

A patient-centered approach to contraception counseling, integrating the CDC Medical Eligibility Criteria

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Gratitude

- First, to my partner in practice, Dr. Krista Duval (OUHCOM 2008), who taught me many of my contraception counseling skills during our first two years in practice.
- Second, to the Contraceptive Choice Project at Washington University St. Louis, for very freely sharing their training materials and resources (<https://www.youtube.com/user/WUSTLChoiceProject/videos>)
- Third, to my gender-diverse patients who have taught me the importance of (a) using gender-neutral language in how I discuss what has typically been a very gendered topic, and (b) encouraging me to teach my students to do the same with ALL patients. I have tried to customize the resources I have shared with you to reflect this.
- Finally, to Christine Dehlendorf, MD, MAS, who I have never met, but who opened my eyes to the MANY reasons patients seek contraception, and the importance of respecting their bodily autonomy. (<https://www.youtube.com/watch?v=ytyWJJP7uho&feature=youtu.be>)
- I do not have the time to do justice to this topic to get you at expert level, but have provided you with the RESOURCES you need to get yourself there!

Why do I share this knowledge?

- Contraception counseling program at our clinic (currently on 4th cohort)
- Contraception Foundations Course
 - 16 hours plus 2-hour SafeZone (LGBTQ affirming behaviors)
 - >20 learners completed this workshop in June 2020
 - 100% virtual this year
 - Breakout Zoom Rooms to practice in pairs
- Clinic-specific training
 - For 6 selected students
 - Learning Epic, clinic flow, practicing interviewing each other using scripts while documenting
 - These students provide counseling to our patients, precept with us.
- If OUHCOM students rotate with you, ask if they have completed either of these!
- Truly, this is counseling that ALL of us can provide for our patients!

Before we get started...

- Download the CDC Contraception app to your smart phone.
<https://apps.apple.com/us/app/contraception/id595752188> for apple devices or 
- <https://play.google.com/store/apps/details?id=gov.cdc.ondieh.nccdphp.contraception2> for google/android devices 
- If you don't have a smartphone, please go to:
https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria_508tagged.pdf



Using the Appendices

- Most of the Learning Objectives have an appendix that accompanies them (A – F).
- You have access to those in the lecture materials! Follow along...
- Take a “deeper dive” into them when you have more time.
 - I’ve provided you with these detailed resources to become more skilled, should you choose to do so.

Learning Objectives

Caveat: all of these assume you have ACCURATE information about contraception!

1. Utilize patient-centered questions to determine features of contraception that are important to a patient
2. Review a patient's medical history, relative to contraception eligibility, utilizing the Centers for Disease Control and Prevention Medical Eligibility Criteria and Selected Practice Recommendations for Contraception use (using the CDC MEC/SPR app or website)
3. Provide a brief overview of methods that are considered safe for the patient, applying the CDC MEC/SPR
4. Know where to seek resources for further training on the placement of long-acting reversible contraception methods (LARC)

Utilize patient-centered questions to determine features of contraception that are important to a patient

Appendix A

Why do patients seek contraception?

- Prevent pregnancy?
- Ambivalence
- Features important to them

Your role? Help the *PATIENT* choose...

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

- Effectiveness
 - How would you feel if you got pregnant?
- Side effects
 - How would you feel about changes to your period?
- Frequency of use
 - How often do you want to think about your birth control method?
- Route
 - How do you feel about ways that methods are used? (such as taking a pill every day, getting a shot, having a procedure done, etc.)
- Now that I know your preferences, what information would you like about birth control methods?
- Are there any methods you had in mind?

Adapted from Christine Dehlendorf, MD, MAS (<https://www.youtube.com/watch?v=ytyWJJP7uho&feature=youtu.be>), and Contraceptive CHOICE Project.

Review a patient's medical history, relative to contraception eligibility, utilizing the Centers for Disease Control and Prevention Medical Eligibility Criteria and Selected Practice Recommendations for Contraception use (using the CDC MEC/SPR app or website)

Appendix B

Impacts on contraception...

- Safety
- Effectiveness

Contraception Counseling Intake Form (Appendix B)

- Has the most common conditions that may affect safety/efficacy
- Allows you to address medical concerns and what is contraindicated before doing your overview

