

## Appendix A: Patient-Centered GATHER Overview

Aspects that are important to patient-centered care are:

- Patient values guide all decisions in patient care.
- The purpose of counseling is to meet the needs of the patients (not to promote a personal or public health agenda).
- Elicit patient's values and preferences and respond to those values and preferences.
- Contraceptive use is a preference-sensitive decision. Counseling should offer support for decision making without directing or promoting one's own preferences.

**G** **Greet** the patient politely and warmly  
*Hi, I'm \_\_\_\_\_. Thank you for keeping your appointment. Everything we discuss today will be confidential and a part of your medical record.*

**A** **Ask** the patient about their family planning needs  
*My role is to help you choose a birth control method that is a good fit based on your personal preferences. Do you have a sense of what is important to you about your method?*

Elicit specific preferences regarding:

- 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, having a procedure done, getting a shot, etc.)*

*Now that I know your preferences, what information would you like about birth control methods?*

*Before we review methods, are there any birth control methods you had in mind?*

Review with patient their completed "Intake Form." Let them know if there are any methods that are not an option, because they are unsafe (ie Category 4).

- T** **Tell** the patient about all the birth control methods available to them  
Start the contraceptive counseling session using the script  
For each method discussed, include:
- Effectiveness, including failure rates
  - Hormone profile
  - Advantages & disadvantages
  - Side effects
  - STI considerations
  - Use models and pictures to describe each method
- H** **Help** the patient make the decision that is best for them  
Let patient know the choice belongs to them  
Ask the patient:
- *Which method have you chosen?*
  - *What do you like about this method?*
  - *How will you protect yourself against STIs?*
- E** **Explain** how to use the birth control method (& bridging method if appropriate)  
Review the Method Fact Sheet.  
If OCPs are the chosen method, help with adherence strategies  
Demonstrate how to use a condom.  
Help patient plan how to carry out their decision.  
Walk them through the insurance process (unless office staff does this).
- R** **Return** visits and follow-ups should be discussed  
Provide additional information, resources or referrals

## Appendix B: Contraception Intake Form

NAME: \_\_\_\_\_  
                    LAST                                    FIRST                                    MI                                    DATE OF BIRTH                                    PRONOUNS

### CONTRACEPTION INFORMATION

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What form(s) of contraception do you use currently? \_\_\_\_\_

How long have you been using this method? \_\_\_\_\_

#### For those currently using the birth control pill, patch or ring:

Have you missed any pills, lost your patch, had your ring out for longer than recommended or otherwise used your birth control inconsistently since your last period?    Yes    No

#### For those currently using the birth control shot (Depo Provera), IUD or implant:

When did you have your last shot or have your IUD or implant inserted? \_\_\_\_\_

What forms of contraception have you used in the past? \_\_\_\_\_

Have you used emergency contraception (Plan B, the morning after pill) in the past year?    Yes    No  
If yes, when? \_\_\_\_\_

What birth control method(s) do you think you are interested in? \_\_\_\_\_

OTHER BENEFITS SEEKING: \_\_\_\_\_

### GYNECOLOGICAL HISTORY

First day of your most recent normal period: \_\_\_\_\_

Periods are:    regular    irregular

Periods come every: \_\_\_\_\_ to \_\_\_\_\_ days    OR    too irregular to tell

Pain with periods:    Yes    No

Flow is:            light    moderate    heavy

Bleeding lasts:    \_\_\_\_\_ to \_\_\_\_\_ days    OR    too irregular to tell

Date of last intercourse: \_\_\_\_\_

Date of last Pap test: \_\_\_\_\_                      Result:    normal    abnormal    unsure

Date of last chlamydia/gonorrhea test: \_\_\_\_\_

Have you had any new partners since last tested?    Yes    No

### OBSTETRICAL HISTORY

Have you ever been pregnant?    Yes    No    If yes, did you have a c-section?    Yes    No

If yes: Dates	Outcomes	Problems
_____	_____	_____
_____	_____	_____

## MEDICAL HISTORY

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Are you a smoker?	Yes	No	
Do you think you might be pregnant?	Yes	No	
Have you had a baby in the past 3 weeks?	Yes	No	
Are you currently breastfeeding?	Yes	No	
Have you ever been told you have high blood pressure?	Yes	No	
Have you had a heart attack, stroke or mini stroke?	Yes	No	
Do you have heart disease?	Yes	No	
Do you take medicine for high cholesterol?	Yes	No	
Have you had a blood clot (thrombosis) in your lung or in your leg?	Yes	No	
Do you have diabetes?	Yes	No	
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	
Do you have liver disease or have you had liver cancer?	Yes	No	
Do you have gall bladder disease?	Yes	No	
Have you had breast cancer?	Yes	No	
Do you have depression or anxiety?	Yes	No	
Have you ever had pelvic inflammatory disease?	Yes	No	
Do you have vaginal bleeding after sex or between periods?	Yes	No	
Have you ever had chlamydia or gonorrhea?	Yes	No	Never Tested
Do you have HIV?	Yes	No	Never Tested
Are you currently having vaginal discharge, itching, burning or pain with urination?	Yes	No	
Have you ever been told you have uterine fibroids or an unusually shaped uterus?	Yes	No	
Do you take medicine for seizures, migraines, bipolar disorder or tuberculosis?	Yes	No	
Do you have any other medical problems?	Yes	No	

If yes, please list here: \_\_\_\_\_

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Patient Signature

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Date

## **Appendix C: Contraception Overview Script**

The contraceptive overview script is a tool used to make contraceptive counseling as comprehensive and efficient as possible; it also ensures that all patients have similar experiences. It is useful to have this document readily available for reference during counseling sessions.

