

IMPLEMENTING THE PATH MODEL OF PERSON-CENTERED COUNSELING

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Learning Objectives

1. Address reproductive goals and contraceptive preferences
2. Demonstrate skillful, efficient, person-centered questioning
3. Display person-centered counseling skills

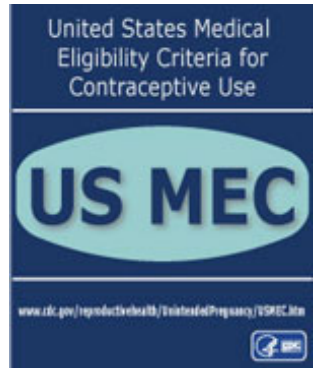
PREPARE to Role Play

Choose 2 *real people* to role play
whom **you know well**

- It could be you yourself, a friend, a relative, an acquaintance, or a child of one of your friends

Pick someone who:

- Doesn't want to have a child any time soon
- Is able to become pregnant or cause pregnancy
- Is having sex with someone with whom a pregnancy is possible

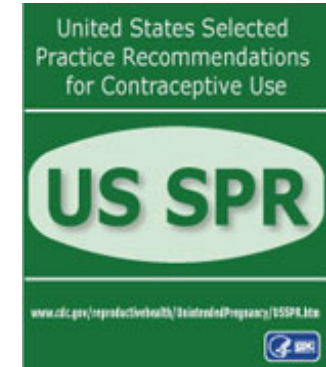


NATIONAL GUIDELINES

U.S. Medical Eligibility for Contraceptive
U.S. Selected Practice Recommendations

Find the APP

- ✓ Google play on android
- ✓ App store on iPhone
 - ✓ Go to search field
 - ✓ Type in: Contraception CDC



1	No restriction for the use of the contraceptive method for a woman with that condition
2	Advantages of using the method generally outweigh the theoretical or proven risks
3	Theoretical or proven risks of the method usually outweigh the advantages – not usually recommended unless more appropriate methods are not available or acceptable
4	Unacceptable health risk if the contraceptive method is used by a woman with that condition

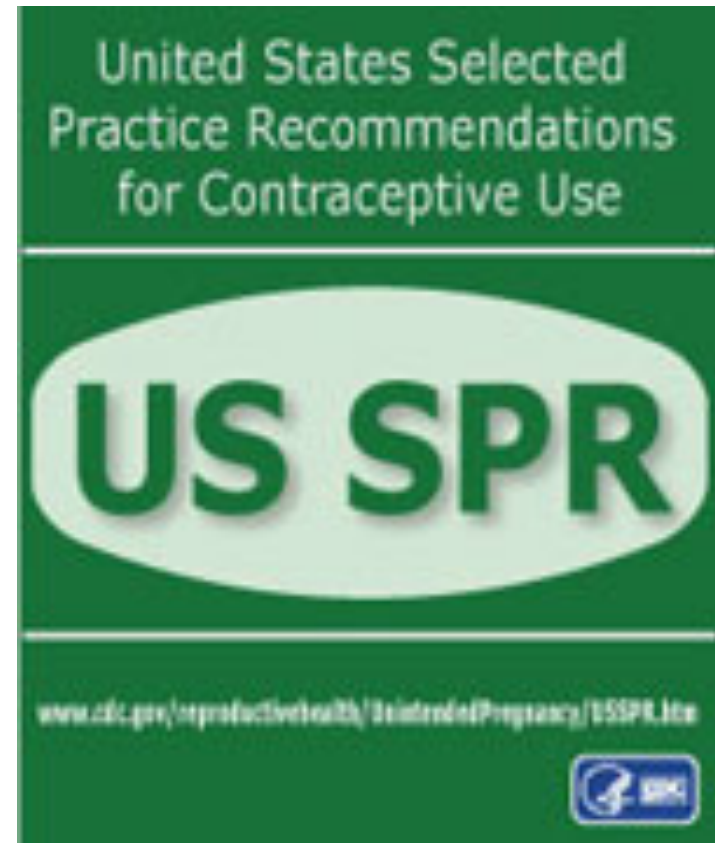
<http://www.cdc.gov/mmwr/pdf/rr/rr5904.pdf>

US MEDICAL ELIGIBILITY CRITERIA: CATEGORIES

U.S. Selected Practice Recommendations

Recommendations on
optimal use of contraceptive
methods

For persons of all ages,
including adolescents



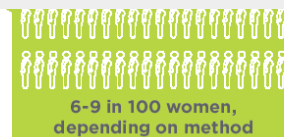
HOW WELL DOES BIRTH CONTROL WORK?



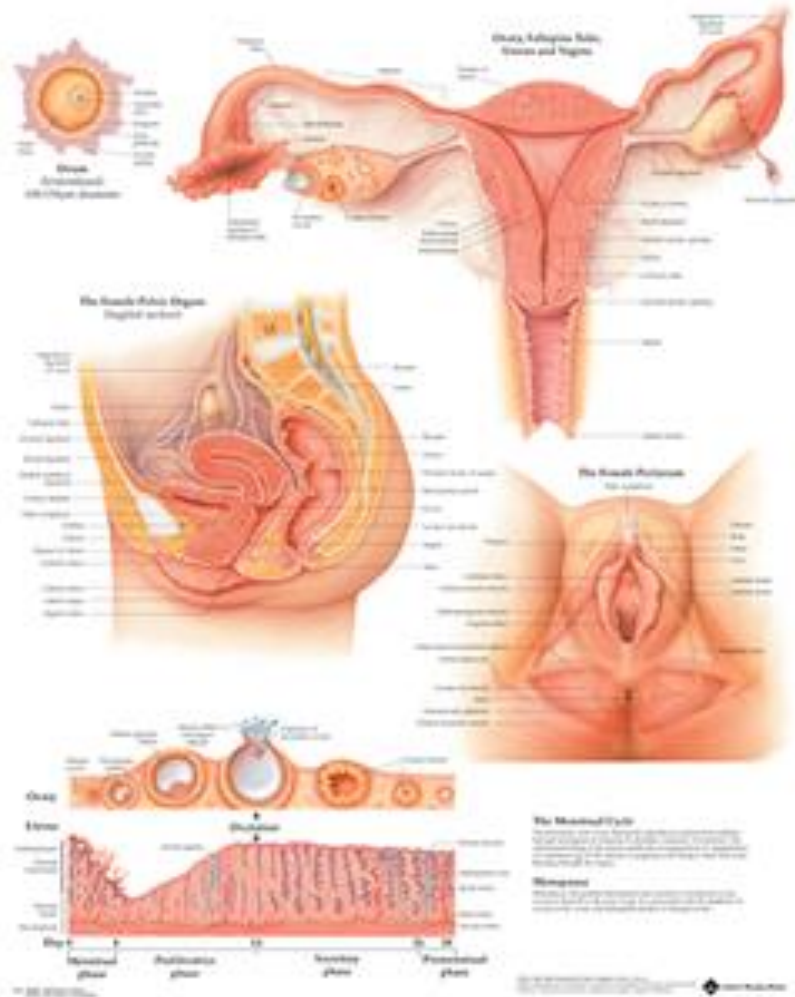
What is your chance of getting pregnant?