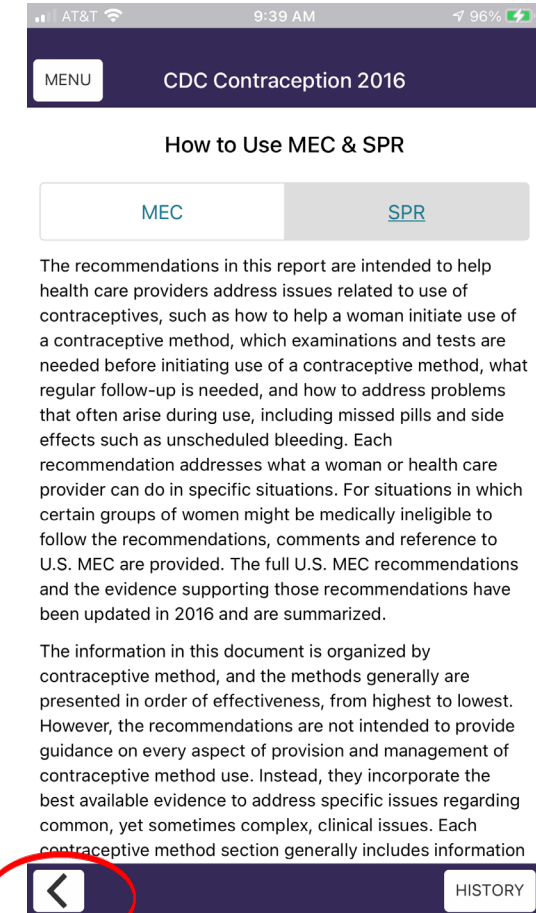
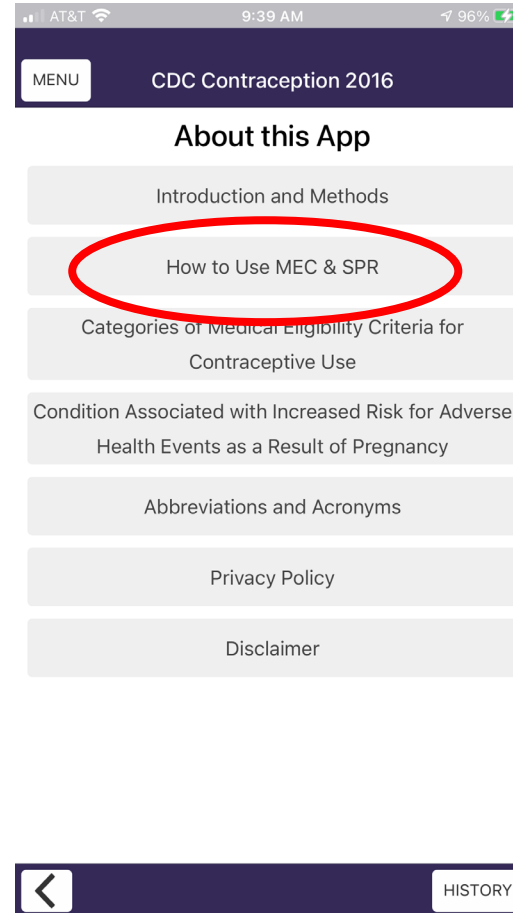
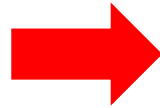
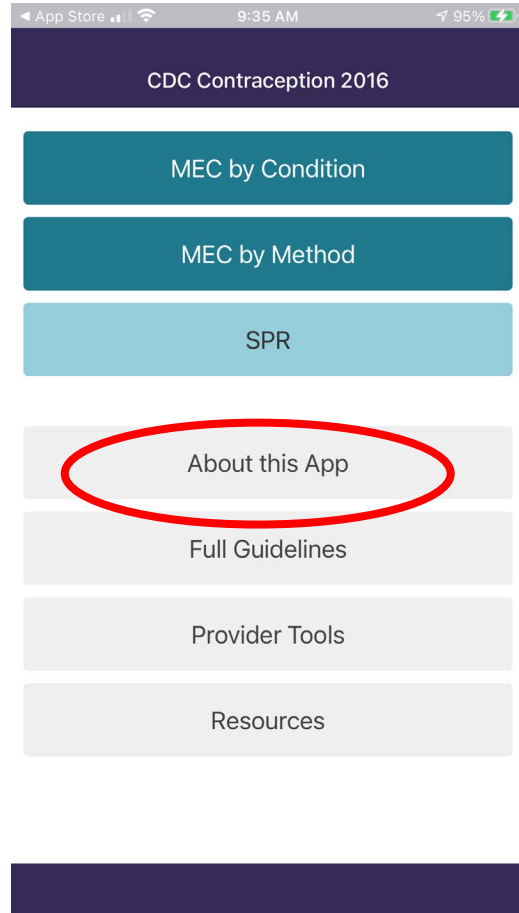
When your patient has contraindication(s)

- “I have some good news and some bad news...
 - ...the bad news is that methods containing estrogen – like pills, patches and rings – are not safe for you...
 - ...in fact, they pose a high enough risk to your health and safety that the CDC and World Health Organization tell us to NEVER PRESCRIBE them to patients with _____...
 - ...but the GREAT news is that there are *many other methods* that ARE super effective and SAFE for you.”

