

Health Team Works Contraception Guideline

<http://www.healthteamworks.org/guidelines/contraception.html>

- ▶ Please have a copy of the Contraception Guideline to follow along with this presentation.

Guideline for Contraception
Promote planned pregnancy. Ask about birth control at every visit and start a method today.

What are you doing about birth control?

Not using contraception or using inconsistently?

- Ask if IUD insertion will get pregnant if I use other birth control.
- Ask if IUD insertion will get pregnant if I use other birth control.
- Ask if IUD insertion will get pregnant if I use other birth control.

Assure confidentiality.

- Confidentiality is a major barrier to patient-provider communication.
- When an IUD is inserted, it is highly confidential as it is inserted into the uterus.
- When an IUD is inserted, it is highly confidential as it is inserted into the uterus.
- When an IUD is inserted, it is highly confidential as it is inserted into the uterus.

Screen for conditions that may require additional counseling.

- Refer to best on US Medical Eligibility Criteria for Contraceptive Use, 2010, if appropriate medical condition.
- Conditions that best use of methods with estrogen (COCs, Patch, Ring).
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Targeted clinical evaluation

Public exam not required to provide contraception.

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Start method today, Use Quick Start Protocol

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Guideline for Contraception
Promote planned pregnancy. Ask about birth control at every visit and start a method today.

Long-Acting Methods

Method

- Subdermal Implant (Mirena, Nexplanon)
- Long-acting progestin-only IUD (Liletta, Mirena)
- Progestin-only IUD (Liletta, Mirena)
- Progestin-only IUD (Liletta, Mirena)

All Providers: Quick Start Today

Method

- Subdermal Implant (Mirena, Nexplanon)
- Long-acting progestin-only IUD (Liletta, Mirena)
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- Progestin-only IUD (Liletta, Mirena)

EMERGENCY CONTRACEPTION

- Levonelle (ulipristal acetate)
- Plan B (levonorgestrel)
- Plan B (levonorgestrel)
- Plan B (levonorgestrel)

Contraception Update Audio Conference

South Dakota Family Planning Region VIII Title X

Tuesday, March 8, 2011
10am MST

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Hello!
(and Disclosures)



- ▶ OB/GYN in Denver, CO
- ▶ Special interests: contraception and teen reproductive health.
- ▶ Medical Director, The Young Women's Health Program, RMYC



Eliza Buyers has no significant financial interests or other relationships with industry relative to the topics that will be discussed.

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Learning Objectives

Part One (February 8, 2011)

- ▶ Demonstrate how to counsel clients when they start a contraceptive method on how to use the method effectively, common misperceptions and myths, and expected benefits and side effects.
- ▶ Identify additional trouble shooting tips for dealing with common client concerns and common side effects.

1. Discuss best practices in client counseling related to contraceptive method selection.
2. Review the Colorado Health Department/Healthy Team Works guideline that incorporates best practices in counseling and providing contraception.
3. Learn where to find additional resources for evidence-based contraceptive care.

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www.healthteamworks.org-> Guidelines -> Contraception

Providing
Contraception

Guideline

[Contraception Guideline \(January 2011\)](#)

Tools

[Summary Chart of Medical Eligibility Criteria for Contraceptive Use \(CDC 2010\) - color](#)

[Summary Chart of Medical Eligibility Criteria for Contraceptive Use \(CDC 2010\) - black and white](#)

[Cost Comparison of Oral Contraceptives](#)

[Wall Chart/Poster - English \(11x17"\)](#)

[Wall Chart/Poster - Spanish \(11x17"\)](#)

[Table: Oral contraceptives that can be used for emergency contraception](#)

[Chart: Oral contraceptives that can be used for emergency contraception](#)

Patient Handouts

[Birth Control Methods summary - English](#)

[Birth Control Methods summary - Spanish](#)

[Implant \(Implanon\)](#)

[Copper T IUD \(ParaGard\)](#)

[Levonorgestrel IUS \(Mirena\)](#)

[Depo Provera](#)

[Birth Control Pills](#)

[Contraceptive Ring](#)

[Contraceptive Patch](#)

[Condoms and safer sex](#)

[Emergency Contraception](#)

[Menstrual Calendar](#)

Method Handouts:
What to expect

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Cases for Discussion

Contraception Guideline in Real Time



▶ Susanna: 22 year old, G2P2 (2 children). Chief complaint: knee pain.



