

PATIENT CENTERED REPRODUCTIVE GOALS COUNSELING; CONTRACEPTIVE CARE FOR SPECIAL POPULATIONS

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LEARNING OBJECTIVES:

1. Demonstrate the use of PATH questions with adolescents
2. Display patient-centered counseling skills
3. Address reproductive goals with clients of all genders and any sexual orientation

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

(Hatcher. 2018. Dehlendorf 2016)

SHARED DECISION MAKING

Patient Contributes:

- 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!

What dimensions of people's thoughts and feelings about reproduction and pregnancy might be important?

A MULTIDIMENSIONAL CONCEPT

Plans ≠ Intentions ≠ Desires ≠ Feelings

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

A MULTIDIMENSIONAL CONCEPT

- **Plans:** Decisions about if/when to get pregnant and formulation of actions
- **Intentions:** Timing-based ideas about if/when to get pregnant, sometimes includes “wants”

PLANNING: DEFINITION

“Pregnancy planning, distinct from pregnancy intention, was described as a **very deliberate act in which both partners discuss and reach consensus about the timing of pregnancy and then take steps to prepare for a potential pregnancy**, including “getting your finances in order”.

PLANNING: FORECLOSED

“Because nearly all of the women in our study had strong feelings about the ideal circumstances (specifically, being in a committed relationship and financially stable) in which one should plan a pregnancy, yet few, if any, women actually achieved either relationship or financial stability, **pregnancy planning seemed irrelevant and rarely occurred.**”

A MULTIDIMENSIONAL CONCEPT

- **Feelings:** Emotional orientations towards pregnancy
- **Desires:** Strength of inclination to get pregnant or avoid pregnancy
- **Acceptability**

INTENTION ≠ ACCEPTABILITY

“Because preconception intention and planning do not necessarily occur, decisions about the acceptability of a pregnancy are often determined after the pregnancy has already occurred.

Many women express happiness with a pregnancy, regardless of their intention.”

“IT JUST HAPPENS”

The current conceptual framework that views pregnancy-related behaviors from a planned behavior perspective may be limited among low-income populations

STRATIFIED REPRODUCTION

The differential valuing of reproduction such that the procreation of some people and groups is valued by those with social and political power, and the fertility of other people and groups is not.



SELF ASSESSMENT

- How comfortable are you talking with sexual minorities about childbearing?
- What are your thoughts/feelings/beliefs about people who live in poverty having children before their finances are in order?

REPRODUCTIVE INTENTION/GOALS

Clarifies
motivation and
degree of
acceptability
regarding
pregnancy

...so we can offer
appropriate
interventions

+/- Preconception
Care

+/- Contraception

Infertility Services
or Adoption

DESIGNED FOR **ALL**

- Teens
- Older clients
- All genders
- Any sexual orientation
- Does not stigmatize those struggling with infertility

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)?

LISTEN ACTIVELY



PA: Do you think you might like to
children some day?

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

LISTEN ACTIVELY



PA: Do you think you might like to
children some day?

Since the patient already answered the timing based
question in their reply to the first question
ask the:

H: How Important: How important is it to you to prevent
T: Timing: When do you think that might be?
pregnancy(until then)?

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)?

EXAMPLES FOR **H: HOW IMPORTANT**

Individualize the question with information the client has shared

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)



Adolescents



$$15 = 5a$$
$$a = \frac{15}{5} = 3 \text{ miles}$$



SELF ASSESSMENT

- What are your feelings/beliefs about adolescent sexuality?
- How comfortable are you talking with adolescents?

ADOLESCENTS **H:** HOW IMPORTANT

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

Yes

H: How important is it to you to prevent pregnancy until then

ADOLESCENTS **H:** HOW IMPORTANT

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

No

H: How important is it to you to prevent pregnancy

PA: “NO”



PA: Parenting/Pregnancy Attitudes:

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

“No! I’m done, like done!”

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

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

T:TIMING “NOW”

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)?

“NOW”

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.”

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

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 people using this method of contraception get pregnant...

SEMILLA G₄ P₂ AGE 33 BMI 42
HBA1C 12

Individualized timing question

"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."



SEMILLA G₄ P₂ AGE 33 BMI 42
HBA1C 12

"You have said you would love to have another child at some point, do you think you might like to get pregnant soon?"