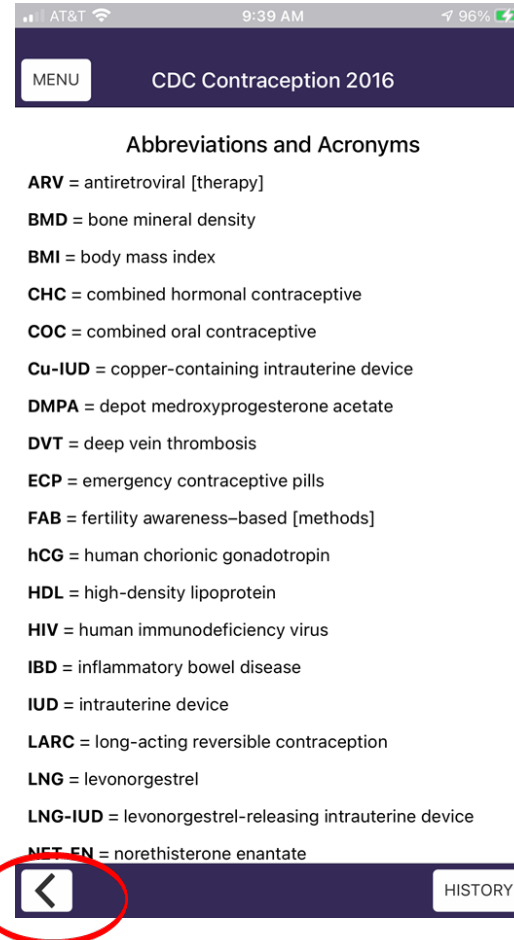
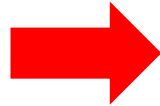
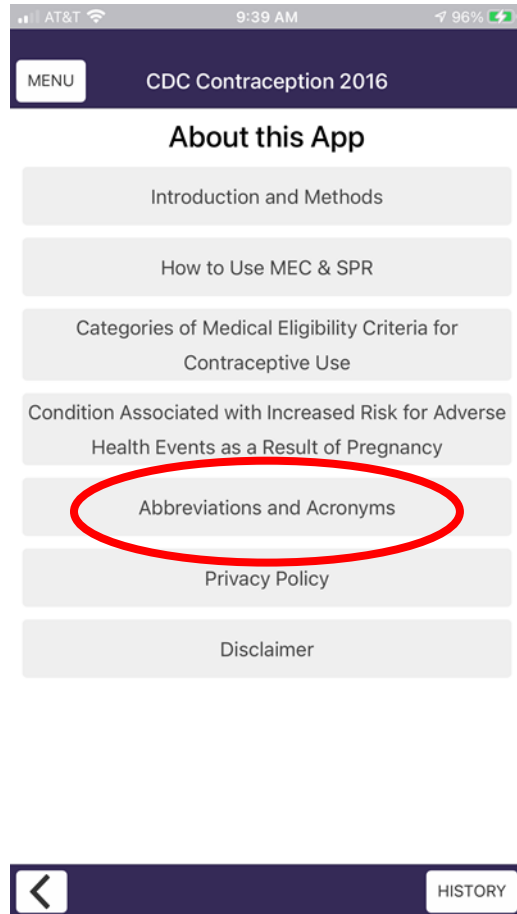
Let's learn how to use the app

- *We'll do a brief overview of the app. Take time to explore it later!*

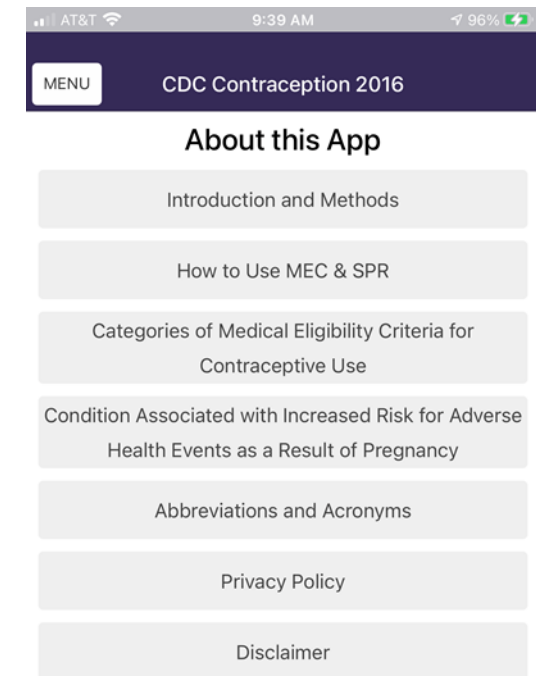
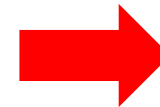
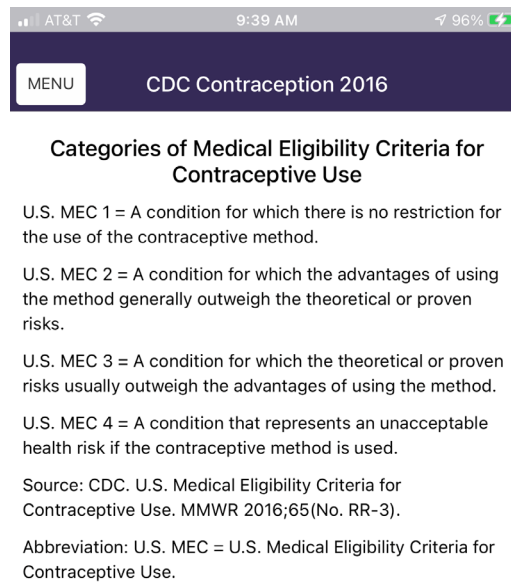
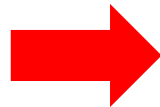
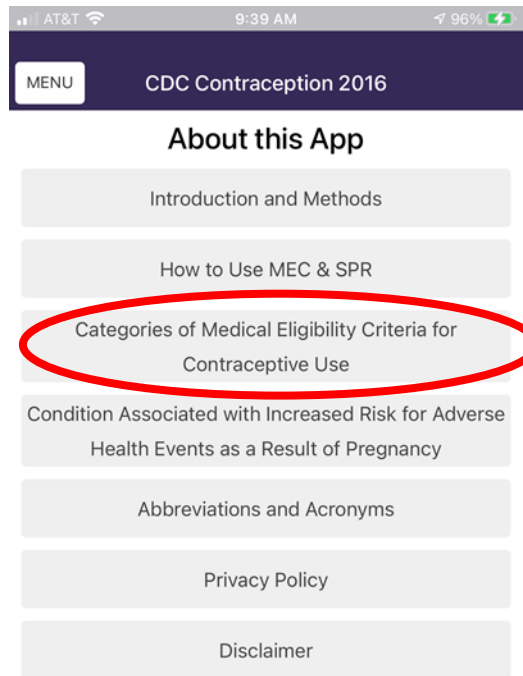
How to use this app