▶ Alyssa: 25 year old G1P0 (miscarriage last year) wants birth control pills. Medical History: insulin dependent diabetes, fibroids, depression.



▶ Shelby: 44 years old; G0 (never pregnant before); Chief complaint: sore throat. Weight: 250 pounds.



▶ Gabriella: 18 year old G0 (never pregnant before). She is going to off college in 1 month and wants an IUD.

Start the Conversation...

Step 1: Ask About Birth Control

What are you doing about birth control?

- ▶ **Assess at every visit** (*not just “the well visit”*)
 - ▶ Limited time and resources? Be direct.
- ▶ **Confidentiality matters**
 - ▶ Provider establishes and assures.

At every visit, ask your patients:
What are you doing about birth control?

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Not using contraception or using inconsistently?

- 85 out of 100 sexually active women will become pregnant within 1 year when not using contraception.
- Almost half of all pregnancies in the U.S. are unplanned.
- There is a safe and effective method for every woman.

Assure confidentiality.

- Concerns about privacy are a major barrier to patient-provider communications.
- Minors in Colorado (anyone < 18 yrs.) are legally authorized access to confidential services for contraception/Sexually Transmitted Infection (STI)/Human Immunodeficiency Virus (HIV) testing without parental consent. Always encourage communication with parents.

Example of a sign that can be posted to reassure the confidentiality of your visit:

WHAT WE SAY HERE STAYS HERE

(Unless you give me permission to share it)

There are exceptions to this rule:

If you:

- ▶ tell me you are being abused, physically and/or sexually
- ▶ tell me you are going to hurt yourself, or
- ▶ tell me you are going to hurt someone else.

In these cases, I must contact someone to help.

All exchanges between you and your provider are considered privileged and confidential in accordance with state and federal information acts, the Health Information Portability and Accountability Act (HIPAA), and applicable state and federal laws and regulations. Minors in Colorado (defined as anyone less than age 18) are guaranteed by law access to confidential services for contraception, STD, HIV testing. Colorado Revised Statute 13-22-105, 25-4-402, 25-4-1405.

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What is Required Before Prescribing Contraception?

Step 2: Targeted Clinical Evaluation

- ▶ Medical history
 - ▶ Most women can safely use any method.
 - ▶ Questions? Go to U.S. Medical Eligibility Criteria
- ▶ Recommend indicated screening (*follow current guidelines*)
 - ▶ Pap: start age 21 (no matter first intercourse), then q 2-3 yrs.

Targeted clinical evaluation

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Screen for conditions that may require additional counseling.

- Refer to chart on U.S. Medical Eligibility Criteria for Contraceptive Use, 2010, if significant medical condition (link to chart: <http://www.healthteamworks.org/guidelines/contraception.html>).
- Conditions that limit use of methods with estrogen (Oral Contraceptive Pills, Patch, Ring): Smoking **and** ≥35 yrs. old; History of stroke/clot/thrombophilia; Uncontrolled hypertension; Migraine with aura.
- Refer to Health TeamWorks Preconception Guideline for other recommended screening for lifestyle and co-morbidities.

Pelvic exam not required to provide contraception.

- Start Pap screening at age 21 no matter age of first intercourse, then every 2-3 years.*†
- CDC recommends annual screening for chlamydia/gonorrhea in sexually active women <26 years old.**
 - Age alone is indication to screen, even in absence of symptoms or high-risk behaviors.†
 - High risk women of **any** age should be screened annually.†**
 - Test via urine or self-collected vaginal swab.‡

Medical History

Is there a “best/better” option?



