CONTRACEPTION: PATIENT COUNSELING

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TEXMED 2019

MAY 17, 2019

DISCLOSURES

- I have no financial or consulting relationships with industry.

OBJECTIVES

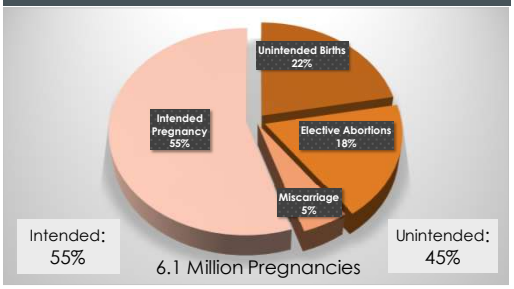
- Recognize contraceptive and non-contraceptive benefits that may be important to patients
- Be able to engage in patient-centered comprehensive contraception counseling including mechanisms of action, failure rates, contraindications, potential side effects and complications, and non-contraceptive benefits
- Recognize barriers to the use of effective contraceptives

UNINTENDED PREGNANCY IN THE UNITED STATES

- Most American families want 2 children
- Family planning has benefits for mothers, newborns, families and communities
  - Births resulting from unintended or closely spaced pregnancies are associated with adverse maternal and child health outcomes
    - Inadequate or delayed prenatal care
    - Tobacco and alcohol use during pregnancy
    - Decreased breastfeeding
    - Maternal depression
    - Increased risk of physical violence during pregnancy
    - Premature and low birth weight infants
    - Negative physical and mental health effects for children
  - Delaying and spacing childbearing is crucial to social and economic advancement
- Healthy People 2020 aims to reduce unintended pregnancy by 10%

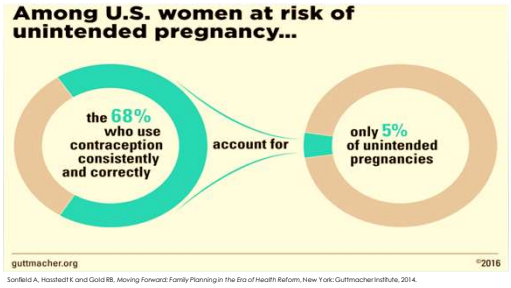
The Alan Guttmacher Institute (AGI). *Fulfilling the Promise: Public Policy and U.S. Family Planning Clinics*. New York: AGI; 2000.
Moyer JF. Unintended childbearing, maternal beliefs, and delay of prenatal care. Birth. 1997; 24(4): 247–252.
De Stavola et al. Unintended pregnancy and preterm birth. Paediatric Perinatal Epidemiology. 2010; 14(4):309–313.
Kost K, Landry D, Darroch J. Predicting maternal behaviors during pregnancy from maternal intentions: Repeat measures over the course of pregnancy. Journal of Health and Social Behavior. 1998; 40(3):231–257.
Healthy People.gov. Healthy People 2020. Family planning objectives. 2011. http://www.healthypeople.gov/2020/topics-objectives/topic/family-planning/objectives

UNINTENDED PREGNANCY IN THE UNITED STATES



Finer LB and Zolna MR. Declines in unintended pregnancy in the United States, 2008-2011. NEJM. 2016; 374 (9): 843-852.

UNINTENDED PREGNANCY IN THE UNITED STATES



Sonfield A, Hasstedt K and Gold RB. *Moving Forward: Family Planning in the Era of Health Reform*, New York: Guttmacher Institute, 2014.

ONE KEY QUESTION®

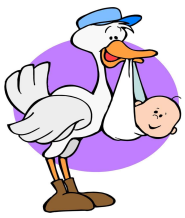
- Starts the conversation about if, when, and under what circumstances women want to get pregnant and have a child
- "Would you like to become pregnant in the next year?"

INDIVIDUAL CONSIDERATIONS

- Consequences of pregnancy
- Impact on a particular person
- Non-contraceptive benefits of a method
- Side effects or complications from a method

PREGNANCY CONSIDERATIONS

- Timing-based ideas about if/when to get pregnant
- Decisions about when to get pregnant and formulation of actions
- Strength of inclination to get pregnant or avoid pregnancy
- Emotional orientations towards pregnancy



PLANS ≠ INTENTIONS ≠ DESIRES ≠ FEELINGS

- All different concepts
- Women may find all or only some meaningful
- Often appear inconsistent with each other

CONTRACEPTION COUNSELING

- Increase uptake of highly effective contraception
- Improve contraception use
- Increase continuation and satisfaction

COUNSELING

Consumerist Counseling

Directive Counseling

CONSUMERIST COUNSELING

Consumerist Counseling

- **Informed Choice:** Provides only objective information and does not participate in method/treatment selection itself
- **Foreclosed:** Only information on methods asked about by the patient are discussed
- Both prioritize autonomy

