TALKING ABOUT REPRODUCTIVE HEALTH AND FAMILY PLANNING

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AFHP provides, promotes, and protects access to comprehensive quality reproductive healthcare services and education for all Arizonans, regardless of income, through its support and monitoring of regional healthcare providers.

www.arizonafamilyhealth.org
Family planning is one of the 10 greatest public health achievements of the 20th century.

- Centers for Disease Control and Prevention (1999)
Arizona Family Health Partnership (AFHP)

- Nonprofit organization established in 1974
- Began receiving Title X grant funds in 1983
  - AFHP’s network has been providing preconception, interconception care, family planning services and education for over 40 years

In 2014, AFHP provided family planning services and education to over 33,000 women, men and teens

AFHP provides high quality training for health educators throughout Arizona
What is Title X?

- Enacted in 1970 as part of the Public Health Service Act
- Only Federal grant program dedicated solely to providing comprehensive family planning
- Mission is to provide individuals the information and means to exercise personal choice in determining the number and spacing of their children
AFHP’s Network

- **Canyonlands Community Healthcare**
  - Chilchinbeto (Navajo Nation)
  - Clifton
  - Duncan
  - Globe
  - Page/Lake Powell
  - Safford

- **Pinal County**
  - Apache Junction
  - Casa Grande
  - Coolidge
  - Eloy
  - Mammoth
  - Maricopa
  - San Tan Valley

- **Pima County**
  - Eastside
  - Northside
  - Southside

- **Planned Parenthood Arizona**
  - Flagstaff
  - Sanger (Tucson)
  - Maryvale
  - Mesa
  - North East Phoenix

- **Yavapai County**
  - Cottonwood
  - Prescott
  - Prescott Valley

- **Wesley Community Center**
  - South Phoenix

AFHP funds 6 delegate agencies with 22 health centers in 9 Arizona counties.
SERVICES PROVIDED BY AFHP’S NETWORK

- Reproductive life planning, counseling and education
- Healthy timing and spacing of pregnancies
- Birth control including long acting (implants and IUDs)
- Physical exams
- Pregnancy testing
- Basic infertility services
- Testing and treatment of STIs
- Emergency contraception
Client-centered counseling and education topics include:

- Parental Involvement (under 18)
- Sexual Coercion
- Reproductive Life Planning
- Preconception Care
- Birth Control Methods
- Emergency Contraception
- Risk Reduction for STI/HIV
- Pregnancy Options Counseling
Program Eligibility

- Able to serve un- and under-insured women, men and teens of reproductive age (ability)
- Legal residency/citizenship is NOT a requirement for Title X funded services
- Family planning clients will not be denied services due to inability to pay
Income Eligibility

Financial eligibility based upon client’s income/family size and Federal Poverty Level (FPL) guidelines

- Under 100% FPL – no cost
- 101% - 250% FPL – discounted
- Over 250% FPL – not income eligible but are still eligible to receive services
Although parental involvement is not required for services, parental involvement is always encouraged and discussed.

- If parent/legal guardian accompany teen or is aware of teen’s visit to the health center, the parent’s income is taken into consideration.

- If parent/legal guardian does NOT accompany the teen, or is UNAWARE of their presence at the health center, the determination is based solely on the teen’s income.
Today’s Objectives

- Be familiar with methods of birth control including long acting reversible contraceptive methods (LARCS)
- Define a Reproductive Life Plan, the “One Key Question” and alternatives
- Describe the five principles for providing quality counseling discussed in the Quality Family Planning Recommendation (QFPs)
- Apply motivational interviewing techniques to maximize rapport and promote health behavior
Family Planning 101
WHAT YOUR CLIENTS SHOULD KNOW WHEN CHOOSING A METHOD

- What the method is
- How to use the method
- Advantages
  - What do people like about it?
- Disadvantages
  - What do people dislike about it?
- Its general effectiveness
  - How long it is effective?
Clients should also know

- **Adjustment Effects** (minor reactions or body changes)
  - Some will go away with time. If these bother the client, encourage them to talk to their health care provider.

- **Complications** (rare, but serious health problems that could happen)
  - Complications are rare. If there are concerns that something is not normal, call the clinic or health care provider for advice.