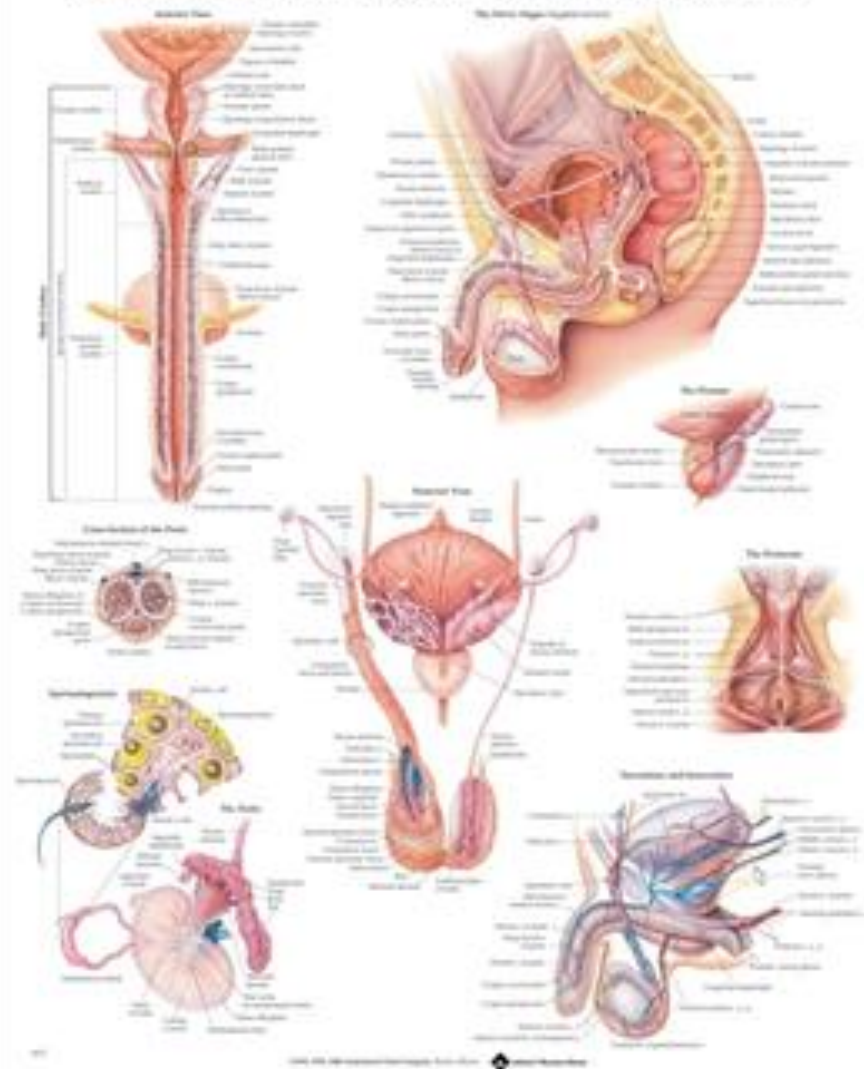
Use Visual Aids

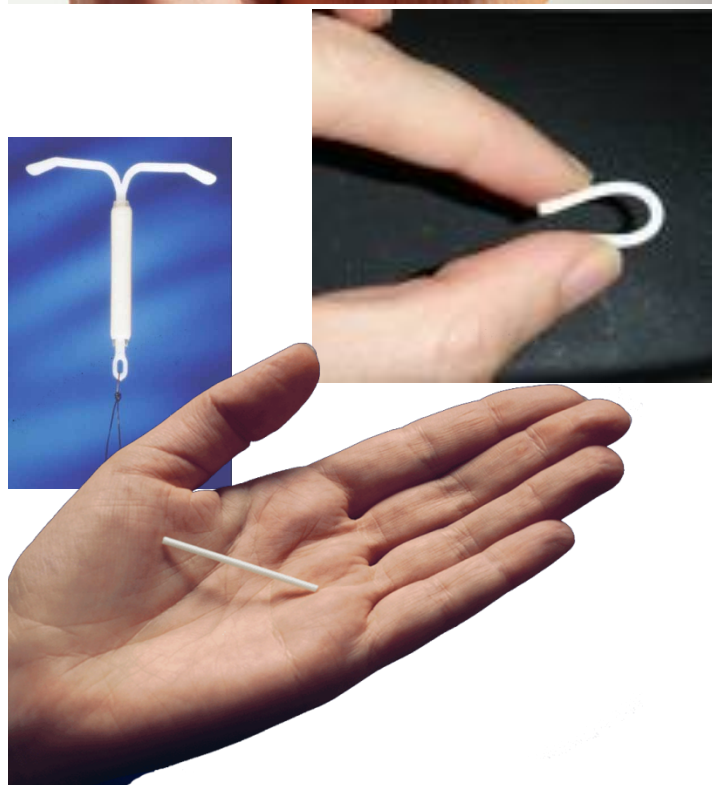
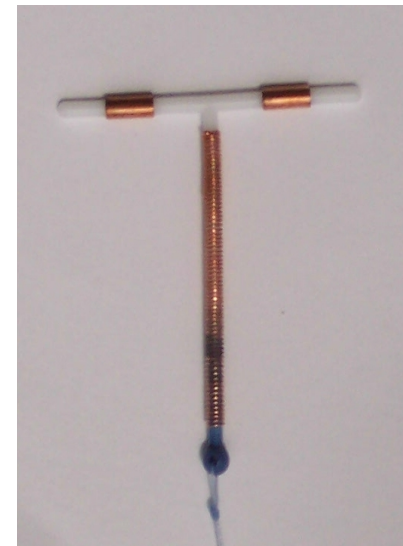


