TALKING ABOUT REPRODUCTIVE HEALTH AND FAMILY PLANNING

Kristin Stookey, CRNP
Clinical Program Manager
Arizona Family Health Partnership

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
IMPORTANCE OF FAMILY PLANNING

- Health Outcomes
- Reproductive Health
- Socio Economic Status
- Education
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, inter-conception care, family planning services and education for over 40 years

- In 2015, AFHP provided family planning services and education to over 35,000 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 contracts with community based agencies (delegates) to provide direct client services
AFHP’s Arizona Network

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

Pima County
- Eastside
- Northside
- Teresa Lee (South)

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

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

Yavapai County
- Cottonwood
- Prescott
- Prescott Valley

Wesley Community Center
- Golden Gate, West Phoenix
- South Central Phoenix

AFHP funds 6 delegate agencies with 28 health centers in 10 Arizona counties
AFHP’s Utah Network

- Utah Navajo Health Services
  - Blanding
  - Montezuma Creek
  - Monument Valley
  - Navajo Mountain
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 IUCs)
- Physical exams
- Pregnancy testing/achieving pregnancy
- Basic infertility services
- Testing and treatment of STI/STDs
- Emergency contraception
Client-centered counseling and education topics include:

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

- Able to serve un- and under-insured women, men and teens of reproductive age and 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
- Family planning clients are defined by the services they receive **not** their payer source
- Non-family planning services cannot be covered under the Title X program
Financial eligibility based upon client’s income/family size and FPL guidelines

- Under 100% FPL – no cost
- Under 250% FPL – discounted
- Over 250% FPL – not income eligible but are still eligible to receive services

Title X is the payer of last resort. Clients are encouraged to use their insurance (public or private) as their primary payer source
Eligibility for Teens

- Teens are encouraged, but not required, to involve a parent/legal guardian in reproductive health decisions.

- If parent/legal guardian accompany teen or is aware of teen’s visit to the health center, the their income is taken into consideration, if UNAWARE, 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 and discuss Reproductive Life Planning
- 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?
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.
**How to Define Effectiveness**

- **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
Vasectomy

- Advantages: Allows for spontaneity, very effective, safe procedure
- Disadvantages: Cost, no STI/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 STI/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 STI/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
ParaGard IUC

- **Advantages:** Cost effective, long term and reversible, no hormones, immediate return to fertility

- **Disadvantages:** Heavy bleeding, menstrual cramping, no STI/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
Mirena/Liletta IUC

- Advantages: Cost effective, long term and reversible, light or absent periods, immediate return to fertility
- Disadvantages: No STI/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 STI/STD protection, irregular bleeding during the first several months, light or absent periods

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

- **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 STI/STD protection, irregular bleeding/spotting (biggest reason for removal)

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 STI/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, no STI/STD protection
- **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, no STI/STD protection

- **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, no STI/STD protection

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 STI/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 and noisy

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 STI/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 STI/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 STI/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 OCs/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**
  - Most effective, least utilized
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
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

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 since 2012

- 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
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

Good option for clients at risk for lack of follow up
Providing Core Family Planning Services: The Reproductive Life Plan

Goals & Dreams

Present Family and Spacing

Helping Your Patient Achieve Her Healthy Best
Every adolescent and adult, both female and male, with reproductive potential, especially those with a significant health challenge or risk

Goal is to prevent unplanned/unintended pregnancies

Clients with health problems often do not know how these problems could impact pregnancy
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
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

www.onekeyquestion.org
ALTERNATE RLP QUESTIONS

- How would it be if you (your partner) were to become pregnant over the next few months?
- What are your (your partner) pre-pregnancy goals?
- How would you feel if you (your partner) became pregnant now?
- What do you plan to do until you (your partner) are ready to become pregnant?
Clarifies how motivated she/he is to become pregnant or prevent pregnancy

...so we discuss appropriate interventions

+/- Contraception

+/- Preconception Care

Or Basic Infertility Services
ASKING THE “KEY QUESTION” IF THE ANSWER IS “YES”...

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)
ASKING THE “KEY QUESTION” IF THE ANSWER IS “NO”...

Provide information about how to avoid getting pregnant TODAY

- Discuss All Methods – AND

**Start with “Top Shelf”**

- Also: Having UPIC now?
  - “Quick Start”
  - Emergency Contraception

- Speak with a provider or health educator today
Appropriate Contraception

Highly effective

“Non contraceptive” benefits

Concealed contraception
“One-Size-fits-all” approach does not acknowledge the range of women’s conceptualizations/needs

- Planners—provide opportunities to optimize health issues and provide education
- Non-planners—can interfere with therapeutic relationship and ability to get the most appropriate care
To assess need for family planning services: Use questions related to the need for contraception or desire to avoid pregnancy, not “pregnancy planning”

To explore views on future pregnancy: Ask open-ended questions “What are your thoughts...”

To optimize pregnancy outcomes: Provide general education about healthy behaviors and reproductive health; if there are medical issues that could interfere with a healthy pregnancy, address these issues in context of pregnancy timing
Many Pregnancies Are Unplanned

- In 2008, 51% of pregnancies in the U.S. were unintended, statistically unchanged in 2014
- 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
Providing Quality Family Planning Services
Recommendations of CDC and the U.S. Office of Population Affairs

- Contraceptive services
- Pregnancy testing and counseling
- Achieving pregnancy
- Basic infertility
- Preconception health
- Sexually transmitted disease services
- Preventive health screening of women and men

HTTP://FPNTC.ORG/SITES/DEFAULT/FILES/RESOURCE-LIBRARY-FILES/QFP%20RECOMMENDATIONS%20MMWR%20APRIL%202014.PDF
PRINCIPLES FOR PROVIDING QUALITY COUNSELING

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
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 STI/STDs
  - 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
Family planning is one of the 10 greatest public health achievements of the 20th century.

- Centers for Disease Control and Prevention (1999)
HOW TO REFER A CLIENT

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

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?