

Practical Strategies for Efficient Implementation of Patient-Centered Contraception Counseling

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Envision Sexual and Reproductive Health

Objectives

- Demonstrate active listening skills
- Describe 2 benefits to re-phrasing
- Identify questions that foster patient-centered contraceptive care

Downloads and Resources



US MEC & US SPR App

Download the 2016 US MEC and US SPR app, an easy to use reference that combines information from the both CDC family planning guidance. It features a streamlined interface so providers can access the guidance quickly and easily. It is available for iOS and Android operating systems.

[iOS \(Apple Store\) App](#) 

[Android \(Google Play Store\) App](#) 

US Medical Eligibility Criteria: Categories

| | |
|---|---|
| 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 |

Ask more questions
&
Talk Less

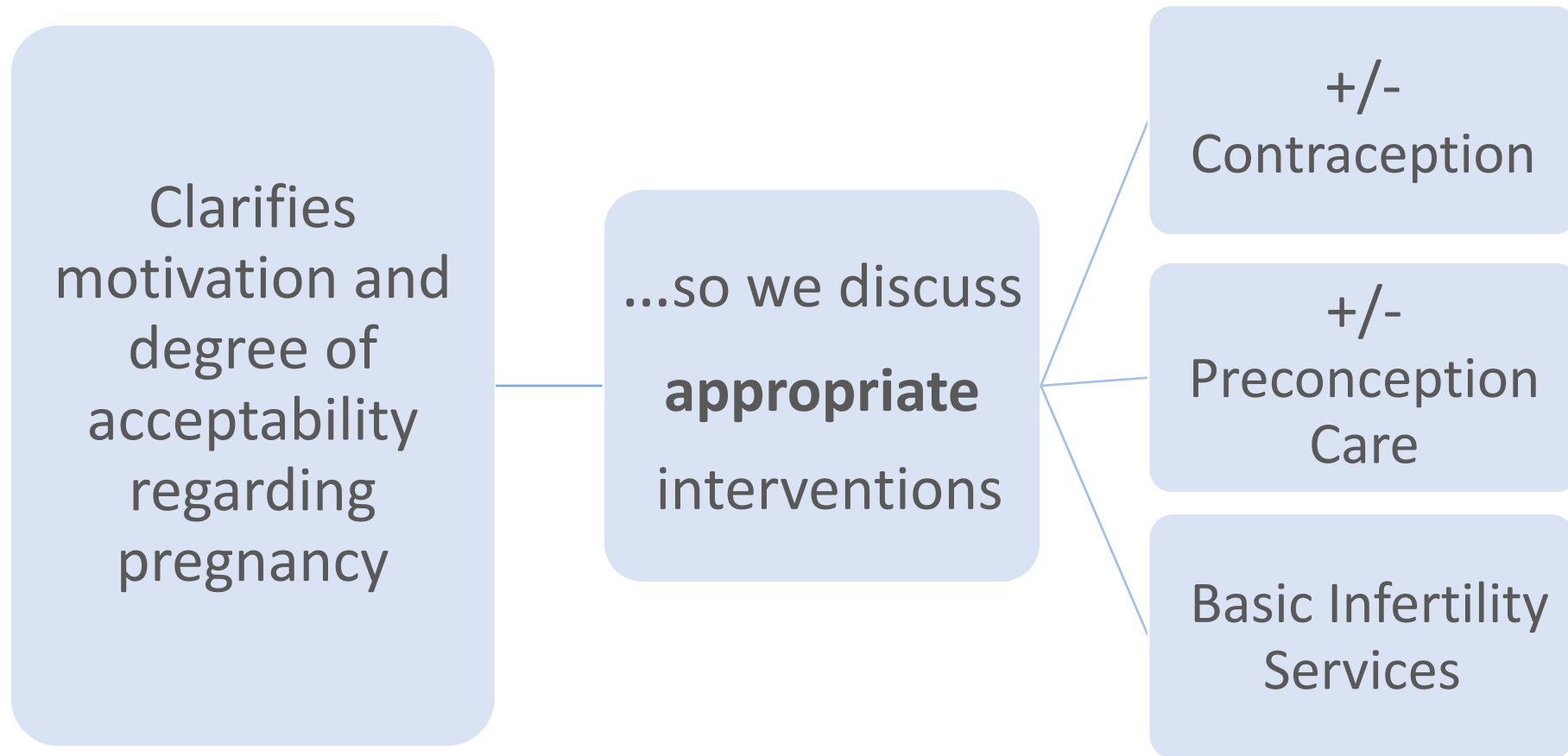
*Efficient
Patient-Centered Questions*

Reproductive Intention/Goals

PATH Questions

1. Do you think you would like to have (more) children some day?
2. When do you think that might be?
3. How important is it to you to prevent pregnancy (until then)?