(Mittal. 2014)

PROBING QUESTIONS AND PARAPHRASING

- “I am hearing you say that you would really like to wait until after you finish school to think about having a baby. Do I have that right?”
- *“Yes, at least five years. I also want to have some time to start my career.”*
- “It sounds like you have put a lot of thought into your future. How important would you say it is to you to prevent pregnancy until you finish school?”

BRANDON AGE 23 CIS MALE



“It sounds like....(it’s very important to you right now that your partner doesn’t get pregnant because you want to be able to decide for yourself about being a dad or not) is that what you mean?”

PARAPHRASE ALTERNATES

- “Many of my clients say that they_____. Is that what you mean?”
- “So you feel pretty strong about_____. Is that accurate?”

tone of voice, body language and facial expression



Example

“Yeah, I want to have kids... some day”

- And they pull their body back and hold their arms up as if to protect them self
- If their face were to light up with a grin and they were to be leaning forward they might be telling you that the idea of becoming a parent is joyful

SAM G₀ AGE 22

- Transman pronoun: he, his, him
- Type 1 diabetes since age 6
- Current partner is a cis gay male
- Sam is in the office for genital warts



Would you ask PATH questions if he had said he was un-partnered?

What if he had said he only has sex with women?

ADDITIONAL OPEN-ENDED CLARIFYING QUESTIONS

- "How would you feel if you became pregnant (or caused a pregnancy) now?"
- "How would it be for you if you became pregnant (or caused a pregnancy) over the next few months?"
- "If you were to become pregnant, do you have a sense of how it would affect your _____ (finances, health, family, relationship, job, schooling, other children, parents etc.)?"

OTHER OPEN-ENDED CLARIFYING QUESTIONS

- "How ready are you to become a parent?"
- "Do you have a sense that you will be able to maintain your health during pregnancy?"
- "What are your thoughts about your situation financially in regard to having a child?"
- "Is your health condition (e.g., chronic illness) stable?"
- "Do you have a sense of how your partner would be with the idea of starting a family (or having another child)?"

EMPATHY WITHOUT LABELING SOMEONE'S 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!”
- Not: “I know how you feel.”

TRY NOT TO CORRECT OR DISAGREE

“FIND THE YES”

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

Instead of “No” or “But”

“Yes! And _____”

MISINFORMATION...MISCONCEPTIONS

1. About relative effectiveness of methods
2. Underestimates their own or their partner's fertility
3. Pregnancy is safer than contraception

WAYS TO SAY “YES”

START with either:

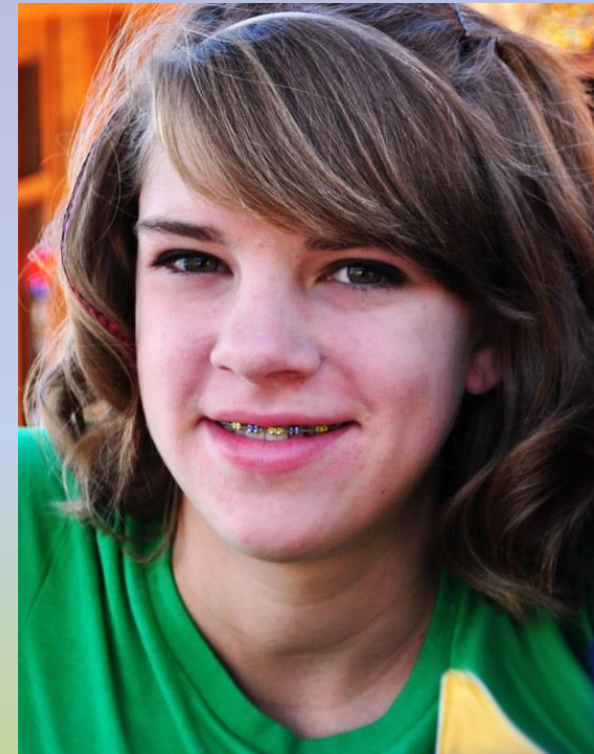
1. Agreement
2. Display of empathy
3. Validation

EXAMPLES OF WAYS TO FIND THE “YES”

EMMA AGE 16

“I’ve had sex without using anything for a while now and I haven’t gotten pregnant so I doubt it’s even possible.”

1. Display of empathy
2. Validation
3. Agreement



EXAMPLES OF WAYS TO START WITH “YES”

- Display of empathy:

“It seems like this is concerning to you...”

- Validation:

“You know, many of my patients say that...”

- Agreement:

“I can see how you would think that...”