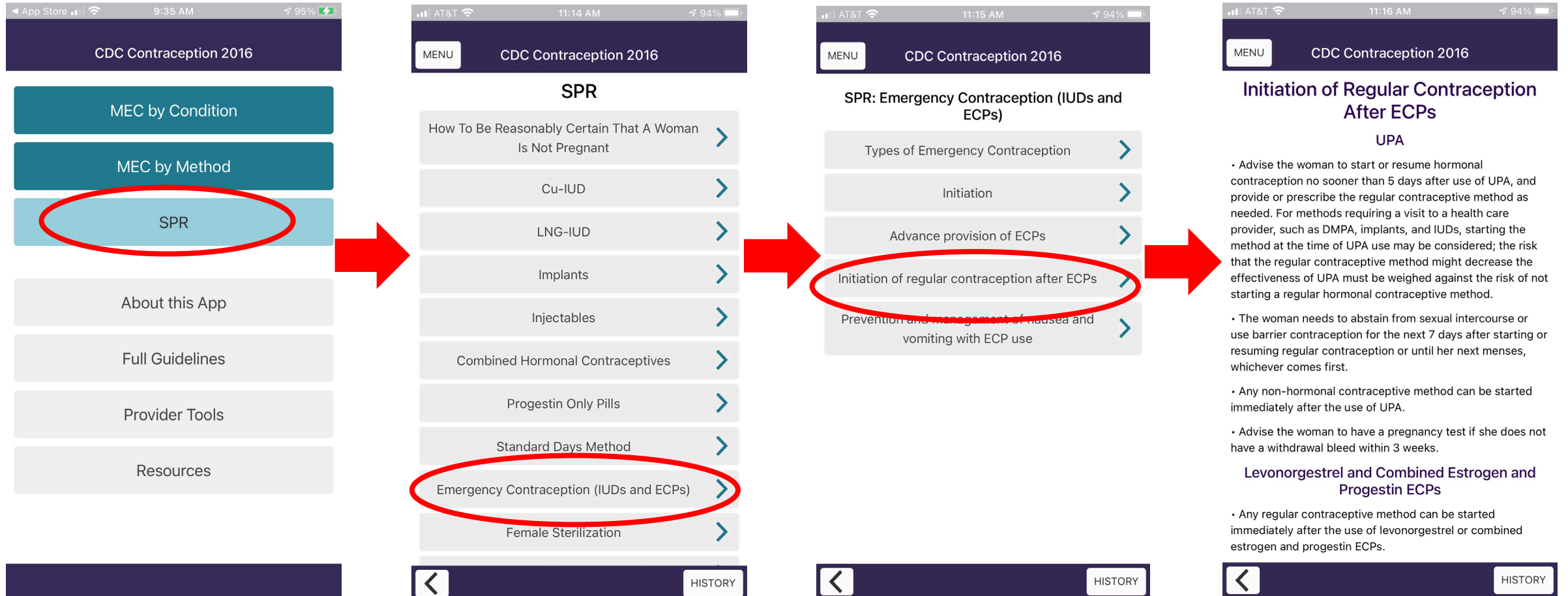
Lots of abbreviations & acronyms!



What do the categories 1-4 mean?