Reproductive Intention/Goals



Preconception Care

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

*this method is one of the less reliable methods

*you have said “if it happens, it happens”

*many women using this method of contraception get pregnant

Re-phrasing/paraphrasing

- “So I hear you saying_____ do I have that right?”
- “It sounds like _____ is that what you mean?”
- “I’m hearing you say_____ is that accurate?”
- “So you feel pretty strong about_____”

Question for Attendees

Please write a benefit to use of re-phrasing

Benefits of Re-phrasing

- Builds rapport
- Let's them know you are listening
- Confirms understanding
- Clarifies responses- for the patient by repeatedly addressing the same content
- Saves time
- Allows you to control the conversation
- Summarize essential points

Reproductive Goals Re-phrasing

- “I’m hearing you say that it’s really important to you not to get pregnant before you are married, is that accurate.”
- “So it sounds like you would ideally like to wait until Zoe is a little older before you have another child but that you’re OK if it happens sooner, do I have that right?”
- “Wow, it sounds like making sure that you don’t get pregnant again until you finish school is top of the list of what is important to you, huh?”

Next Question

“So it sounds like one of the most important things to you about your method is that you can really rely on it to effectively prevent pregnancy...

Do you have a sense of what *else* you are looking for in a contraceptive method?”

Particular characteristics of Contraceptive Methods

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

Re-phrasing Contraception

- “So I hear you saying you would like a method that can help with your acne,
do I have that right?”
- “It sounds like....(it’s super important to you have a method that you can rely on)
is that what you mean?”

Re-phrasing Alternates

“Many of my patients say that they...is that what you mean?”

“Many of my patients say...

- they worry about gaining weight with birth control, is that it?”
-they prefer birth control that makes their periods lighter, is that something you’ve thought about?”
-they find it hard to take their pill every single day, is that what you mean?”
















Alternate

“Wow, so you feel pretty strong about avoiding all the side effects you had from the pill and the shot is that accurate?”

Attitude about

- Effectiveness
- Hormones
- Menstrual cycle and bleeding profile
- Length of use
- Control over removal
- Object in her body
- Return to fertility
- Non-contraceptive benefits
- Side effects

Birth Control Method Options

| | Most Effective | | | | | | | | | Least Effective | | | | | |
|---|---|---|--|--|--|--|--|---|--|--|--|---|---|--|--|
| | Female Sterilization  | Male Sterilization  | IUD  | Implant  | Injectables  | Pill  | Patch  | Ring  | Diaphragm  | Male Condom  | Female Condom  | Withdrawal  | Sponge  | Fertility Awareness Based Methods  | Spermicides  |
| Risk of pregnancy* | .5 out of 100 | .15 out of 100 | LNG: .2 out of 100 CopperT: .8 out of 100 | .05 out of 100 | 6 out of 100 | 9 out of 100 | | | 12 out of 100 | 18 out of 100 | 21 out of 100 | 22 out of 100 | 12–24 out of 100 | 24 out of 100 | 28 out of 100 |
| How the method is used | Surgical procedure | | Placement inside uterus | Placement into upper arm | Shot in arm, hip or under the skin | Take a pill | Put a patch on skin | Put a ring in vagina | Use with spermicide and put in vagina | Put over penis | Put inside vagina | Pull penis out of the vagina before ejaculation | Put inside vagina | Monitor fertility signs. Abstain or use condoms on fertile days. | Put inside vagina |
| How often the method is used | Permanent | | Lasts up to 3–12 years | Lasts up to 3 years | Every 3 months | Every day at the same time | Each week | Each month | Every time you have sex | | | | | Daily | Every time you have sex |
| Menstrual side effects | None | | LNG: Spotting, lighter or no periods CopperT: Heavier periods | Spotting, lighter or no periods | Spotting, lighter or no periods | Can cause spotting for the first few months. Periods may become lighter. | | | None | | | | | | |
| Other possible side effects to discuss | Pain, bleeding, infection | | Some pain with placement | | May cause appetite increase/weight gain | May have nausea and breast tenderness for the first few months. | | | Allergic reaction, irritation | | None | Allergic reaction, irritation | None | Allergic reaction, irritation | |
| Other considerations | Provides permanent protection against an unintended pregnancy. | | LNG: No estrogen. May reduce cramps. CopperT: No hormones. May cause more cramps. | No estrogen | No estrogen. May reduce menstrual cramps. | Some client's may report improvement in acne. May reduce menstrual cramps and anemia. Lowers risk of ovarian and uterine cancer. | | | No hormones | No hormones. No prescription necessary. | | No hormones. Nothing to buy. | No hormones. No prescription necessary. | No hormones. Can increase awareness and understanding of a woman's fertility signs. | No hormones. No prescription necessary. |
| Counsel all clients about the use of condoms to reduce the risk of STDs, including HIV infection. | | | | | | | | | | | | | | | |