U.S. Medical Eligibility Criteria for Contraceptive Use, 2010

- ▶ CDC convened U.S. experts to adapt the WHO criteria for safe contraception use to US standards of care.
- ▶ Based on best available evidence.
- ▶ Covers over 60 medical conditions.
 - ▶ Green = OK to use
 - ▶ Red = don't use

(Note: it's mostly green!) →

Find at Health Team Works Contraception Guideline website, or www.cdc.gov/reproductivehealth/unintendedpregnancy/USMEC.htm

Indicated Screening Pap Smear



Keith Haring

ACOG Practice Bulletin, Number 109 (Dec 2009)

Cervical Cancer Screening in Adolescents, ACOG Committee Opinion
Number 463 (August 2010)

Start cervical cancer screening at age 21.

- ▶ Why? Screening before age 21 does not change cancer rate in that age group or in older women; and, cervical cancer in women <21 is VERY rare.
- ▶ Exception: Teens with HIV. Screen with onset of sexual activity (every 6 months in first year, then annually).
- ▶ NOT exceptions (i.e., still wait until age 21)
 - ▶ Pregnancy, other STDs, had normal pap smear before...

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Indicated Screening Chlamydia



STD Treatment Guidelines CDC, 2010

- ▶ Annual test for sexually active females ages 15-25
 - ▶ Risk factor is AGE – not symptoms or behaviors.
- ▶ Use a NAAT (Nucleic Acid Amplification Test) from urine or self-collected vaginal swab.
 - ▶ Endocervical swab is least accurate (and least preferred by patients).
- ▶ If infection:
 1. Treat patient and partner; no contact x 1 week
 2. Re-test in 3 months for re-infection (not “test of cure”)

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After-Before-During
(New?) Messages

Step 1: Ask About Birth Control

Step 2: Targeted Clinical Evaluation

We can get you started on birth control without doing a pelvic exam.



We can find a method that is safe and will work for you.

It seems like you aren't interested now, but just call me if things change.

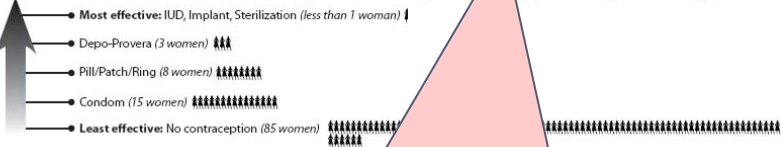
1

Choosing a method: *What matters most to me?*

- Cost**
Varies, but all methods are less costly than pregnancy.
- Privacy**
How private does my method need to be?
- I'm Breastfeeding**
I need a method that is safe for breastfeeding.
- Effectiveness**
How well does it prevent pregnancy?
- Convenience**
How often do I need to think about it?
- Other Benefits**
Many methods reduce bleeding/cramping.

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Method Effectiveness: *How many women out of 100 get pregnant in 1 year with typical use?*



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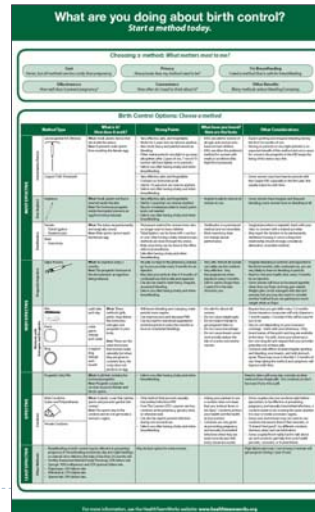
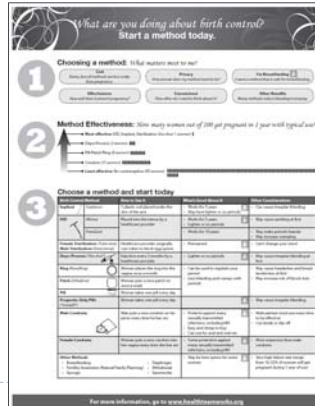
What matters to you most?
What method(s) are you interested in?
What has worked for you in the past?
What have you heard?

