

Birth Control for DINK Women: Why You Should Consider Long Term or Permanent Options (Published on DINKlife)

Whether you're a DINK for life or a DINK for now, it's important to make sure you're using the right birth control method to fit your DINK lifestyle. Using "The Pill" means remembering to take it every day, and refill it every month. If you're a DINK woman, you're not planning to have children anytime soon (if at all), so you may want to consider long term or permanent birth control options. If you're a DINK for life, you may think your only permanent option is tubal ligation, but there is another option available that's much less of a hassle. We talked with OB/Gyn Dr. Jeannette Lager, MD, MPH, and asked her all of the tough questions you may have about long term and permanent birth control options. Her answers may surprise you.

Long Term Birth Control Options

If you're a DINK for now, and you think you might want to have children in the future, long term birth control options can take a lot off your mind. Long term options are not permanent, and can be removed if and when you decide to have children.

What are the advantages of using a long term birth control method over The Pill?

Dr. Lager: *Long term birth control options are extremely effective, and are not something that you need to remember every day. Once long term birth control, such as Implanon or an IUD is placed, you don't need to worry about birth control for 3-10 years.*

Implanon is a match-sized implant that is inserted into your arm by your doctor and lasts up to 3 years. An IUD is a small, T-shaped device that is inserted into your uterus by your doctor and lasts up to 12 years.

Are long term birth control options as effective as The Pill?

Dr. Lager: *Long term birth control options are actually more effective than the pill.*

In fact, Planned Parenthood says that out of every 100 women on The Pill, between 2 and 9 become pregnant each year, but out of every 100 women on long term birth control like Implanon and IUD, less than one become pregnant each year.

Which long term birth control option would you recommend?

Dr. Lager: *The IUD is a great form of long term birth control. It can be used in a woman who has never had children, and there are 2 IUDs—1 which contains hormones and one which does not. There are differences between the two. The non-hormone containing Paraguard copper IUD lasts 10-12 years and can cause heavier cramping and bleeding with periods. The hormone containing Mirena IUD lasts 5-7 years and most women have lighter periods to no period at all. With both forms of IUD, it is normal to have cramping and bleeding for the first 3 months.*

Permanent Birth Control with Essure

Permanent birth control means never having to remember to take a pill, apply a patch, insert a ring, or anything else. If you're a DINK for life, permanent birth control can save you a lot of time, and take a load off your mind. Fortunately, it doesn't have to mean major surgery, thanks to a product called Essure.

What advantages are there to using permanent birth control over long term birth control?

Dr. Lager: *With permanent birth control, you don't have to think about birth control again. If you are certain that you do not desire children in the future, permanent birth control is a good option to consider. If you are uncertain about future fertility however, there are great forms of long term birth control that are reversible.*

What is Essure and how does it work?

Dr. Lager: *Essure is a form of permanent birth control that works by creating a barrier to prevent pregnancy. Soft flexible inserts are placed into a woman's fallopian tubes through natural pathways without any incisions. Essure has been available to patients for 10 years.*

Essure is hormone-free, which means it's safe for women who are unable to use hormonal birth control methods, like The Pill, due to health problems or medication. It's also safe to use with other forms of birth control, just in case you want to be REALLY careful.

Is Essure more effective than other birth control methods?

Dr. Lager: *Essure is the most effective form of birth control. It is more effective than oral contraceptive pills, NuvaRing and Mirena IUD based on 1 year data.*

Is Essure as effective as tubal ligation?

Dr. Lager: *It is actually more effective than tubal ligation. Here are the stats: Essure: 1.7 pregnancies per 1000 women at 5 years; tubal ligation: 13.1 pregnancies per 1000 women at 5 years; vasectomy: 11.3 pregnancies per 1000 women at 5 years.*

Not only is Essure more effective, but Planned Parenthood says it's also much safer than tubal ligation because it doesn't require an incision. No incision means there's much less risk of bleeding or infection, and because no anesthesia is required, there's no risk of a reaction to it. No incision also means no visible scars.

How permanent is Essure? Can it be reversed?

Dr. Lager: *Essure is permanent birth control. If you are interested in reversible birth control, there are many methods of reversible birth control, such as the IUD or birth control pills, that would be appropriate to consider.*

Planned Parenthood says that reversal requires complicated, expensive surgery. If you're thinking about reversal, permanent birth control is probably not for you.

Do major health insurance providers cover Essure?

