青少女(年)避孕指引

台灣婦產科醫學會　編制

適應症請依衛生署公告核准事項為準

前言

青少女(年)泛指13-19[1]歲的年輕族群，乃處於生理與心理急遽變化的階段，是人生發展到成年過程中的重要時期。近年來台灣青少女(年)的第一次性行為年齡逐漸提早，高中職階段的性行為比率有逐年增加的趨勢，青少女(年)較容易在發生性行為時卻未想到可能面臨懷孕、墮胎或感染性傳染疾病等風險。因此，如何讓青少女(年)正確尋求相關訊息，獲得諮詢與協助就相當重要。

根據一項全球調查，在與伴侶的初次性行為過程中，亞太地區的青少女有48%沒有使用避孕方式，且避孕資訊有56%來源為網站和部落格、39%來自於聊天室或論壇[2]；而31%的台灣年輕女性在初次性行為時未使用任何避孕方式[3]；諸多統計數字都令人擔憂，且此時其心理上或經濟上最不能承擔意外懷孕的風險。

因此如何務實看待並了解青少女(年)的需求與心態，讓他們擁有正確的性知識、態度與避孕觀念，以保護他們不要曝露在意外懷孕及其後續帶來的健康風險和心理壓力中，是一門相當重要的議題。

台灣婦產科醫學會認為在青少女(年)階段不要有性行為是最有效避免懷孕和感染到性傳染疾病的方法，但萬一無法避免性行為時，台灣婦產科醫學會建議的避孕方式為"雙重防護法"；即女生使用口服避孕藥，男生使用保險套，此方法可同時有效避孕及預防性傳染疾病。

重點訊息：

1 口服避孕藥：

- **作用機轉[4]：**
  - 抑制排卵。
  - 干擾子宮內膜的生長，抑制胚胎的著床。
  - 增加子宮頸黏液濃稠度，使精子不易通過。
- **使用後意外懷孕率：**

  正確使用口服避孕藥的失敗率小於1%[5,19,41]。
- **優點：**
  - 女性可自主決定並使用的避孕措施。
  - 使用期間會有規則月經及改善經痛[6,47]，降低經血過多所導致缺鐵性貧血[10,39]。
  - 治療青春痘[10,22,24,39](部份具有抗雄性化的口服避孕藥，如：含有黃體素Cyproterone acetate (CPA)，或第四代黃體素Drospirenone (DRSP) 之口服避孕藥)，與多毛症[11](部份具有抗雄性化的口服避孕藥，如：含有黃體素CPA之口服避孕藥)。
  - 改善經前症候群[8,10,25,26](部份含有第四代黃體素DRSP搭配24+4劑型的口服避孕藥；88%受試者生理與心理情緒與參加試驗時相同或是有改善。)
  - 改善多囊性卵巢症候群[23,27] (部份具有抗雄性化的口服避孕藥，如：含有黃體素CPA之口服避孕藥)。
  - 改善因子宮肌瘤造成的疼痛與出血[10]。
  - 降低(功能性)卵巢囊腫的發生率[12]。
  - 長期使用降低乳房纖維腺瘤和纖維囊腫疾病的發生率[7,10,21,47,50]。
  - 降低卵巢癌發生率約29-50%[9,14,18,28,29,30,35,40]。
  - 降低子宮內膜癌發生風險25-90%[18,31,32,33,34,35]。
  - 降低子宮癌發生率42%-70%[14,18]。
  - 降低大腸直腸癌發生率19-50%[10,14,36,37]。
  - 降低骨盆腔發炎機率約78%[15,38,39]。
  - 降低約90%子宮外孕的風險[39]。
- **注意事項：**
  - 初經來潮後即可使用口服避孕藥[5]。
  - 使用口服避孕藥並不會造成停藥後的不孕[18]。
  - 依目前研究顯示使用低劑量口服避孕藥並不會增加乳癌風險[13,14,18,48,49]。
  - 少數人在服用初期會有點狀出血症狀[16]；頭暈、噁心(使用劑量較低的口服避孕藥可減少此症狀)[16]；體重增加 (部份新型口服避孕藥可改善此症狀)[22]。