The purpose of our discussion today is to make sure that you are aware of all your birth control options, and to discuss the possible advantages and disadvantages of each method. We will present the most common reversible methods in order of most effective to least effective. *(\*\*Please change the order based on what is most important to YOUR patient, such as cycle control, lighter/shorter/less painful periods, etc.\*\*)*

### **Long-Acting Reversible Contraception: LARC Summary Statement**

The three most effective reversible methods of contraception available today are the implant, and the two kinds of intrauterine devices, or IUDs. The implant is called Nexplanon. The two types of IUDs are the hormonal IUDs, known as Kyleena, Liletta, Mirena, and Skyla; and the non-hormonal copper IUD, known as the Paragard.

All three of these methods are over 99% effective and are just as effective as getting your tubes tied or sterilization, but reversible so that if you did want to become pregnant you could just have the device removed and your fertility will return.

#### **IMPLANT**

The implant is the most effective method of contraception and it lasts for 3 years. It is more than 99% effective. Although the implant lasts for three years, you can have it removed sooner. It is a small rod that is placed under the skin of your arm between your upper and lower arm muscles (point to your arm). You can feel it but you usually can't see it.

The implant releases the hormone progestin, which can cause irregular bleeding. Some people have irregular bleeding for a month, six months, a year, or even the entire three years. Some people using the implant have no bleeding at all.

The implant is inserted easily. The clinician will wash off your arm, inject some numbing medicine, and then place the implant under your skin. You will need to wear a bandage on your arm for 24 hours.

*You may choose the implant because it is highly effective, safe, convenient and long lasting. You would understand that irregular bleeding is the most common complaint among people using the implant and that this is normal. You would also know that this method does not protect from sexually transmitted infections.*

## **HORMONAL IUD**

The hormonal IUD is a three-to-five-year contraceptive method that is inserted into your uterus by a clinician. Although it lasts for up to five years, you can have it removed sooner. As you can see, it is T-shaped and releases the hormone progestin primarily into your uterus.

Some people have irregular bleeding and cramping after the hormonal IUD is inserted. The irregular bleeding is greatest in the first 3-6 months, but usually improves. After this time, your period is typically much lighter and shorter. Twenty percent of people stop having their periods altogether after the first year.

There are strings connected to the hormonal IUD that become soft and usually do not cause any discomfort to you or your partner during sex.

*A person may choose the hormonal IUD because it is highly effective, convenient, safe, and long lasting. You would understand that irregular bleeding may occur, especially within the first six months after insertion, but eventually your periods may become shorter, lighter and may even stop altogether. You would know that this method does not protect against sexually transmitted infections.*

## **NON-HORMONAL COPPER IUD**

The non-hormonal IUD is a 10-year contraceptive method that is inserted into your uterus by a clinician. Although it lasts for ten years, you can have it removed sooner. As you can see, it is T-shaped and made of plastic and copper.

Some people have spotting for the first few months after the copper IUD is inserted. In some people, periods may be heavier or crampier, especially within the first 3-6 months after insertion, although this may get better over time.

There are strings connected to the non-hormonal copper IUD that become soft and usually do not cause discomfort to you or your partner during sex.

*A person may choose the copper IUD because it is highly effective, safe, convenient and long-lasting. You may desire a form of birth control that contains no hormones and may want to have a period. You would understand that periods may become heavier and crampier, although this may get better over time. You would also know that the copper IUD does not protect from sexually transmitted infections.*

All of the IUDs are inserted in essentially the same way. First, the clinician will perform a pelvic exam to determine the size and position of your uterus. Next, they will insert a speculum like when you have a Pap smear and wash off your cervix. The clinician will then place the IUD through the cervix and into the uterus.

The insertion of an IUD can be crampy, but usually it takes less than five minutes. You can take ibuprofen or other medications to help with the cramping.

## **Scripts for the Refillable Methods**

### **BIRTH CONTROL SHOT**

The birth control shot, which is also known as Depo or Depo-Provera, is another very effective method. It is an injection of the hormone progestin. The shot is 94% effective, which means that typically 6 out of 100 people will become pregnant using this method in the first year.

The shot is given every 3 months. This means you will need to return to your provider on a regular basis to get your shot.

The shot can cause some irregular bleeding and spotting which usually improves over time. After a year, almost half of all people using this method stop having their period altogether.

Some people are concerned that the use of the shot may lead to weight gain. You can help control weight gain by being aware of your food choices and keeping an exercise routine.

*A person may choose the birth control shot because it is very effective, safe, easy to use, and may improve menstrual symptoms. You would understand that irregular bleeding may occur with the shot but eventually periods may stop altogether. You would be willing to go to a clinic or doctor every 3 months. You would also know that this method does not protect against sexually transmitted infections.*

### **Combined Hormonal Contraception Summary Statement**

The pill, the patch, and the vaginal ring are all effective methods that contain the hormones estrogen and progestin. These methods are 91% effective with typical use, meaning up to 9 out of 100 people will become pregnant within the first year of use. All of these methods require the user to 'do' something on a daily, weekly, or monthly basis.