*The number of women out of every 100 who have an unintended pregnancy within the first year of typical use of each method.

Other Methods of Birth Control: (1) Lactational Amenorrhea Method (LAM) is a highly effective, temporary method of contraception; and (2) Emergency Contraception: emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy. Reference for effectiveness rates: Trussell J. Contraceptive failure in the United States. Contraception 2011; 83: 397-404. Other references available on www.fpntr.org.



Quality Family Planning
www.qfp.org

May 2016

Particular characteristics of Contraceptive Methods

Do you have a sense of which of these things is most important to you?

Misconceptions

“I know that most people I talk to think that all methods are equally reliable at preventing pregnancy.”



Really, really well



The Implant
(Nexplanon)



IUD
(Skyla)

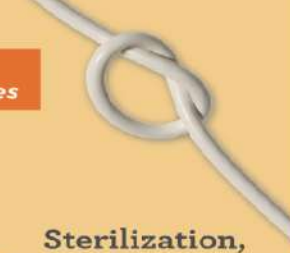


IUD
(Mirena)



IUD
(ParaGard)

No
hormones



Sterilization,
for men and women

Works, hassle-free, for up to...

3 years

3 years

5 years

12 years

Forever



Okay



The Pill



The Patch



The Ring



The Shot
(Depo-Provera)

For it to work best, use it...

Every. Single. Day.

Every week

Every month

Every 3 months



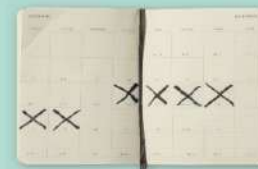
Not so well



Withdrawal



Diaphragm



Fertility
Awareness

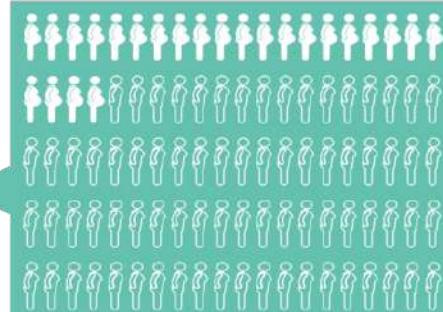


Condoms,
for men and women

Needed
for STI
protection

Use with
any other
method

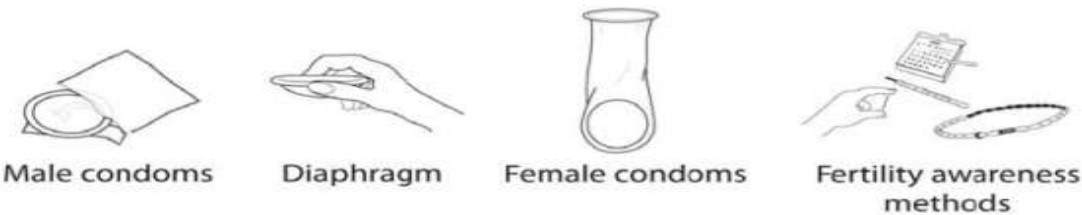
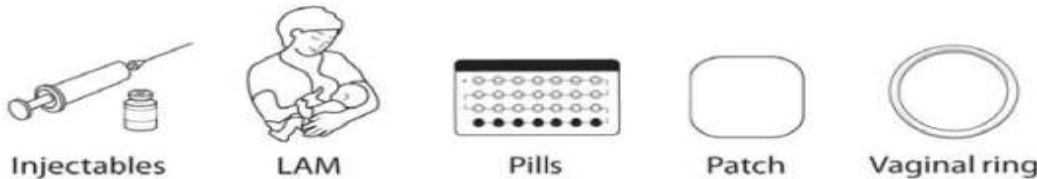
For each of these methods to work, you or your partner have to use it every single time you have sex.



