

Concurrent use of hormonal long-acting reversible contraception by women of reproductive age dispensed teratogenic medications, Australia, 2013–2021

TO THE EDITOR: Grzeskowiak and colleagues recently reported on the use of contraception among women receiving teratogenic medicines in Australia.¹ From the data presented, they concluded that there was “low” use of highly effective hormonal contraception and they raised concerns about the effectiveness of existing pregnancy-prevention programs for patients receiving these medicines.

We believe there are alternative potential conclusions to be drawn, based on the data presented.

With the scope of this study limited to contraceptive agents subsidised by the Pharmaceutical Benefits Scheme (PBS), readers are provided with an incomplete picture of the contraception strategies successfully employed in this patient population. This is particularly true for women taking isotretinoin for acne, among whom non-PBS-subsided contraceptive agents (specifically, oral agents with anti-androgenic progestones) are very popular.² This limits the ability to make conclusions about the general use of contraception in this cohort.

The authors acknowledge this limitation; however, the significance of this omission appears to have been overlooked when conclusions from the study were drawn. For example, it is difficult to conclude that the use of contraception is “suboptimal”, while the full extent of contraception use remains unknown.

In addition, the unique needs of the individual patient do not seem to have been accounted for: some patients neither want nor require contraception. Women who are exclusively same-sex attracted are one example. Another group are women who are sexually inactive and do not anticipate any imminent change in that status. Many of these women quite reasonably opt-out of contraception after weighing up the risks and benefits of their options.

In our view, any fear that prescribers may carry regarding failed-abstinence leading to unwanted pregnancy is insufficient justification to mandate that women use contraception they do not need, merely to “qualify” for another treatment.

Whatever a woman may decide regarding her pregnancy-prevention plan, prescribers of isotretinoin invariably obtain informed consent (most commonly written) before starting this drug and add further layers of safety by educating patients on the existence of emergency contraception and the need for concomitant barrier protection.

Overall, our strong view is that no data have been presented to raise any legitimate concerns that pregnancy-prevention strategies are failing women receiving teratogenic medicines in Australia.

Aaron E Boyce^{1,2}
Tony Caccetta^{3,4}
Jo-Ann See⁵
Rosemary L Nixon AM⁶

¹ University of Adelaide, Adelaide, SA.

² Northern Adelaide Local Health Network, Adelaide, SA.

³ University of Western Australia, Perth, WA.

⁴ Perth Dermatology Clinic, Perth, WA.

⁵ Central Sydney Dermatology, Sydney, NSW.

⁶ Occupational Dermatology Research and Education Centre, Skin and Cancer Foundation, Melbourne, VIC.

aaron.boyce@sa.gov.au

Competing interests: All authors are fellows of the Australasian College of Dermatologists and serve on various committees within the college. All authors are practising dermatologists.

Author contributions: Boyce AE: Conceptualization, writing - original draft. Caccetta T: Conceptualization, writing - review and editing. See J: Conceptualization, writing - review and editing. Nixon AM RL: Conceptualization, writing - review and editing. ■

doi: [10.5694/mja2.70058](https://doi.org/10.5694/mja2.70058)

© 2025 AMPCo Pty Ltd.

- 1 Grzeskowiak LE, Moore V, Hall K, et al. Concurrent use of hormonal long-acting reversible contraception by women of reproductive age dispensed teratogenic medications, Australia, 2013–2021: a retrospective cohort study. *Med J Aust* 2024; 221: 367–373. <https://www.mja.com.au/journal/2024/221/7/concurrent-use-hormonal-long-acting-reversible-contraception-women-reproductive>
- 2 Skiba MA, Islam RM, Bell RJ, Davis SR. Hormonal contraceptive use in Australian women: who is using what? *Aust N Z J Obstet Gynaecol* 2019; 59: 717–724. ■