Client Centered Contraception Counseling

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Objectives

1. List two obstacles to correct use of contraceptives.
2. Define and describe the concept of tiered effectiveness in relation to contraceptive choices.
3. Incorporate reproductive life planning and motivational interviewing into contraceptive counseling.
4. Demonstrate use of the information sandwich.
Disclosures

• Advisory Board
  Teva (ParaGard, LeCette)
  Merck (HPV vaccines)
  Actavis (Levosert IUD in development)
• Speakers’ Bureau
  Teva (ParaGard)
  Merck (Gardasil)
  Merck (NuvaRing)
  Bayer (Mirena, Skyla)
• Trainer
  Merck (Implanon/Nexplanon)
U.S. Medical Eligibility for Contraceptive Use
U.S. Selected Practice Recommendations
Providing Quality Family Planning Services: Recommendations of the CDC and U.S. OPA

UTILIZE NATIONAL GUIDELINES
QFP fills gaps in existing guidelines

- Achieving Pregnancy Guidelines
- Contraception Guidelines
- Preconception Guidelines
- STD & HIV Guidelines
U.S. Medical Eligibility Criteria for Contraceptive Use, 2010

Adapted from the World Health Organization Medical Eligibility Criteria for Contraceptive Use, 4th edition
Safety Considerations
### US Medical Eligibility Criteria: Categories

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No restriction for the use of the contraceptive method for a woman with that condition</td>
</tr>
<tr>
<td>2</td>
<td>Advantages of using the method generally outweigh the theoretical or proven risks</td>
</tr>
<tr>
<td>3</td>
<td>Theoretical or proven risks of the method usually outweigh the advantages – not usually recommended unless more appropriate methods are not available or acceptable</td>
</tr>
<tr>
<td>4</td>
<td>Unacceptable health risk if the contraceptive method is used by a woman with that condition</td>
</tr>
</tbody>
</table>

Free and User-Friendly

[iPhone/ iPad App]

New Mobile Tool Available for CDC’s U.S. Medical Eligibility Criteria for Contraceptive Use, 2010

Download the U.S. MEC application for iPhone/iPad from the iTunes App Store.

CDC has a new app which provides guidance for healthcare providers on the safety of contraceptive methods for people with certain medical conditions. The app is developed from the U.S. Medical Eligibility Criteria for Contraceptive Use, 2010 that includes more than 60 characteristics and medical conditions that may affect people seeking family planning services.
<table>
<thead>
<tr>
<th>Conditions/Conditions Associated with Increased Risk for Adverse Heath Events as a Result of Unintended Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancer</td>
</tr>
<tr>
<td>Malignant liver tumors (hepatoma) and hepatocellular carcinoma of the liver</td>
</tr>
<tr>
<td>Complicated valvular heart disease</td>
</tr>
<tr>
<td>Peripartum cardiomyopathy</td>
</tr>
<tr>
<td>Diabetes: insulin dependent; with nephropathy/retinopathy/neuropathy or other vascular disease; or of &gt;20 years’ duration</td>
</tr>
<tr>
<td>Schistosomiasis with fibrosis of the liver</td>
</tr>
<tr>
<td>Endometrial or ovarian cancer</td>
</tr>
<tr>
<td>Severe (decompensated) cirrhosis</td>
</tr>
<tr>
<td>Epilepsy</td>
</tr>
<tr>
<td>Sickle cell disease</td>
</tr>
<tr>
<td>Hypertension: (systolic &gt; 160 mm Hg or diastolic &gt; 100 mm Hg)</td>
</tr>
<tr>
<td>Solid organ transplantation within the past 2 years</td>
</tr>
<tr>
<td>History of bariatric surgery within past 2 years</td>
</tr>
<tr>
<td>Stroke</td>
</tr>
<tr>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>Systemic lupus erythematosus</td>
</tr>
<tr>
<td>Ischemic heart disease</td>
</tr>
<tr>
<td>Thrombogenic mutations</td>
</tr>
<tr>
<td>Malignant gestational trophoblastic disease</td>
</tr>
<tr>
<td>Tuberculosis</td>
</tr>
</tbody>
</table>