Comparing Effectiveness of Family Planning Methods

More effective

Less than 1 pregnancy per 100 women in 1 year



Less effective

About 30 pregnancies per 100 women in 1 year

How to make your method more effective

Implants, IUD, female sterilization: After procedure, little or nothing to do or remember

Vasectomy: Use another method for first 3 months

Injectables: Get repeat injections on time

Lactational amenorrhea method, LAM (for 6 months): Breastfeed often, day and night

Pills: Take a pill each day

Patch, ring: Keep in place, change on time






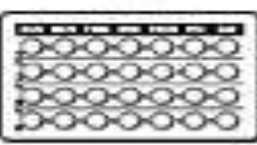






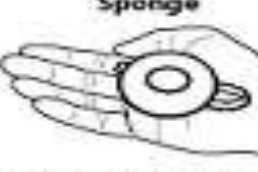


Condoms, diaphragm: Use correctly every time you have sex

Fertility awareness methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be easier to use.

Withdrawal, spermicides: Use correctly every time you have sex

Effectiveness of Family Planning Methods

Most Effective
 ↑
 Less than 1 pregnancy per 100 women in a year
 6-12 pregnancies per 100 women in a year
 18 or more pregnancies per 100 women in a year
 ↓
 Least Effective

| | | | | | | |
|--|---|---|---|--|--|--|
| Reversible Implant  0.05 %* | | Intrauterine Device (IUD)  LNG - 0.2 % Copper T - 0.8 % | | Permanent Male Sterilization (Vasectomy)  0.15 % | Female Sterilization (Abdominal, Laparoscopic, Hysteroscopic)  0.5 % | How to make your method most effective After procedure, little or nothing to do or remember. Vasectomy and hysteroscopic sterilization: Use another method for first 3 months. |
| Injectable  6 % | Pill  9 % | Patch  9 % | Ring  9 % | Diaphragm  12 % | | Injectable: Get repeat injections on time. Pills: Take a pill each day. Patch, Ring: Keep in place, change on time. Diaphragm: Use correctly every time you have sex. |
| Male Condom  18 % | Female Condom  21 % | Withdrawal  22 % | Sponge  24 % parous women 12 % nulliparous women | | | Condoms, sponge, withdrawal, spermicides: Use correctly every time you have sex. |
| Fertility-Awareness Based Methods  24 % | | Spermicide  28 % | | | | Fertility awareness-based methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be the easiest to use and consequently more effective. |

* The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method.

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Tier 1

Tier 2

Tier 3

CONDOMS SHOULD ALWAYS BE USED TO REDUCE THE RISK OF SEXUALLY TRANSMITTED INFECTIONS.

Other Methods of Contraception

Lactational Amenorrhea Method: LAM is a highly effective, temporary method of contraception.

Emergency Contraception: Emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.

Adapted from World Health Organization (WHO) Department of Reproductive Health and Research, Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (CCP), Knowledge for health project, Family planning: a global handbook for providers (2011 update), Baltimore, MD: Geneva, Switzerland: CCP and WHO, 2011; and Trussell J. Contraceptive failure in the United States. Contraception 2011;83:397-404.



U.S. Department of Health and Human Services
 Centers for Disease Control and Prevention

Second Tier Methods

“No one is perfect...”

Misinformation/ Misconceptions

- “Some of my patients worry that if they use birth control it could mess with their ability to get pregnant later, is that something that concerns you?”
- “Many women tell me they aren’t even sure they can get pregnant, is that something you think about?”
 - Pregnancy confirms fertility
 - No need for effective contraception

Misinformation/ Misconceptions

“I have noticed that since pregnancy is “natural” many people believe pregnancy is safer than contraception!”

