
Breaking the Contraceptive Barrier: Techniques for Effective Contraceptive Consultations

Association of Reproductive Health
Professionals
www.arhp.org

Acknowledgement

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Faculty Disclosure

- **Linda Dominguez, RN-C, NP**
 - Speaker and consultant for Ortho Women's Health and Urology, Barr Pharmaceuticals, Organon, a part of Schering-Plough Corporation, Bayer HealthCare Pharmaceuticals;
 - is a consultant for Wyeth Pharmaceuticals
- Note: Staff and committee disclosures listed in program
-

Medical Advisory Committee

- Paul D. Blumenthal, MD, MPH
 - Linda Burdette, MPAS, PA-C
 - Linda Dominguez, RN-C, NP (chair)
 - Kathleen Hill-Besinque, PharmD, MSED
 - Gary Kreps, PhD
 - Linda Prine, MD
 - Heather Reynolds, MSN, CNM, FACNM
 - Rameet Singh, MD, MPH
-

Learning Objectives

At the conclusion of this program, participants will be able to:

- Recognize barriers of individual patients to effective prevention of unintended pregnancy
 - Identify barriers that impede the ability of health care providers to discuss contraception with patients successfully
-

more...

Learning Objectives (continued)

At the conclusion of this program, participants will be able to:

- Examine effective strategies for overcoming the most common barriers to patients' contraceptive success
 - Develop individualized strategies for provision of contraception to patients
-

What Is Patient-centered Care?

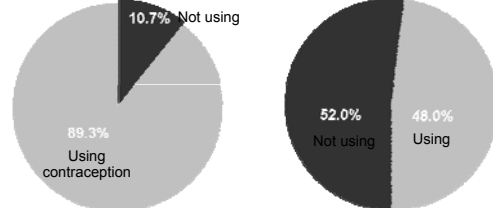
"...being patient-centered actually means taking into account the patient's desire for information and for sharing decision making and responding appropriately."

Stewart M
BMJ 2001

Stewart. *BMJ*. 2001.

10.7% using no contraceptive made up 52% of unintended pregnancies

The small proportion of women who do not use contraceptives... account for roughly half of all unintended pregnancies



Women at risk of unintended pregnancy, 1995 (42M) Women experiencing unintended pregnancies, 1994 (3M)

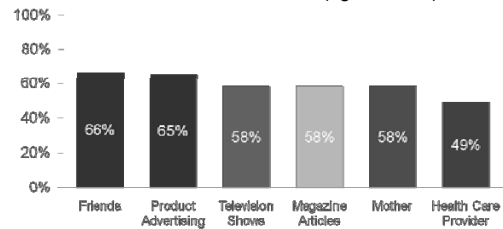
Finer. *Perspectives on Sexual and Reproductive Health*. 2006.

Contraception: It's More Than a Prescription



Where Are Teens Getting Sex Ed?

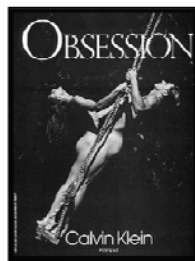
Sources of "a lot" or "some" birth control and protection information for teens (ages 15-17)



Kaiser Family Foundation/*Seventeen Magazine*. 2004.
Strasburger. *Adolesc Med Clin*. 2005.

Media Messages

What messages about sex do the media convey?

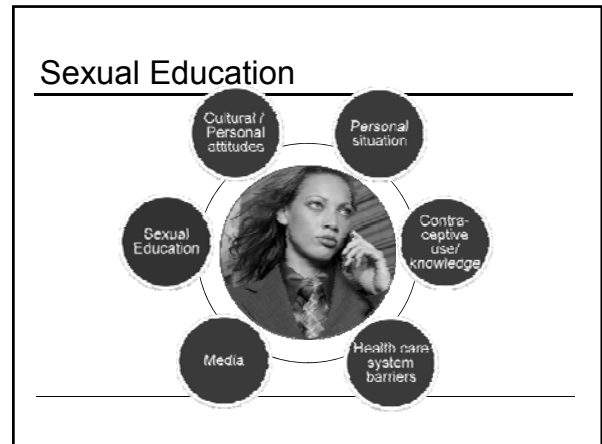
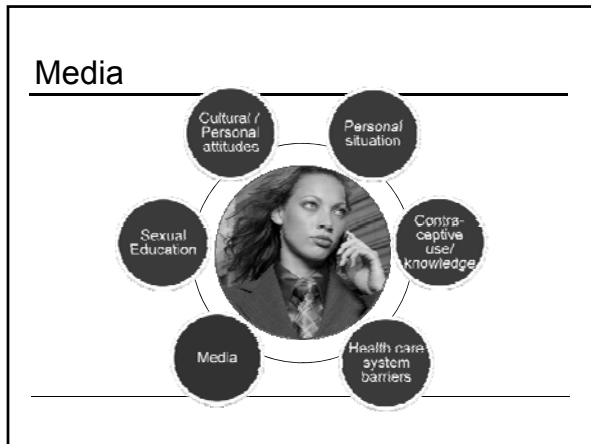


Strasburger. *Adolesc Med Clin*. 2005.