THE FEMALE REPRODUCTIVE SYSTEM

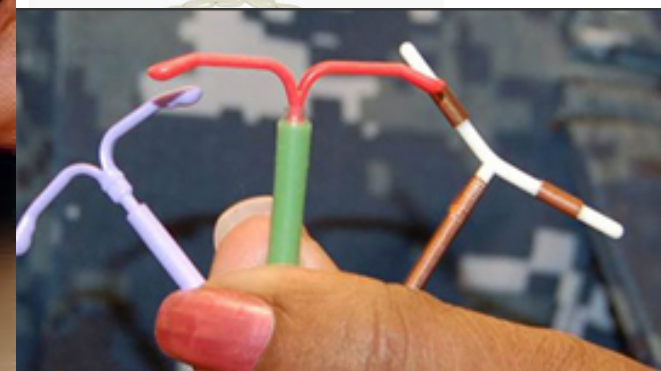


THE MALE REPRODUCTIVE SYSTEM





Use Tactile Aids



Visual aids and tactile aids

Effectiveness chart

Anatomy image and model

“Demo units” to hold and manipulate

- IUDs
- Implants
- Vaginal ring
- Patch
- Diaphragm
- Internal condom and male condom

Your hands, arms and drawn pictures

A planned behavior perspective may be limiting, inappropriate, and triggering among low-income populations

The word “plan” has a meaning

Many people express happiness with a pregnancy, regardless of their intention

A pregnancy doesn't need to be planned to be healthy

The goal is to have pre-pregnancy care be relevant

Why avoid the word plan?

(Aiken. 2013 | Dehlendorf 2016 | Aiken. 2016 | Aiken. 2015 | Borrero. 2015)

Pregnancy Planning:



A very deliberate act



Two partners; Both partners discuss and reach consensus about the timing of pregnancy



They then take concrete steps to prepare for pregnancy including “getting your finances in order”

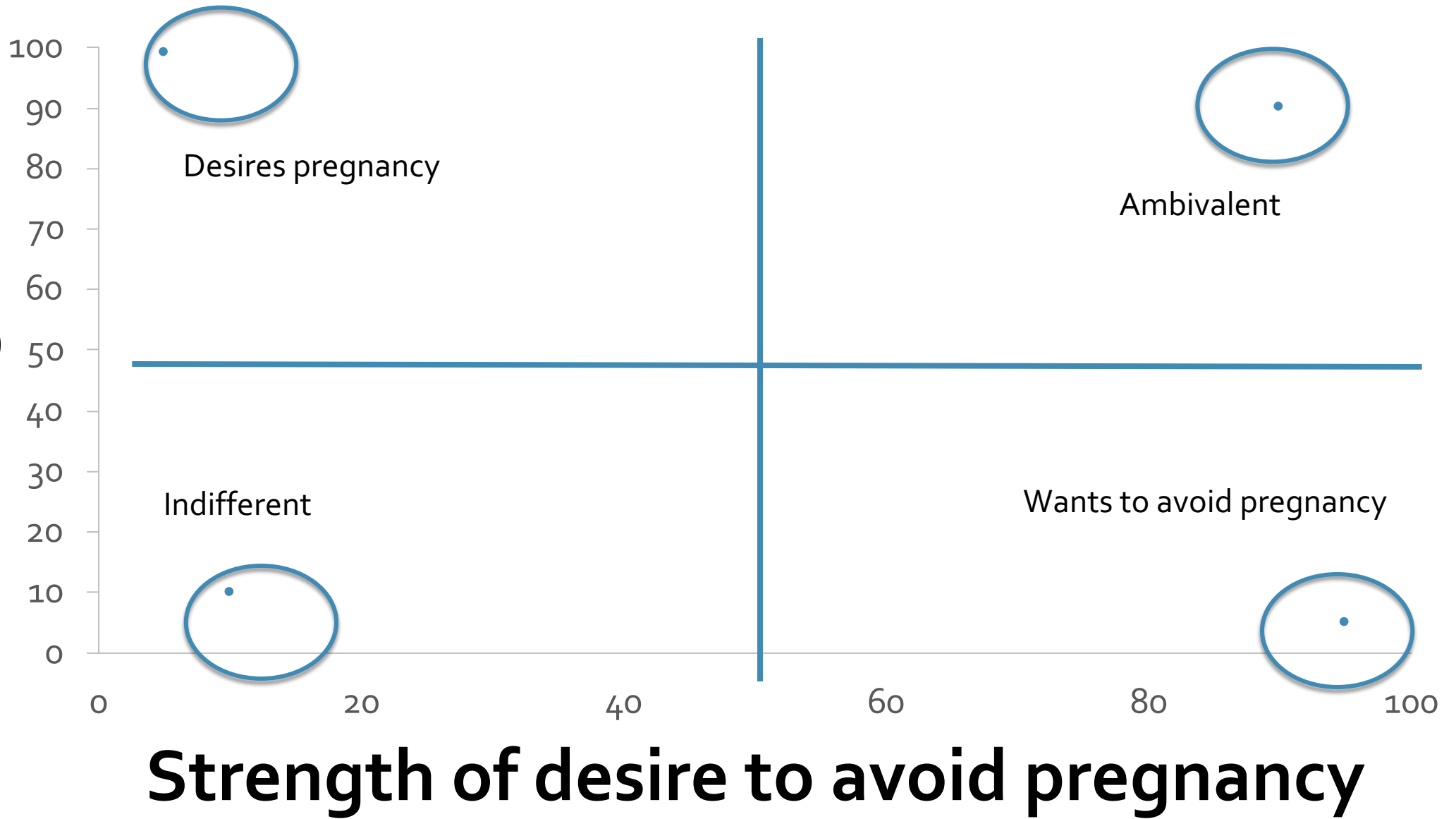
(Borrero. 2015)