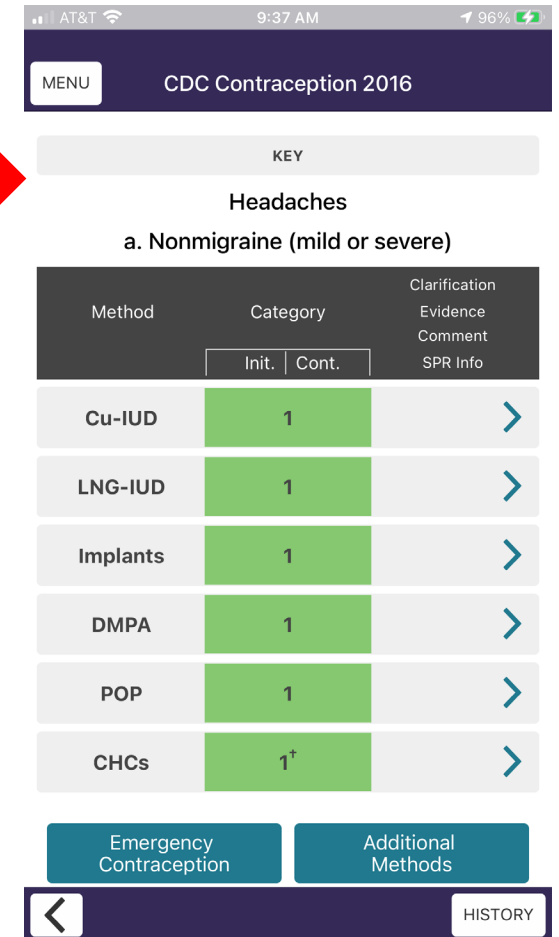
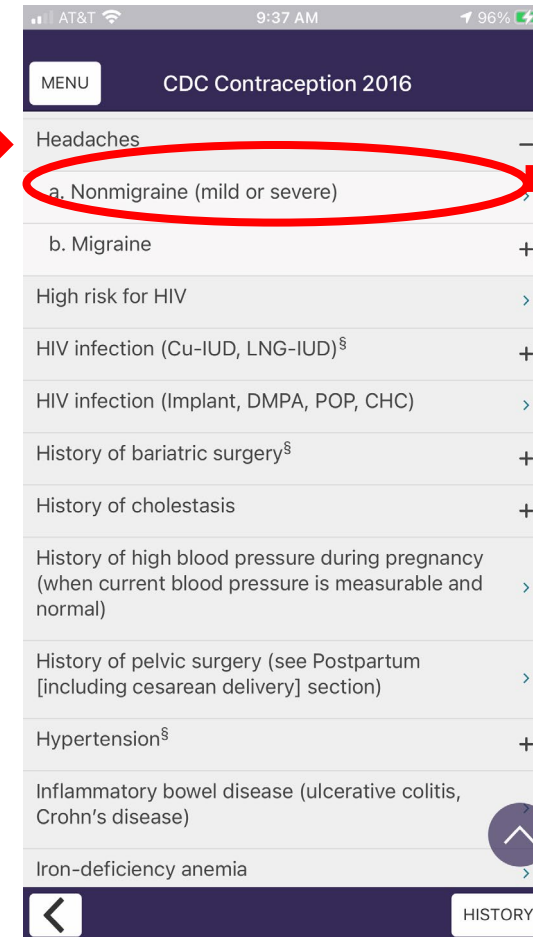
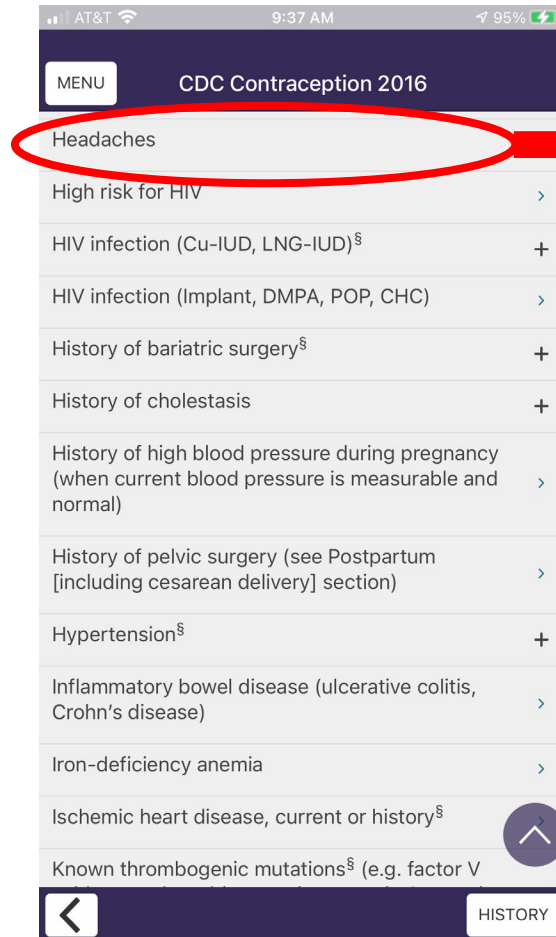
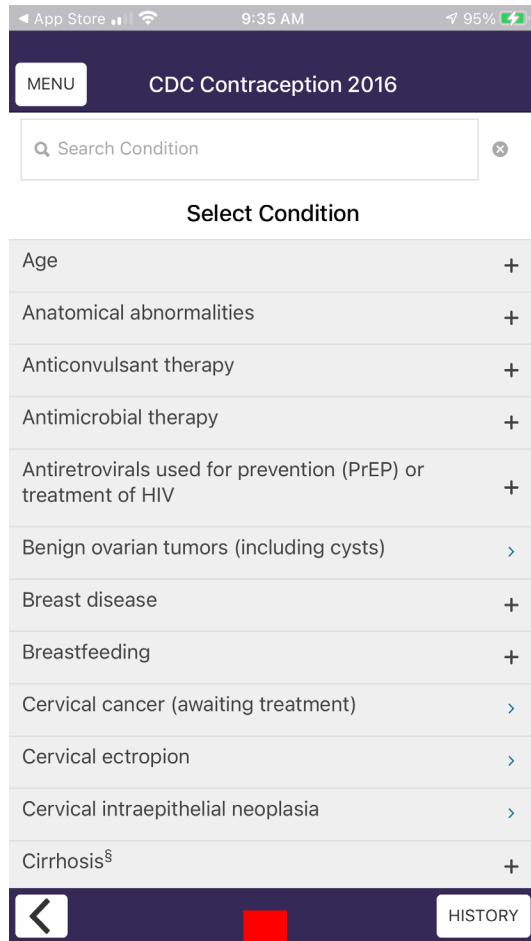
Selected Practice Recommendations