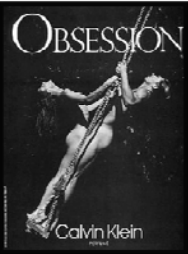
Case Study: Elaina (continued)



What can providers do to counteract media messages about sex?

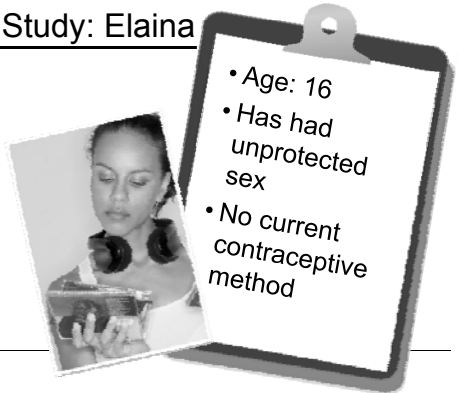


Media Messages (continued)

Everyone is having sex	
Sex "just happens"	
Being "swept away" is the natural way to have sex	
Adults do not plan for sex	
Adults do not use contraception	

Strasburger. *Adolesc Med Clin.* 2005.

Case Study: Elaina



- Age: 16
- Has had unprotected sex
- No current contraceptive method


Teaching Swimming Like We Teach Sexuality?

"...I've often wondered what it would be like if we taught young people swimming the same way we teach sexuality... Suddenly, when they turn 18 we would fling open the doors to the swimming pool and they would jump in. Miraculously, some might learn to tread water, but many would drown."

Roberts E.
Television & Children 1983

Roberts E. *Television & Children.* 1983. (cited in Strasburger)

Case Study: Margerite (continued)



What are potential reasons why her husband objects to contraception?
How does this affect your conversation?



Case Study: Margarite

Role Play

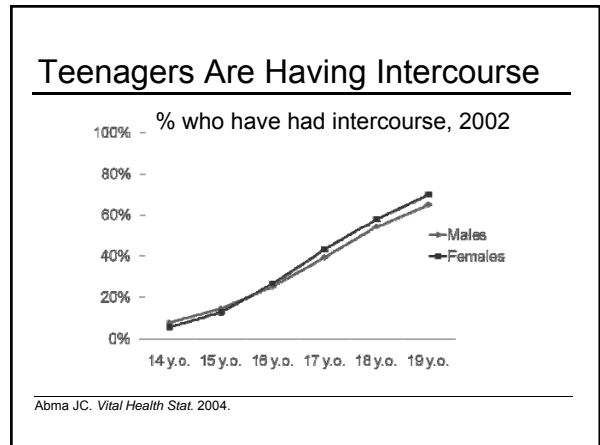
- Age: 22
- Newly married
- High school grad, thinking about college
- Husband objects to contraceptives

Understanding Cultural Attitudes

“...clinicians who develop a heightened sensitivity towards their patient’s cultural orientation can enhance the opportunity for a successful outcome and ensure that the care delivered is congruent with that patient’s values and beliefs.”

Blumenthal P
Contraception Online 2007

Blumenthal P. Contraception Online. 2007.



Cultural Attitudes: Teenage Risk Assessment

The image shows a balance scale. On the left pan, there is a television set. On the right pan, there is a large bag of money with the text '\$1million' written on it. The scale is balanced on a triangular base.

Reyna VF. Scientific American Mind. December 2006/January 2007.


Addressing Risk Through “Gist-based Thinking”

“...in talking about all the different ways to say ‘no,’ I’ve actually used them, which makes me feel much more comfortable...and confident. I don’t feel stupid saying ‘no.’”

Patient

Reyna VF. Scientific American Mind. December 2006/January 2007.