- Client should always discuss their medical history with their health care provider.
Effectiveness = how well it works in actual practice

Efficacy = how well a contraceptive method works in clinical trials

Typical use = actual use which includes inconsistent or incorrect use

Perfect = following the directions, who is perfect?

Imperfect use = how ineffective methods will be if used incorrectly or inconsistently
EFFECTIVENESS OF FAMILY PLANNING METHODS

*The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method.

**MOST EFFECTIVE**

<table>
<thead>
<tr>
<th>Method</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implant</td>
<td>0.05%</td>
<td></td>
</tr>
<tr>
<td>Permanent Sterilization</td>
<td>0.5%</td>
<td>0.15%</td>
</tr>
</tbody>
</table>

**REVERSIBLE**

<table>
<thead>
<tr>
<th>Method</th>
<th>Female</th>
<th>Male</th>
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</thead>
<tbody>
<tr>
<td>Injectable</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Pill</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>Condom</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Fertility Awareness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male Condom</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Female Condom</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>Withdrawal</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>Sponge</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>Sponge</td>
<td></td>
<td>24%</td>
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</tbody>
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**LEAST EFFECTIVE**

<table>
<thead>
<tr>
<th>Method</th>
<th></th>
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<tbody>
<tr>
<td>Diaphragm</td>
<td>12%</td>
</tr>
<tr>
<td>Spermicide</td>
<td>28%</td>
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Condoms should always be used to reduce the risk of sexually transmitted infections.

**Other Methods of Contraception:**
1. Lactational Amenorrhea Method (LAM): is a highly-effective, permanent method of contraception, and
2. Emergency Contraception: emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.

Adapted from World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC).
Advantages: Allows for spontaneity, very effective, safe procedure

Disadvantages: Cost, no STD protection, it is a surgical procedure

Complications/Side Effects: Rare and minor but should be discussed with health care provider

Scalpel/Non-scalpel method: What procedure does the health care provider perform?

Not sterile immediately, need alternate birth control method for 15-20 ejaculations, follow-up to confirm the absence of sperm
**Tubal Ligation (Tubals)**

- **Advantages:** Allows for spontaneity, very effective, no other method is ever needed
- **Disadvantages:** Cost, no STD protection, permanent usually cannot be undone, general anesthesia and surgical risks, can be done under local
- **Complications/Side Effects:** Rare and minor but should be discussed with health care provider
Transcervical Sterilization, Essure

- Advantages: Allows for spontaneity, very effective
- Disadvantages: Cost, no STD protection, permanent usually cannot be undone, in office procedure done under local, 3 month follow-up to ensure that tubes are closed
- Complications/Side Effects: Rare and minor but should be discussed with health care provider
Advantages: Cost effective, long term and reversible, no hormones, immediate return to fertility

Disadvantages: Heavy bleeding, menstrual cramping, no STD protection

Mechanism of action: Inhibits development of ova, decreases motility and viability of sperm

Side effects: Cramping when IUD is placed and removed and spotting between periods after being placed during first few months

Complications: Device comes out, perforation in the uterus or cervix during placement, increase in ectopic pregnancy if method failure
**Advantages:** Cost effective, long term and reversible, light or absent periods, immediate return to fertility

**Disadvantages:** No STD protection, irregular bleeding during the first several months, light or absent periods

**Mechanism of action:** Thickens cervical mucous, endometrium suppressed, ovulation inhibited occasionally

**Side Effects:** Light or no periods, irregular bleeding

**Complications:** Device comes out, perforation in the uterus or cervix during placement, increase in ectopic pregnancy if method failure
SKYLA IUC

- **Advantages**: Cost effective, long term and reversible, light or absent periods, contains less progestin and smaller in size than Mirena, immediate return to fertility

- **Disadvantages**: No STD protection, irregular bleeding during the first several months, light or absent periods

- **Mechanism of action**: Endometrium suppressed, ovulation inhibited occasionally, thickens cervical mucous

- **Side Effects**: Light or no periods, irregular bleeding

- **Complications**: Device comes out, perforation in the uterus or cervix during placement, increase in ectopic pregnancy if method failure
Advantages: Long term, affordable over time, light bleeding or no periods, removal/insertion same incision at same appointment

Disadvantages: No STD protection, irregular bleeding/spotting

Side Effects: Breast pain, headaches, acne, emotional changes

Complications: Infection where implant was placed, implant not placed correctly—rare with new insertion device, easy insertion, removal can be more challenging
INJECTION (DEPO-PROVERA)