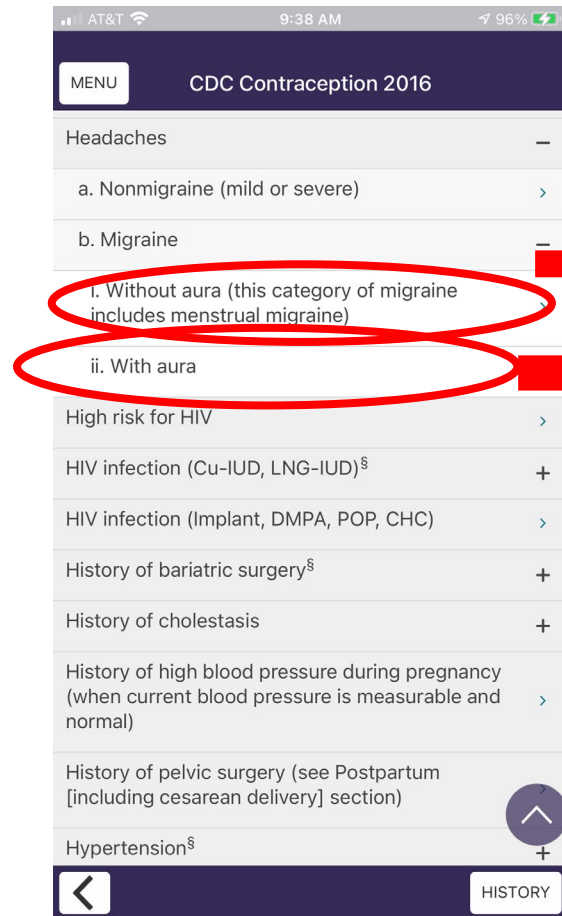
Conditions and Drugs

- Select “MEC by Condition”
- Review all of the categories listed briefly
 - The “+” expands that category
 - The “>” provides the Category of each method
 - Once you see the category, touch the “>” arrow again and it will provide more details of the evidence & rationale
- The “<” arrow at bottom left will always take you back to the previous screen
- Search tool at top of page allows you to find them!

Headaches: non-migrainous



Migraines: a common blind spot



AT&T 9:38 AM 96%

MENU CDC Contraception 2016

KEY

Headaches

b. Migraine

i. Without aura (this category of migraine includes menstrual migraine)

Method	Category		Clarification Evidence Comment SPR Info
	Init.	Cont.	
Cu-IUD	1		
LNG-IUD	1		
Implants	1		
DMPA	1		
POP	1		
CHCs	2 ⁺		

HISTORY

AT&T 9:38 AM 96%

MENU CDC Contraception 2016

KEY

Headaches

b. Migraine

ii. With aura

Method	Category		Clarification Evidence Comment SPR Info
	Init.	Cont.	
Cu-IUD	1		
LNG-IUD	1		
Implants	1		
DMPA	1		
POP	1		
CHCs	4 ⁺		