Case Study: Brianna




- Age: 14
- May be ready for sex
- No current contraceptive method



Partner Concerns That Influence Successful Contraception

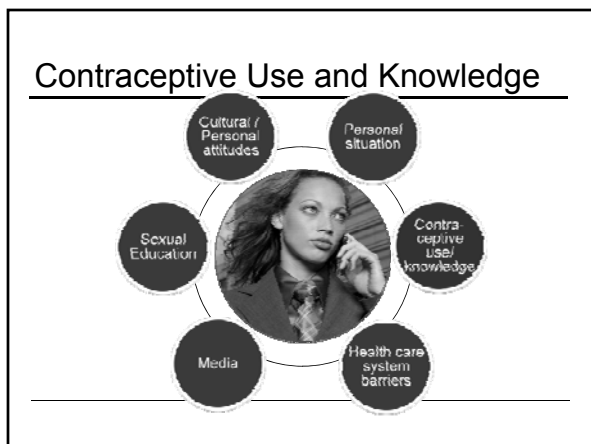


Intimate Partner Violence (IPV)




"I was afraid someone would ask me about the abuse... and I was just as afraid that no one would... and I would have to go home and deal with it on my own."
-IPV victim

Garcia-Moreno C. *Lancet*. 2002; Hadley SM. *Orthop Nurs*. 2002.




Case Study: Nell



- Age: 32
- Has one child
- Wants another in a few years
- Uses OCs but not consistently


Role Play

Case Study: Mikayla



- Age 19
- Used DMPA for 2 years
- Physician told her to stop injections
- Is not using contraception now

Perceptions of Contraceptive Risks




THE WALL STREET JOURNAL
November 22, 2005
Doctors Back Off Birth-Control Patch

Important Safety Information:
Serious as well as minor side effects have been reported with the use of the Patch. Serious risks, which can be life threatening, include blood clots, stroke and heart disease and are increased if you smoke cigarettes. **Cigarette smoking increases the risk of serious cardiovascular side effects, especially if you are over 35.** Contraceptive pills like Ortho Evra, Ortho Evra XL, and Ortho Evra XL-100, like other women should not use the Patch, including women who have blood clots, certain cancers, a history of heart attack, blood clots, or stroke, as well as those who are or may be pregnant.

Hormones from Ortho Evra® gel enter the blood stream and are processed by the body differently than hormones from birth control pills. They will be expected to about 66% more estrogen if you use Ortho Evra® than if you use a typical birth control pill containing 20 micrograms of estrogen. In general, increased estrogen may increase the risk of side effects. The risk of serious thromboembolic events (blood clots in the legs and/or lungs) may increase with the use of Ortho Evra®. Some research has shown that the use of Ortho Evra® may increase the risk of stroke in women who used other birth control pills. Ortho Evra® contains one active ingredient (norgestimate) or norethindrone and 20 micrograms of estrogen. Risks of these side effects cannot be determined from an accurate rate (number) of risk of serious birth control pills because increase in risk is determined using Ortho Evra® compared to women using birth control pills.


Case Study: Mikayla (continued)



Key Points About DMPA:

- No evidence it causes fracture increase
- Bone mineral density returns to baseline after cessation of DMPA
- Bone health largely dependent on nutrition and exercise

Case Study: Heather



- Age: 26
- Abortion 2 years ago
- Relies on partner's use of condoms

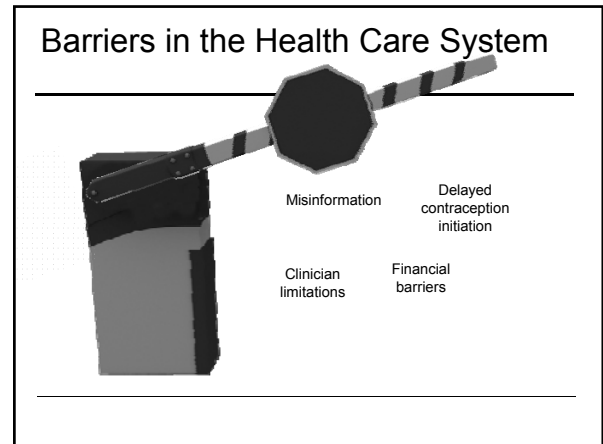
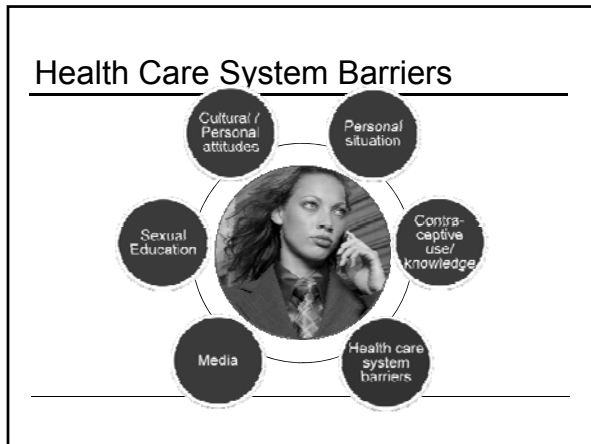
Barriers to Emergency Contraception

Failure to recognize the risk of conception
Embarrassment about using contraceptive services
Limited knowledge about EC
Poor access to EC
Concerns about side effects
Moral issues
Cost (\$10–\$45, + office visit if under age 18)

Prine L. *Obstet Gynecol Clin N Am.* 2007; Rocca CH. *Am J Obstet Gynecol.* 2007; Glasier A. *N Engl J Med.* 1998; Raine T. *Obstet Gynecol.* 2000.

