Beyond Pregnancy Prevention: The (Other) Medical Benefits of Contraception

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The mandate to provide preventive health services as an “Essential Health Benefit” subject to no co-pays under the Patient Protection and Affordable Care Act has received broad attention. Regulations issued by the U.S. Department of Health and Human Services included contraceptives approved by the FDA as a preventive service. However, this rule has been challenged in the courts by businesses whose owners oppose, on religious grounds, the use of birth control and argue that forcing a business to adhere to these requirements violates the federal Religious Freedom Restoration Act. The Supreme Court will hear arguments on two of these cases, *Sebelius v. Hobby Lobby Stores*, and *Conestoga Wood Specialties Corp. v. Sebelius*, at the end of March.

Although this issue has received much coverage in the press, one aspect that has received little attention is the medical benefits of hormonal contraception that go beyond preventing pregnancy. While we would argue that access to contraception is a crucial part of supporting a woman’s health because of the importance of planning pregnancies to allow for maximal health for the mother and child, the non-contraceptive benefits for thousands of women cannot be understated. The American College of Obstetrics and Gynecology issued a practice bulletin in 2006 outlining in detail the many health benefits of hormonal contraceptives, including treatment of dysmenorrhea (painful periods), menorrhagia (heavy bleeding), acne, irregular periods, and Polycystic Ovarian Syndrome (PCOS); prevention of menstrual migraines; and reduced incidence of ovarian and endometrial cancer.

Additionally, many teenagers with special health care needs require these medications to regulate their periods, especially in the early years, for hygiene purposes or to prevent seizures or other problems that are more likely to occur when they have their periods. And these are just some of the many other medical benefits of hormonal contraception. As pediatricians specializing in adolescent medicine and emergency medicine, we frequently see young women who come to us in the Emergency Department, and inpatient and outpatient settings, because they need these medications for medical reasons other than contraception.

Consider the case of Samantha*: She is a 14 year-old girl with a common bleeding disorder who is not sexually active. Her mother has insurance though her employer from a religiously-affiliated institution. When the pills Samantha needed to slow down her menstrual bleeding were not covered by her insurance (because they were considered birth control) and her mother couldn’t afford to pay for them out-of-pocket, Samantha went without the medication and landed in the Emergency Department because she bled so heavily that she became dizzy

and nearly lost consciousness. While this is an extreme example, many women – young and old –rely on hormonal contraceptives for these other benefits.

If case studies do not sway you, consider the research: We know that 82% of sexually experienced women used oral contraceptives during the years 2006-2010. While 90% of these women ages 20 and older report using them for contraception, 54% *also* report using them for non-contraceptive reasons. Importantly, teenagers are most likely to use oral contraceptives for non-contraceptive reasons because of developmental changes their bodies are experiencing that will often lead to menstrual problems; 8% of non-sexually experienced teenagers report using oral contraceptives for other health reasons, and many adolescents who use hormonal contraceptives for contraception will need the medication for other health reasons, too.

Given the millions of women who rely on oral contraceptives for health reasons other than pregnancy prevention, we hope the Supreme Court will consider the unintended consequences of limiting access to these important medications. We at PolicyLab will be watching the Supreme Court cases closely so stay tuned for more from us in the coming months.

* This case is a composite of many and does not present identifying information of any single patient.

Cynthia Mollen
MD, MSCE

Faculty Director of Affiliate Trainee Program



Cynthia Mollen
MD, MSCE
Email: Mollenc@chop.edu

Nadia Dowshen
MD, MSHP

Faculty Member



Nadia Dowshen
MD, MSHP