BEST QUESTION

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



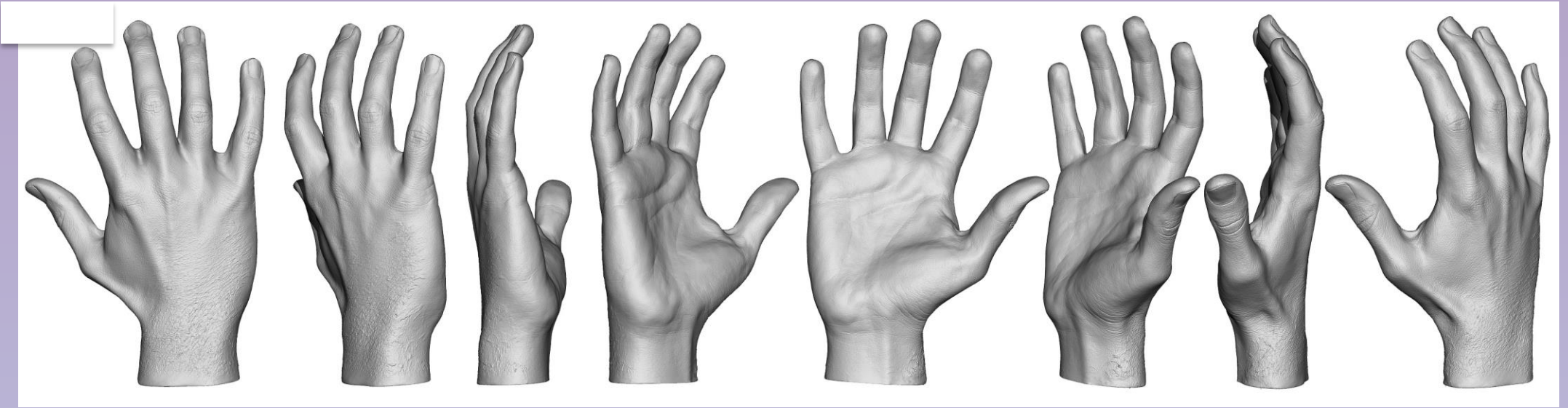
(Dehlendorf. 2016 Hatcher. 2018)

MAKE AN INFORMATION SANDWICH



A FOLLOW UP QUESTION REQUIRES THE PATIENT 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?