Should consider long-acting, highly-effective contraception for these patients
U.S. Medical Eligibility Criteria for Contraceptive Use, 2010

http://www.cdc.gov/mmwr/pdf/rr/rr59e0528.pdf
U.S. Selected Practice Recommendations for Contraceptive Use, 2013
Adapted from the World Health Organization Selected Practice Recommendations for Contraceptive Use, 2nd Edition

http://www.cdc.gov/mmwr/pdf/rr/rr6205.pdf
Appendix E: Management of Women with Bleeding Irregularities

Cu-IUD users
- For unscheduled spotting or light bleeding or heavy or prolonged bleeding:
  - NSAIDs (5–7 days of treatment)

LNG-IUD users
- For unscheduled spotting or light bleeding or heavy or prolonged bleeding:
  - NSAIDs (5–7 days of treatment)
  - Hormonal treatment (if medically eligible) with COCs or estrogen (10–20 days of treatment)

Implant users
- For unscheduled spotting or light bleeding:
  - NSAIDs (5–7 days of treatment)

Injectable (DMPA) users
- For unscheduled spotting or light bleeding:
  - NSAIDs (5–7 days of treatment)
  - Hormonal treatment (if medically eligible) with COCs or estrogen (10–20 days of treatment)

CHC users (extended or continuous regimen)
- Hormone-free interval for 3–4 consecutive days
  - Not recommended during the first 21 days of extended or continuous CHC use
  - Not recommended more than once per month because contraceptive effectiveness might be reduced

If bleeding disorder persists or woman finds it unacceptable
- Counsel on alternative methods and offer another method, if desired.
How To Be Reasonably Certain That A Woman Is Not Pregnant

BOX 1
“TIERED EFFECTIVENESS”
Tiered Effectiveness

• We don’t need to exhaustively run through each method with each client.
• The goal of contraceptive counseling:

  To assist the client in making an informed decision that supports their reproductive goals.
Comparing Effectiveness of Family Planning Methods

More effective
Less than 1 pregnancy per 100 women in 1 year

- Implants
- IUD
- Female sterilization
- Vasectomy

How to make your method more effective

- Implants, IUD, female sterilization: After procedure, little or nothing to do or remember
- Vasectomy: Use another method for first 3 months
- Injectables: Get repeat injections on time
- Lactational amenorrhea method, LAM (for 6 months): Breastfeed often, day and night
- Pills: Take a pill each day
- Patch: Keep in place, change on time
- Condoms, diaphragm: Use correctly every time you have sex
- Fertility awareness methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be easier to use.

Less effective
About 30 pregnancies per 100 women in 1 year

- Withdrawal
- Spermicides

Sources:
# How Well Does Birth Control Work?

<table>
<thead>
<tr>
<th>Method</th>
<th>Effectiveness</th>
<th>Install Method</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Really, really well</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Implant (Nexplanon)</td>
<td>++ ++ ++ ++ ++ ++ + + +</td>
<td>3 years</td>
<td></td>
</tr>
<tr>
<td>IUD (Skyla)</td>
<td>++ ++ ++ ++ ++ ++ + + +</td>
<td>3 years</td>
<td></td>
</tr>
<tr>
<td>IUD (Mirena)</td>
<td>++ ++ ++ ++ ++ ++ + + +</td>
<td>5 years</td>
<td></td>
</tr>
<tr>
<td>IUD (ParaGard)</td>
<td>++ ++ ++ ++ ++ ++ + + +</td>
<td>12 years</td>
<td>Forever</td>
</tr>
<tr>
<td>Sterilization, for men and women</td>
<td>++ ++ ++ ++ ++ ++ + + +</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Works, hassle-free, for up to...  
- Less than 1 in 100 women

<table>
<thead>
<tr>
<th>Method</th>
<th>Effectiveness</th>
<th>Install Method</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Okay</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Pill</td>
<td>++ ++ ++ ++ ++ ++ + + +</td>
<td>6-9 in 100 women, depending on method</td>
<td></td>
</tr>
<tr>
<td>The Patch</td>
<td>++ ++ ++ ++ ++ ++ + + +</td>
<td>Every week</td>
<td></td>
</tr>
<tr>
<td>The Ring</td>
<td>++ ++ ++ ++ ++ ++ + + +</td>
<td>Every month</td>
<td></td>
</tr>
<tr>
<td>The Shot (Depo-Provera)</td>
<td>++ ++ ++ ++ ++ ++ + + +</td>
<td>Every 3 months</td>
<td></td>
</tr>
</tbody>
</table>