- **Advantages:** Easy to use, light bleeding/no bleeding, less cramps, can be used while nursing, discreet method
- **Disadvantages:** Reversible bone loss, no STD protection, weight gain, irregular bleeding/spotting, office visit every 12 weeks, delay in return of fertility
- **Side Effects:** Changes in periods, depression, headaches, weight gain
- **Complications:** Heavy bleeding, severe headache
- **DMPA average bone density values were similar to those of non-users 2.5 years after stopping DMPA**
Combined Oral Contraceptives (Birth Control Pills)

- Advantages: Regular periods, lighter periods, less cramps, reduced PMS, does not interrupt having sex
- Disadvantages: Consistency, breast tenderness, mild nausea, mood changes, TV fear factor
- Side Effects: Breast tenderness, mild nausea, mood changes, skin changes
- Complications: ACHES: Abdominal pain, Chest pain, Headaches, Eye problems, Severe leg pain or swelling
**Vaginal Ring (NuvaRing)**

- **Advantages:** Used for 3 weeks at a time, makes periods more regular, cannot be inserted the wrong way
- **Disadvantages:** Must be refrigerated, must be inserted/removed by client or partner, TV fear factor
- **Side Effects:** Increase vaginal discharge, headaches, changes in bleeding, breast tenderness
- **Complications:** ACHES: Abdominal pain, Chest pain, Headaches, Eye problems, Severe leg pain or swelling
Advantages: Don’t have to take a pill every day, small, stays in place

Disadvantages: Patch may fall off, must remember to change weekly, only one color, TV fear factor

Side Effects: Breast tenderness, mild nausea, headaches, skin irritation

Complications: ACHES: Abdominal pain, Chest pain, Headaches, Eye problems, Severe leg pain or swelling
Advantages of Both: Helps prevent STDs, easy to carry

- Male condoms are inexpensive and available without a prescription at drug stores, health centers, etc., some men report longer lasting erections

Disadvantages: Interrupts sexual activity, some are embarrassed to buy, some feel condoms imply a lack of trust

- Female condoms are expensive

Side Effects:

- Male condoms – allergic reaction to latex

Complications: No serious health problems
Advantages: No hormones, only use it when needed, may be more comfortable than other barrier methods

Disadvantages: Must be kept in at least 6 hours after having sex, leave in no longer than 24-30 hours, must be placed/removed by client or partner, need water to activate, do not use if allergic to Sulfa

Side Effects: Some are allergic/irritation to the spermicide, some report an increase in vaginal infections, irritation of cervix

Complications: Toxic Shock Syndrome (TSS)
Advantages: Non-hormonal method, durable, reusable, once inserted effective immediately, cost effective

Disadvantages: Not as effective as other methods, no STD protection, must be refit with 10-15# weight change, abortion or pelvic surgery, must have available

Side Effects: Some are allergic/irritation to the spermicide, possible increase in bladder and yeast infections

Complications: Toxic Shock Syndrome (TSS)
CERVICAL CAP (FemCap or Lea’s Shield)

- Advantages: Non-hormonal method, durable, reusable, low-cost
- Disadvantages: Some may have difficulty inserting and removing, due to limited sizes not all women can be fitted properly
- Side Effects: Some are allergic/irritation to the spermicide, some report an increase in vaginal infections, irritation of cervix
- Complications: Toxic Shock Syndrome (TSS)
FERTILITY AWARENESS BASED METHODS (FAB)

Advantages: No health risks, no side effects, acceptable method with religious concerns
- SDM using cycle beads—fertile days 8-19
- Calendar Rhythm Method—count and record days
- 2-day method—tracks cervical mucous daily
- Billings Ovulation Method—observes and chart mucous
- Symptothermal method—mucous and BBT

Disadvantages: Takes time and practice, consistency, calculation and cooperation, not all have regular cycle

Side Effects/Complication: No side effects or serious complications
**Withdrawal** – Removing the penis from vagina before ejaculation

- Advantages: Free, no side effects
- Disadvantages: Must have strong self control, men must know when they are about to ejaculate

**Spermicides Alone**

- Advantages: Over the counter, available at drug stores and health centers
- Disadvantages: No STD protection, may encourage infections, allergies/irritation, not as effective used alone, difficulty inserting, may need time to activate