Pregnancy Planning:

“Few, if any, actually achieved either relationship or financial stability so **Pregnancy planning seemed irrelevant and rarely occurred**”

(Aiken. 2013 | Dehlendorf 2016 | Aiken. 2016 | Aiken. 2015 | Borrero. 2015)

Strength of desire for pregnancy



**Strength of desire
for pregnancy**

100
90
80
70
60
50
40
30
20
10
0

Offer Preconception
Counseling

Consider Offering
Preconception
Counseling

Offer Preconception
Counseling

Carefully Consider
Preconception
Counseling

Strength of desire to avoid pregnancy

What should be the focus of counseling conversations aimed at helping people to achieve their reproductive desires?

(Hatcher. 2018 | Dehlendorf 2016 | Aiken. 2013 | Borrero. 2015)

Shared Decision Making

“...clinicians provide patients with information about all the (relevant) options and help them to identify their preferences in the context of their values.”

Shared Decision Making

Patient Contribution:

- Their values
- Their preferences
- Their goals
- Their past experiences

Clinician Contribution:

- Assist in clarifying patient's goals and preferences
- Provide scientific/medical information that is:
 - relevant
 - assimilated/integrated by the patient

Reproductive Intention/Goals

PATH Questions

PA: Parenting/Pregnancy Attitudes:

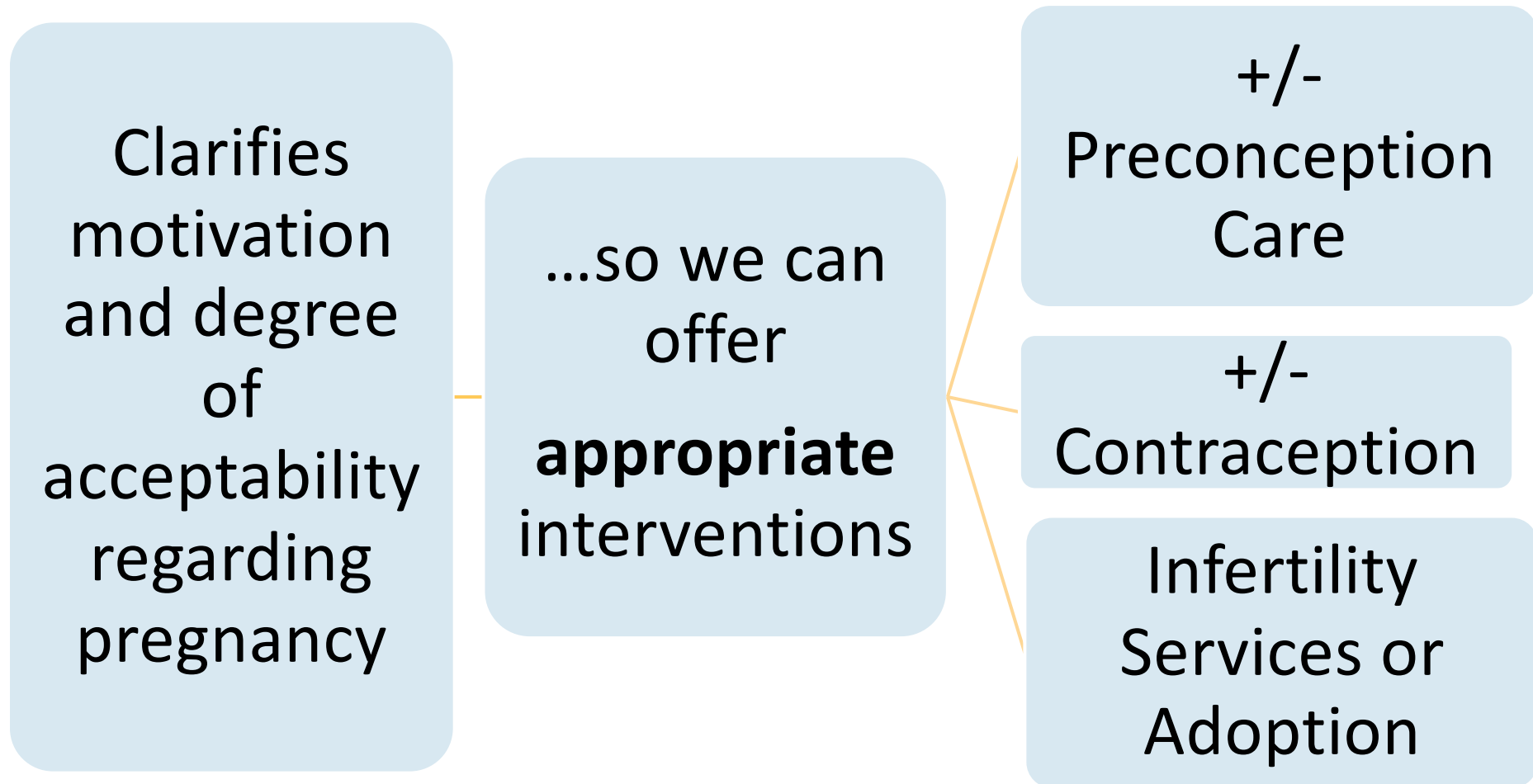
Do you think you might like to have (more) children at some point?

T: Timing: When do you think that might be?