DIRECTIVE COUNSELING

- Provides information and counseling designed to promote use of specific methods
- Rooted in the healthcare provider's preferences or assumptions about the client's priorities

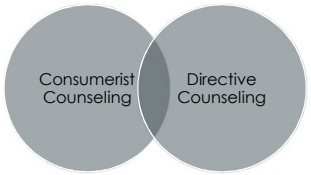
Directive Counseling

DIRECTIVE COUNSELING

- Assuming women should want to use certain methods
  - Ignores variability in preferences, including around importance of avoiding unintended pregnancy
  - Does not prioritize autonomy
- Pressure to use specific methods can be counterproductive
  - Perceived pressure increases risk of method discontinuation
  - Perceiving provider as having a preference associated with lower satisfaction with method

COUNSELING

Promote patient autonomy



Increase use of highly effective methods

SHARED DECISION MAKING

"A collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient's values and preferences….This process provides patients with the support they need to make the best individualized care decisions."

SHARED DECISION MAKING

- Best method for an individual depends on her preferences
  - Women will weigh effectiveness differently relative to other characteristics
- Consistent with many women's preferences for counseling

SHARED DECISION MAKING

- Explicitly state focus on patient preferences:
  "Do you have a sense of what is important to you about your method?"
- • Even if express strong interest in one method, ask for permission to discuss other options
- • Elicit informed preferences for method characteristics:
  □ Effectiveness □ Side effects □ Frequency of using method □ Different ways of taking methods

SHARED DECISION MAKING

- Provide context for different method characteristics
  "There are methods you take once a day, once a week, once a month, or even less frequently. Is that something that makes a big difference to you?"
- Not going into detail on individual methods, but understanding the range of preferences

SHARED DECISION MAKING

- Effectiveness often very important to women
- Frequent misinformation or misconceptions about relative effectiveness of methods
- Use natural frequencies:
  - Less than 1 in 100 women get pregnant on IUD
  - 9 in 100 women get pregnant on pill/patch/ring
- Use visual aids

SHARED DECISION MAKING

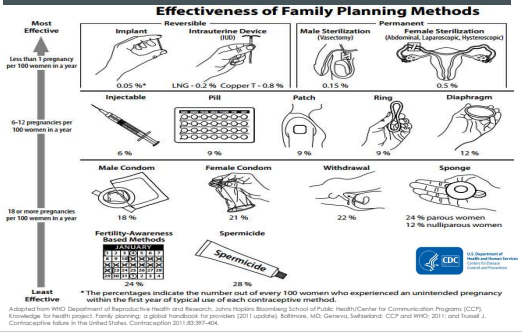
- Focus on menstrual side effects
- Inquire about particular other areas of interest or concern to patient
  - Previous experiences?
  - Things she has heard from friends?
- Respond to client concerns about side effects in a respectful manner
  - Consider benefits (e.g., acne) as well
  - "I think that they hide the fact of the complications or the defects, the things that might happen if you take that…"

SATISFACTION MIRRORS CONTINUATION

- 75-90% of users satisfied with LARC
- All populations studied report high levels of satisfaction
  - Adolescents,
  - Adults
  - All demographics
  - All SES

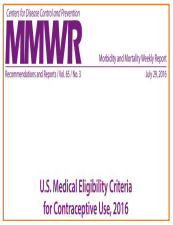
Diedrich, J. T. (2015). *Am J Obstet Gynecol* Rosenstock, J. R. (2012). *Obstetrics and Gynecology*
Peipert, J. F. (2011). *Obstet Gynecol*
Kavanaugh ML. (2013) *J Pediatr Adolesc Gynecol*

CONTRACEPTIVE EFFECTIVENESS



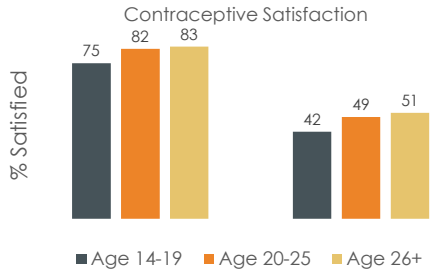
CDC MEDICAL ELIGIBILITY CRITERIA FOR CONTRACEPTIVE USE

Categories of Medical Eligibility Criteria for Contraceptive Use	
Method can be used without restriction	1
Advantages of use generally outweigh theoretical or proven risks	2
Theoretical or proven risks usually outweigh the advantages	3
Unacceptable health risk if method is used	4



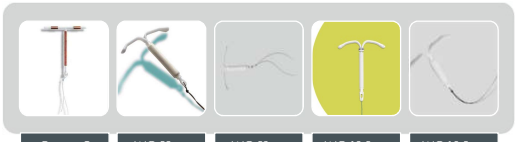
Curtis KM, Tepper NK, Jatlaoui TC, et al. U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. MMWR Recomm Rep 2016;65(No. RR-3):1–104. DOI: http://dx.doi.org/10.15585/mmwr.rr6503a1

SATISFACTION WITH LONG ACTING REVERSIBLE CONTRACEPTION



Rosenstock JR, Peipert JF, Madden T, et al. Continuation of reversible contraception in teenagers and young women. Obstet Gynecol. 2012;120(6):1298-305.

