

Family Planning and Sexual Health: Implementing New Guidelines in CHCs

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FACULTY DISCLOSURE

All faculty in a position to control content for this session have indicated they have no relevant financial relationships to disclose.

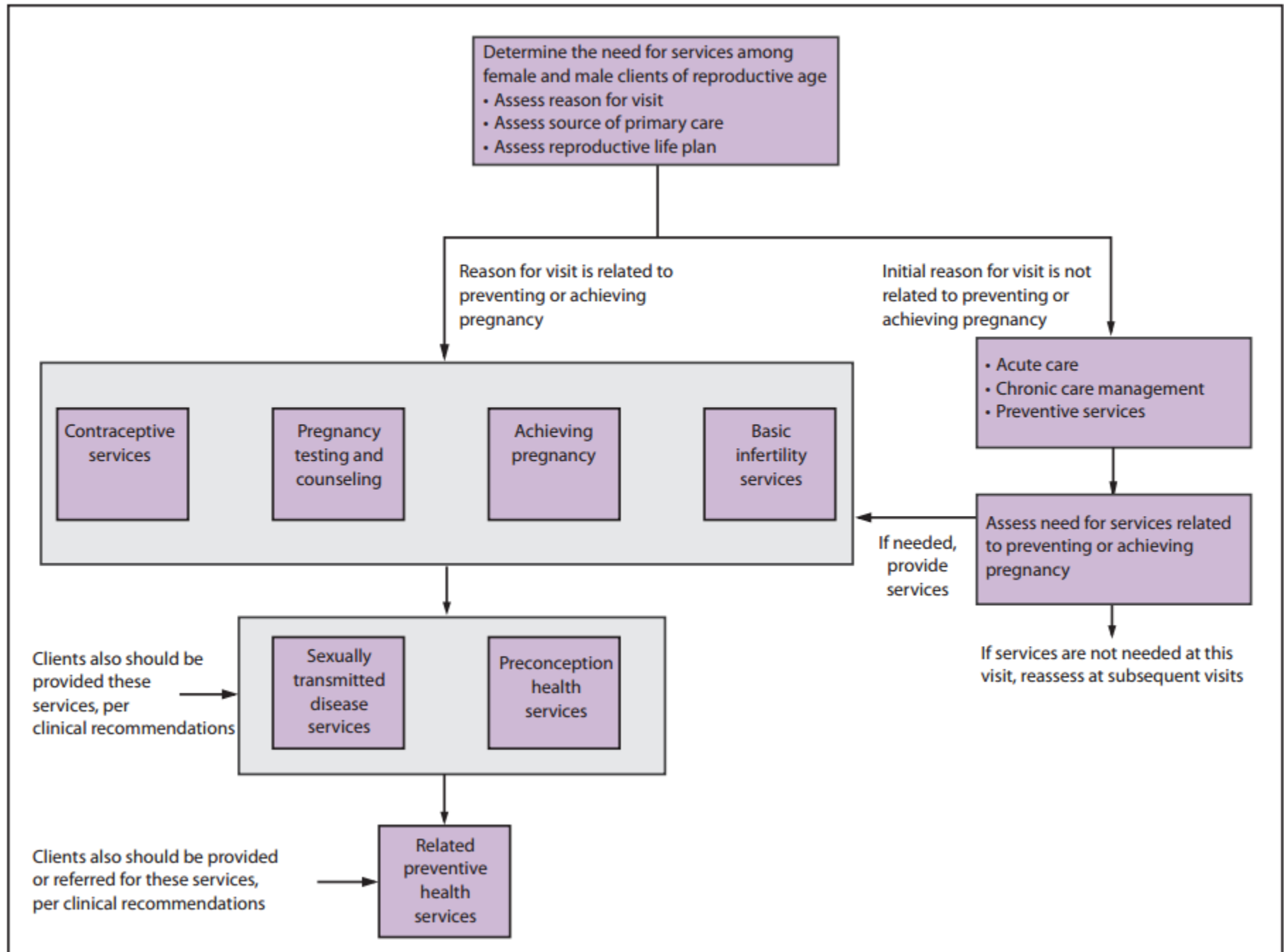
The content of my material/presentation in this CME activity will not include discussion of unapproved or investigational uses of products or devices.