People usually will have regular, lighter, and shorter periods with these methods. Some people may experience irregular bleeding or spotting, nausea, bloating or breast tenderness during the first few months after starting these methods, but these side effects will usually get better.

### **BIRTH CONTROL PILL**

The birth control pill needs to be taken every day and should be taken at the same time to make it effective.

### **PATCH**

The patch is an adhesive that you place on the skin. It needs to be changed once a week for three weeks, and then during the fourth week you leave it off and have your period.

### **VAGINAL RING**

The ring is a plastic ring that you insert yourself into your vagina. It needs to be changed every 4 weeks. Most people leave the ring in for three weeks and then take it out for the fourth week

to have a period. There is no perfect way to insert the ring; you just place it into your vagina to where you can no longer feel it. The ring is supposed to be comfortable for both partners during sex.

*A person may choose birth control pills because they are safe, may improve menstrual symptoms, may help control irregular bleeding, and may improve acne. You also may want to predict when you will have a period. You would need to remember to take your pill every day. A person may choose the patch or the ring because they are safe, comfortable and may help regulate a person's menstrual cycle. You would need to remember to change the patch every week or the ring every month. The patch and the ring may offer the same general health benefits as those offered by the birth control pill. You would also know that none of these methods protect against sexually transmitted infections.*

### **PROGESTIN ONLY PILLS (POPs)**

There are also pills with no estrogen called progestin-only pills, minipills, or POPs. Some people with medical problems such as high blood pressure or migraine headaches should avoid estrogen. These pills are 91% effective with typical use, meaning that up to 9 out of 100 people will become pregnant using this method in the first year.

With the progestin-only pills, a person takes an active pill every day of the month. People using progestin-only pills may experience irregular bleeding, spotting, or no period at all.

POPs must be taken every day at the same time. If you are 3 or more hours late taking your pill, you must use a back-up method, such as condoms, for 48 hours.

*A person may choose progestin-only pills because they are safe. You may want to avoid using a method that contains estrogen. You would need to remember to take a pill at the same time every day. You would also know that this method does not protect you from sexually transmitted infections.*

### **CONDOMS**

Condoms, when used alone, are 82% effective at preventing pregnancy. Typically, 18 out of 100 people using just condoms become pregnant in one year. However, when used with another method, condoms can further decrease your risk for pregnancy.

Condoms are the only method that protect against sexually transmitted infections. Some people use condoms and another birth control method together to prevent infections and pregnancy.

There are a few things you should always remember when using a condom:

- Always check for an air pocket in the condom's unopened packaging. If you can't squeeze an air pocket, then the condom could be damaged and you should throw it away.



- Also, look for an expiration date. An expired condom should never be used, just throw it away.
- Only use water-based lubrication with latex condoms.
- Store condoms in a cool, dry place out of direct sunlight.
- A new condom should be used for each act of sexual intercourse—including oral, anal or vaginal. Never use the same condom twice.

*A person may use condoms to reduce the risk for sexually transmitted infections and pregnancy.*

## **EMERGENCY CONTRACEPTION**

Emergency contraception can be used after unprotected sex to decrease the risk of pregnancy. Emergency contraception includes the non-hormonal copper IUD, and pills such as Ella and Plan B.

The copper IUD is the most effective method of Emergency Contraception. It can be placed up to 5 days after unprotected sex and is greater than 99% effective at preventing pregnancy. In fact, only 12 pregnancies have occurred with over 12,000 copper IUDs being placed for emergency contraception since 1976.

There are two kinds of Emergency contraceptive pills. Both can be taken up to 5 days after unprotected sex, although the sooner you take them the more effective they can be.

Ella is the more effective of the two kinds of emergency contraceptive pills. You need a prescription for it, and we would be happy to provide that to any of our patients who needs it if they call the clinic. It's important to note, though, that it could reduce the effectiveness of birth control pills if someone is taking them as well, so you should talk to your health care provider before taking Ella.

The least effective emergency contraception is Plan B. A person can purchase Plan B without a prescription at their local pharmacy.

*You may use emergency contraception because you had unprotected sex, the condom broke, you missed birth control pills, or you were late for your birth control shot. You would understand that the copper IUD is the most effective form of emergency contraception, and if you chose this, you could continue to use it to provide highly effective contraception. You would know that emergency contraceptive pills may not be as effective as other forms of birth control and should not be used as a primary method. You would also know that emergency contraception does not protect you from sexually transmitted infections.*

What questions do you have about any of these methods?

What birth control method sounds like a good choice for you?

What do you like about this method?

How will you protect yourself against sexually transmitted infections?

I hope that this information has helped you choose a birth control method that's right for you. Please let me know if you have any further questions.

## Appendix D: Method-specific Counseling Scripts

### NEXPLANON COUNSELING

The insertion of a Nexplanon is a very safe procedure. With any procedure, though, there are possible risks.

The risks are:

- We're going to poke a hole in the skin so it's possible to get an infection.
- Because we're poking a hole, it's going to leave a scar.
- There's a chance you could have an allergic reaction to the device
- You might have a little bit of bleeding at the site of the insertion
- Those things are all very uncommon.
- The most common thing I see is a bruise at the site of insertion.
- Implants don't protect you from sexually transmitted infections – only condoms can do that. Tell me what you'll do to decrease your risk of infection.