Dr. Lager: *Yes, most do, including state Medicaid programs.*

According to Planned Parenthood, Essure can cost between \$1,500 and \$6,000. If you don't have health insurance, many health centers are able to charge based on income. Visit www.plannedparenthood.org to find a health center near you.

Now for the gory details...

Is the Essure procedure painful?

Dr. Lager: *The procedure itself is performed in 10-15 minutes. Women may feel a small amount of cramping, similar to strong menstrual cramps, at the time of the procedure.*

Would I need more than one procedure?

Dr. Lager: *There is 1 procedure for placement of the inserts, but a follow up test is necessary 3 months after the insertion to confirm that the fallopian tubes are fully blocked.*

Can I have the procedure done at my OB/Gyn's office?

Dr. Lager: *Yes, it can be done in the doctor's office. At our office, we have a procedure room where the Essure procedures are performed. It can also be done in a hospital in the operating room.*

What is the recovery time?

Dr. Lager: *Most women can return to work the same day or the following day. Women may have spotting for several days to a couple of weeks after the procedure. Most women will have spotting for 1-3 days.*

Compared to tubal ligation, the recovery time with Essure is much shorter. Most women take 1 to 2 days to recover from tubal ligation, but Planned Parenthood says "you may want to take it easy for the next week or so." You should also avoid heavy lifting for about a week. With Essure, you can return to your normal activities the same day.

Is Essure effective right away?

Dr. Lager: *Women should use another form of birth control for 3 months. At that time, a woman will have a confirmatory test done that will confirm position of the inserts and note complete occlusion of the tubes. After that test is performed, Essure can be used as birth control without worrying about birth control in the future.*

Will I still get a regular period?

Dr. Lager: *Yes, this is a hormone-free method of birth control, so your periods should not change.*

Are there any health risks or side effects?

Dr. Lager: *As with all medical procedures, there are risks to the procedure. These include bleeding, infection, tubal perforation, failure of the procedure. A woman may also feel cramping, nausea/vomiting, dizziness/lightheadedness during or after the procedure.*

Now the big DINK questions...

For their own personal reasons, many OB/Gyns refuse to perform a tubal ligation procedure on a woman who is below a certain age, like 30 or 35. Is this a problem I may run into with Essure?

Dr. Lager: *Many OB/Gyns are concerned about the risk of regret associated with permanent sterilization. Risk factors that increase the risk of regret are young age (considered less than 30), never having a baby prior to receiving permanent birth control, and conflict with their husband or partner. It is a decision that should not be taken lightly, and should be carefully considered. If there is any uncertainty, long acting forms of birth control, such as an IUD, are good to consider.*

Planned Parenthood says some states actually have age or waiting period requirements for sterilization. Make sure you know your state's requirements before considering Essure.

The decision to use permanent birth control is a personal one, but one that friends and family often question (e.g. Why don't you want children? Are you sure? Why don't you wait until you're older? What if you change your mind?). If I decide to use Essure, should I be prepared to face similar questions from my OB/Gyn?

Dr. Lager: *When deciding to choose permanent birth control, it is common for your provider to explore your reason for choosing permanent birth control, and explain all of the available birth control options. Your provider will want to give you the opportunity to fully consider other options and be certain of your decision for permanent birth control.*

As we DINKs know, non-DINKs often find it hard to accept that some of us just don't want children. Many OB/Gyns are hesitant to perform a sterilization procedure on a woman who's never had children. If you're considering Essure, be prepared to convince your doctor that you're sure about your decision. It may help to bring your significant other with you to your doctor's office to show that you've talked it over together.

For more information about birth control options and their effectiveness, visit www.plannedparenthood.org. Their "My Method" tool is an easy, convenient way to help you find the best birth control option to fit your DINK lifestyle. Once you have an idea of which birth control method you'd like to try, talk to your OB/Gyn to find out if it's right for you.

About Dr. Lager: *Jeannette Lager, MD, MPH provides clinical care in general obstetrics and gynecology to women one-on-one and in a group-based prenatal class. Caring for women is her passion. Dr. Lager teaches surgical skills to medical students and residents in both the lab and in the operating room, and is currently the Associate Clerkship Director for the Third Year OB/Gyn rotation at the UCSF School of Medicine.*

Her non-profit work is dedicated to maternal and child health. Since 2008, she has been on the Medical Advisory Board of One Heart Worldwide, a non-profit organization focused on improving maternal and child health care for indigenous populations in developing nations such as Tibet, Nepal and Mexico.