Providing Quality Family Planning Services

Recommendations of CDC and the U.S. Office of Population Affairs



FIGURE 2. Clinical pathway of family planning services for women and men of reproductive age



BOX 2. Recommended questions to ask when assessing a client's reproductive life plan

Providers should discuss a reproductive life plan with clients receiving contraceptive, pregnancy testing and counseling, basic infertility, sexually transmitted disease, and preconception health services in accordance with CDC's recommendation that all persons capable of having a child should have a reproductive life plan.*

Providers should assess the client's reproductive life plan by asking the client questions such as:

- Do you have any children now?
- Do you want to have (more) children?
- How many (more) children would you like to have and when?

* Source: CDC. Recommendations to improve preconception health and health care—United States: a report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6).

Yolanda

17 year-old high school senior

Came in for a sprained ankle

Had unprotected sex 4 days ago

Urine pregnancy test was negative

What do you do next?



Emergency contraception: Levonorgestrel



NDC 52544-287-54

New! Now only ONE dose

**Next Choice™
ONE DOSE**
(Levonorgestrel) Tablet 1.5 mg

Emergency Contraceptive

Reduces the chance of pregnancy after unprotected sex (if a regular birth control method fails or after sex without birth control).
Not for regular birth control.

Next Choice One Dose should be used only in emergencies.

Rx only for women younger than age 17

Take as soon as possible within 72 hours (3 days) after unprotected sex. The sooner you take it, the better Next Choice One Dose will work.

*One Tablet
One Dose*

1 Levonorgestrel Tablet 1.5 mg

Rx only for women younger than age 17

Next Choice™
(Levonorgestrel) Tablets 0.75 mg

Emergency Contraceptive

Reduces the chance of pregnancy after unprotected sex (if a regular birth control method fails or after sex without birth control).
Not for regular birth control.

Next Choice™ should be used only in emergencies.

Take the first tablet as soon as possible within 72 hours (3 days) after unprotected sex. The sooner you take the first tablet, the better Next Choice™ will work. Take the second tablet 12 hours later.

2 Levonorgestrel Tablets 0.75 mg each

Take at once, up to 5 days after unprotected sex.
Efficacy decreases with time and patient's weight.