H: How Important: How important is it to you to prevent pregnancy (until then)?

(Likes, 2020 | Hatcher, 2018. Geist, 2019. | Callegari, 2017)

Reproductive Intention/Goals



Teens



```
graph TD; A[Teens] --> B[Older clients]; B --> C[All genders]; C --> D[Any sexual orientation]; D --> E[Does not stigmatize those struggling with infertility];
```

Older clients

All genders

Any sexual orientation

Does not stigmatize those struggling with infertility

Designed for **ALL**



Tone of Voice, Body Language, Facial Expression

*"Yeah, I want to have kids.....
some day"*

PA: Do you think you might like to have children at some point?

"Yes, definitely! I am pretty traditional, and family is one of the most important things in my life. I want to be married first, which I don't see happening any time soon."



PA: "YES..."

T: When do you think that might be?

Answers that indicate *no time soon* you ask:

H: How Important: How important is it to you to prevent pregnancy (until then)?

H: How Important

Individualize the question

H: How important is it to you to prevent pregnancy_____:

- *until you are out of school*
- *until your partner gets back*
- *for the next 5 years*
- ***until then*** (for teens and if you have no other information)



Times when you can: Skip the **T**iming Question

- If they say "no" to the first question
- If they say something that indicates ***no time soon***
- Optional: with adolescents

PA: Parenting/Pregnancy Attitudes

Do you think you might like to have more children at some point?

“Yes, we’ve been trying for a while actually.”

T: Timing When do you think that might be?

H: How Important: How important is it to you to prevent pregnancy(until then)?

T: Timing
“Now”

Do you think you might like to have more children at some point?



"Yes, we've been trying for a while actually."



"So would you like to discuss ways **to be prepared** for a healthy pregnancy?"

"Now"

Do you think you might like to have more children at some point?



"Yes, we've been trying for a while actually."



"I'm available to answer any questions you may have about pregnancy."

"Now"

Role Play

Choose 2 *real people* to role play whom **you know well**

- It could be you yourself, a friend, a relative, an acquaintance, or a child of one of your friends

Pick someone who:

- Doesn't want to have a child any time soon
- Is able to become pregnant or cause pregnancy
- Is having sex with someone with whom a pregnancy is possible

Role Play You should know:



What is important to them in their life



About their values



What they do for work or school



Their age



Have they ever been pregnant? do they have kids?

Role Play

Tell Your Partner

Demographic information that would have been in your chart

- Age
- Parity
- Relevant social history
- Any relevant medical history
- Any other contributing feature that would be in their medical record



Role Play

PATH Questions

PA: Parenting/Pregnancy Attitudes:

Do you think you might like to have (more) children at some point?

T: Timing: When do you think that might be?

H: How Important: How important is it to you to prevent pregnancy (until then)?

(Likes, 2020 | Hatcher, 2018. Geist, 2019. | Callegari, 2017)

Semilla G₄ P₂ age 33 BMI 42
HbA_{1c} 12

Individualized timing question

" It sounds like you would love to have another child at some point! It is important for people with diabetes to be prepared for a healthy pregnancy by getting their blood sugars in good control and making sure they are on the right medicines before they get pregnant."



(Mittal. 2014)

Semilla G₄ P₂ age 33 BMI 42
HbA_{1c} 12

"Knowing that...since you've said you would love to have another child at some point, when do you think that might be?"



(Mittal. 2014)

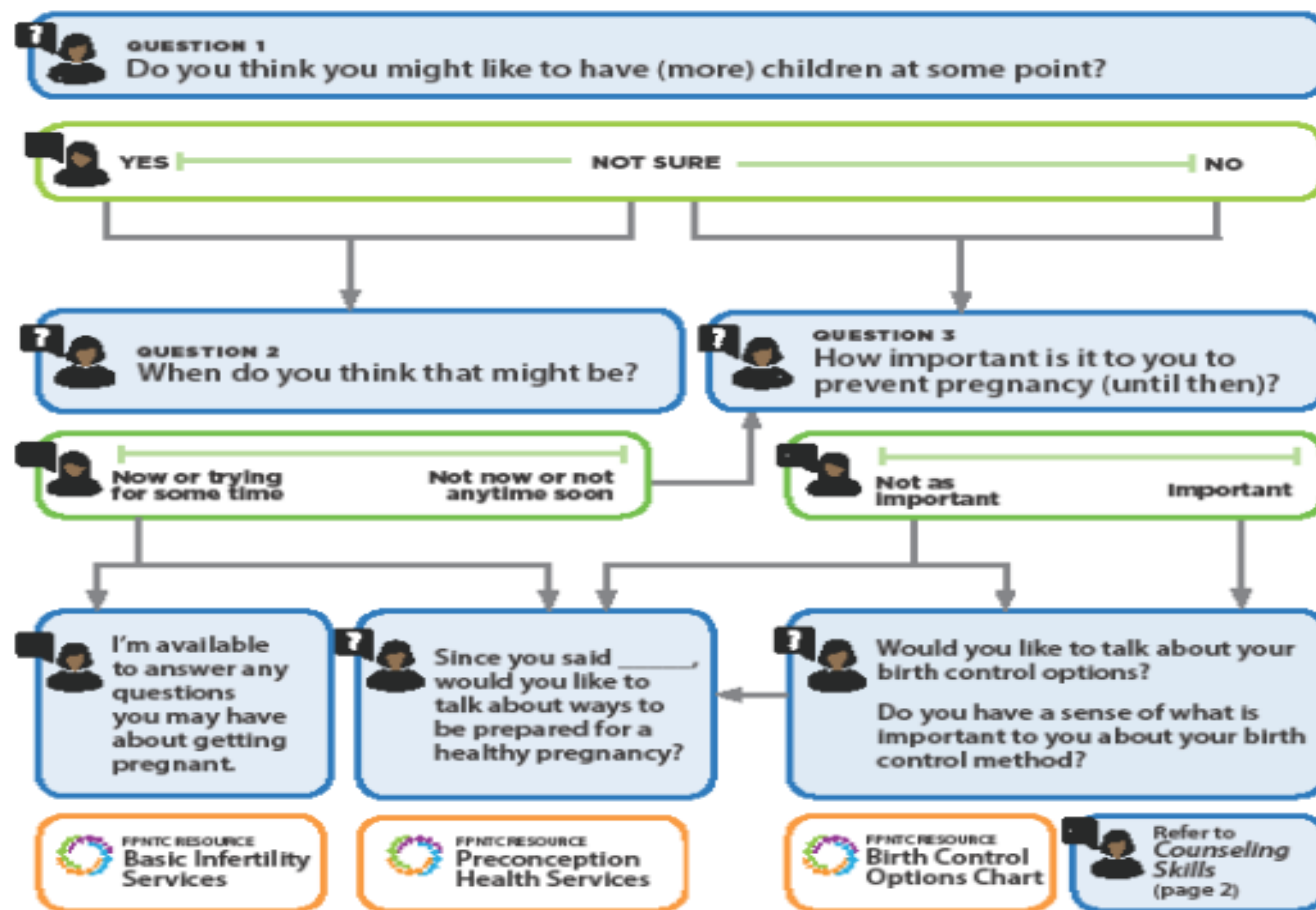
Job aids: Client-Centered Reproductive Goals & Counseling Flow Chart