Maximizing the Benefits of EC

- Know pregnancy risk in cycle
- Know effectiveness of contraceptives
- Use highly effective method
- Overcome barriers to EC availability and use



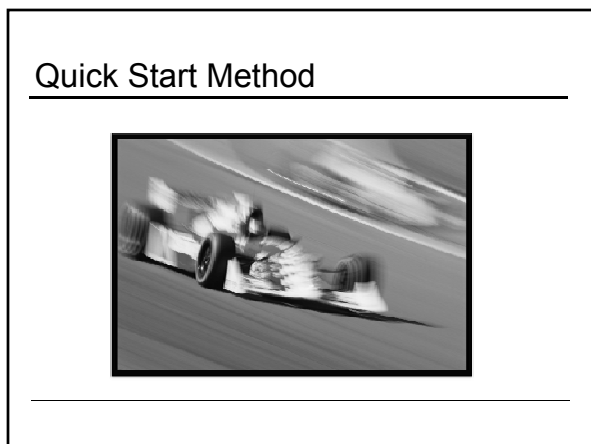
Case Study: Faith

- Age: 20
- Full exam nine months ago
- Uses condoms
- Wants phone Rx for pill

Are These Reasons to Delay Initiation of Oral Contraceptives?

Pregnancy test	Not required
Pelvic exam	Not required
Pap smear	Not required
STI screening	Not required

Leeman L. *Obstet Gynecol Clin N Am.* 2007




IUD Myths

PID risk	X
Infertility risk	X
Ectopic pregnancy risk	X
Monogamy requirement	X
Not for use in teens	X
Parous requirement	X
Postpartum/Post-abortion delay	X
History of STIs	?


MacIsaac L. *Obstet Gynecol Clin N Am.* 2007; Toma A. *J Pediatr Adolesc Gynecol.* 2006.

**Case Study:
Daphne**



- Age: 34
- Heavy menstrual bleeding; normal pelvic exam
- Recently divorced, has one child
- Wants tubal ligation or hysterectomy to eliminate bleeding

**Case Study:
Johanna**



- Age: 35
- Smoker (half pack/day)
- Recently divorced and dating
- Uses OCs successfully
- OCs help her headaches

Role Play

**Insurance Barriers:
Availability and Cost Constraints**

"...a delay in obtaining a needed contraceptive refill may result in significant reduction of contraceptive efficacy and is a very common reason for contraceptive failure."

Trussell J
Contraception 2008

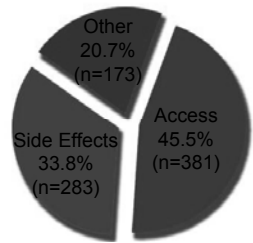
Trussell J. *Contraception*. 2008.

**Financial Barriers:
How Can You Help?**

What can health care providers do to help patients overcome financial barriers?




**Financial Barriers Affect
Consistent Contraceptive Use**



Reasons for Discontinuing OCs

Westhoff CL. *Am J Obstet Gynecol*. 2007.

Clinician Limitations



Learning Objectives (continued)

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- Develop individualized strategies for provision of contraception to patients

Why Does Contraception Matter?



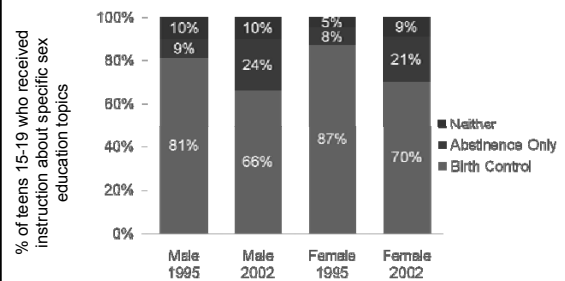
VIDEO LINK

<http://youtube.com/watch?v=PDnUmE3oug>

What Does Patient-centered Care Look Like?



"Abstinence-only" Messages Increasing



Duberstein. *Perspect Sex Reprod Health*. 2006.