### IUD COUNSELING

The insertion of an IUD is a very safe procedure. With any procedure, though, there are possible risks.

The risks are:

- A less than 1 in 1000 risk of us poking a hole in your uterus. You're more likely to get pregnant than for this to happen and remember, pregnancy is really rare with IUDs.
- If you WERE to get pregnant, it would likely be in your tubes, or outside of your uterus (point to diagram). However, your risk of any kind of pregnancy – including a tubal pregnancy – is much less than for people using almost all of the other methods of birth control. You can't grow a baby in a tube that small, so if that were to happen, you'd have to have a procedure to remove it or take a medicine to dissolve it. But that's really unlikely to happen.
- (Because you haven't been pregnant before), there's a 5% chance that your uterus would cramp a lot and push it out. (If they have been pregnant, you could say "There's a really low chance that your uterus would cramp a lot and push it out.") It would not fall out of you – it would be a very painful experience and you'd know it was happening. If it happens once, there's a little higher chance it could happen again, but the chances are greater that it won't.
- Compared to other methods of contraception, the risk of infection with an IUD is the same. However, there's a slightly greater risk of infection during the first few weeks

after insertion. To reduce that chance, we check you for infections today, AND we ask that you put NOTHING in your vagina for 1 week after insertion. That means no tampons, menstrual cups, fingers, toys, mouths or penises.

- Some people have cramping during and after the insertion, and you can decrease that by taking 3 over-the-counter ibuprofen tablets about an hour before your IUD insertion with a snack and a big glass of water. Most people report that cramping gets better after a day or two.
- As we talked about earlier, you might have some irregular periods after getting an IUD. [Kyleena/Liletta/Mirena/ Skyla: They should get a lot lighter, shorter, and possibly stop after a few months.] [Paragard: they might be a little irregular the first few months, then become more regular, just a bit longer and heavier than your natural/pre-fill-in-the-blank-method periods]. If your bleeding pattern is troubling to you, come back in to talk with me about ways we could manage it.
- IUDs don't protect you from sexually transmitted infections – only condoms can do that. Tell me what you plan to do to decrease your risk of infection.

### **Counseling Scripts for Refillable Methods**

- It's important that a person leaves the contraceptive visit knowing *exactly* how to use their chosen method. If the patient is not sure, they may discontinue using the method or may have a method failure that results in an unintended pregnancy.
- Here are the instructions we recommend for patients who choose the contraceptive injection, birth control pill, patch, vaginal ring, progestin-only pill, and male or external condom.

### **Contraceptive Injection**

- *I want to make sure that you leave today knowing exactly how to get your shot. I will send a prescription to your pharmacy today for a vial of medicine that a nurse will inject into your muscle. Before leaving the building, please schedule an appointment with one of our nurses to come back and get your shot. It may take the pharmacy an hour or two to fill your prescription.*
- *Once your prescription is ready, please go to your pharmacy and pick it up. Please bring this vial of medicine to your appointment with the nurse.*
- *We recommend the quick start method, which means you'll get your first shot today or on a day that is convenient for you. If you get your shot during the first 5 days of a normal period, the shot is effective right away. If the day you get your first shot is not during the first 5 days of your period, the nurse will have you take a urine pregnancy*

*test. If that is negative, the nurse will give you your shot, and you'll need to return to the clinic in 2 weeks for another pregnancy test.*

- *If you have your first shot after the first 5 days of a normal period, you'll need to use a back-up method for 7 days, such as using condoms or not having sex.*
- *You may have some breakthrough bleeding, but this is normal.*
- *The nurse will give you a reminder card with the dates you can return for your next shot. If you have any questions or problems with the shot, please call your clinician.*
- *What questions do you have about your birth control shot?*

### **Combined Oral Contraceptive Pills (COCs)**

- *I want to make sure that you leave today knowing exactly how to use the birth control pills. We recommend the Quick Start Method. Which means you will take the first pill today. You'll need to use a back-up method for 7 days, such as using condoms or not having sex. You may have some breakthrough bleeding, but this is normal. Even if you start bleeding, continue to take the pills as directed. Since today is MONDAY (or other day), you will change the day of the week sticker at the top of the pill pack to Monday. Follow the arrows on the pill pack and take one pill every day. It's best to take it around the same time each day.*
- *Once you reach the last row of pills, these are your inactive pills, and that's the week your period should start. If your period does not start, you may want to consider doing a urine pregnancy test at home or calling us to get one. These inactive pills help keep you in the habit of taking a pill at the same time every day.*
- *After you complete a pack of pills, start a new pack the next day. Some people like to set a reminder on their phone to take their pill, or there are free apps you can download onto your smartphone.*
- *If you miss a pill, take it as soon as you remember, and continue to take the pack as directed. If you're more than 24 hours late taking a pill, take 2 pills that day, and use a back-up method of contraception for the next 7 days. If you miss 2 days in a row, take 2 pills right away, then 2 more pills the next day, and continue to take the pack as directed. You'll also need to use a back-up method of contraception for the next 7 days. If you had sex on the day or days you forgot to take your pill, you may want to consider taking emergency contraception.*
- *What questions do you have about how to use your pills?*
- *It's a good idea to have the patient repeat this information back to you, to make sure you were clear. You can say something like "Tell me your plan for how you'll use your pills."*