Ulipristal acetate: a new emergency contraceptive option



Decreases risk of unintended pregnancy by about 90%

Maintains nearly full efficacy up to 5 days after unprotected intercourse

More effective than progestin EC for women with high BMI








Copper IUD: for emergency contraception









**Nearly 100%
effective!**

**Works up to 5
days after
unprotected
sex, even for
obese women**

Your Birth Control Choices

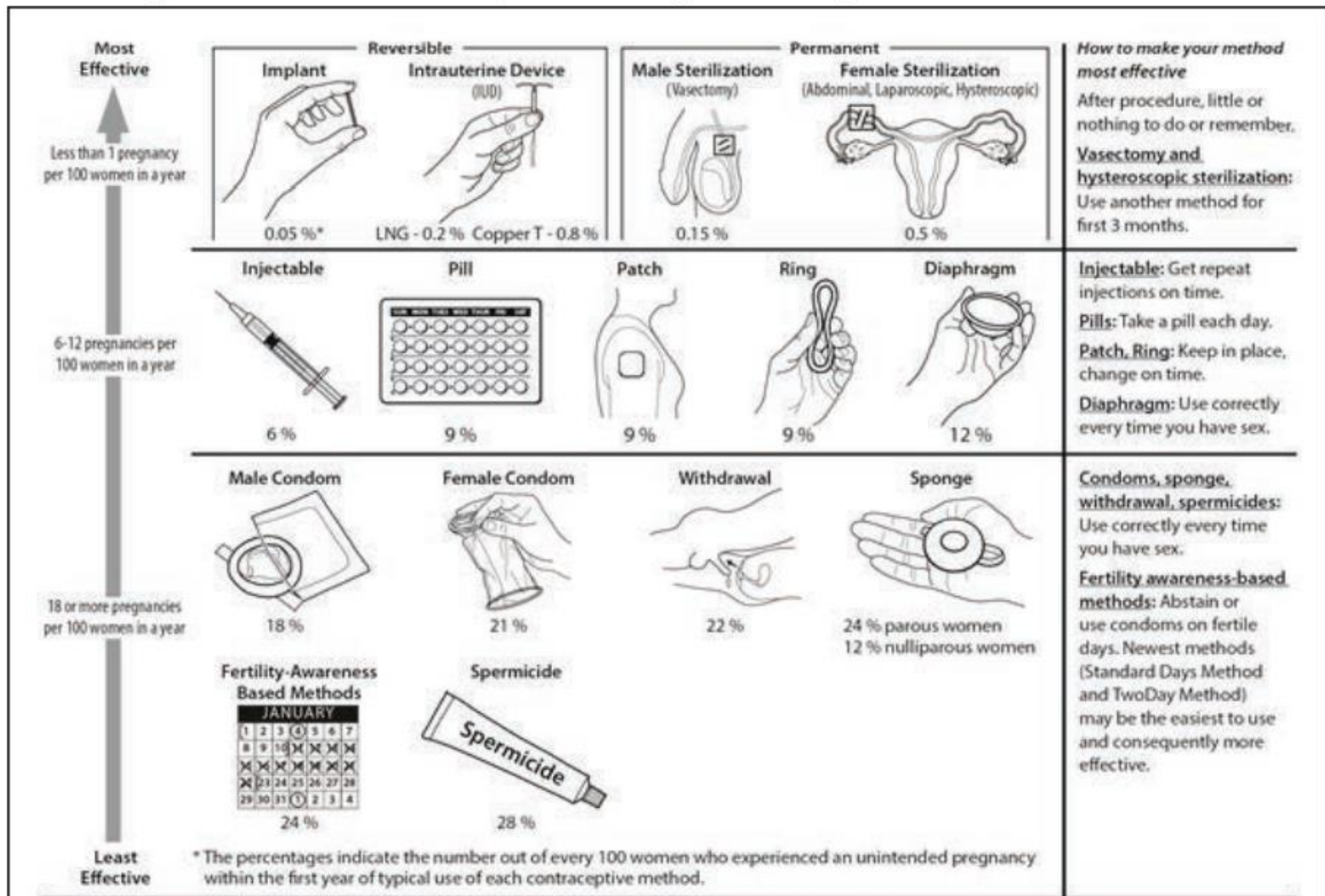
Method	How well does it work?	How to Use	Pros	Cons
Copper IUD (ParaGard™) 	99%	Must be placed in uterus by a health care provider Must be removed by a health care provider	May be left in place for up to 12 years Can be used while breastfeeding Ability to become pregnant returns quickly when IUD is removed	May cause more cramps and heavy periods IUDs can cause spotting between periods Rarely, uterus is injured during placement Does not protect against HIV or other STIs
Progestin IUD (Mirena™, Skyla™) 	99%	Must be placed in uterus by a health care provider Must be removed by a health care provider	Mirena™ may be left in place up to 7 years Skyla™ may be left in place up to 3 years May improve period cramps and bleeding Can be used while breastfeeding Ability to become pregnant returns quickly when IUD is removed	May cause lighter periods, spotting, or no period at all Rarely, uterus is injured during placement Does not protect against HIV or other STIs
The Implant (Nexplanon™) 	> 99%	A health care provider places it under the skin of the upper arm Must be removed by a health care provider	Long lasting (up to 3 years) No medicine to take daily Can be used while breastfeeding Ability to become pregnant returns quickly after it is removed	May cause irregular bleeding (spotting, no periods or heavy periods) After 1 year, many women have no period at all Does not protect against HIV or other STIs
The Shot Depo-Provera™ 	97-99%	Get shot every 3 months	Each shot works for 12 weeks Private Helps prevent cancer of the lining of the uterus (womb) No pill to take daily Can be used while breastfeeding	May cause spotting, no period, weight gain, depression, hair or skin changes, change in sex drive May cause delay in getting pregnant after you stop the shots Side effects may last up to 6 months after you stop the shots Does not protect against HIV or other STIs
The Pill 	92-99%	Must take the pill daily	Can make periods more regular and less painful Can improve PMS symptoms Can improve acne Lowers risk of ovarian cancer Ability to become pregnant returns quickly after stopping the pills	May cause nausea, weight gain, headaches, change in sex drive – but these can be relieved by changing to a new brand May cause spotting the first 1-2 months Does not protect against HIV or other STIs
Progestin-Only Pills 	92-99%	Must take the pill <u>at the same time</u> each day	Can be used while breastfeeding Ability to become pregnant returns quickly after stopping the pills	Often cause spotting, which may last for many months May cause depression, hair or skin changes, change in sex drive Does not protect against HIV or other STIs
The Patch Ortho Evra™ 	92-99%	Apply a new patch once a week for three weeks No patch in week 4	Can make periods more regular and less painful No pill to take daily Ability to become pregnant returns quickly after stopping the patch	Can irritate skin under the patch May cause spotting the first 1-2 months Does not protect against HIV or other STIs

