

1. If an individual is having severe cramps with their period, what type of pill should they be on? Monophasic or triphasic?
  - **All** combined oral contraceptive pills (OCs) lessen bleeding and cramping. This is because all pills have (overall) a progestin dominant effect on the endometrium (so it is thinner than if not on pills). This is also true for the patch and the ring as well.
  - Certain pills have more of an estrogenic profile- an example on your formulary is OrthoCycle/Sprintec. (This is a pill where a woman almost always has withdrawal bleeding during the placebo week.) A pill like Alesse or Levora both have Levonorgestrel as the progestin and have a more androgenic profile- so clients may have even lighter periods than with OrthoCyclen/Sprintec. But this is a subtle (if not just theoretic) difference if any at all.
  - Monophasic or triphasic does not matter. Triphasic pills (in my humble opinion) are just a gimmick- fine to use if you like them or that's what is available or the client wants them, but who wants to have a different hormone level each week?
  - Offer continuous or extended pills so have no or fewer periods.
  - Offer Levonorgestrel IUD- which is indicated to treat heavy bleeding and periods.
2. How does your body adjust from going from a triphasic to a monophasic? Side effects?
  - Any "adjusting" is more of an individual effect (or a placebo effect) than based on any real change. All types of pill contain estrogen and progestin; all pills prevent ovulation. There is very little "adjusting." EXPECT breakthrough bleeding which is a normal and expected side effect! (Remember the metaphor that different pills are like different toothpastes- very subtle differences; major differences are NOT SUPPORTED BY BLINDED CLINICAL TRIALS).
3. How long should an individual take a pill when she is switching from one pill to another to know if that is the right pill?
  - See above. Get over the myth/marketing that there is a "right pill." As yourself, where did you learn that? Expect normal side effects. It is Ok to try another pill at any time- 3 months seems like a reasonable length of time to me to try a pill to see if it is tolerable (that is, the breakthrough bleeding, nausea, headaches, etc. go away). If a client wants to try a different pill sooner (after a week, a month, that is fine too!).
4. What is the best way to explain to a client switching from Depo to pills that it may take a few months for menses to return - and why it takes a few months to happen?
  - Depo induces a HYPOESTROGENIC state; that means the endometrium- the lining of the uterus- gets very thin. This is a benefit of Depo- that it induces amenorrhea. A woman can start the pill at any time while on the Depo- but she doesn't "need it" for birth control until 3 months after her Depo shot. A pill that has a more estrogenic profile (like Sprintec/OrthoCyclen) is very likely to induce a period during the placebo pills.
5. How should we respond when patients ask if OCs cause weight gain?
  - Explain that there are no calories in the pill: go back to basic nutritional knowledge that weight gain is caused by more calories IN than calories OUT (usually - eating/drinking more calories and/or burning less). Clients typically have no sense of calories and may consume

several juices/lattes/sodas (my favorite- "vitamin water") with no idea that they are adding hundreds of calories to their diet.

- Modern pills very uncommonly cause water retention (this was more common years ago with higher doses of estrogen). If a client insists that the pill is the cause of her weight gain- she should go off for 3 month (use condoms or get an IUD) and her "weight gain" should melt away (that is- any weight due to water retention will go away). Very rarely will this occur because it is not the pill (or "water weight") that is causing the gain- it is our American diet and lifestyle that is causing increase in adipose (fat) deposition.

#### 6. How should we respond when patients ask if they will gain weight with DMPA?

- Some women will have increase appetite with Depo use. This is a common and expected side effect and should be addressed **BEFORE** the method is started (about 1/3 of women will gain weight with Depo- but this is actually very little difference from the normal weight gain seen in American women- that is, Americans tend to gain weight as they age). Women who gain weight with Depo do commonly note an increased appetite with its use- so be sure to clue them in to this issue. If she cannot change her diet and maintain a healthy weight, then she should consider other methods. If Depo is her only option, then she needs to consider her choices- unintended pregnancy vs. weight gain?
- Depo can absolutely be used by obese women (in fact, it is a method that is equally efficacious in obese as normal weight women); the weight issue needs to be addressed in a comprehensive manner- but it is very possible to lose weight or maintain weight on Depo (it is still just about Calories IN vs. Calories OUT).