## Patch

- *I want to make sure you leave today understanding exactly how to use the patch. We recommend the Quick Start Method, which means you will apply your first patch today. You'll need to use a back-up method for 7 days, such as using condoms or not having sex. You may have some breakthrough bleeding, but this is normal. Even if you start bleeding, continue to use the patch as directed. You will change your patch every week.*
- *Each box of patches comes with weekly stickers to remind you to change your patch. It's good to put a reminder sticker on each day you'll change your patch. For example (if today is Monday), you'll put your first sticker on today's date, and you'll put each of the other stickers on the next two Mondays. On the 4<sup>th</sup> Monday, you'll take off your patch and be patch-free for a week. That is the week your period should start. On the following Monday, you'll start a new box of patches.*
- *To apply the patch, peel off the plastic backing, and place it on your upper outer arm, stomach, buttock or back but make sure it's in a place that won't be rubbed by tight clothing. Don't place the patch on the area where the previous week's patch was placed. Before you apply your patch, make sure your skin is clean and dry. Avoid using oils, creams, lotions, makeup, or powders at the patch site. This may cause the patch to become loose or to fall off.*
- *If the patch causes a skin irritation or falls off, apply a new patch to a new location until the next change day. If the patch continues to cause skin irritation, please call us as soon as possible.*
- *Only one patch should be worn at a time.*
- *If you forget to start your new box of patches, do so as soon as you remember, and use a back-up method for 7 days, such as using condoms or not having sex. This will result in a new change day for the following weeks. If you've had unprotected sex in the previous 5 days, you may want to consider taking emergency contraception.*
- *What questions do you have about how to use your patches?*
- *It's a good idea to have the patient repeat this information back to you, to make sure you were clear. You can say something like "Tell me your plan for how you'll use your patches."*

## Vaginal Ring

- *I want to make sure you leave today understanding exactly how to use the ring. We recommend the Quick Start Method, which means you will insert your ring today. You'll need to use a back-up method for 7 days, such as using condoms or not having sex. You*

*may have some breakthrough bleeding, but this is normal. Even if you start bleeding, continue to use the ring as directed. You will change your ring every 4 weeks.*

- *There is no right way to insert the ring. Just squeeze it and insert it as far back as possible, until it is comfortable. Some people find it is helpful to insert the ring using an inserter from a super absorbency tampon. To do this, remove the tampon from the applicator, and insert the ring into the applicator. Insert it just as you would a tampon.*
- *Each new ring comes with reminder stickers. It's a good idea to put a reminder sticker on the day you inserted the ring, and another sticker on the day you should take it out (or put reminders in your smartphone calendar). For example (if today is Monday), since you're inserting the ring today, you'll put your "Insert Ring" sticker on today. On the 4<sup>th</sup> Monday, you can put the "Remove Ring" sticker and be ring-free for a week. That is the week your period should start. On the following Monday, you'll insert a new ring.*
- *If you forget to insert a new ring, do so as soon as you remember, and use a back-up contraceptive method for 7 days, such as using condoms or not having sex. If you've had unprotected sex in the previous 5 days, you may want to consider taking emergency contraception.*
- *What questions do you have about how to use your ring?*
- *It's a good idea to have the patient repeat this information back to you, to make sure you were clear. You can say something like "Tell me your plan for how you'll use your ring."*

### **Progestin-only pills**

- *I want to make sure that you leave today understanding exactly how to use the progestin-only pills. We recommend the Quick Start Method. Which means you will take the first pill today. You'll need to use back-up contraception, such as condoms, or not have sex for 7 days. Since today is MONDAY (or other day), we will change the day of the week sticker at the top of the pill pack. Follow the arrows on the pill pack and take one pill every day. It's best to take it at the same time every single day. After you complete a pack of pills, start a new pack the next day.*
- *You may have some breakthrough bleeding, but this is normal. Even if you start bleeding, continue to take the pills as directed.*
- *It is SO IMPORTANT that you take a pill every single day at the same time for progestin-only pills to be effective. If you're more than 3 hours late taking your pill, use a back-up method of contraception for 7 days, such as using condoms or not having sex. If you had unprotected sex in the past 5 days, you may want to consider taking emergency*

*contraception. Some people like to set a reminder on their phone to take their pill, or there are free apps you can download onto your smartphone.*

- *All of the pills in the progestin-only pill pack contain hormone.*
- *What questions do you have about how to use your progestin-only pills?*
- *It's a good idea to have the patient repeat this information back to you, to make sure you were clear. You can say something like "Tell me your plan for how you'll use your progestin-only pills."*

### **External or male condoms**

- *You should offer every patient a condom demonstration to help reduce the risk of sexually transmitted infections and HIV. After delivering the scripted information about the dos and don'ts of condom use, a demonstration can be done in the following way.*
- *Once the penis is hard, open the package using the notch in the edge of the packaging so you don't damage the condom. Hold the tip while you unroll the condom along the length of the penis to the end. Because a condom rolls down the penis, it can only roll down one way. If you ever try to roll a condom the wrong way down a penis, throw the condom away and start with a new one.*
- *While unrolling the condom, be sure to leave a half-inch to an inch of space at the top to hold the semen. Squeeze the tip gently, so that no air is trapped inside. After the partner ejaculates, the penis should be pulled out slowly while it's still hard. Hold the base of the condom onto the penis to avoid spilling semen. While holding the tip, roll the condom up only a portion of the way, then gently pull it off the penis, wrap it up, and throw it away. This should be done away from your vagina.*
- *What questions do you have about how to use condoms?*
- *It's a good idea to have the patient repeat this information back to you, to make sure you were clear. You can say something like "Tell me your plan for how you'll use condoms," and remind them they can return to the clinic at any time to get more. Offer to send the patient home with a bag of condoms.*