– 以下可能的症狀與荷爾蒙的關係如下[51,52]:

Estrogen Excess	Estrogen Deficiency	Progesterone Excess	Progesterone Deficiency
Nausea/Bloating	Early/Midcycle BTB*	Increase appetite	Late BTB**
Cervical mucorrhea	Hypomenorrhea	Weight gain	Amenorrhea
Melasma/Chloasma		Tiredness, fatigue	Hypermenorrhea
Hypertension		Hypomenorrhea	
Migraine Headache		Acne, oily scalp	
Breast fullness, tenderness		Hair loss or Hirsutism	
Edema		Depression	
Deep Vein Thrombosis(DVT)		Vaginal yeast infections	
Cerebral Vascular Accident(CVA)		Breast regression	
		Hypertension	

* Early to midcycle Break through Bleeding occurs days 1-14 of the cycle (or menses never stops completely)
** Late Break through Bleeding occurs after day 14 of the cycle.

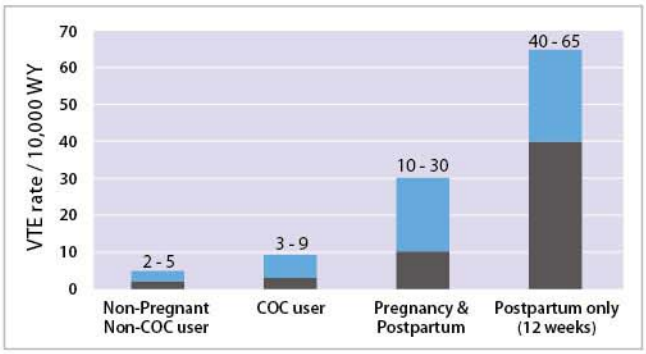
– 若有下表中列出之狀況，建議使用含較低劑量雌激素的口避孕藥[51,52]：

Exception/Problem	Appropriate Product(s)
40-50 y/o; need to minimize risk of thrombosis; poorly controlled diabetes; heavy smoker; perimenopausal	Loestrin™ 1/20, Alesse™
Nausea, breast tenderness, vascular headaches, leukorrhea, hypermenorrhea, chloasma, hypertension, visual changes	Levlen™, Nordette™, Lo/Ovral™, Low Ogestrel™, Cyclessa™, Yasmin™
Spotting, BTB*, dysmenorrhea	Levlen™, Nordette™, Lo/Ovral™, Low Ogestrel™, Desogen™, Apri™, Ortho-Cept™, Ortho-Cyclen™
Acne, hirsutism, oily skin, sebaceous cysts, weight gain	Desogen™, Ortho-Cept™, Ortho-Cyclen™, Ortho-TriCyclen™, Ovcon™-35, Brevicon™, Modicon™, Cyclessa™, Yasmin™
Family history of atherosclerotic cardiovascular disease (for more favorable lipid profile)	Desogen™, Ortho-Cept™, Ortho-Cyclen™, Ortho-TriCyclen™, Ovcon™-35, Brevicon™, Modicon™, Cyclessa™, Yasmin™
Gallbladder disease (need decreased estrogen/progesterone)	Loestrin™ 1/20, Alesse™
Seizure history (OC's increase incidence of seizures) Also,seizure medications (except felbamate, gabapentin, & valproic acid) induce metabolism of estrogen & possibly progesterone causing BTB*, spotting, & pregnancy	A. Progestin only (Depo-Provera™ or Norplant™ only) B. Higher estrogen content COC (Demulen™ 1/50, Ovra™I, Ovcon™-50)
History of CVA, ischemic heart disease, uncontrolled hypertension, Type 1 DM with vascular disease, migraine due to estrogen, current liver disease (tumor, impairment), current DVT, smoker>35y/o, breast feeding, sickle cell anemia	Progestin-only product (mini-pills, injection, implantable)