Establish Rapport,
Show Empathy and Understanding

“Small Talk”

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

Positive Feedback

- Point out any “positive” actions, questions
- In line with **their values**

Exercise, quit smoking, weight loss, condom use, adherence to a method, exercise, a good question

Point Out Health-Supporting Behaviors

- You are both on the same side --theirs!
- Builds trust
- Encourages them coming from their “best self”

Positive Feedback

- “It’s great that you picked up on that!”
- “Not many people can...”

Display Empathy

- Not: “I know how you feel.”
- Eye contact, facial mirroring
- Match **level of emotion** without naming it

Validate without Labeling

- “It sounds like_____is concerning to you”
- “I can see_____is hard to deal with”
- “Anyone would find that really hard to manage!”
- “Wow...”

Try NOT to Disagree

“Find the yes”

- **Find something in what she or he is saying to agree with**
.....and then add your scientific or medical information.
- “Yes! and...” Instead of “No” or “But”

Find the “Yes”

- Rather than: “**No**, using birth control is safe!”
- Try: “**Yes**, you’re right some types of birth control are not recommended for women with certain medical problems.”

Then add:

- The good news is that using birth control is safer than pregnancy”
- Any of the methods we have been discussing are very safe for *you*.

Sheran 15 year old G_2P_0

“Tells you she would like to have a baby can you help?”

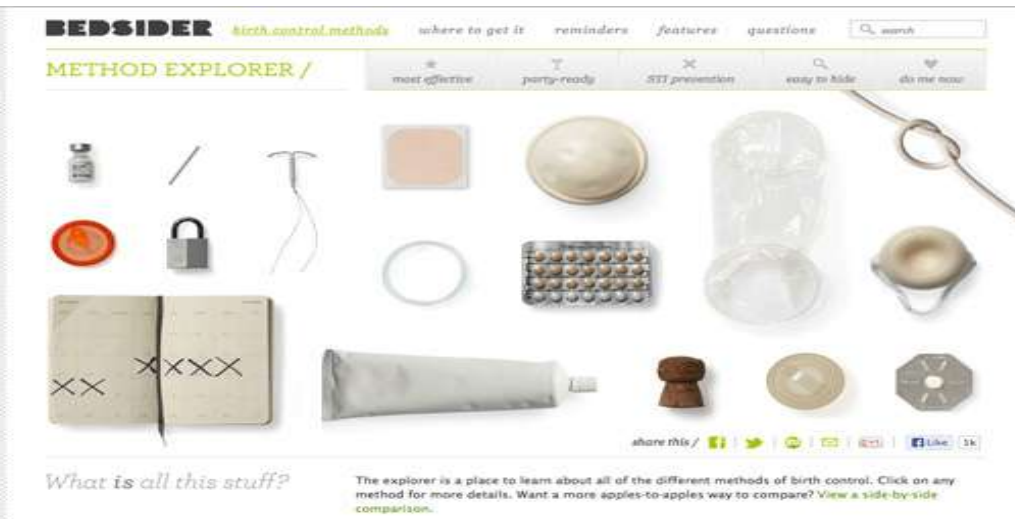
““You’ve clearly thought about this a lot,
so what do you make of this situation?”

Patient Education

Bedsider

- “User friendly”, **accurate** information on all contraceptive methods
- Will set up reminders for contraception adherence
- Many fun and helpful tools

[Http://bedsider.org/](http://bedsider.org/)



Limit the Amount of Information

- Focus on specific needs and knowledge gaps
- It is more effective to give information **in response to** their questions

Give information **then add** A FOLLOW UP QUESTION

Information: “Some women using this IUD get heavier or longer or crampier periods”

Question: “Do your periods ever get heavy or crampy?”

Answer: “Not usually, but about once a year I get an awful one!”

Question: “How did you manage it?”

Information: “Many women stop getting their period when they use this IUD”

Question: “How would it be for you if you didn’t get your period while you are using this IUD?”

Answer: “No, no that wouldn’t be healthy”

Information: “*Yes, you’re right*, when you are not on contraceptive hormones you **DO** need to get your period every month...

- it’s great that you know that
- I wish all of my patients knew that if they missed their period and they’re not on a contraceptive method with hormones that they need to come in to see what’s up.

