: Inherited Clotting Disorders; BMI >30; Smoking; Previous Blood Clot; Migraine with Aura; Travel or sitting for long periods; Recent surgery or injury (within 3 months), Pregnancy or After Delivery, and Cancer. This is not a complete list. [7, 8]

There is a natural occurrence of blood clots in women of at least 2 per 10,000 women. Any combination hormonal birth control INCREASES that risk. See References on page 2.

References

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Know the Signs and Symptoms - Remember the word A.C.H.E.S.

The following are the most common symptoms of a blood clot or Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE) that occur in the affected part of the body. About half of people with Deep Vein Thrombosis have no symptoms at all. (DVT symptoms are usually in the leg and sometimes arm). You can have a Pulmonary Embolism without any symptoms of a PE or DVT.

Seek immediate medical attention if you believe you have a Blood Clot

Abdominal Pain

Blood clot in pelvis or liver
Tubal Pregnancy

Chest Pain

Blood clot in lungs

Sudden rapid breathing or shortness of breath
Chest pain that is worse when you cough or take a deep breath
Rapid heart rate
Unexplained low energy
Severe lightheadedness

Heart Attack

Chest heaviness/pain
Unexplained shoulder pain
Weakness

Headaches

Stroke

Migraine headache, blurred vision or spots, sudden numbness
Difficulty speaking, Sudden intellectual impairment, Dizziness

Eye Problems

Stroke

Blurred vision, double vision, partial loss of vision
Headache or Migraine
Blood clot in eye

Sore Leg Or Arm

Blood Clot

Leg or Arm Fatigue
Pain or tenderness in one or both legs or arms, which may occur while standing or walking
Swelling in one or both legs or arms
Warmth in the skin of the affected leg or arm

Women are more likely than men to have heart attack symptoms unrelated to chest pain, su

Neck, jaw, shoulder, upper back or abdominal discomfort.

Shortness of breath.

Right arm pain.

Nausea or vomiting.

Sweating.

Lightheadedness or dizziness.

Unusual fatigue.

A doctor cannot diagnose a blood clot with a stethoscope or x-ray

Making the Diagnosis

Tests to check for presence of blood clots may include:

- Computed tomography (CT or CAT a special technique that uses a computer to combine many X-ray images into a detailed image of an area body that is 100 times more clear than a regular X-ray)

- Magnetic resonance imaging (MRI)

- Ultrasound studies of leg veins or the arteries of the head and neck

- Angiograms or venograms

- An ultrasound of the heart (echocardiogram)

- Electrocardiograms (ECGs)

- Certain specialized blood tests may indicate if someone has had a recent heart attack. You may need to be screened for thrombophilia (a disorder in which blood abnormally coagulates, leading to an increased risk of blood clots) if you have a family history of thrombophilia or are under 40 years of age and experiencing recurrent blood clots.

A diagnosis of DVT is usually confirmed with a compression ultrasound. Compression ultrasound detects differences in echoes or sounds made by flowing blood, and can easily detect the presence of blood clots in deep veins.