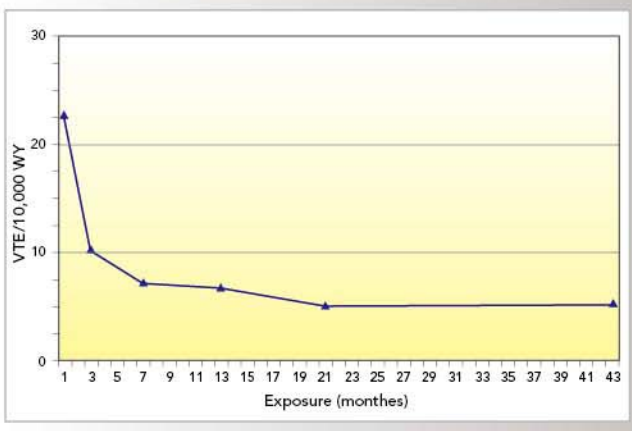
*BTB=Break Through Bleeding

– 使用口服避孕藥可能會些微增加靜脈血栓的風險[16]，較低劑量的口服避孕藥則可減少此風險，且風險更低於懷孕或產後婦女，無其他禁忌症之女性在諮詢後可安心使用。其風險數據請參考以下表格：

Absolute VTE rate in reproductive age women[42-46]



– 靜脈血栓風險在服用口服避孕藥後3-6個月即大幅下降，因此除非有特殊原因，不建議反覆的停藥[17]。



Venous thromboembolism (VTE) risk over time following start of combined oral contraceptive use. Original figure derived from data in Reference 8. WY, woman-years.

– 以下藥物會與口服避孕藥有交互作用[51,52]：

Interaction Drug	Problem
Drugs which decrease COC enterohepatic recirculation Ampicillin, Penicillins, Cephalosporins, Chloramphenicol, Dapsone, Erythromycin, Isoniazid, Sulfonamides, Tetracyclines, TMP/SMZ -(Bactrim™, Septra™)	Spotting, BTB*, pregnancy
Drugs which induce COC Metabolism Barbiturates (Phenobarbitol), Carbamazepine (Tegretol™), Ethosuxamide, Griseofulvin, Phenytoin, Rifampin, St. John's Wort, Felbamate, Nelvinafir	Spotting, BTB*, pregnancy
Cyclosporine	Doubling of cyclosporine level
Atorvastatin (Lipitor™)	Enhanced levels of COC's
Anticoagulants (i.e. Coumadin™)	Decrease anticoagulant response
Benzodiazepines (i.e. Valium™, et.al.)	Enhanced benzodiazepine response
Phenytoin (Dilantin™)	Increased phenytoin levels
Prednisolone, Theophylline, Topiramate (Topamax™)	Decreased liver clearance of COC
Insulin	Decrease insulin efficiency

*BTB=Break Through Bleeding

– 口服避孕藥常見禁忌症如下[20]（詳細禁忌症請詳閱使用藥物仿單說明）：

Contraindication to combined hormonal contraceptives	
Absolute contraindications (class 4 in the WHO classification)	Relative contraindications (class 2 or 3 in the WHO classification)
• Pregnancy • Undiagnosed genital bleeding • Breast cancer • Past or present circulation disease (for example, arterial or venous thrombosis, ischemic heart disease, and cerebral hemorrhage) • Thrombophilia • Pill induced hypertension • Migraine with aura • Active liver disease, cholestatic jaundice, Dubin-Johnson syndrome, acute porphyria • Systemic lupus erythematosus • Haemolytic-uraemic syndrome • Thrombotic thrombocytopenic purpura	• Smoker aged over 35 years • Hypertension (blood pressure above 140/90 mmHg) • Diabetes • Hyperprolactinaemia • Gall bladder disease • Migraine without aura • Otosclerosis • Sickle cell disease