**Abstinence** – No sex

- 100% effective
- Advantages: Free, encourages communication about sex
- Disadvantages: Can be difficult in the “heat of the moment”
- Good to have a backup method to avoid pregnancy or STDs
Emergency Contraception (EC)

- Advantages: Reduces risk of unplanned pregnancy
- Disadvantages: Expensive, time sensitive
- Side Effects: May change the duration and timing of the client’s next period, nausea and breast tenderness
- Complications: No serious complications
When to Use EC

- No method used
- Male condom slipped or broke
- Female condom, diaphragm, or cap inserted incorrectly, dislodged with sex, removed too early, found to be torn
- Missed or late OC’s/ring/patch
- Late with DMPA
- Breastfeeding and menses returned
- Sex on fertile days
- Can’t feel IUC strings
- Exposure of possible teratogen and not using effective method
- Anytime the client requests!
Emergency Contraception (EC) Options

- Plan B One-Step ®—1500 mg levonorgestrel
  - OTC to males and females since Aug, 2013 without age restrictions

- Next Choice One Dose® —generic of Plan B, 2009

- Other levonorgestrel generics available
  - Other generic brands – Take Action ® and My Way®

- Ella ®—30 mg ulipristal
  - approval 2010, needs prescription, expensive

- Paragard IUC
EC MECHANISM OF ACTION

- Delay ovulation especially if used in first half of cycle
- Interference of corpus luteal development
- Thickening of cervical mucous
- Alteration in tubal transport of egg
- Direct inhibition of fertilization
Paragard IUC as EC

- Used as EC since 1976, yet continues to be underutilized
- 99% effective as EC
- Can be inserted up to 5 days after unprotected intercourse
- Can remain as desired birth control method
- Desired method if BMI >35
Lots of research being done with BMI/weight and EC

EC appears to decrease in effectiveness as BMI increases

Women with a BMI of 26+ who used progestin-only EC, pregnancy rates were no different than if they hadn't used EC at all

If BMI 30+, 3 times the risk of pregnancy as non-obese women

Ella is more effective than Plan B or Next Choice yet decreases in effectiveness at a BMI of 35

ParaGard IUC is most effective with a BMI of over 35

Mirena and Skyla can not be used as EC
Non-contraceptive Benefits

- **COC/ring/patch (Estrogen containing)**
  - Predictable, lighter, less cramps with periods
  - Less anemia
  - Improved PMS
  - Decrease risk of ectopic pregnancy
  - Decrease risk of endometrial/ovarian cancer
  - Some acne improvement

- **DMPA**
  - Lactation undisturbed
  - Reduces the risk of seizures
  - May protect against endometrial/ovarian cancer
NON-CONTRACEPTIVE BENEFITS (CONT.)

- **POP (Progestin Only Pills)**
  - Lactation undisturbed
  - Estrogen free

- **Implant**
  - Lactation undisturbed
  - Decreases cramps/menses
  - Newest type on the market

- **Condoms**
  - STD protection
  - May delay premature ejaculation

- **ParaGard IUC**
  - Hormone free
  - No change in libido
New recommendations from the American Academy of Pediatrics was issued 9/29/14 “long-acting contraceptives such as intrauterine devices should be the first-line of contraceptives in preventing teen pregnancy”

American College of Obstetrics and Gynecology (ACOG) supports LARCS as well

- Bleeding patterns change like all women
- Expulsion rates minimally different
- OK to screen and insert on same visit
- Not any more difficult insertion than older women
- Doesn’t increase risk of infertility
POST PARTUM, POST ABORTION, & LARCs

- Ensures reliable contraception when highly motivated for use
- Benefits of PP insertion outweighs risks with IUC/Implant insertion
- Medical Eligibility Criteria (MEC) category 1 & 2
REPRODUCTIVE LIFE PLANNING
What is a RLP?

- A self-assessment of life goals
- Goals in several broad categories
  - Education
  - Work/Career
  - Family Planning
- We assist or guide as needed
Would you like to become pregnant this year?

- **YES**
  - Provide preconception counseling

- **NO**
  - Discuss birth control methods available and the client’s preferences

- **MAYBE**
  - Discuss reproductive plans, short-term birth control methods, preconception care
WHO SHOULD WE ASK ABOUT PREGNANCY INTENT?