- For it to work best, use it...  
- 6-9 in 100 women, depending on method

<table>
<thead>
<tr>
<th>Method</th>
<th>Effectiveness</th>
<th>Install Method</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not so well</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withdrawal</td>
<td>++ ++ ++ ++ ++ ++ + + +</td>
<td>12-24 in 100 women,</td>
<td></td>
</tr>
<tr>
<td>Diaphragm</td>
<td>++ ++ ++ ++ ++ ++ + + +</td>
<td>Every Single Day</td>
<td></td>
</tr>
<tr>
<td>Fertility Awareness</td>
<td>++ ++ ++ ++ ++ ++ + + +</td>
<td>Every Single Day</td>
<td></td>
</tr>
<tr>
<td>Condoms, for men and women</td>
<td>++ ++ ++ ++ ++ ++ + + +</td>
<td>Every Single Day</td>
<td></td>
</tr>
</tbody>
</table>

- For each of these methods to work, you or your partner have to use it every single time you have sex.
Patient Resource

Http://bedsider.org/

• “User friendly”, accurate information on all contraceptive methods
• Will set up reminders for contraception adherence
• Many fun and helpful tools
Patient Education Resource

- “User friendly”, **accurate** information on all contraceptive methods
- Will set up reminders for contraception adherence
- Many fun and helpful tools

Http://bedsider.org/
Government Resources

• Health Literacy Universal Precautions Toolkit, provided by the Agency for Healthcare Research and Quality:
  http://www.ahrq.gov/qual/literacy

• Toolkit for Making Written Material Clear and Effective, provided by the Centers for Medicare and Medicaid Services:
  http://www.cms.gov/WrittenMaterialsToolkit

• Health Literacy Online, provided by the Office of Disease Prevention and Health Promotion:
  http://www.health.gov/healthliteracyonline
REPRODUCTIVE LIFE PLAN (RLP)
RLP: What is it?

- A self-assessment of life goals
- Goals in several broad categories
  - Education
  - Work/Career
  - Family Planning
- We assist or guide as needed
The One Key Question®

“Would you like to become pregnant in the next year?”

• The Oregon Foundation for Reproductive Health’s ONE KEY QUESTION® Initiative is endorsed by 19 professional organizations and associations

• Encourages all primary care providers to ask women and for women to speak about their reproductive health needs.

• To more fully support women’s SRH.
Three Questions

1. Do you think you would like to have (more) children some day?
2. When do you think that might be?
3. How important is it to you to prevent pregnancy until then?
How does it help?

Clarifies how motivated she is to become pregnant or prevent pregnancy...so we discuss appropriate interventions

+- Contraception
+- Preconception Care
Or Basic Infertility Services
For Contraception

**Appropriate contraception**

- Highly effective
- "Non contraceptive" benefits
- Concealed contraception
Alternate RLP questions:

• How would it be if you were to become pregnant over the next few months?
• What are your pre-pregnancy goals?
• How would you feel if you became pregnant now?
• What do you plan to do until you are ready to become pregnant?
RLP: Purpose

• To reveal the patients intentions regarding reproduction
• **So she or he verbalizes** what is most important to *them*
• So they can:
  – obtain necessary information
  – adhere to their own plan
  – make (better) choices
  – fulfill their own goals.

• **Ambivalence is expected**
But Don’t Call it a Plan!

• Assist client in goal setting and next steps
• Follow-up contact when possible
• Use computerized decision aids
The First 2 Minutes --“Small Talk”

- Ask what kind of work she does or if she is in school before getting into the content of the visit.
- Use the information she gives you to refer back to later in the visit:
  - “It sounds like you are incredibly busy with all that you have on your plate with work and school”
  - “Working and taking care of a little one must make it challenging to schedule a visit for your depo shot”
MOTIVATIONAL INTERVIEWING (MI)
Motivational Interviewing with contraception counseling

- Saves time
- Effective
- Client centered
When is MI not needed?