INTRAUTERINE CONTRACEPTION: PROGESTIN



Copper T (ParaGard)	LNG 52mg (Mirena)	LNG 52mg (Liletta)	LNG 19.5mg (Kyleena)	LNG 13.5mg (Skyla)
- Available since 1988 - Effective: 10 years* -Can be used for EC	- Available since 2001 - Effective: 5 years* - Treats heavy menstrual bleeding	-Available since 2015 -Effective: 5 years*	- Available since 2016 - Effective: 5 years	-Available since 2013 - Effective: 3 years

DMPA AND BONE HEALTH

Women who use Depo-Provera Contraceptive Injection may lose significant bone mineral density. Bone loss is greater with increasing duration of use and may not be completely reversible.

It is unknown if use of Depo-Provera Contraceptive Injection during adolescence or early adulthood, a critical period of bone accretion, will reduce peak bone mass and increase the risk for osteoporotic fracture in later life.

Depo-Provera Contraceptive Injection should be used as a long-term birth control method (e.g. longer than 2 years) only if other birth control methods are inadequate. (See WARNINGS.)

DMPA: ACOG GUIDELINES

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

COMMITTEE OPINION

Number 602 • June 2014 *(Replaces Committee Opinion Number 415, September 2008)*

Committee on Adolescent Health Care
Committee on Gynecologic Practice

This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Depot Medroxyprogesterone Acetate and Bone Effects

ABSTRACT: Depot medroxyprogesterone acetate (DMPA) is a highly effective injectable contraceptive that affords privacy and has a convenient dose schedule of four times per year, making it appealing to many users, especially adolescents. Although the use of DMPA is associated with loss of bone mineral density (BMD), current longitudinal and cross-sectional evidence suggests that recovery of BMD occurs after discontinuation of DMPA. No high-quality data answer the important clinical question of whether DMPA affects fracture risk in adolescents or adults later in life. The effect of DMPA on BMD and potential fracture risk should not prevent practitioners from prescribing DMPA or continuing use beyond 2 years. The potential health risks associated with the bone effects of DMPA must be balanced against a woman's likelihood of pregnancy using other methods or no method, and the known negative health and social consequences associated with unintended pregnancy, particularly among adolescents. Health care providers should inform women and adolescents considering initiating DMPA or continuing to use the method about the benefits and the risks of DMPA and should discuss the U.S. Food and Drug Administration "black box" warning and use clinical judgment to assess appropriateness of use.

IMPROVING CONTRACEPTIVE USE

- Provide ongoing support for contraceptive use
- Improve knowledge of contraceptive risks and benefits
- Anticipate and manage side effects
- Recognize fluidity in patients' reproductive goals
- Offer the widest range of contraceptive options
- Address logistical and cost barriers
- Enhance professional education and offer mutual support

Frost JJ, Darroch JE and Remez L, Improving contraceptive use in the United States, In Brief, New York: Guttmacher Institute, 2008, No. 1.

SHARED DECISION-MAKING IN FAMILY PLANNING

- Consistent with patient's desires for family planning counseling
  - Focus on patient's preferences
  - Provision of decision support, without pressure
- Associated with improved satisfaction with counseling and with choice of method

Dehlendorf C, (2013) *Contraception*

REPRODUCTIVE INTENTION/GOALS PATH QUESTIONS

1. Do you think you would like to have (more) children some day?
2. When do you think that might be?
3. How important is it to you to prevent pregnancy (until then)?

QUESTIONS

- How would that be for you?
- Knowing that, how would it be for you…?
- Has it ever happened before?
- How did you manage it?
- Do you have a sense of how you would manage it?

QUESTIONS

Q: "How would it be for you if you didn't get your period while you are using the implant?"

A: "That would not be good"

Q: "What is it about not getting your period that concerns you?"

A: "My mom said it's not healthy not to get my period"

QUESTIONS

The YES: "*Your mother is completely right,* when you are not on contraceptive hormones it is important to get you period every month, it's great that you know that...

The Science: Interestingly, if a woman *is* using contraceptive hormones it keeps her uterus very healthy and thin. It actually prevents cancer of the uterus"

Question: "Knowing that, how would it be for you not getting periods?"

VISUAL AND TACTILE AIDS

- Demonstrate/draw pictures
- Clearly written education materials
- Illustrations
- 3-D models