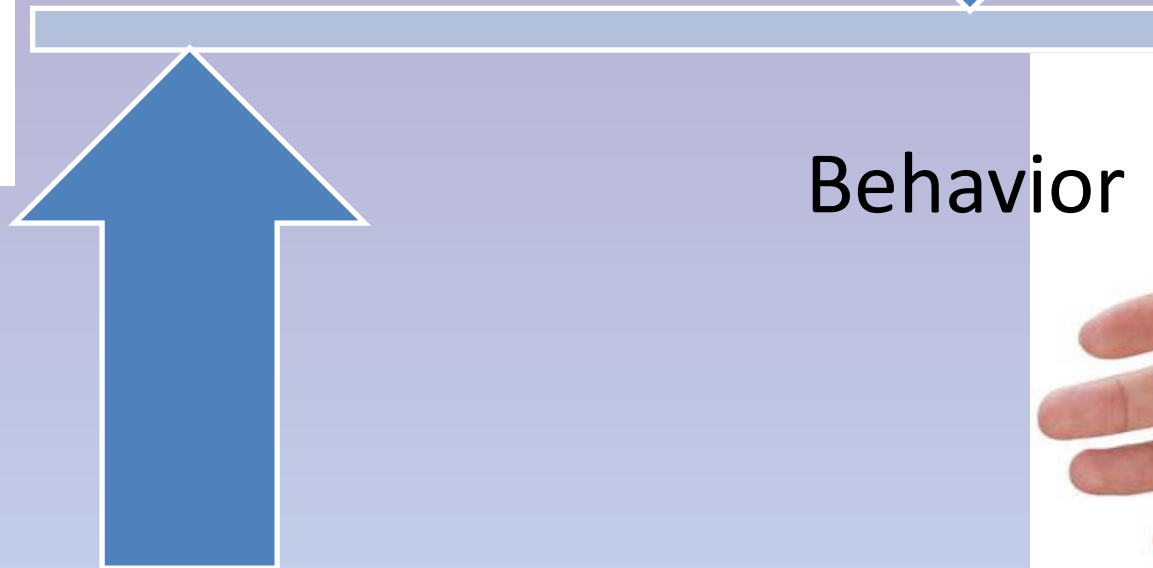


OBSTACLES

ON THE ONE
HAND



Goal

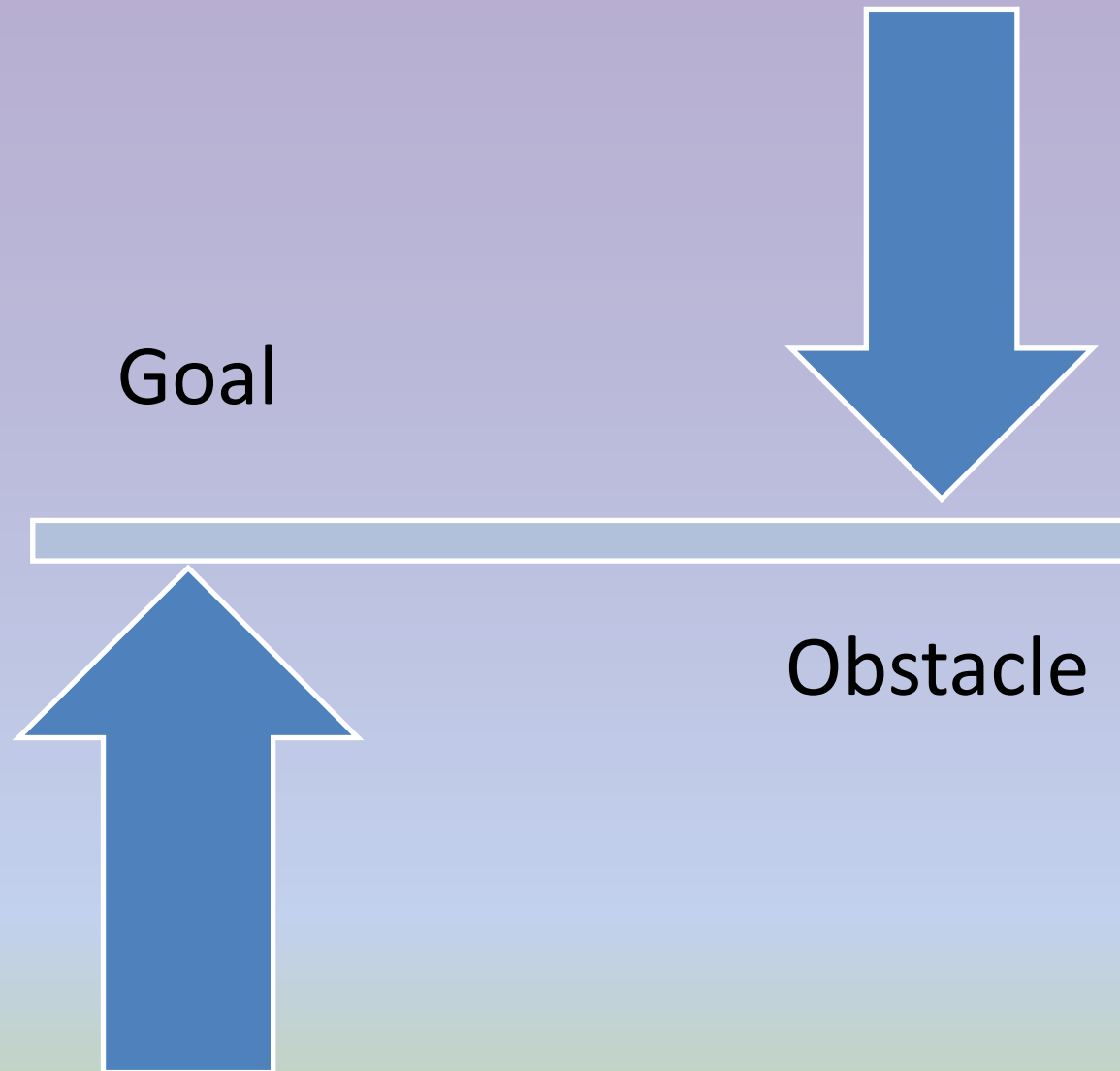


Behavior



ON THE OTHER
HAND

FIND THE OBSTACLE



CHECKING OUR BIASES

- How do you react when confronted with a client situation that does not fit your expectations?
- Does the situation provoke feelings of anxiety and discomfort?

ON THE ONE HAND

- “So it sounds like **on one hand** you are saying that it’s very important to you to wait until you are ready, and **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 and **on the other hand** it’s hard to be consistent with your birth control...”