- Every client with reproductive potential, especially those with a significant health challenge or risk
- Clients with health problems often do not know how these problems could impact pregnancy
- And remember the statistics about unplanned pregnancies:
  - >20 yrs old = 50%
  - < 20 yrs old = 90%
Alternate RLP Questions

- How significant 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?
Clarifies how motivated she is to become pregnant or prevent pregnancy...so we discuss **appropriate** interventions

- +/- Contraception
- +/- Preconception Care
- Or Basic Infertility Services
Appropriate Contraception

- Highly effective
- “Non contraceptive” benefits
- Concealed contraception
Provide information about preparing for pregnancy

- Folic Acid 400 mcg daily
- Use of medications
- Health concerns
- Information about nutrition/exercise/healthy weight
- Factors to consider: financial stability, relationship status, life goals (school/career)
11.7 million women of childbearing age are prescribed FDA Category D or X meds each year:

- Seizure meds
- Statins
- Antibiotics
- ACE

6% of US pregnancies occur in women taking meds with known teratogenic risk.
Provide information about how to avoid getting pregnant TODAY

- Discuss All Methods - **BUT**

  **Start with “Top Shelf”**

- Also: Having UPIC now?
  - “Quick Start”!
  - EC!

- Speak with a provider or health educator today
PRINCIPLES OF QUALITY COUNSELING
Many Pregnancies Are Unplanned

- In 2008, 51% of pregnancies in the U.S. were unintended.
- Among women 15-19 years of age, more than 4 out of 5 pregnancies were unintended.
- At-risk populations for unintended pregnancy:
  - lower income & education levels
  - never married & not cohabitating
Quality Family Planning Recommendations

- Pregnancy testing and counseling
- Achieving pregnancy
- Basic infertility
- Preconception health
- Preventive health screening of women and men
- Contraceptive counseling, including reproductive life plan

http://fpntc.org/training-and-resources/providing-quality-family-planning-services-mmwr-ce-credit
Key Words:

- How can we consistently provide quality counseling that will enable our clients to make and follow through on their decisions about contraceptive use
Establish and Maintain Rapport with the Client--

- Create a welcoming environment
- Build a relationship of trust, respect and safety (every stage of encounter)
- Ensure confidentiality, expertise and easy access
Assess the Client’s Needs and Personalize Discussions Accordingly--

- Gather client’s personal information using standardized assessment tools
- Tailor the discussion to the client’s circumstances and needs
- Learn about the client’s experience, values, beliefs, priorities and goals which will be a reflection of his or her cultural experience
PRINCIPLE 3

- Work with the Client Interactively to Establish a Plan--
  - Use interactive counseling skills to facilitate client-centered decision-making
  - Identify and address possible misinformation (myths) and barriers (access, etc.)
  - Create a plan based on the client’s needs and personal goal
Provide Information That Can Be Understood and Retained by the Client--

- Use interactive education strategies to ensure informed decision-making (Appendix E)
- Use a medically accurate, balanced and nonjudgmental approach
- Confirm a plan and follow up based on the client’s needs
PRINCIPLE 5

Confirm Client Understanding

- Use the teach-back method to ensure the client is making an informed and self-determined choice
- Confirm the client’s understanding and confidence in using the methods of choice
SKILLS, STRATEGIES AND TECHNIQUES

- OARS Model: Using essential communication skills
- Decision Making: Exploring levels of making decisions
- Ambivalence: Using the Scaling Question
- Listening for “change talk”
Counseling Adolescents

- Differentiate pregnancy prevention from STD’s
  - Risks and benefits of BCM including LARC’s
  - Condoms important too
- Confidential services critical in adolescent care
- Observe relevant state laws
- Promote communication with parents/guardians
For family planning services, visit our website: www.ArizonaFamilyHealth.org

- For health center locations: http://www.arizonafamilyhealth.org/locations

- Call us at 1-888-272-5652 or 602-258-5777
REFERENCES


SOURCE: Sheldon, L. Using Motivational Interviewing to Help Your Students. Thought & Action, Fall, 2010

www.onekeyquestion.org

http://fpntc.org/sites/default/files/resource-library-files/QFP%20Recommendations%20MMWR%20April%202014.pdf
THANK YOU FOR YOUR ATTENTION QUESTIONS?