Emergency Additional

HISTORY

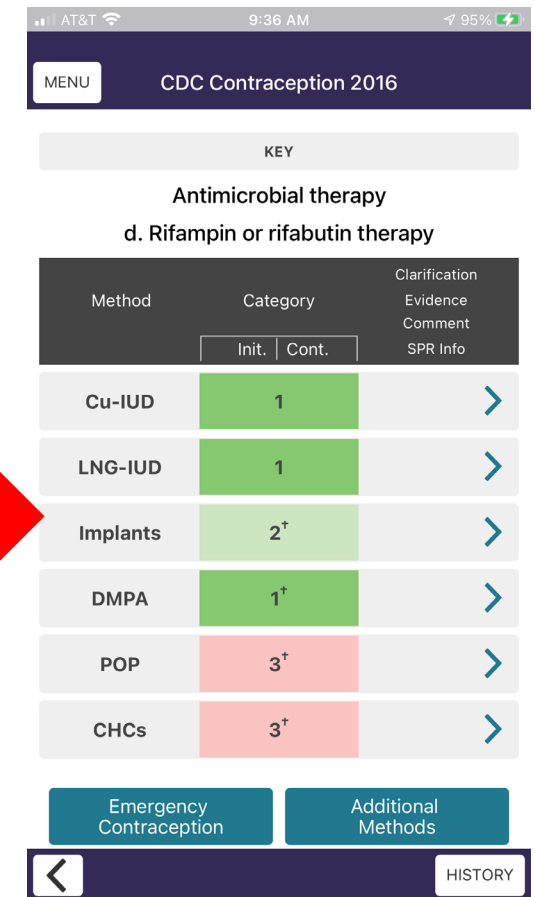
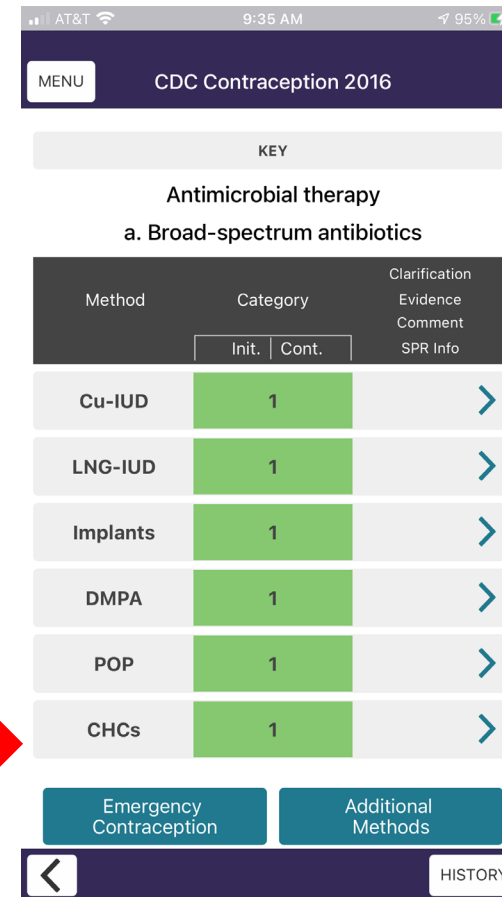
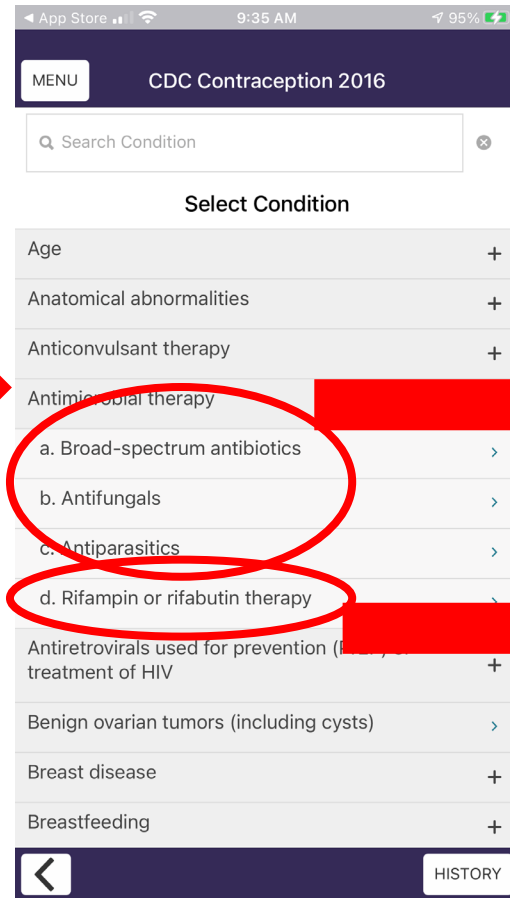
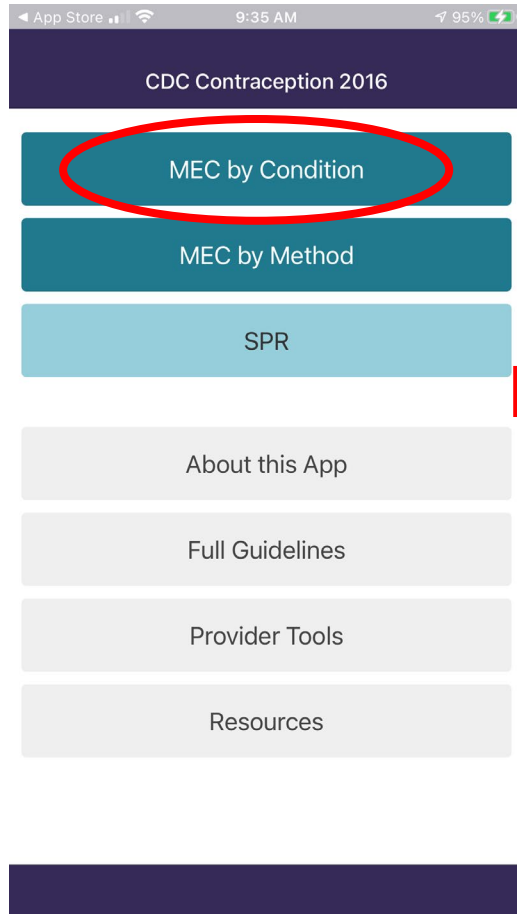
Asking patients about migraine/aura?

- How do YOU ask about history of migraine with aura?
- Many patients ***do not know that's what it's called.***
- Many of us are guilty of not reviewing our intake forms that patients took the time to complete.
- Here are two ways you can ask:
 - Do you have migraine headaches? Yes No
 - If yes: Do you see spots, have visual changes, have numbness in your hands or face, or have unusual sensations before your headaches? Yes No
 - Have you ever had migraine headaches? Yes No Recently
 - As doc, you can then ask “Do you ever have a warning that a headache is going to start, like seeing spots or wavy lines, or some other sensation in your body? Tell me more about that...” or even “Tell me what your headaches are like...”

Antimicrobials and contraception...

- Antimicrobial therapy
 - “Make sure you use condoms while you’re on this amoxicillin” is something we’ve all heard and maybe said...