A patient says: “Give me the most effective method you’ve got!”
MI Is For

- Diabetes self management
- Addiction counseling and treatment
- Weight loss
- Medication adherence
- Condom use
- Contraception counseling
- Behavior change
MI: the approach

- Start from a place of respect
- Guiding not directing
- Not “me vs. you” rather...“us together on the same side”
- Help patients feel *motivated* by having them verbalize their own goals
- Identify what is personally meaningful or of value to the patient rather than those things that we as the HCP think are most important
MI: the benefit

- Reduces frustration with the patient and subsequently ourselves
- Removes our ego…
  - “I need to make this patient do what’s good for her.”
  - “I want to protect her from an unnecessary unplanned pregnancy (or STI) !”
  - “If can’t get through to my patient, I fail.”
- Our morale as HCPs will be exhausted without success
Ineffective Strategies

• **Taking sides** in the patients ambivalence
• **Threatening** bad outcomes;
  – “You’ll get pregnant if you don’t ...”
  – This gets their attention *but doesn’t work for behavior change*
• **Giving advice** assumes this person simply doesn’t know enough.
• **To offer one idea after another** = exhaustion
Effective Strategies

• If you find yourself talking, *stop* and ask a pertinent question.

• Rephrase relevant things that they say to you:
  
  • Once you re-phrase, *pause* for a reply
Ambivalence

On one hand we want to accomplish our goals

Rewards

Obstacles

On the other are many obstacles
Motivation for contraceptive use

• With **perfect** use of contraception
  – 1 year,
  – 3 years,
  – 5-10 years,
  – 20+ years...what will happen??

• The best case scenario...
Nothing!
Obstacles

• All contraceptive methods have potential side effects
• Fear of negative health effects
• Risk for unplanned pregnancy is theoretical
• Perception of risk is not fully rational and is based on past life experience---ask
Obstacles

• Contraceptive sabotage by a partner
• Logistical constraints
  – Cost
  – Wait times, work schedule, transportation, childcare
• Adherence to second and third tier methods
  – Forgets to adhere
  – Too busy to adhere
Obstacles

- Drugs
- Alcohol
- Being sexually aroused
- Religious reasons

Ambivalence
Obstacles

Intermittent/inconsistent sexual partnering

• Believes she doesn’t need contraception (today)
• Ask specific details of what she did and when
• Ask if she intends or would like to be sexual with someone in the next month, year... two years
Re-phrasing

• “So I hear you saying ...(your boyfriend wants you to have a baby right now but you’re not so sure) do I have that right?”

• “Many of my patients say that they...”

• “... is that what you mean?”

• “It sounds like you....(really want to be reassured every month that you are not pregnant and that is what you like about your getting your period once a month)”

• “So you feel pretty strong about...”
Understanding objections

If we listen well enough to where the resistance has come from, we can develop discrepancy (describe the ambivalence)
Accept Ambivalence

• Expect
• Look for
• Find
• Accept
• And help resolve ambivalence

• We guide patients towards decision-making that is in line with their own goals by helping them explore and resolve their own ambivalence.
Accept Ambivalence

• Merely developing the discrepancy is a powerful way to help patients make better choices.
• Non judgmentally.
On the One Hand

• “So it sounds like **on one hand** you are saying that it’s very important to you to wait until you are ready, and yet **on the other hand**, a part of you would like to have a baby now? Do I have that right?”

• “**On the one hand** you would really like to finish school before you become a parent yet **on the other hand** it’s hard to be consistent with your (pill use, or depo use, or condom use)…”

pause for a reply
Neutral Words

- People don’t like to have other people tell them what they are feeling.
- Avoid labeling her negative feelings using words like:
  - “You sound angry” (or anxious, sad)”.
- Better to use neutral words:
  - “It sounds like...is concerning to you”
  - “I hear you saying ... was hard to deal with”
Point Out & Compliment Healthy or Responsible Behaviors

• Find something about her health-supporting behavior to compliment.
  – Condom use, adherence to a method, exercise, diet improvement. As many things as possible to point out to the patient that are "positives".

• This is so that:
  – You are both on the same side.
  – She will trust you
  – She makes the connection between other “responsible”, “healthy” behaviors and effective contracepting behavior
Positive Feedback

• “It’s great that you were so strong in standing up for yourself (in another situation...)