Information: Interestingly, if a woman *is* using contraceptive hormones it keeps her uterus very healthy and thin. It actually prevents cancer of the uterus”

Question: “Knowing *that*, how would it be for you if you didn’t get your period while using the IUD?”

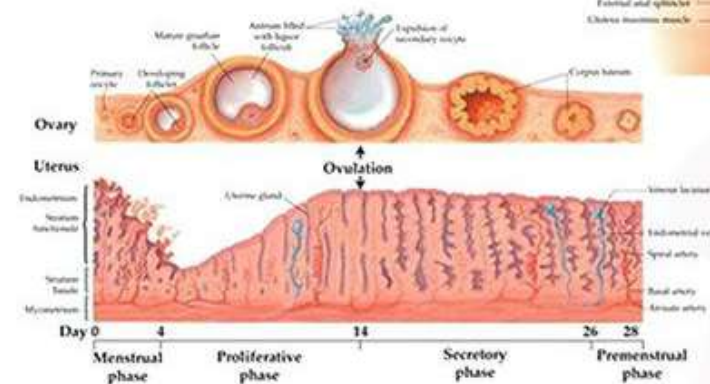
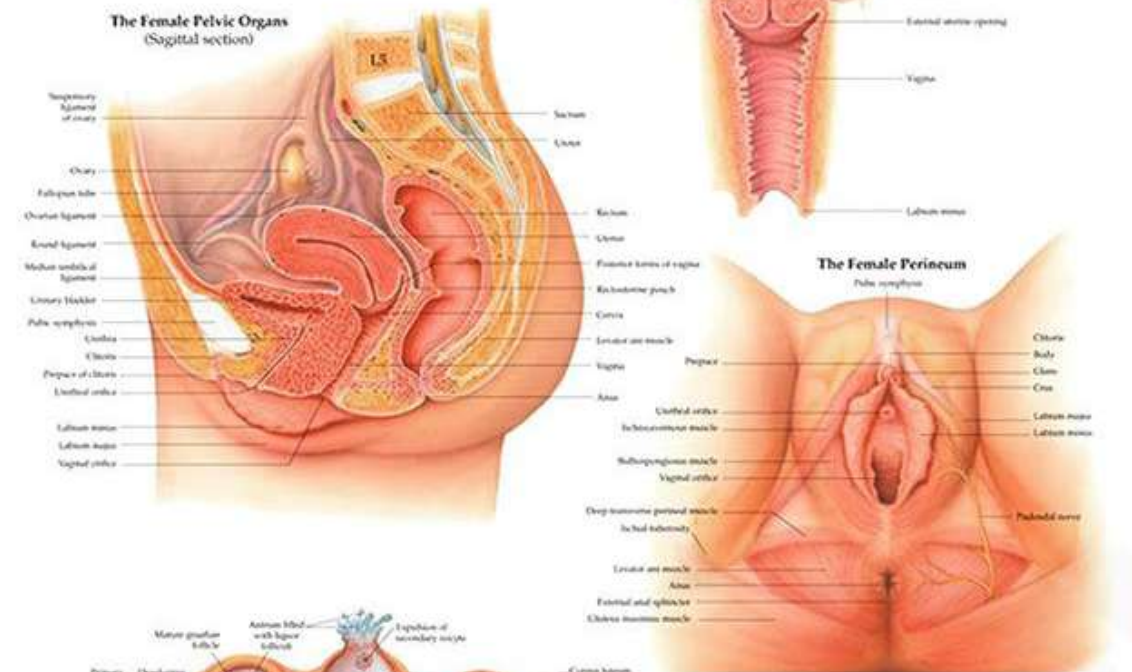
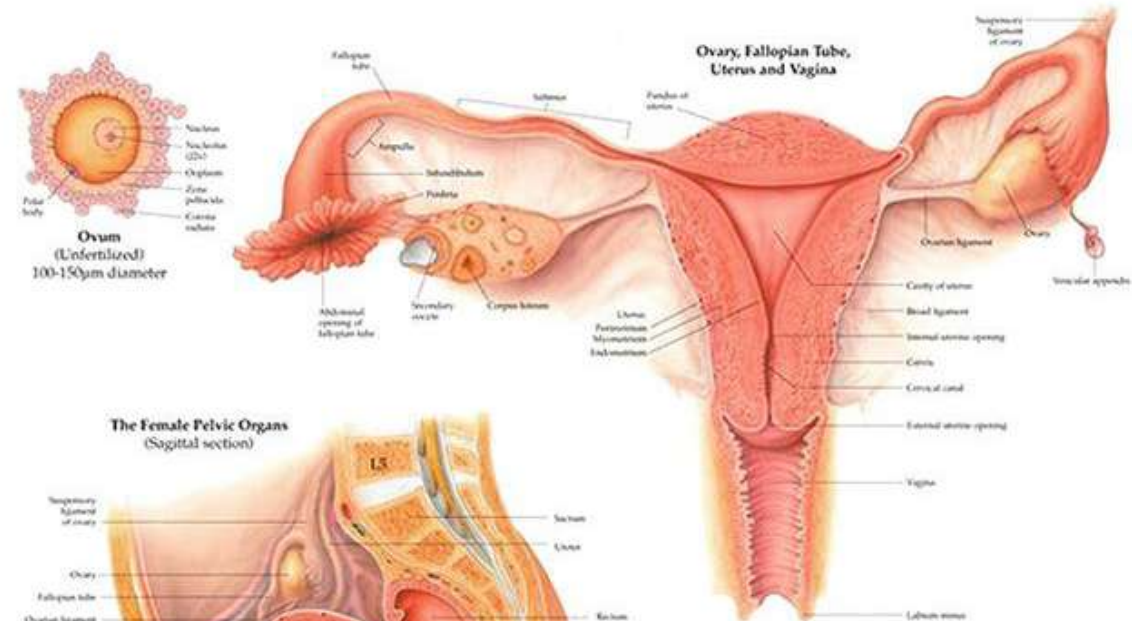
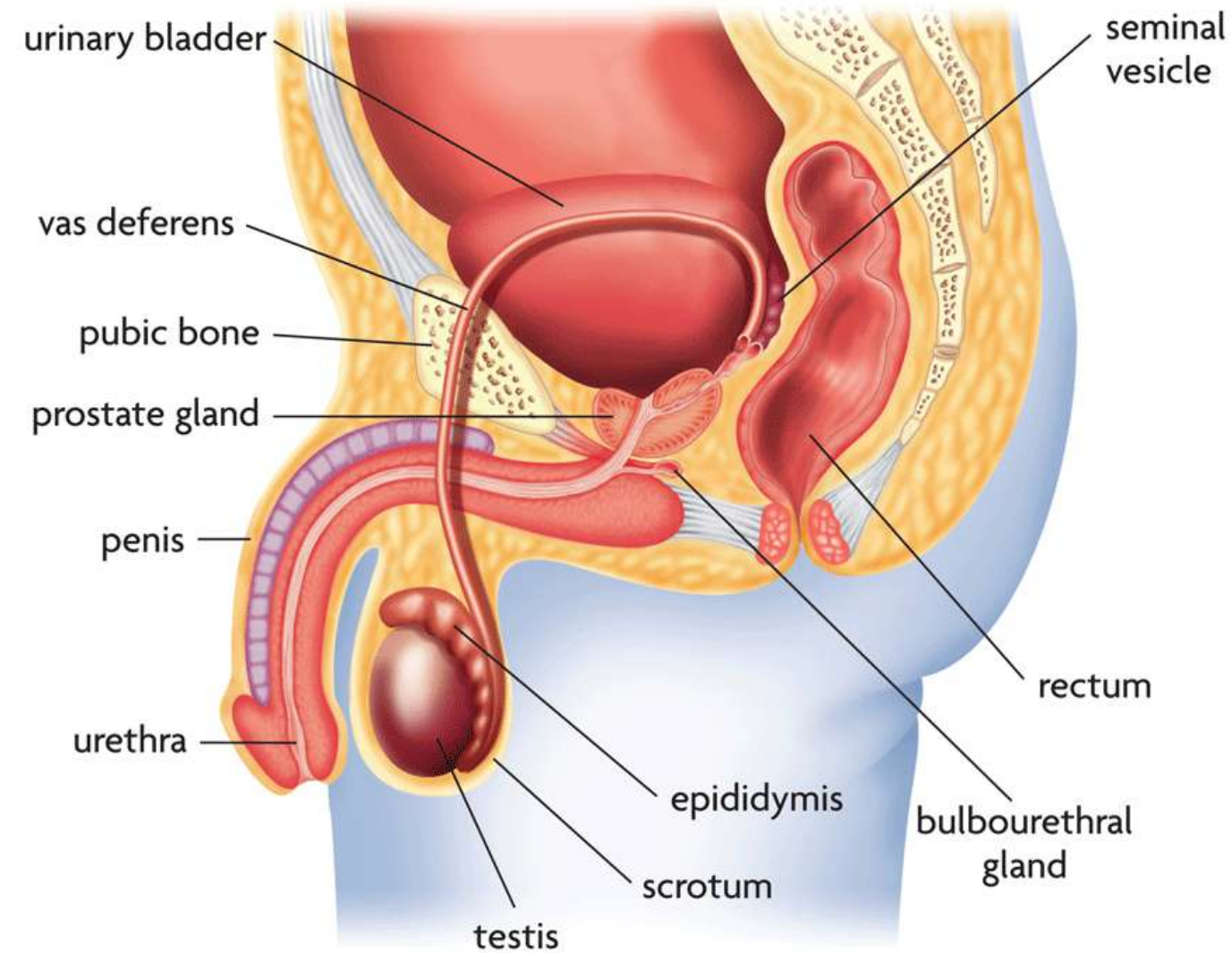
Information: “About one out of four or five women using the implant get frequent bleeding or bleeding that lasts a while”