Female Sterilization (Tubes tied)	Healthcare provider surgically cuts tubes to block egg/sperm	• Permanent	• Can't change your mind
Male Sterilization (Vasectomy)	Healthcare provider surgically cuts tubes to block egg/sperm	• Permanent	• Can't change your mind
Depo-Provera ("the shot")	Injection every 3 months by a healthcare provider	• Lighter or no periods	• May cause irregular bleeding at first
Ring (NuvaRing)	Woman places the ring into the vagina once a month	• Can be used to regulate your period	• May cause headaches and breast tenderness at first
Patch (OrthoEvra)	Woman puts a new patch on	• Less bleeding and cramps with periods	• May increase risk of blood clots

Choosing a method

<http://www.healthteamworks.org/guidelines/contraception.html>

- ▶ Patient handout and poster- available in English and Spanish.
- ▶ Both address “strong points.”
- ▶ Poster (green) also addresses myths.



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Step 3: Start a Method Today

- ▶ “Quick Start” Protocol for pills, patch, ring, Depo.
 - ▶ *Bottom line: start now unless positive pregnancy test today.*
- ▶ Client is being referred for an IUD, Implant, Sterilization?
 - ▶ Quick Start another method for now.

**Start
method
today**

Start method today, using this “Quick Start” Protocol:⁵

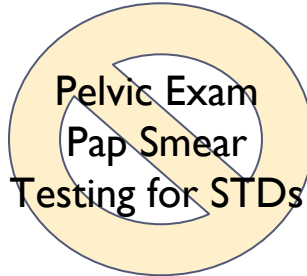
- **WHY?** Women are more satisfied with their method if they start now instead of waiting until their next period.
- **HOW?** Instruct women to start their method TODAY (this includes pill, patch, ring, Depo) no matter the timing in the menstrual cycle. Backup method (like condoms) still recommended for the first week. Suggest Emergency Contraception (EC) if unprotected sex within past 5 days (see EC on reverse side).
- **Pregnancy test not needed if:**
 - Within the first 5 days of menstrual cycle, or
 - Currently using an effective method.
- **Pregnancy test recommended if:**
 - Unexpected or irregular bleeding, or “late” for menses.
 - Sexually active and not using consistent, effective method.
 - Unprotected sex in the last 14 days. Quick Start today if negative pregnancy test; repeat test in 2 weeks.
- **What is the risk of pregnancy with “Quick Start”?**
 - Studies indicate a 3% chance of pregnancy during the cycle that Quick Start is used.
 - Overall, risk is decreased because women can become pregnant while waiting to start their method.
 - Hormones in contraception do not cause birth defects or increase risk of miscarriage if pregnancy does occur.

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Bottom Line

Page 1 of the Contraception Guideline

- ▶ For healthy women, no testing is **REQUIRED** before initiating contraception. (And, start it today.)



- ▶ **Do recommend:**
 - ✓ Periodic well visits (check BP, other medical history)
 - ✓ Annual Chlamydia screening age 15-26 (urine)
 - ✓ Pap q 2-3 years, start age 21.

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Methods and Considerations

- ▶ Implant, IUD, Sterilization are top-tier methods.
- ★ ▶ Long-acting, reversible methods are safe for women of all ages including adolescents and women who have not had children. ★
- ▶ IUD is the preferred method for many women with serious medical conditions (obese, HTN, heart disease...)

Long-Acting Methods: *most effective methods and considerations*

Can be initiated: 1. anytime during the menstrual cycle if the woman is using another effective method, or 2. within the first five days of menses.
If referring to another provider for these methods, start another method today.

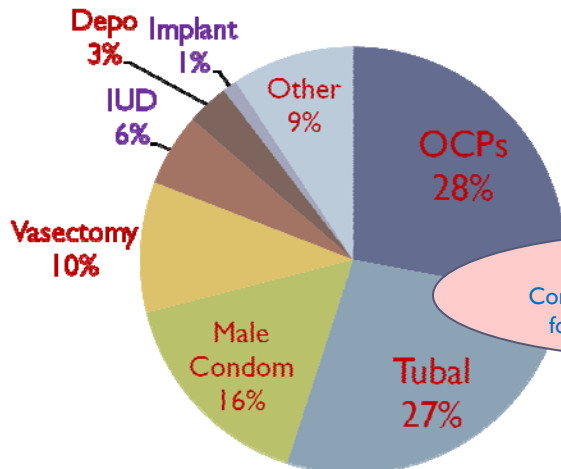
Most effective
<1 pregnancy
per 100
women in
1 year

Method	Considerations
Implant	Subdermal Arm Implant (Implanon®): Lasts 3 years. Progestin-only.
Intrauterine Devices	Mirena® (Levonorgestrel IUS): Lasts 5 years. Also indicated for the treatment of heavy bleeding. ParaGard® (Copper T): Lasts 10 years. Contains no hormones.
Sterilization	Male: Vasectomy Female: Tubal ligation. Hysteroscopic options: Essure® and Adiana®

Long-acting, reversible methods are safe for women of all ages, including adolescents and women who have not had children.

