

WOMEN'S HEALTH TRENDS

Survey Reveals Women Need More Information On An Important Health Issue

(NAPSA)—Did you know that sterilization is a leading form of birth control among women? Or that sterilization may not be 100 percent effective in preventing pregnancy? Are you also aware that there are other forms of long-term contraception that are just as effective? If not, you're not alone.

According to a new national survey conducted by International Communications Research (ICR) in January 2005, women have widespread misconceptions about methods such as tubal ligation. Despite the fact that sterilization is the most widely used birth control method among married and formerly married women in the U.S., only one percent of the women surveyed cite it as a leading form of birth control. In addition, among sterilized women who participated in the survey, close to 60 percent report their doctors did not offer any long-term contraceptive alternatives to tubal ligation.

The survey showed that more than one-third of women polled incorrectly believe that female sterilization is 100 percent effective, however, research published in the journal *Contraception* showed that the failure rate is approximately five pregnancies per 1,000 users during the first year.

"There is an alarming lack of awareness about the highly effective and removable long-term contraceptives now available to women," said Raquel Arias, M.D., associate professor, Department of Obstetrics and Gynecology, Keck School of Medicine, University of Southern California. "For instance the survey found nearly 70 percent of women are unaware of a contraceptive option that is as



If you're considering sterilization surgery, doctors recommend you first speak with your health care provider about alternative long-lasting contraceptive options.

effective as sterilization and is easily removed. Once removed, a woman can immediately try to get pregnant. That alternative is Mirena® (levonorgestrel-releasing intrauterine system), which is safe, long acting and is as, or more, effective than sterilization in preventing pregnancy for up to five years—without the permanence of surgery."

In order to make informed decisions about long-term contraception, it's important that women learn about all of their options, including the facts surrounding sterilization and reversal procedures.

While reversal may be possible in some instances, female sterilization is considered to be a permanent method of birth control by organizations such as Planned Parenthood. Reversal requires complicated surgery that is costly and is not always covered by

insurance and future pregnancies cannot be guaranteed. In addition, a number of women may not be able to pursue reversal surgery because they do not have enough of their fallopian tubes left in their reproductive tract as a result of certain sterilization procedures.

"Many women are not aware that the success rate of reversing sterilization is unpredictable," said Dr. Arias. "While women cannot control what life changes may occur over time—unexpected divorces and second marriages—they can keep some control of their fertility. Because of the finality of the procedure, women who undergo sterilization should assume they are relinquishing that control."

According to the survey, one in six women who were sterilized wish, at times, that they had left their options open, too. Three-quarters of these women regret their decision because they want to have a baby after all, might want a baby in the future or got remarried and want a baby with their new partner.

Unlike many of the women in the survey, Britt Huss, a mother of three from Denville, New Jersey, did learn about all of her contraceptive options when she first considered sterilization. "After I had my third child, my doctor suggested Mirena because it is long-term birth control that I can remove at any time," said Britt, who uses Mirena. "I'm not sure whether we'll want more children down the road, but I wanted to have the ability to leave my options open."

For more details on long-term contraceptive options, visit www.longtermbirthcontrol.com.



Note to Editors: Only a woman and her doctor can determine if intrauterine contraception is right for her, but women with a history of or at risk for pelvic inflammatory disease or ectopic pregnancy should not use Mirena. Otherwise, most women who have had a child are typically good candidates for Mirena. Side effects are uncommon and may include missed menstrual periods, irregular bleeding or spotting for the first 3-6 months, and most women will experience lighter, shorter periods thereafter. Rarely, some women experience a cyst on their ovaries. Mirena does not protect against HIV (AIDS) and other sexually transmitted diseases. For full prescribing information and details on long-term contraception options, please visit www.longtermbirthcontrol.com.

Mirena can be easily removed by a doctor at any time a woman chooses. Studies show the chances of getting pregnant after discontinuing Mirena use are the same as for women who have not been using any method of birth control.