How can we show Yolanda her options for ongoing contraception?

Method	How well does it work?	How to Use	Pros	Cons
The Ring Nuvaring™ 	92-99%	Insert a small ring into the vagina Change ring each month	Does not require a "fitting" by a health care provider Private Does not require spermicide Can make periods more regular and less painful No pill to take daily Ability to become pregnant returns quickly after stopping the ring	Can increase vaginal discharge May cause spotting the first 1-2 months of use Does not protect against HIV or other STIs
Male Condom 	85-98%	Use a new condom each time you have sex Use a polyurethane condom if allergic to latex	Can buy at many stores Can put on as part of sex play/foreplay Can help prevent early ejaculation Protects against HIV and many other sexually transmitted infections (STIs) Can be used while breastfeeding	Can decrease sensation Can cause loss of erection Can break or slip off
Female Condom 	79-95%	Use a new condom each time you have sex Use extra lubrication as needed	Can buy at many stores Can put in as part of sex play/foreplay Good for people with latex allergy Protects against HIV and other STIs Can be used while breastfeeding	May be noisy May be hard to insert May slip out of place during sex
Spermicide Cream, gel, sponge, foam, inserts, film 	71-85%	Insert more spermicide each time you have sex	Can buy at many stores Can be put in as part of sex play/foreplay Comes in many forms: cream, gel, sponge, foam, inserts, film Can be used while breastfeeding	May raise the risk of getting HIV May irritate vagina, penis Cream, gel, and foam can be messy
Diaphragm 	84-94%	Must be used each time you have sex Must be used with spermicide A health care provider will fit you and show you how to use it	Can last several years Costs very little to use May protect against some infections (NOT HIV) Can be used while breastfeeding	Using spermicide nonoxynol-9 may raise the risk of getting HIV Should not be used with vaginal bleeding or infection Raises risk of bladder infection
Emergency Contraception Plan B® One-Step, Next Choice™, ella® and others 	58-94%	Works best the sooner you take it after unprotected sex. Take pill(s) as soon as you can after unprotected sex. You can take EC up to 5 days after unprotected sex. If pack contains 2 pills, take both together	Can be used while breastfeeding Available at pharmacies, health centers or health care providers: Call ahead to see if they have it Women and men of any age can get some brands without a prescription	May cause stomach upset or nausea The next period may come early or late May cause spotting Does not protect against HIV or other STIs Women under age 17 need a prescription for some brands ella® is only available with a prescription May cost a lot

Choices are arranged with decreasing efficacy: less effective methods on page 2!

FIGURE 3. The typical effectiveness of Food and Drug Administration–approved contraceptive methods



CONDOMS SHOULD ALWAYS BE USED TO REDUCE THE RISK OF SEXUALLY TRANSMITTED INFECTIONS.

Other Methods of Contraception

Lactational Amenorrhea Method: LAM is a highly effective, temporary method of contraception.

Emergency Contraception: Emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.

Adapted from WHO's Family Planning: A Global Handbook for Providers (2001) and Trussell et al (2011).

Which methods can Yolanda start today?



Hormonal contraceptives: What is needed before prescribing?