https://www.fpntc.org/sites/default/files/resources/fpntc_path_clnt_cntrd_cnslng_2019-03.pdf

Client-Centered Reproductive Goals & Counseling Flow Chart

FACILITATING A CLIENT-CENTERED DISCUSSION ABOUT REPRODUCTIVE GOALS

The PATH questions are one client-centered approach to assess Parenthood/Pregnancy Attitude, Timing, and How important is pregnancy prevention. PATH can be used with clients of any gender, sexual orientation, or age. PATH is designed to facilitate listening and efficient client-centered conversations about pre-conception care, contraception, and fertility as appropriate.



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- Hatcher, R.A., Nelson, A.L., Trussell, J., Cossik, C., Caan, P., Pollock, M. S., Stelman, A., Allen, A. E. A., Memon, J., Koon, D. (2018). *Contraceptive technology* 21st ed. New York, NY: Ayer Company Publishers, Inc.
- Galat C, Allen AB, Sanders JG, Everett RG, Myers K, Caan P, Simmons RG, Turk CK. (2019). Beyond intent: exploring the association of contraceptive choice with questions about Pregnancy Attitudes, Timing and How important is pregnancy prevention (PATH) questions. *Contraception*, 99(1):22-26.



FPNTC
FAMILY PLANNING
NATIONAL TRAINING CENTER

Client-Centered Reproductive Goals Counseling Skills

FACILITATING A CLIENT-CENTERED DISCUSSION ABOUT REPRODUCTIVE GOALS

	TRY THIS	IT SOUNDS LIKE THIS
ELICITING GOALS AND PREFERENCES	Start with small talk asking about the client's life to build rapport and bring out information relevant to the client's goals.	<i>"It sounds like you are incredibly busy with work and school. I can see how it could be challenging to make it into the clinic every 3 months for your shot."</i>
	Ask open-ended questions about what a client wants from their contraceptive method, rather than asking what contraceptive methods they are interested in.	<i>"Do you have a sense of what is important to you about your birth control method?" (Pause for at least five seconds to allow the client to consider the question.)</i>
	Ask probing questions to explore client preferences about method characteristics such as side effects; bleeding pattern; control over removal; ability to conceal; non-contraceptive benefits, etc. Offer options based on their stated preferences. When giving a small amount of information, follow with a relevant question.	<i>"How would that be for you?" "Has that happened to you?" "How do you see yourself managing this?" "Do you have a sense of what else is important to you?"</i>
	Find something the client says to agree with, empathize with, or validate before giving additional clarifying information. Instead of "No" or "But," try to start with "Yes! And..."	<i>Agreement: "Yes, you're absolutely right, AND..." Display of empathy: "I can see this is concerning to you, AND..." Validation: "Yes, many of my clients say that, AND..."</i>
	Point out health-supporting behaviors or knowledge to build rapport. Acknowledge as many positives as possible to the client.	<i>"That is a really great question." "I wish all of my patients knew that!" "You are clearly interested in protecting yourself."</i>
TALKING ABOUT METHODS	Paraphrase what the client says so they know you have heard them, they can correct or confirm, and you can redirect the conversation in a client-centered way.	<i>"It sounds like on the one hand you are saying _____, yet on the other hand you are saying _____, do I have that right?"</i>
	Use natural frequencies instead of percentages, and when comparing effectiveness or risk, use common denominators.	<i>"If 100 women have unprotected sex for a year, 85 of them will get pregnant, as compared to maybe 0 or 1 out of 100 using an IUD."</i>
	Make sure the client knows that they can always come in to have an IUD or implant removed for any reason, that you are available to help manage side effects, and that return to fertility is immediate.	<i>"This implant is good for up to 3 years, but if you want to get pregnant before then, or would like it removed for any reason, we will remove it any time you want. Your ability to get pregnant will return to whatever is normal for you, immediately."</i>
CONFIRMING	Reflect and validate feelings. Let clients know that you heard them and that their feelings are normal.	<i>"Wow, I think most people would find that really hard to deal with."</i>
	Confirm the client's understanding by asking them to phrase information in their own words. Phrase the teach-back request in such a way that the provider takes the responsibility for needing clarification.	<i>"We have discussed many different things today, I would like to be sure I was clear. Can you tell me what you will be doing to prevent heavy periods with your copper IUD?"</i>



Efficient Questions for Client-Centered Contraceptive Counseling

Asking about Parenthood/Pregnancy Attitude, Timing, and How important is pregnancy prevention (PATH) is an efficient approach for engaging clients in a conversation to help clarify their reproductive goals and needs.



CLARIFY YOUR CLIENT'S REPRODUCTIVE GOALS AND NEEDS, ASK THEM:

"Do you think you might like to have (more) children at some point?"

