

Obstetrics & Gynecology

CHIEF COMPLAINT

Contraception Options

COMMENTS TO SPECIALIST

A 29-year-old with 2 pregnancies and 3 living children (G2P0303), has polycystic ovary syndrome (PCOS), and had Roux-en-Y gastric bypass in 2016. An unplanned pregnancy occurred in 2017, then had (twins) pregnancy in 2020 with estrogen blocker assistance.

Weight before gastric-by-pass was 315, 165 after the first pregnancy and now 201 at 6 months postpartum from a twin pregnancy.

MAIN QUESTION

Is Loestrin-Fe 1/20 sufficient for contraception in a patient w/ PCOS and s/p Roux-en-Y? Does the gastric bypass affect absorption? Should she use another method?



Response from eConsult Specialist

JASMINE McDANIELS, MD, OBSTETRICS & GYNECOLOGY

NPI: 1000000012

SUMMARY

Treatment options are available at the primary care level.

DETAILS

This is an interesting question. I believe you have a good point to be concerned about the efficacy of oral contraceptives in this particular patient. The Roux-en-Y gastric bypass removes part of the small intestine. Oral contraceptives are absorbed in this part of the GI tract. There is a report in the literature of a Crohn's disease patient becoming pregnant even though she was compliant with her oral contraceptives.

The Loestrin FE 1/20 is a low-dose estrogen pill as well and could cause contraceptive failure due to malabsorption in the small intestine.

Recommendations:

Switch the patient to another contraceptive method that bypasses the GI tract. A contraceptive that is not taken orally.

- Intrauterine device: Paragard or levonorgestrel-releasing intrauterine system
- Nexplanon implant
- Ortho Evra patch
- NuvaRing: this bypasses GI and hepatic first-pass metabolism; it is locally absorbed
- E. Barrier method

Thank you for using an eConsult and please do not hesitate to reach out should you have any questions

Jasmine McDaniels, MD

Jasmine McDaniels, MD, Obstetrics & Gynecology

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Response Date Stamp

For reference only. This eConsult is based on an actual request for specialist consultation. The primary care provider, specialist, and patient are de-identified to protect private health information (PHI).