Medical history
REQUIRED



Pap smear
Pelvic/breast exam
STI testing
Hemoglobin
NOT REQUIRED



Blood pressure
RECOMMENDED

TABLE 1. Assessments to conduct when a female client is initiating a new method of reversible contraception

	Cu-IUD and LNG-IUD	Implant	Injectable	Combined hormonal contraception	Progestin-only pills	Condom	Diaphragm or cervical cap	Spermicide
Examination								
Blood pressure	C	C	C	A*	C	C	C	C
Weight (BMI) (weight [kg]/height [m] ²)	— [†]	— [†]	— [†]	— [†]	— [†]	C	C	C
Clinical breast examination	C	C	C	C	C	C	C	C
Bimanual examination and cervical inspection	A	C	C	C	C	C	A [§]	C
Laboratory test								
Glucose	C	C	C	C	C	C	C	C
Lipids	C	C	C	C	C	C	C	C
Liver enzymes	C	C	C	C	C	C	C	C
Hemoglobin	C	C	C	C	C	C	C	C
Thrombogenic mutations	C	C	C	C	C	C	C	C
Cervical cytology (Papanicolaou smear)	C	C	C	C	C	C	C	C
STD screening with laboratory tests	— [¶]	C	C	C	C	C	C	C
HIV screening with laboratory tests	C	C	C	C	C	C	C	C

CDC requires ONLY:

- **Blood pressure** for patients starting a method with estrogen
- **Pelvic exam** for patients starting IUD, diaphragm, or cervical cap

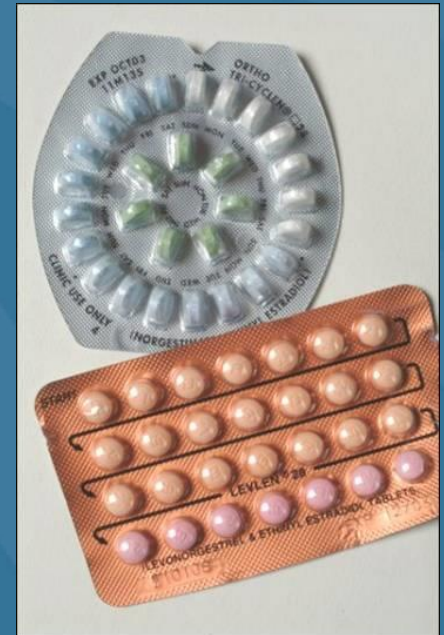
NO OTHER labs or physical exam elements are required.

Hormonal Contraceptives: Which women/teens can't use estrogen?

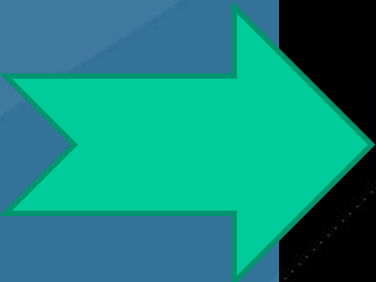
Estrogen contraindications:

- Migraine with aura
- Uncontrolled hypertension
- Postpartum < 6 weeks
- History of DVT

Smoking: NOT a contraindication
in women/teens under age 35




Yolanda chooses the ring.