## Appendix E: Insurance Verification of Benefits – Example Patient Instructions

### How do I check my contraception benefits?

You will start by simply calling the member service number located on your insurance card. Then follow the prompts to speak with a representative with the benefits and eligibility department.

Provide the representative the following information below for the method(s) you're interested in.

*Mirena	CPT Code J7298 – Contraception CPT Code 58300 – Insertion Diagnosis Code – Z30.430 Diagnosis Code -- _____	How much will I owe? _____ <b>Reference #</b> _____
*Skyla	CPT Code J7301 – Contraception CPT Code 58300 – Insertion Diagnosis Code – Z30.430	How much will I owe? _____ <b>Reference #</b> _____
*Kyleena	CPT Code J7296 – Contraception CPT Code 58300 – Insertion Diagnosis Code – Z30.430	How much will I owe? _____ <b>Reference #</b> _____
*Paragard	CPT Code J7300 – Contraception CPT Code 58300 – Insertion Diagnosis Code – Z30.430	How much will I owe? _____ <b>Reference #</b> _____
Nexplanon	CPT Code J7307 – Contraception CPT Code 11981 – Insertion Diagnosis Code – Z30.49	How much will I owe? _____ <b>Reference #</b> _____

Once you have verified your insurance coverage, please call our office (XXX-XXX-XXXX) or use the patient portal to send a message that you are ready to schedule for insertion. **You will need to provide your reference number for confirmation.**

Your provider should have discussed the options below regarding appropriate timeframe when insertion can be scheduled. If this was not discussed or you have any questions, please contact our office.

- Any time as long as you continue to use your current birth control method correctly (no missed pills, patches, ring; not late for depo shot)
- Within the first 5 days of your next normal period
- Any time after your next normal period as long as you have not had sex since your period
- Two weeks or more after starting pills, patches or ring

**\*The above IUD contraception (\*) requires preparation before the insertion. Please take 600-800mg of ibuprofen with a small snack 30 minutes prior to your insertion appointment.**

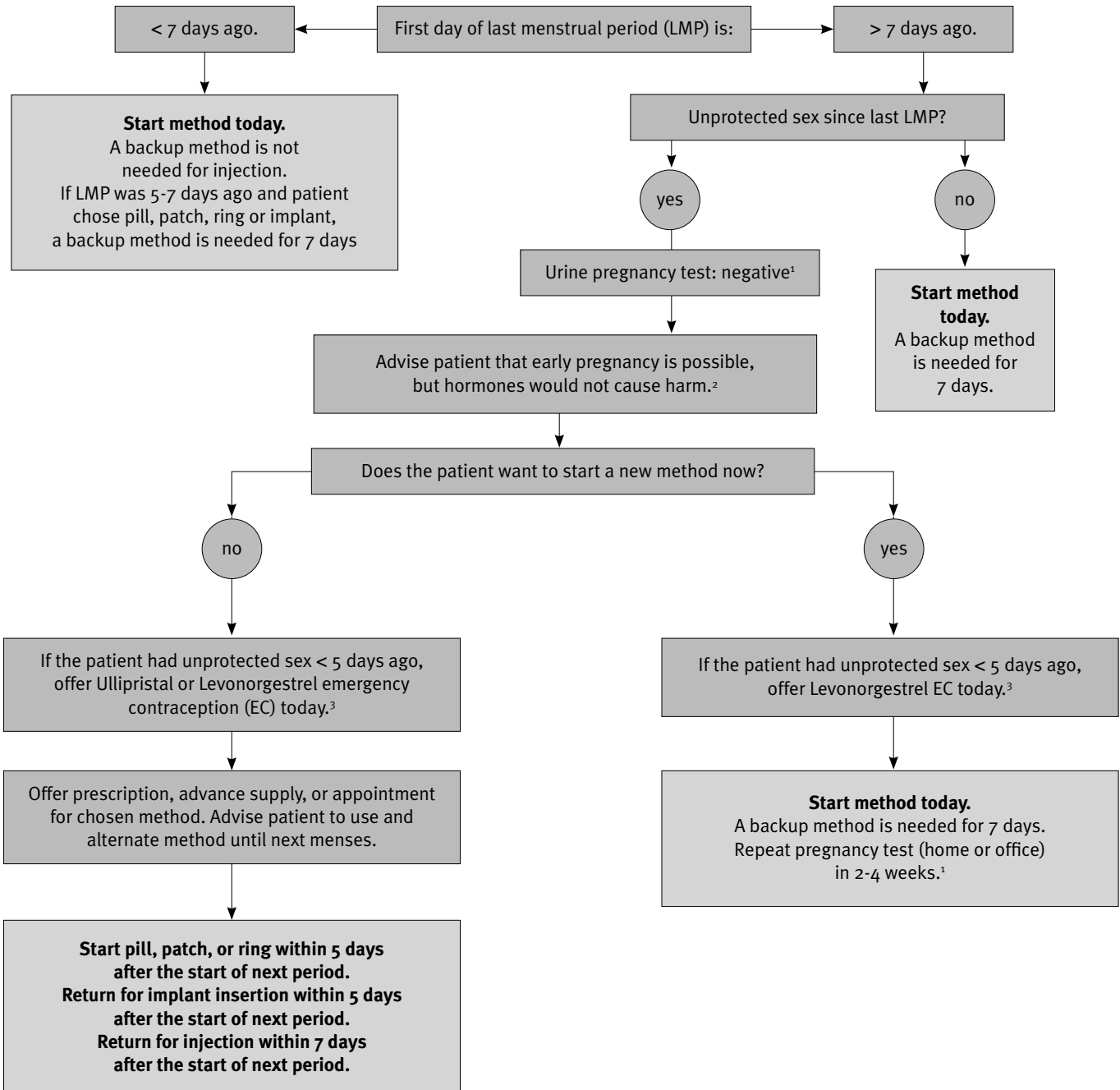
*List provider names here with NPIs, to make sure in-network.*