All Providers: "Quick Start" Today

Method Use Among Women Who Practice Contraception in U.S. 2006-8



Long-acting, reversible methods (IUD & Implant) are less commonly used- but, are most effective and cost-saving methods over time.

All methods save money .
Conservative estimate: 4\$ saved for every 1\$ spent /per year.

Mosher WD and Jones J. Use of contraception in the United States: 1982-
Vital and Health Statistics, 2010, Series 23, No. 29.

Methods and Considerations

Progestin Injection: Depo-Provera

- ▶ Repeat injection every 11-13 weeks
- ▶ Can give 16 weeks after previous injection without additional testing (risk of ovulation: <1%)
- ▶ Can use for any duration (i.e., longer than 2 years) if method is best choice for patient. ★
- ▶ ACOG Committee Opinion Number 415 (2008)
 - ▶ No role for DEXA scans.
 - ▶ Partial or full recovery (like pregnancy, breastfeeding).
 - ▶ No data showing increase fracture risk.

All Providers: "Quick Start" Today

Method	Considerations
Progestin Injection (Depo-Provera)	✓ <ul style="list-style-type: none"> • Repeat injection every 11-13 weeks. Can be given up to 16 weeks after previous injection.[¶] • Can use for any duration (i.e. longer than 2 years) if method is best choice for the patient.^{¶¶}

Methods and Considerations

- ▶ Estrogen + Progestin = OCPs, Ring, Patch
- ▶ Many non-contraceptive benefits.
- ▶ Address the issue (barrier) of refills.
 - ▶ Dispense #12 (insurance may limit to #1 - #3)
 - ▶ Refill prn x 1 year; renew as needed.
 - ▶ Screening indicated? Explain-document-encourage...and refill!

<p>Estrogen and Progestin</p> <p>Write to dispense up to a 12 month supply. Women who pay out of pocket can choose to make fewer trips to the pharmacy. Many insurers (like Medicaid) will provide a 3 month supply. Not having refills is a common reason for method failure.</p>	<ul style="list-style-type: none"> • Patient needs to obtain refills frequently and use as directed to be effective. • Indicated to treat acne, PMS, heavy periods, cramping, pain, regulate bleeding. • Can be prescribed to reduce or eliminate periods with extended or continuous use. <p>Oral Contraceptive Pills: Start w/ most cost-effective pill; despite advertising, blinded studies show little or no difference between pill brands in efficacy or side effects.</p> <p>Rx: - Generic or Brand* Sig: 1 tab po QD Disp: up to 12 months Refills: prn x 1 year</p> <p>Healthy women do not need to be seen by their provider each year for birth control refills.</p>	<p>Vaginal Ring (NuvaRing®): Hormones are released into the blood stream through a vaginal ring.</p> <p>Rx: NuvaRing® Sig: insert vaginally for 21 days; remove x 7 days; repeat w/ new ring Disp: up to 12 months Refills: prn x 1 year</p>	<p>Patch (Ortho Evra®): Hormones are released into the bloodstream through a skin patch.</p> <p>Rx: OrthoEvra® Sig: apply weekly x 3 weeks; off x 7 days; repeat Disp: up to 12 months Refills: prn x 1 year</p>
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Methods and Considerations

- ▶ Progestin Only Pills
 - ▶ Active pill every day; not as effective as OCPs.
- ▶ Condoms
 - ▶ Very effective if used consistently and correctly.
 - ▶ Typical use: 15 pregnancies per 100 women in 1 year.
 - ▶ Only methods that provides STI protection.
 - ▶ Health Team Works “Condoms and Safer Sex” handout

<p>Less effective About 15 pregnancies per 100 women in one year</p>	<p>Progestin Only Pills ✓</p>	<ul style="list-style-type: none"> • Need to take an active pill every day; no placebo week. • Also called a “mini pill.”
	<p>Condoms ✓</p>	<ul style="list-style-type: none"> • Only method that prevents STIs. Male latex condoms are 99% effective in preventing HIV with correct, consistent use. • Can also be used to prevent infection during oral and anal sex. • Encourage use with all other methods for prevention of STIs.

