Great Beginnings Great Families
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Patient Centered Reproductive Goals & Contraception Counseling

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Disclosures

• Advisory Board/Consultant
  Cooper Surgical, Teva, Merck, ContraMed

• Trainer/speaker
  Merck, Medicines 360, Teva, Sebela
Objectives

• Define patient-centered contraceptive care

• Discuss patient-centered contraception counseling skills

• Identify strategies to foster patient-centered contraceptive care
What is the goal?

1. To decrease rates of unintended pregnancy?
2. To help patients prevent unintended pregnancy?
3. To increase LARC use?
4. To increase inter-pregnancy intervals?

To help clients clarify what they want and help them get it?
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.”

– Informed Medical Decisions Foundation

http://www.informedmedicaldecisions.org/
Ask more questions & Talk Less
Efficient Patient-Centered Questions
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)?
Reproductive Intention/Goals

- Clarifies motivation and degree of acceptability regarding pregnancy

...so we discuss appropriate interventions

+/- Contraception
+/- Preconception Care
Infertility Services or Adoption
Preconception Care

“Since_______ would you like to discuss ways to be prepared for a healthy pregnancy?”

For example

• ...you have said “if it happens, it happens..."
• ...many women using this method of contraception get pregnant...
Designed for **ALL**

- Not targeted to “women”
- Any gender
  - “Males” benefit from reproductive goals clarification; vasectomy is underutilized
  - Trans individuals
- Any sexual orientation
- Does not stigmatize those with fertility challenges
Best Question

“Do you have a sense of what is important to you in your birth control method?”
Particular characteristics of Contraceptive Methods

• Do you have a sense of what is important to you about your method?

• Do you have a sense of what you are looking for in a contraceptive method?
Particular characteristics of Contraceptive Methods

“It sounds like one of the things that is important to you is that your birth control is very good at preventing pregnancy. Do you have a sense of what else is important to you?”
Attitude about

- Need to conceal contraception;
  - no supplies?
  - normal bleeding pattern?
- Return to fertility
- Non-contraceptive benefits
- Side effects

- Effectiveness
- Hormones
- Menstrual cycle and bleeding profile
- Length of use
- Control over removal
- Object in her body

- Need to conceal contraception; normal bleeding pattern?
- Return to fertility
- Non-contraceptive benefits
- Side effects
Give your patients birth control materials they’ll love.
Http://bedsider.org/

- “User friendly”, **accurate** information on all contraceptive methods
- Will set up reminders for contraception adherence and appointments
- Patient testimonials
- Free provider resources
## HOW WELL DOES BIRTH CONTROL WORK?

### Really, really well
- **The Implant (Nexplanon)**
  - Works, hassle-free, for up to: 3 years

### Okay
- **The Pill**
  - For it to work best, use it: Every. Single. Day.
- **The Patch**
  - Every week
- **The Ring**
  - Every month
- **The Shot (Depo-Provera)**
  - Every 3 months

### Not so well
- **Withdrawal**
- **Diaphragm**
- **Fertility Awareness**
  - Needed for STI protection
- **Condoms, for men and women**
  - Use with any other method

### What is your chance of getting pregnant?
- **Less than 1 in 100 women**
- **6-9 in 100 women, depending on method**
- **12-24 in 100 women, depending on method**

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Vasovagal Prevention

- Good hydration (electrolyte/ sports drink)
- Eat before placement
Presyncopal Signs

• Facial pallor (distinct green hue)
• Yawning
• Pupillary dilatation
• Nervousness
Symptoms - Presyncopal

- Weakness
- Light-headedness
- Diaphoresis
- Visual blurring
- Headache
- Nausea
- Feeling warm or cold
- Sudden need to go to the bathroom
How to Abort a Vasovagal

• Isometric contractions of the extremities
• Intense gripping of the arm, hand, leg and foot muscles
• No need to bring the legs together or change position—just tense the muscles
• This stops the reaction
Demo Units

• Keep one in your pocket
• One in each room
• Give them to your patient to hold, feel and play with while discussing the method
• Show how the threads feel
• Show how the plastic would feel if expelled
Counseling Skills
Paraphrasing

• “So I hear you saying ...(you really like the idea of using a method without hormones) do I have that right?”

• “It sounds like....(it’s super important to you have a method that you can rely on) is that what you mean?”
Alternates

- “Many of my patients say that they worry about weight gain with birth control is that what you mean?”

- “Wow, so you feel pretty strong about avoiding the side effects you had from the pill and the shot is that accurate?”
Establish Rapport, Show Empathy and Understanding
“Small Talk”

• Ask her about work, school or her kids
• Refer back to this information during the visit:
  — “It sounds like you are incredibly busy with all that you have on your plate with work and school”
  — “Working and taking care of a little one must make it challenging to schedule a visit for your depo shot”
Point Out Health-Supporting Behaviors

• Condom use, adherence to a method, exercise, diet improvement.