*List Facility Tax ID # here.*

# Quick Start Algorithm for Hormonal Contraception<sup>2</sup>

Patient requests new birth control method:

**Pill, Patch, Ring, Injection, Implant**

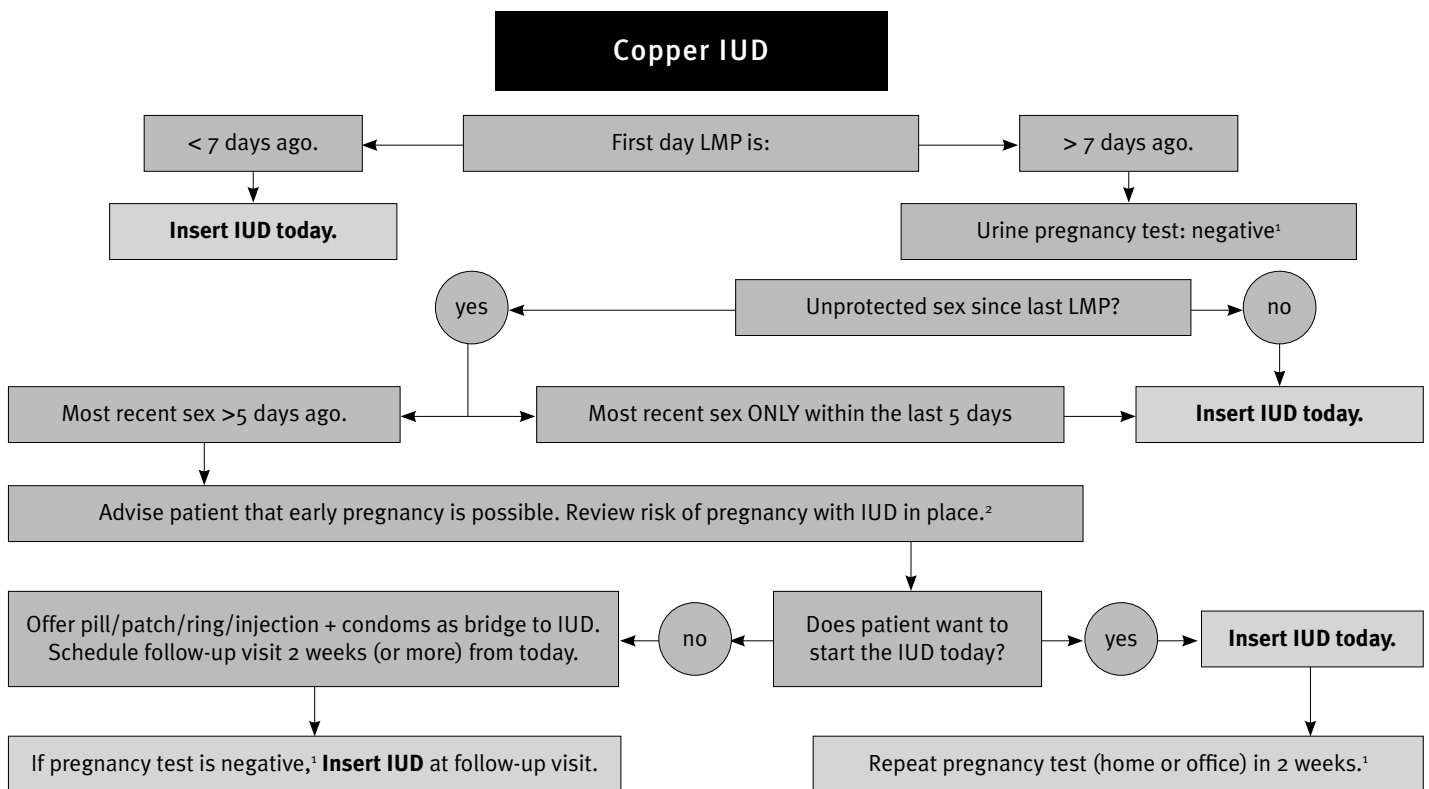
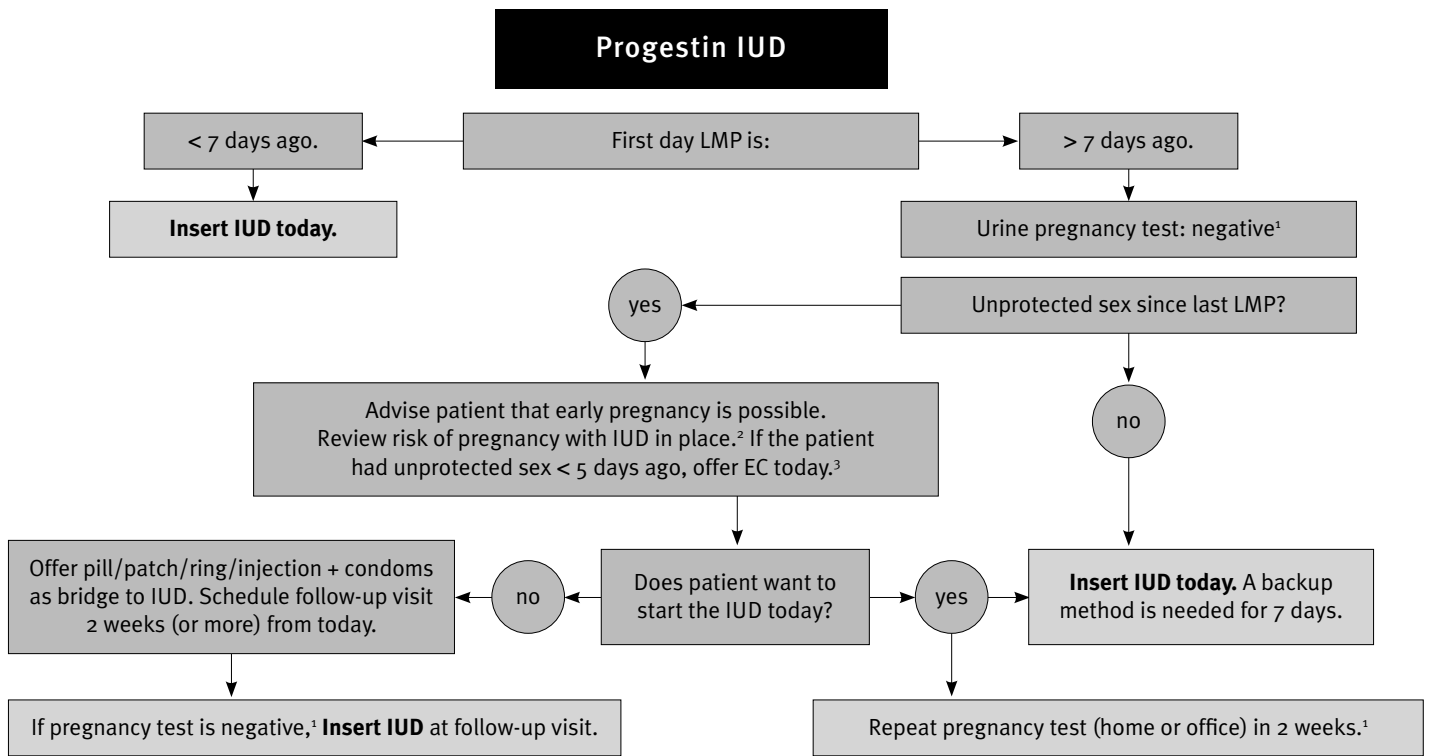