• “You are obviously smart.... (give a **concrete** example)

• “You’ve clearly thought about this a lot...so what do you make of this situation?”

• “You ask really great questions...”

• “Not many people (your age) act so responsibly about using a condom every time.” “You are clearly interested in protecting yourself.”
“Think of how you feel about getting pregnant right now and then see if you can tell me where you fall on a scale of 1-10. 1 being that it would be the worst thing you can imagine, and 10 being that it would make you the happiest you could possibly be.”
Resolve Ambivalence

• “a 2”

“Why would you say you aren’t you a lower #?”

• “I’m not ready for a baby but I know that I won’t have another abortion because I am an adult and having a baby wouldn’t be the absolute worst thing in the world”

“Why do you think the # might not be higher?”

• “I really want to wait a few more years!”
Limit The Amount Of Information Presented And Emphasize Essential Points

• Humans forget (or remember incorrectly) much of the information provided.
• This problem is exacerbated as more information is presented.
• Highlight important facts by presenting them first.
• Focus on needs and knowledge gaps.
Limit The Amount Of Information Presented And Emphasize Essential Points

- Highlight important facts by presenting them first
- Humans forget (or remember incorrectly) much of the information provided.
- This problem is exacerbated as more information is presented.
- Focus on needs and knowledge gaps
Information Sandwich
Ellicit/Provide/Ellicit model

Sandwich the information you want to give between questions:

E: “How would it be for you if you didn’t get your period while you are using the implant?”
“My mom always told me it was important to get my period every month”
Information Sandwich
Ellicit/Provide/Ellicit model

P: “Your mother is completely right, it’s great that you know that... Interestingly, if a woman uses contraceptive hormones it keeps her uterus and ovaries safe etc...”

E: “Knowing that, how would it be for you not getting periods?”
Communicate Numeric Quantities In Easily Understood Ways

Use natural frequencies and common denominators

• “If 1000 women have unprotected sex for a year, 850 of them will get pregnant as compared with 1 out of 1000 using an IUD”
• “If a woman switches from the pill to an implant her chance of unintended pregnancy is reduced from 90 in 1000 to 1 in 1000”
• Not: “the chance of unintended pregnancy is reduced by 87%”
Teach Back

• Ask client to restate important messages in her or his own words
  – “Show me what you will do when you get to the end of the pill pack”
  – “What will do to decrease you bleeding?”
• Confirm client and provider reach a shared understanding
• Use early and often
Tactile and Visual Aids

- ParaGard, Mirena, Skya and Nexplanon “demo units”
  - Have the patient hold the device while discussing it
  - She will see it is non-threatening:
    - soft, flexible, small
  - Easier to accept something into the body when we have a tactile relationship to it.
Tactile and Visual Aids

- Picture of uterus, cervix & vagina
- Plastic model of uterus, cervix & vagina
- Demonstrate
Language for LARC

- Use the word place rather than insert
- Each device is good for “up to…”
  - “ParaGard, Mirena, Skyla, Nexplanon is good for up to 12, 5, 3 years but if you want to get pregnant before then, just come in and we will remove it and your ability to get pregnant will return to whatever is normal for you.”
Language for LARC

• Rather than using the words “long acting”, use
  – Top tier
  – The most effective methods
  – The best we’ve got
  – Cadillac, Mercedes, BMW…
  – The methods “we all” use
  – Highly effective methods
Give Balanced Information On Benefits As Well As Risks

• Frame messages positively.
  “99 out of 100 women find this a safe method with no side effects,” versus “1 out of 100 women experience noticeable side effects”

• In addition to discussing risks, discuss the advantages and benefits of contraception

• Express risks and benefits in a common format
QUESTIONS
References

• ACOG Committee Opinion: Motivational Interviewing: A Tool for behavior Change; 423; Jan 2009.
• Barnet B et al. Motivational Intervention to Reduce Rapid Subsequent Births to Adolescent Mothers: A Community-Based Randomized Trial Ann Fam Med 2009;7:436-45.
References


References


• Madden T, et al. Structured contraceptive counseling provided by the Contraceptive CHOICE Project. Contraception. 2013 August; 88(2);243-249.

References