#### 7. How do you alleviate fears of an IUD/IUS?

- What are the fears based on? Go over the HTW handout "Getting Started with your IUD" and see what- exactly- is the fear. Personally, I cannot argue with the experts at the World Health organization and the American College of OB/GYNs! The fears/myths are based on old (40+ years old) info and are not coming from the experts in the field. The IUD is the most commonly used methods among OB/GYNs that I work with- why would "we" choose anything but the best option? The IUD is very commonly used in other developed (European) nations (who, by the way, have much lower abortion rates, teen pregnancy rates, and unintended pregnancy rates than the U.S.).

#### 8. How do you discuss partner's objections to her use of any method?

- One option- chose a private method. Another idea- invite her to bring her partner with her. For example, some (fundamentalist) groups teach that "the pill kills" and the "IUD causes abortion." Neither is true and so if there is a concern as to how they work, that can be alleviated with grounded information. If the partner just does "not believe in birth control," then a private method is best (IUD, Depo, maybe Implanon, maybe Sterilization). Be sure to screen for domestic violence with every patient- but especially in this situation- as control over contraception is one way abusers can control their victims.

#### 9. How do you enable use of condoms for disease prevention?

- Look at the Health Team Works website patient handout on "Condoms and Safer Sex." 1- Condom on hand at all times, 2- Know how to use correctly (demonstrate correct use with your client), 3- go over how to negotiate for its use (have her practice saying one of the negotiation options like- "I want to have sex with you but you must use this condom, and use it the right way.")

10. What in BCP's Cause Fatigue?

- *This would be an individual/placebo effect and not one that is supported in randomized, controlled trials. Would offer that she try a different pill and screen for common causes of fatigue- lack of sleep, depression, anxiety...(Again- when she goes off for a week (placebo week)- she should be "better" if the pill is causing her fatigue.)*

11. I have a client in her mid-forties who has been on Depo for more than 10 years; her bone density test was within normal limits. Is it okay for her to continue on Depo?

- *Yes if it is her best option. Document each year (or each shot) that she is aware of the warning, that she is aware of every other option, but that Depo is her best option.*

12. Are there any limits to the number of times a client can receive Plan B per year?

- *No. It works by preventing ovulation. There is no harm in using it as needed. Expect unpredictable bleeding. Question why the client does not want a more reliable form of birth control. Make sure she knows about all of her options (not just the pill).*

13. What do you suggest saying to a client if she comes in for Plan B and does not want to be on a method of birth control because her partner is using condoms?

- *Applaud her for coming in for Plan B. She is doing the right thing and recognizing her risk for pregnancy. Can she and her partner become "better" condom users? Why is she not interested in a more effective/long term form of birth control? Myths/fear/misperceptions are so common and so that may be stopping her from using a long term method. Or, maybe her partner won't let her. There is nothing dangerous, though, about plan B. It just delays ovulation.*

14. What's the best way to talk to patients about Implanon?

- *Look at the health Team Works patient handout on Implanon. This is a full page on everything the user needs to know. The biggest issue is the change in menstrual bleeding.*

15. What is the best way to make teens feel more comfortable in health center while talking about birth control options?

- *You (the provider) must establish confidentiality. This means that you tell the parents that you spend alone time with every teen, every visit.*
- *Start talking about general stuff- how is school, how are friends? Screen for depression/suicide and safety (MVA is the most common cause of death, suicide and homicide are close behind in this age group).*
- *Ask the questions and normalize the issues: "most teens have questions about sex; maybe you have some today? If not, that OK but come back and see me if you do."*

16. What is the best practice for re-starting Depo after a lapse of more than 13 weeks?

- *A shot can be given up to 16 weeks after the last without any additional procedures. After 16 weeks, use the Quick Start Protocol.*

17. When should postpartum contraception be started?

- *Look at the Guideline and see that all but ESTROGEN containing methods can be started immediately if that is what is best for the patient.*

18. For adolescent counseling, how do you recommend encouraging abstinence?

- *I encourage responsible decisions and healthy relationships. Most adults don't have healthy relationships- but maybe that is because no one has ever taught them/showed them what that looks like. [www.sexetc.org](http://www.sexetc.org) is an amazing website run by Rutgers University. It is written for teens/by teens, but also fact checked by medical professionals and counselors. There are lots of discussions there about "how you know when you're ready"- and that is based on trust, communication, responsible action (condom and birth control!). It also stresses, that just because you've had sex before, doesn't mean you have to again with your next partner.*
- *Remember that teens who know MORE about sex and relationships not only WAIT LONGER but are less likely to have a teen pregnancy. How well are you able to make a responsible choice when you don't have any information?*

19. If someone is on birth control pills for a long time (several years) will she have trouble getting pregnant?

- *No. Read the health team works handout on birth control pills.*