"When do you think that might be?"

"How important is it to you to prevent pregnancy (until then)?"



IF YOUR CLIENT IS INTERESTED IN PREGNANCY PREVENTION, ASK THEM:

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

"Some methods of birth control _____. How important is that to you?"

"In addition to preventing pregnancy, there are birth control methods that _____. Would you like to know more about that?"

"I hear you saying that you are interested in a method that is _____. Do you have a sense of what else is important to you?"

Learn more about PATH at envisionsrh.com
Find more resources at [FPNTC.org](https://fpntc.org)



Efficient Questions for Client-Centered Contraceptive Counseling (cont.)



QUESTIONS TO ASK ALL YOUR CLIENTS...

"Since you've said _____, would you like to talk about ways to be prepared for a healthy pregnancy?"

"What questions do you have about _____?"

"We covered a lot of information. What do we need to go over again?"



TRY THESE FACILITATION SKILLS...

Start with "YES" (agreement, empathy, or validation) before offering clarifying information:

"YES, you're absolutely right, AND..."

"Wow! I think most people would find that hard to deal with AND..."

"YES, I can absolutely see how you would think that, AND..."

Uncover misconceptions with:

"Many of my clients say _____. Is that something you think about?"

Offer follow-up questions after giving a piece of relevant information:

"How would that be for you?"

"Has that ever happened to you before?"

"How do you see yourself managing this?"

Learn more about PATH at envisionsrh.com
Find more resources at [FPNTC.org](https://fpntc.org)



Offer Preconception Care

"IF IT HAPPENS,
IT HAPPENS"



"WOULD YOU LIKE TO
DISCUSS WAYS **TO BE
PREPARED** FOR A HEALTHY
PREGNANCY?"



Preconception Counseling Checklist



The goal of preconception (or prepregnancy) care is to optimize health outcomes by providing education and addressing modifiable risk factors. Any visit with a client who has reproductive potential is an opportunity for preconception counseling. After a discussion of the client's reproductive goals, a preconception counseling conversation can be introduced with: "Since you said _____, would you like to talk about ways to be prepared for a healthy pregnancy?"¹

To help clients be prepared for a healthy pregnancy, the American College of Obstetricians and Gynecologists (ACOG) recommends that providers assess for:²

Pregnancy intention Timing of desired pregnancy—"Would you like to have (more) children? When do you think that might be?" ³	Recommend the client seek medical care before attempting to become pregnant (or soon after a positive pregnancy test) to facilitate correct dating and management of medical conditions.
Folic acid 400 mcg of folic acid daily for at least one month before and during pregnancy (4 mg daily if history of seizure disorder or infant with neural tube defects)	Recommend folic acid every day if there is a chance the client may become pregnant.
Medical conditions Diabetes mellitus, chronic hypertension, hypothyroidism, bariatric surgery, mood disorders	Refer to primary and/or specialty care provider to make changes to treatment if needed and manage the condition before pregnancy.
Family history Genetic disorders, birth defects, cystic fibrosis, Fragile X, hemoglobinopathies, and if of Ashkenazi descent: Tay-Sachs, Canavan, familial dysautonomia, etc.	Refer for genetic counseling as needed.
Use of teratogenic medications ACE I, ARB, androgens, carbamazepine, lithium, methimazole, methotrexate, minoxidil, misoprostol, mycophenolate mofetil, phenytoin, trimethadione, paramethadione, retinoids, sulfa, tetracycline, thalidomide, valproic acid, vitamin A, warfarin, etc.	Caution that some nonprescription medicines, supplements, and herbal products are unsafe during pregnancy. Refer to a primary and/or specialty care provider to adjust medications if needed.

NOTES: MMR = measles-mumps-rubella; Tdap = tetanus-diphtheria-acellular pertussis; HPV = human papillomavirus; STI = sexually transmitted infections; CDC = Centers for Disease Control and Prevention.

¹ Family Planning National Training Center Client-Centered Reproductive Goals & Counseling Flow Chart <https://www.fpntc.org/resources/client-centered-reproductive-goals-counseling-flow-chart>

² Prepregnancy counseling. ACOG Committee Opinion No. 762. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2019;133:e78-89.

³ Gettel C, Allen AR, Sanders JH, Ewerdt BG, Myers K, Cason P, Simmons RG, Tursk DK. (2019). Beyond intent: exploring the association of contraceptive choice with questions about Pregnancy Attitudes, Timing and How Important is pregnancy prevention (PATH) questions. *Contraception*. 99(1):22-26.

Immunization status Tdap, MMR, hepatitis B, varicella, annual influenza (flu), and HPV	Provide or refer for: flu shot; MMR and varicella vaccine if not pregnant and won't become pregnant for one month; and other immunizations per CDC schedule.
Need for infectious disease screening STIs (chlamydia, gonorrhea, syphilis), tuberculosis, hepatitis C, HIV, Zika, toxoplasmosis	Address each according to CDC recommendations: • Screen based on age and risk • HIV test (once and if at risk) Counsel regarding travel restrictions. Caution against changing kitty litter.
Exposure to environmental toxins Plastics with bisphenol-A (BPA), lead paint, asbestos, pesticides (agriculture), organic solvents and heavy metals (manufacturing), solvents (dry cleaning), organics and radiation (health care)	Explore alternatives to toxic exposure or refer to occupational medicine programs if exposure is concerning.
Alcohol, nicotine, and illegal drug use <i>"I'd like to ask you a few questions to help give you better medical care. In the past year, how often have you..."</i> • Used alcohol? [<i>>5 drinks a day for men; >4 drinks a day for women is considered heavy drinking</i>] • Used tobacco products? • Used prescription drugs for non-medical reasons? • Used illegal drugs? ⁴	Counsel that no amount of alcohol is considered safe and that using tobacco products, prescription drugs for non-medical reasons, and illegal drugs during pregnancy can result in serious adverse outcomes. If abuse or dependence, refer for treatment prior to pregnancy.
Intimate partner violence <i>"I talk to all of my patients about safe and healthy relationships because it can have such a large impact on your health. Has your partner ever..."</i> • Threatened you or made you feel afraid? • Hit, choked, or physically hurt you? • Forced you to do something sexually that you did not want to do, or refused your request to use condoms? ⁵	Respond supportively. For example: • "No one deserves to be treated that way." • "It's not your fault." • "There are resources that can help. I can connect you today." If client is in immediate danger, get help . Know local referral sites for IPV services. Understand legal obligations for mandatory reporting.
Nutrition and physical activity • Body mass index (BMI) <18 or >25 • Diet of proteins, vegetables, fruits, and whole grains ⁶ • Level and frequency of physical activity	Advise that high or low BMI is associated with infertility and pregnancy complications. Encourage eating a diet rich in fruits, vegetables, protein and whole grains. (Consider a multivitamin.) Recommend at least 30 min of moderate physical activity per day.