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Emergency Contraception (EC)

- ▶ Mechanism of action: prevents ovulation.
 - ▶ Has no effect if fertilization has occurred.
 - ▶ Has no effect if implantation has occurred.
- ▶ Recommend if unprotected sex in last 120 hrs (5 days).
- ▶ No exam, no testing needed. No medical condition that precludes use.
- ▶ RX: Levonorgestrel 1.5mg x 1 dose.
- ▶ Start another method, check pregnancy test in 2 wks.

EMERGENCY CONTRACEPTION (EC)

1. **Recommend** to any woman with unprotected intercourse in the last 120 hours (= 5 days).
2. **No exam, no testing needed.** No medical condition (or age) that precludes use.
3. **Provide information and Rx if needed.**
 - Available over the counter to anyone age 17 or older. (Generic: Next Choice; Brand: Plan B One Step®, EllaOne®)
 - For anyone 16 years or younger write/call Rx.
 - Works by delaying ovulation; not harmful if already pregnant.
 - See Health TeamWorks website for EC information, patient handout, and a list of oral contraceptive pills that can be used as EC.
4. **Recommend "Quick Start" contraceptive method.** Start method now and perform pregnancy test in 2 weeks.

Rx - Levonorgestrel 1.5 mg
Sig: 1.5 mg po x 1
dose
Disp: 1
Refills: prn

Cases for Discussion

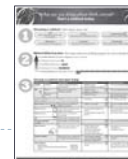
Contraception Guideline in Real Time

- ▶ Susanna: 22 year old, G2P2 (2 children).
Chief complaint: knee pain.



- Do you ask about birth control?
- How can you address all of the options when you are already running 45 minutes late (and she came in for knee pain)?

You find out: using condoms, sometimes, with new partner.
No interest in another pregnancy now.
Health Team Works- patient handout on methods.



Cases for Discussion

Contraception Guideline in Real Time



- ▶ Gabriella: 18 year old G0 (never pregnant before). She is going to off college in 1 month and wants an IUD.
- Is Gabriella a good candidate for an IUD?

Yes: because wants long term (2+ yrs) reversible contraception.

These are not exclusions:

- ▶ Have never been pregnant or had children
- ▶ Teenager
- ▶ Multiple partners
- ▶ History of STDs or PID
- ▶ History of ectopic pregnancy

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Summary Points

(March and February Audio-conferences)

- ▶ Ask about birth control and start a method today.
- ▶ A pelvic exam is not required before providing birth control.
- ▶ Long-acting, reversible methods are:
 - ▶ Top-tier in efficacy
 - ▶ Safe for almost all women
 - ▶ Majorly under-utilized.
- ▶ Recognize/address common misperceptions, myths, and outdated protocols.
- ▶ The counseling and support that you provide when a method is initiated predicts user satisfaction (and user continuation).

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Additional Resources



Leading Organizations in Family Planning/Research

- ▶ World Health Organization (WHO)
- ▶ Center for Disease Control (CDC)
- ▶ American College of OB/GYNs (ACOG)
- ▶ **Association of Reproductive Health Professionals (ARHP)**
- ▶ Alan Guttmacher Institute (AGI)- **fact sheets on Title X**



Other resources

- ▶ **U.S. Medical Eligibility Criteria (WHO, CDC)**
 - ▶ www.cdc.gov/reproductivehealth/unintendedpregnancy/USMEC.htm
- ▶ Contraceptive Technology (Many authors, experts)
- ▶ Family Planning Handbook (WHO, John Hopkins)
- ▶ Free and on-line: www.fphandbook.org



Time for Questions and Discussion.



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