MEDICAL CENTER

NAME _____ AGE _____
ADDRESS _____ DATE _____

Rx



www.pixmac.com

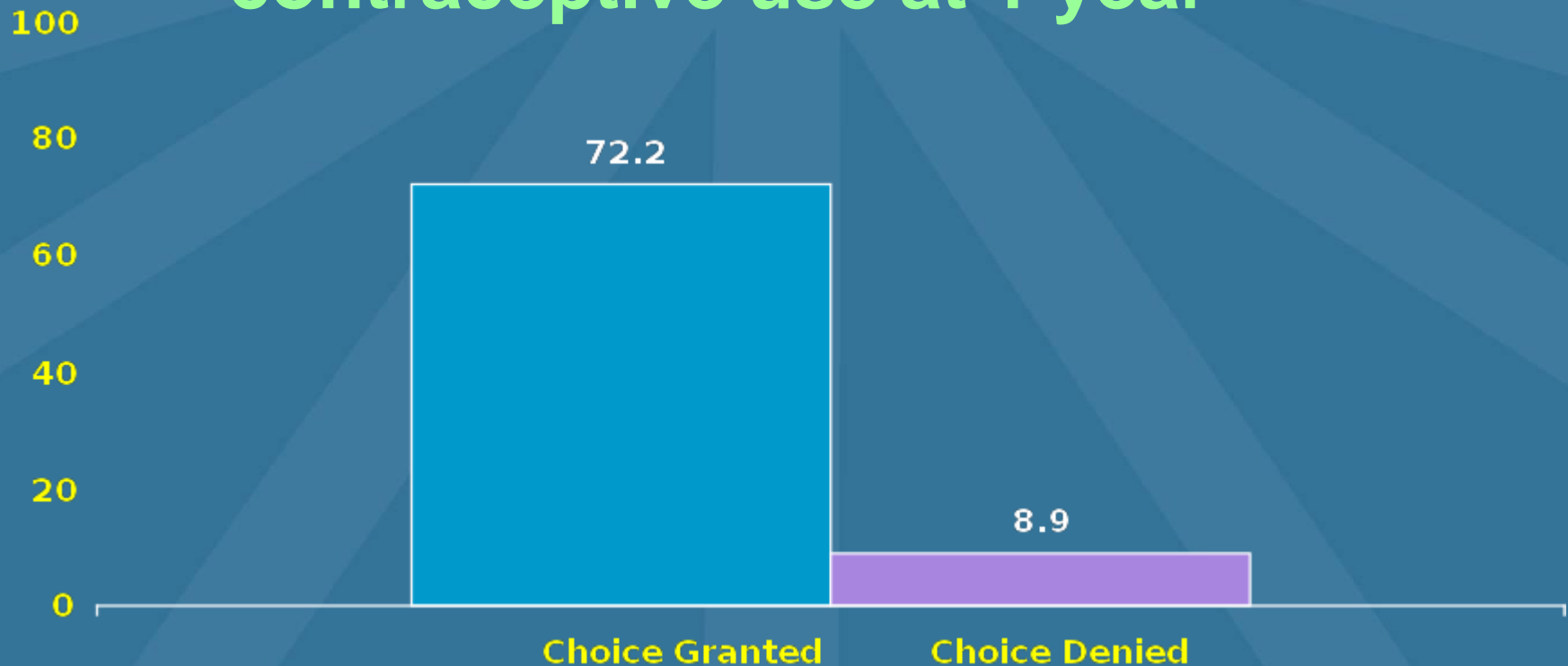
LABEL
SIGNATURE _____

REFILL 0 1 2 3 4 5 PRN NR

How many
refills should
we give her?

Impact of choice

Percent of women continuing contraceptive use at 1 year



What about other preventive services for Yolanda?

Search results for: a female, 17 years old, sexually active, not a tobacco user.

[New Search](#)

* Indicates a new grade definition

[View All](#) [A](#) [B](#) [C](#) [D](#) [I](#)