Condition/Meds: antimicrobials

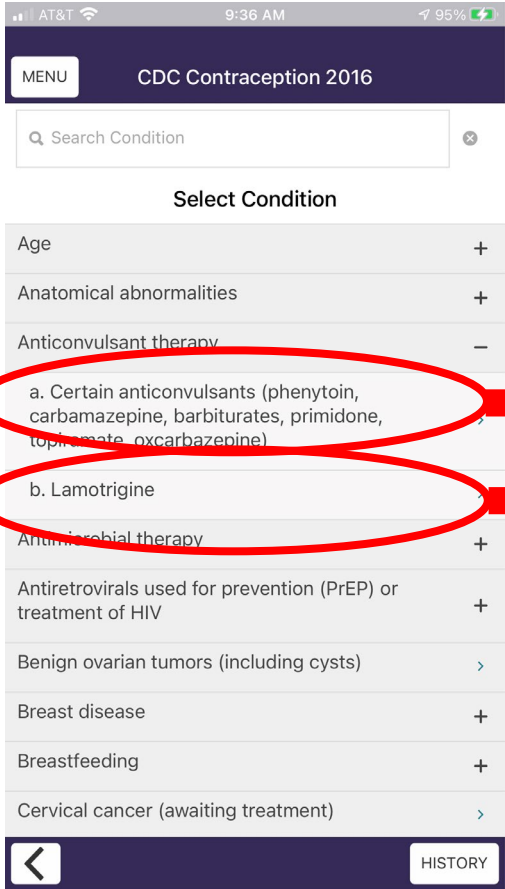
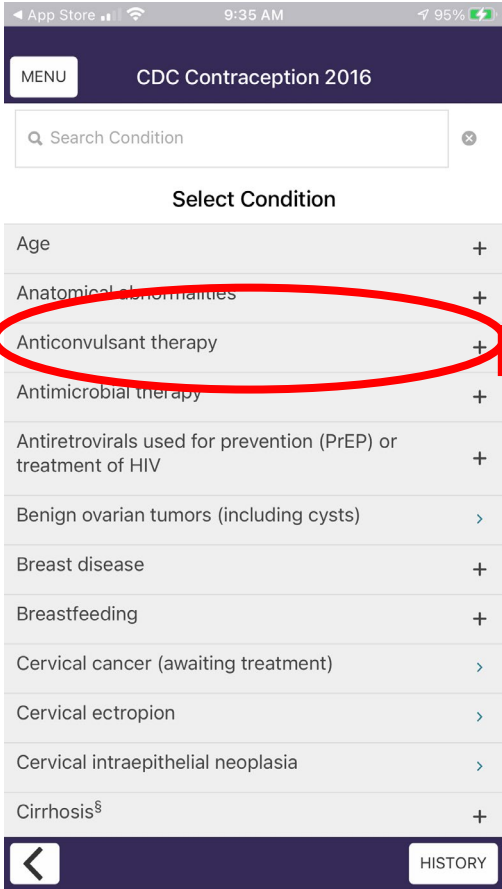


Remember that OCPs *fail to prevent pregnancy* 8-10% of the time...

Anticonvulsants and contraception...

- Anticonvulsant therapy
 - Lamotrigine (commonly used as mood stabilizer)
 - Topiramate (commonly used as migraine prophylaxis)

Condition/Meds: anticonvulsants (& mood stabilizers... & migraine prophylaxis...)



AT&T | 9:36 AM | 95%
MENU CDC Contraception 2016
KEY
Anticonvulsant therapy
a. Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)
Method Category Clarification
Evidence Comment SPR Info
Init. Cont.
Cu-IUD 1 >
LNG-IUD 1 >
Implants 2[†] >
DMPA 1[†] >
POP 3[†] >
CHCs 3[†] >
HISTORY

AT&T | 9:36 AM | 95%
MENU CDC Contraception 2016
KEY
Anticonvulsant therapy
b. Lamotrigine
Method Category Clarification
Evidence Comment SPR Info
Init. Cont.
Cu-IUD 1 >
LNG-IUD 1 >
Implants 1 >
DMPA 1 >
POP 1 >
CHCs 3[†] >
Emergency Contraception Additional Methods
HISTORY

AT&T 9:37 AM 95%

MENU CDC Contraception 2016

Q Lamotrigine

Select Condition

Anticonvulsant therapy —

a. Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine) >

b. Lamotrigine >

I Hi Thank

Q W E R T Y U I O P

A S D F G H J K L

↑ Z X C V B N M ↵

What are common conditions in YOUR practice?

- Take some time to explore the conditions and drugs, especially ones that are common in YOUR patient population!
 - Not every question on our intake form is a Category 4, but it helps us to flag risk factors and potential for interactions.
- When in doubt, use the **“Search”** function.

Provide a brief overview of methods that are considered safe for the patient, applying the CDC MEC/SPR

Appendices C and D

How can you do this?

- Make sure to review medical history first – don't discuss methods that aren't safe for/available to the patient.
- Order them by features that are important to the patient.
- If effectiveness is most important, a LARC-first approach is ideal.
- If other features are most important, address methods that are best with those features.
- If multiple aspects are equally important, ask the patient which one THEY would like you to order them by.

Example

- (Review medical history then ask patient-centered contraception questions.)
- “So it sounds like *not getting pregnant* is most important to you.
- Would it be ok if I tell you about all of the methods that would be SAFE for you, from most to least effective?”
- Provide *overview* of those methods using Appendix C

Once the patient has chosen their method, provide in-depth counseling on it.

- See Appendix D “Method-Specific Counseling Scripts”
- Note that the Quick Start Method is recommended for almost all methods.
 - See Appendix F: RHAP Quick Start Algorithm

Know where to seek resources for further training on the placement of long-acting reversible contraception methods (LARC)

Nexplanon (contraceptive implant)

- <https://www.nexplanontraining.com/> offered by Merck, the manufacturer (free!)

IUDs

- The manufacturers do not offer training – you have to find them!
- Contraceptive Technology conference
(<http://www.contraceptivetechnology.org/conferences/>) and other conferences
- Residency programs
- Colleagues who are already placing them
- Once you have placed a couple with a peer, the process gets easier.
 - Like any motor skill, visualization is important.

Ways to facilitate LARC placement

- Provide patients with Insurance Verification instructions (Appendix E)
- Designate specific staff and workflows for checking benefits
- Have one or two “Insertion” spots in your daily schedule that are “released” for other purposes 24 hours before.

Thank you!

You're always welcome to contact me with questions:

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