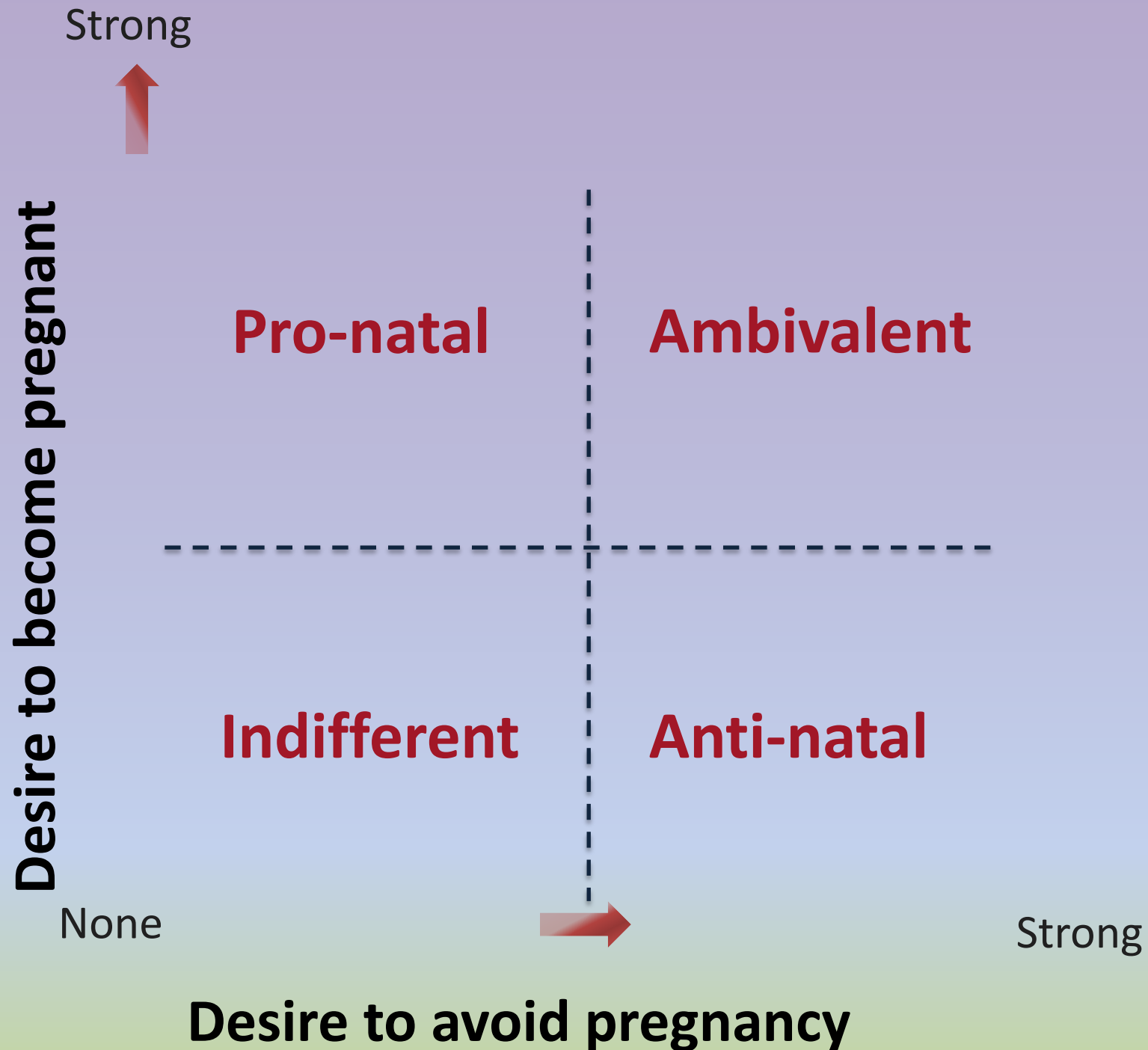
pause for a reply

OBSTACLES

Ambivalence or...?

- Wants to please or hold onto a mate
- Reassurance that they are fertile
- Logistical issues
- Misinformation

DESIRES MAY BE AMBIVALENT OR INDIFFERENT



PATIENT CENTERED COUNSELING

- Talk less and ask more questions
- Listen!

WHAT QUESTIONS DO YOU HAVE?

Much better than: “Do you have any questions?”

CONTACT INFO

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