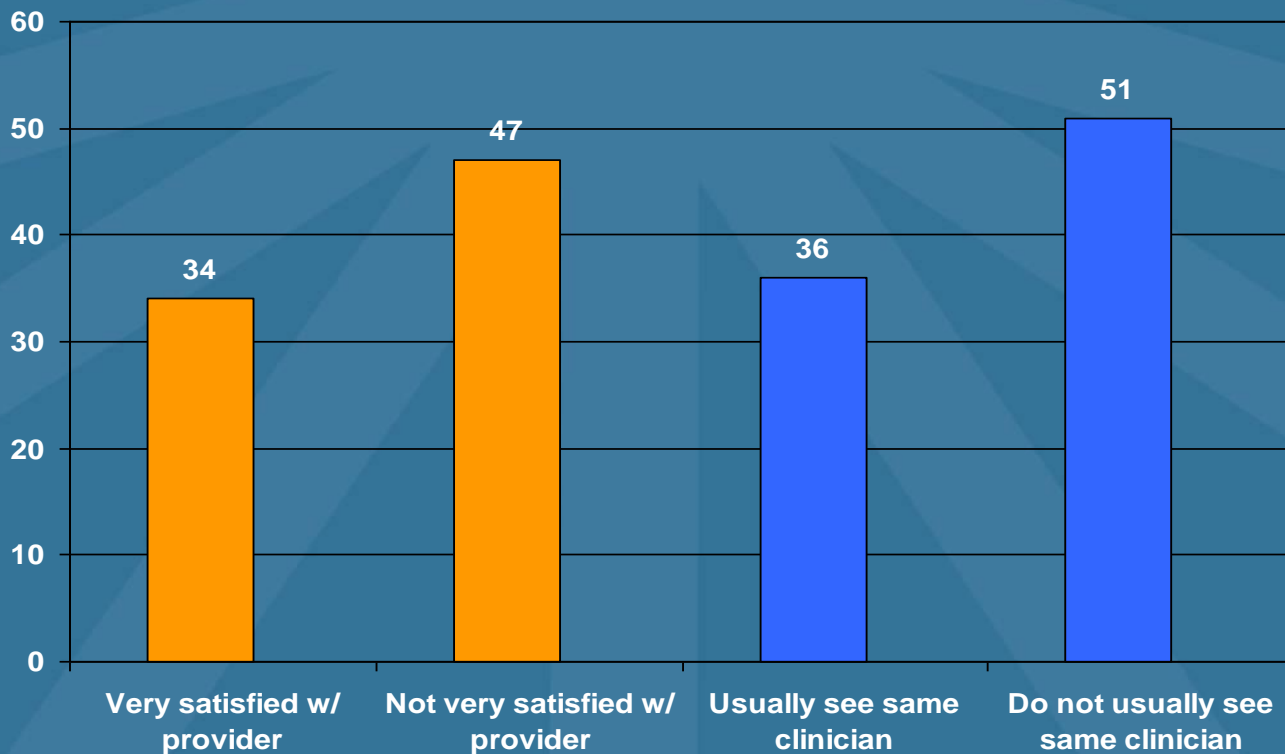
13 - Recommended (A, B)

Grade	Title	Risk Info.	Details
A	Chlamydia: Screening -- Women Ages 24 and <i>Younger</i> OR Women Ages 25 and <i>Older</i> at Increased Risk		
A*	Folic Acid: Supplementation -- All Women Planning or Capable of Pregnancy		
A*	HIV: Screening - Adolescents and Adults		
A	Syphilis: Screening -- Men and Women at Increased Risk		
B*	Breastfeeding: Primary Care Interventions to Promote -- All Pregnant Women and New Mothers		
B*	Depression: Screening -- Adolescents, 12-18 years of age, in Clinical Practices with Systems of Care		
B	Gonorrhea: Screening -- Pregnant Women and Women at Increased Risk		
B*	Hepatitis B: Screening -- Nonpregnant Adolescents and Adults At High Risk		
B*	Intimate Partner Violence: Screening -- Women Childbearing Age		
B*	Obesity: Screening -- Children and Adolescents, Age 6-17		
B*	Sexually Transmitted Infections: Behavioral Counseling -- Sexually Active Adolescents and Adults at Increased Risk		
B*	Skin Cancer: Behavioral Counseling -- Children, Adolescents, and Young Adults aged 10 to 24		
B	Tobacco Use: Primary Care Interventions -- Children and Adolescents		