⁴ NIDA. (2012, March 1). Resource Guide: Screening for Drug Use in General Medical Settings. Retrieved from <https://www.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings/nida-quick-screen> on May 9, 2019.

⁵ Intimate partner violence. Committee Opinion No. 518. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2012;119:412-7.

⁶ U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015-2020 Dietary Guidelines for Americans. 8th Edition. December 2015.

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Best Question for Contraception Counseling

“Do you have a sense
of what’s important
to you in your birth
control?”



Best Question for Contraception Counseling



“Can you tell me something that is important to you about your birth control?”

Explore Attitude About:

- Need to conceal contraception;
 - no supplies?
 - normal bleeding pattern?
- Non-contraceptive benefits
- Side effects
- Menstrual cycle and bleeding profile
- Impact on sexual life
- Effectiveness
- Hormones
- Length of use
- Control over removal
- Object in body
- Return to fertility

Empathy Without Labeling Feelings

Rather than using a negative label:

- “You sound angry” (or anxious)

Use neutral words:

- “It sounds like this is really concerning to you”
- “Wow, anyone would find that really hard to deal with!”
- “Wow...”

Not: “I know how you feel.”

Paraphrasing

“It sounds like you are not interested in kids any time soon. Do I have that right?”

“I am hearing you say it’s super important to you to have a birth control method that you can rely on. Is that correct?”

Paraphrase Alternates

“Many of my clients say that they_____. Is that what you mean?”

“So you feel pretty strong about_____. Is that accurate?”

Examples of Paraphrasing

"I hear you saying you really like the idea of continuing to use a method with hormones but that you can forget about. **Is that what you mean?"**

"Wow, so you feel pretty strong about avoiding the side effects you had from the pill and the shot!"

"Many of my patients say that they worry about weight gain with birth control **is that what worries you?"**

“Small Talk”

Ask them about work, school or their kids

Refer back to this information later

- “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”

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

Shows the patient that you are both on the same side (their side)

Builds rapport and the patient will trust you

Point Out Health- Supporting Behaviors

First step is to find something in what the client is saying to agree with or support

Avoid saying "No" or "But"

"Yes! And_____"

Try NOT to
Correct or
disagree

"Find the
YES"

START with either:

- Agreement
- Display of empathy
- Validation

Ways to
Say “Yes”

Make an Information Sandwich



A follow up
question
requires the
client to
Integrate
Information

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?

Bleeding Patterns and Side Effects are Influenced By...

- Type/dose of progestin
- How the progestin is delivered (local/systemic)
- Duration of use
- Patterns often change with time

Substantial Variability in How Individuals Respond to Bleeding

- Preferences
- Fears
- (Mis)information
- Tolerance
- Shaped by both personal, individual factors and external influences

Amenorrhea

- Don't...
 - Assume you know why the individual objects to amenorrhea
 - Ask "why?" ... "Why on earth would you want to get your period?"
- Do...
 - Ask, "what is concerning to you about not getting your period?"
 - Validate: "I hear that a lot!"

**“I would
always
worry that I
might be
pregnant.”**

“I can see that it’s very important
to you not to get pregnant until
you are ready.”

“Many of my patients like to get
their period every month
because they feel like it lets them
know they aren’t pregnant.”

**“I would
always
worry that I
might be
pregnant.”**

“Interestingly many people still
bleed in the beginning of a
pregnancy...”

“Pregnancy tests at the 99-cent
store are plentiful and can be
very reassuring!”

**“My mom
said it’s not
healthy
not to get
my period.”**

“Your mother is completely right!.... when you are not on hormonal contraceptives, it is important to get a monthly period. It’s great that you know that.”

“I’m so glad you know that when you are not using birth control with hormones and you miss your period you need to come in so we can see what’s up!”

“My mom
said it’s not
healthy
not to get
my period.”

“Interestingly, if someone is using
birth control that is hormonal, the
hormones keep their uterus very
healthy and thin. It *actually*
prevents cancer of the uterus”
(Show a picture)

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?”

IUD and Implant Removals

- Many providers are reluctant to remove devices because they are so effective
- Clients do not have to justify why they want a device removed from their body
- When discussing placement, even before the client is using the device, let the client know that ***it is their right*** to have it removed at any time!

Request for Removal

- Begin with assurance that **you will remove the device.**
- If client has concerns that cause them to want removal, you can respectfully ask what is concerning to them.
 - This is so you can offer *management if the client is open to the conversation* (and if there is a management option)

Or

- So that you can offer accurate information if the request or concern is based on misinformation.



“THIS DEVICE IS GOOD FOR UP TO __ YEARS.
BUT IF YOU WANT TO GET PREGNANT BEFORE THAT
OR *IF YOU WANT IT OUT FOR ANY REASON,*
WE WILL REMOVE IT FOR YOU!
AND YOUR ABILITY TO GET PREGNANT GOES BACK TO
WHATEVER IS NORMAL FOR YOU, IMMEDIATELY.”



Better than: "Do you have any questions?"



Better than: "What questions do you have?"

What QUESTIONS do
you have
about_____?