<sup>1</sup> If pregnancy test is positive, provide options counseling.

<sup>2</sup> CDC advises that benefits of starting contraceptive likely exceed risk of early pregnancy.

<sup>3</sup> For patients with body mass index over 25, levonorgestrel EC works no better than placebo. Ulipristal EC has higher efficacy than levonorgestrel EC for those who had unprotected sex 3-5 days ago. Because hormones may decrease the efficacy of ulipristal, the new method should be started no sooner than 5 days after ulipristal. Consider starting injection/IUD/implant sooner if benefit outweighs risk.

# Quick Start Algorithm for IUDs<sup>2</sup>



<sup>1</sup> If pregnancy test is positive, provide options counseling.

<sup>2</sup> CDC advises ruling out pregnancy before IUD insertion. Clinicians may discuss the benefits of same-day insertion (improved access/patient convenience), balanced against a small risk of early pregnancy, which would be complicated by IUD insertion.

<sup>3</sup> For patients with body mass index over 25, levonorgestrel EC works no better than placebo. Ulipristal EC has higher efficacy than levonorgestrel EC for those who had unprotected sex 3-5 days ago. Because hormones may decrease the efficacy of ulipristal, the new method should be started no sooner than 5 days after ulipristal. Consider starting injection/IUD/implant sooner if benefit outweighs risk.

## **References for Appendices Materials**

- A. Contraceptive CHOICE Project; Christine Dehlendorf, MD, MAS**
- B. Contraceptive CHOICE Project; OhioHealth Campus Care at Ohio University history forms**
- C. Contraceptive CHOICE Project; OhioHealth Campus Care at Ohio University adaptations**
- D. Contraceptive CHOICE Project; OhioHealth Campus Care at Ohio University adaptations**
- E. OhioHealth Campus Care at Ohio University**
- F. RHAP Quick Start Algorithm – Reproductive Health Access Project**