2 保險套：

- **作用機轉：**
  - 利用物理阻隔的方式，阻止精子進入陰道、子宮。
  - 一般使用保險套意外懷孕率為14%[5]。
- **優點：**
  - 可同時降低性傳染疾病。
- **缺點：**
  - 避孕效果不如口服避孕藥。
  - 保險套上之潤滑劑可能使陰道產生過敏現象。
- **注意事項：**
  - 對乳膠材質過敏者不適用。
  - 購買或使用前先確定包裝完整，使用日期仍在有效期限內。
  - 每次性行為都必須全程使用，不可有僥倖心態。
  - 陰莖一勃起就必須戴上保險套，且需檢查是否戴好，記得要一直戴到陰莖根部。
  - 避免使用油性潤滑劑或是其他會影響保險套材質潤滑劑，建議使用水性潤滑劑。
  - 每個保險套只能使用一次，如果發現戴反了，不要翻面使用，立即更新。
  - 射精後應立刻取出保險套。
  - 事後記得檢查，若有不慎或使用不當，要趕快採取預防措施。
  - 未用過的保險套要保存在乾燥、涼爽地方，以免濕度、溫度影響保險套品質。

說明：

根據調查，青少女(年)有健康疑問(包含避孕)時，網路乃其主要訊息來源，其後依序為父母、同學或朋友、與電視節目，雖然有五成五青少女認為醫師是可信賴的資訊來源，但僅有不到一成會實際向婦產科醫師諮詢，有相當大的落差。台灣婦產科醫學會建議，父母應於青少女初經來潮後，儘快陪伴她們到婦產科醫院或診所諮詢。

備註：

- 性交中斷法與安全期計算法未納入考量，因其不屬於高效避孕措施。
- 事後避孕藥僅供緊急使用，不屬於常規避孕方式。由於避孕效果較差，且有時效性，建議青少女(年)萬一需要時需向婦產科專科醫師諮詢。
- 本指引乃供臨床參考，實際案例請依個案判斷。
- 若有藥物不良反應發生，請聯絡以下通報窗口：
  衛生署藥物不良反應通報中心
  地址：台北市中正區愛國東路100號
  電話：(02)2370-1704　傳真：(02)2370-1711
  網址：http://www.adr.doh.gov.tw
- 請注意，根據中華民國法律，與未滿十六歲者進行性行為將觸犯刑法。

- 醫師在處方避孕藥前，可多了解病患的狀況建議適合的避孕方式。

Considerations for Contraceptive Recommendations*	
Menstrual History	Age of menarche (onset of periods) Date of LMP* Duration of average menses Regularity Cycle length Spotting or BTB** Incidence and type of PMS or PMT** Hormonal sensitivity
Contraceptive History	Previous Use Response Side effects Compliance
Routine Physical Examination	Blood pressure Breast exam Pelvic exam Pap smear Liver function evaluation Family history Social history

* Last menstrual period
** Break through Bleeding
*** Premenstrual syndrome or Premenstrual Tension

• 各種避孕方式的失敗率可參考下表[5]:

Method	% of women experience an unintended pregnancy within the first year of use		% of women continuing use at one year
	Typical Use	Perfect Use	
No method	85	85	
Spermicides	29	18	42
Withdrawal	27	4	43
Fertility awareness-based methods	25		
Standard days method*		5	
Two day method*		4	
Ovulation method*		3	
Sponges			
Parous women	32	20	46
Nulliparous women	16	9	57
Diaphragm**			
Condom***			
Female(Reality)	21	5	49
Male	15	2	53
Combined pill and Progestogen-only pill	8	0.3	68
Evra patch	8	0.3	68
NuvaRing	8	0.3	68
Depo-Provera	3	0.3	56
Combined injectable (Lunelle)	3	0.05	56
IUD			
ParaGard (cooper T)	0.8	0.6	78
Mirena (LNG-IUS)	0.2	0.2	80
Implanon	0.05	0.05	84
Female sterilization	0.5	0.5	100
Male sterilization	0.15	0.1	100

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