• Important because:
  – You are both on the same side
  – The patient will trust you
  – The patient is coming from their “best self”
Positive Feedback

• “It’s great that you were so strong in standing up for yourself (asking your partner to use condoms.)”
• “You’ve clearly thought about this a lot...so what do you make of this situation?”
• “Not many people (your age) act so responsibly about using a condom every time.”
Empathy Without Labeling

• Rather than:
  —“You sound angry” (or anxious)

• Use neutral words:
  —“It sounds like_______is concerning to you”
  —“I can see_______is hard to deal with”

• Not: “I know how you feel.”
Try NOT to Disagree
“Find the yes”

• Find something in what the patient is saying to agree with

.............and then add your scientific or medical information.

• “Yes! .... and...” Instead of “No” or “But”
Find the “Yes”

Rather than:

“No, that’s just an example of good old “Dr. Google” that’s not true at all!”
Find the “Yes”

Try:

“It’s great you took the initiative to look this up on your own! I can see you’re really interested in taking care of yourself” “I have a great resource for you that I think you will love...” (Bedsider)
Responding to Complaints or Objections

• “Actively listen” to the patient’s complaint

• Get to the heart of the issue

• She doesn’t have to “fight for the right” to have her IUD or implant removed
"That’s too bad your friend had that experience. I haven’t heard of that before, and I can tell you it definitely doesn’t happen frequently."
Listen

• Listen so you understand *what outcome she wants*:

Does she want to:
• Be reassured that she is not in danger?
• Have the problem *fixed*?
• Complain, be heard, be given compassion?
• Get advice?
Provide Quality Patient Education
Limit the Amount of Information

- Humans do not integrate much of the information provided
- More information = less retention
- Focus on her specific needs and knowledge gaps
- Whenever possible give information that is in response to her questions
Information Sandwich?

• Sandwich the *one piece of* information you want to give between questions

• Or ask a question after each nugget of information

• Best is to give information in response to a question she has asked
Information Sandwich

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 is concerning to you?”

A: “My mom said it’s not healthy not to get my period”
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...
"Interestingly, if a woman is using contraceptive hormones it keeps her uterus very healthy and thin. It actually prevents cancer of the uterus"
Information Sandwich

Question:

“Knowing that, how would it be for you not getting periods while using this method?”
Questions for the Information Sandwich

• How would that be for you?

• Has that ever happened before?

• How did you manage it?

• Do you have a sense of how you would manage it?
Language for Patient Education
Misinformation...Misconceptions

1. About relative effectiveness of methods
   • All contraception is equally effective..
   • Use visual aids (tiered effectiveness chart)

2. Underestimates fertility
   • Pregnancy confirms fertility
   • No need for effective contraception

3. Pregnancy is safer than contraception
“If a woman switches from the pill to an IUD her chance of unintended pregnancy is reduced from 90 in 1000 to <2 in 1000”
“If 100 women have unprotected sex for a year, 85 of them will get pregnant as opposed to none or maybe one out of 100 using a hormonal IUD”

Not: “<1 % failure”
Teach Back

“I’ve just gone over a ton of information and I’m not always as clear as I would like to be… or

“Just to be sure I didn’t forget to tell you something…

...can you tell me how you are going to take generic Aleve before your period starts to lessen your bleeding with the copper IUD?”
Obstacles
On one hand
Goal

Behavior

On the other hand
Find the Obstacle

Goal

Obstacle
Obstacles

Ambivalence or...?

- Wants to please or hold onto a mate
- Reassurance that she is fertile
Obstacles

• All contraceptive methods have potential side effects

• Fear of negative health effects

• Perception of risk is not fully rational and is based on past life experience---ask
Obstacles

• Logistical constraints
  – Cost
  – Wait times, work schedule, transportation, childcare

• Adherence to second and third tier methods
  – Forgets to adhere
  – Too busy to adhere
Depression
Reproductive Coercion

Behavior intended to maintain power and control in a relationship related to reproductive health by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent.
Reproductive Coercion

Explicit attempts to:
- Impregnate a partner against her will
- Control outcomes of a pregnancy
- Coerce a partner to have unprotected sex
- Interfere with contraceptive methods.
“So it sounds like on one hand you are saying that it’s very important to you to wait until you are ready, and yet on the other hand, a part of you would like to have a baby now? Do I have that right?”

“On the one hand you would really like to finish school before you become a parent yet on the other hand it’s hard to be consistent with your (pill use, or depo use, or condom use)…”
Ask more questions & Talk Less