Office barriers to contraceptive adherence

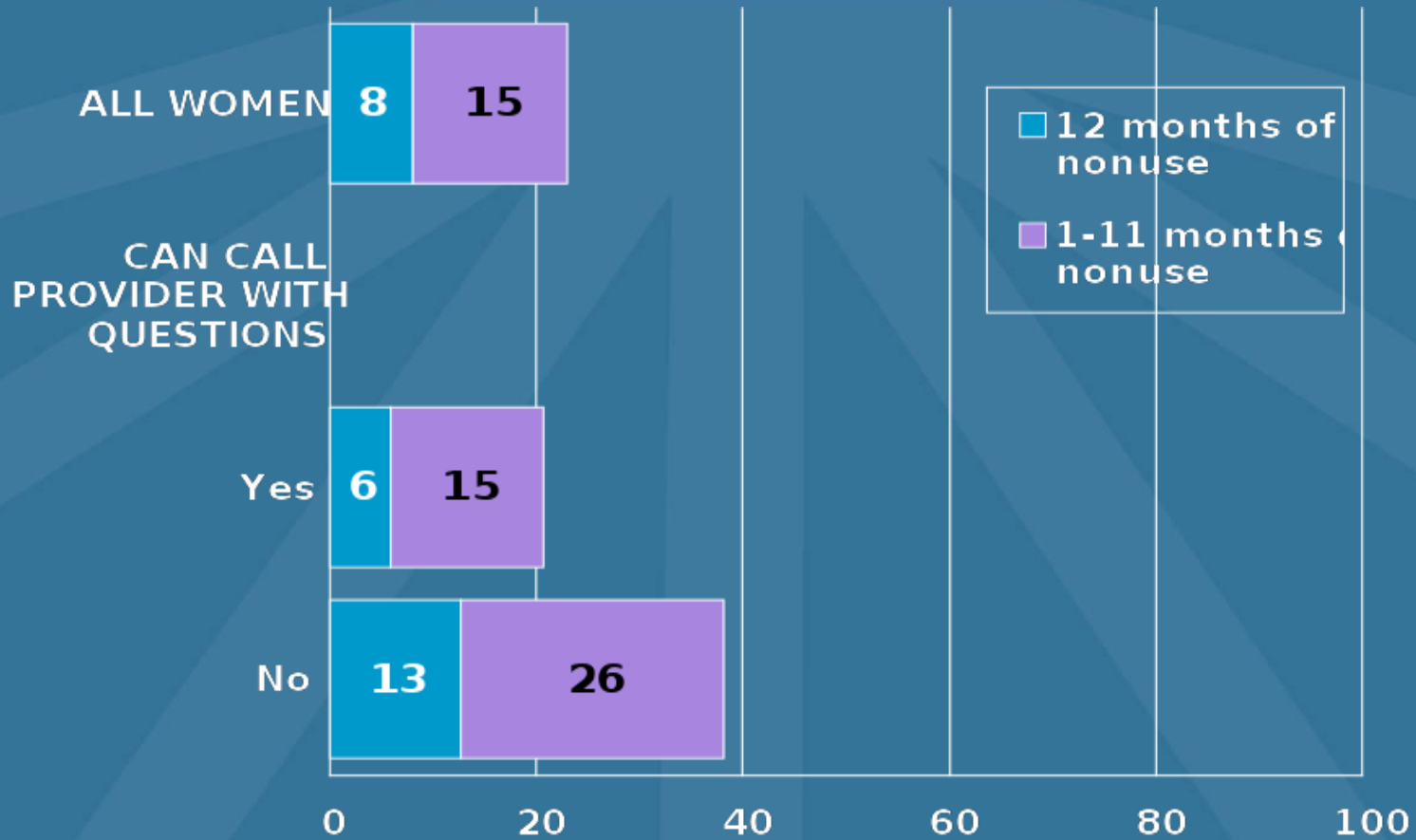


Inconsistent pill use is linked to: low level of satisfaction with provider & low continuity of care.



Percent of pill users who missed 1 or more pills during the past three months

Feeling unable to call a provider with questions is linked to contraceptive non-use.




% of at-risk women experiencing contraceptive non-use in the past year

Electronic Health Records

MyChart
MyHealth

Technical Assistance
mychart@institute2000.org
800.444.6107 • Hablamos Español



Ruth (Me) 

Home

Español

Log Out



My Medical Record
Message Center
Appointments
My Referrals
My Family's Records
Billing & Insurance





Send a message



Do not send a message for emergencies.

From: Ruth Lesnewski [1068075]

To: Kaplan, Laura (R) 

Subject: Visit Follow-Up Question 

I've had spotting all week on my new pill. What should I do???

Take-home message: Be pro-active with contraception!

Ask about contraceptive needs
at all types of visits.

Emphasize high-efficacy
methods, but honor patient's
choice whenever possible.

Offer IUDs and implants on site.

ROUTINELY prescribe or
dispense 1-year supply.



References and Resources

- Hatcher et al, Contraceptive Technology 2011
- Managing Contraception – book online @ www.managingcontraception.org
- Medical Eligibility Criteria for Contraceptive Use 2010 by WHO www.who.int/reproductive-health
- Association of Reproductive Health Professionals www.arhp.org
- Alan Guttmacher Institute www.agi-usa.org
- Planned Parenthood www.plannedparenthood.org
- The Cochrane Collaboration www.cochrane.org
- www.Not-2-Late.com
- Reproductive Health Access Project www.reproductiveaccess.org