Question: “Have you ever had bleeding that was bothersome?”

Answer: “Yes, when I first used the shot and it got really heavy”

Information: “That sounds hard to deal with! The bleeding that some women get when they use the implant is not usually heavy at all but it can be very annoying!”

Question: “Do you have a sense of how you would manage it if you had bleeding that lasted a long time if it wasn’t heavy?”



The Menstrual Cycle

The menstrual cycle occurs during the reproductive period from puberty through menopause in response to the rhythmic variations of hormones. The endometrial lining of the uterus proliferates in preparation for implantation of a fertilized egg. In the absence of pregnancy, the lining is shed with some bleeding through the vagina.

Menopause

Menopause, the gradual interruption and cessation of menstrual cycles, occurs at about 45 to 55 years of age. It is associated with the depletion of oocytes in the ovary and subsequent decline of estrogen levels.

“If 1,000 women have sex for a year using the pull out method more than 200 of them will get pregnant as opposed to none or one out of 1,000 using an implant”

Natural Frequencies



“Less than one out of 100
women using the IUD will
get pregnant in a year.”

Not:
“<1 % failure”



IUD or Implant

“This method is good for **up to**____years but if you want to get pregnant before then or you would like it out for any reason, come in, we will take it out for you and your ability to get pregnant will go back *to whatever is normal for you immediately.*”

12, 10, 7, 6, 5, 3

Teach Back

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

or

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

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

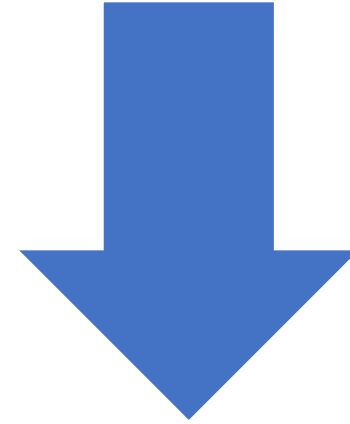
Obstacles & Objections

Addressing Patient's Concerns

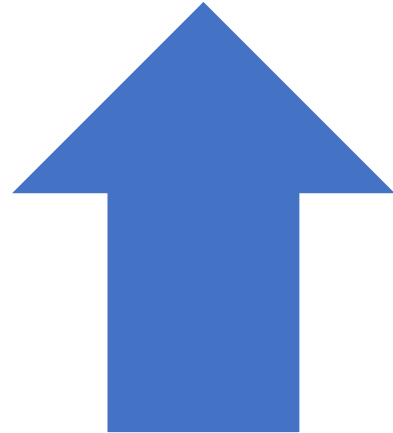
“That’s too bad your friend had that experience. I haven’t heard of that before, and I can tell you it definitely doesn’t happen frequently.”

On one hand

Goal

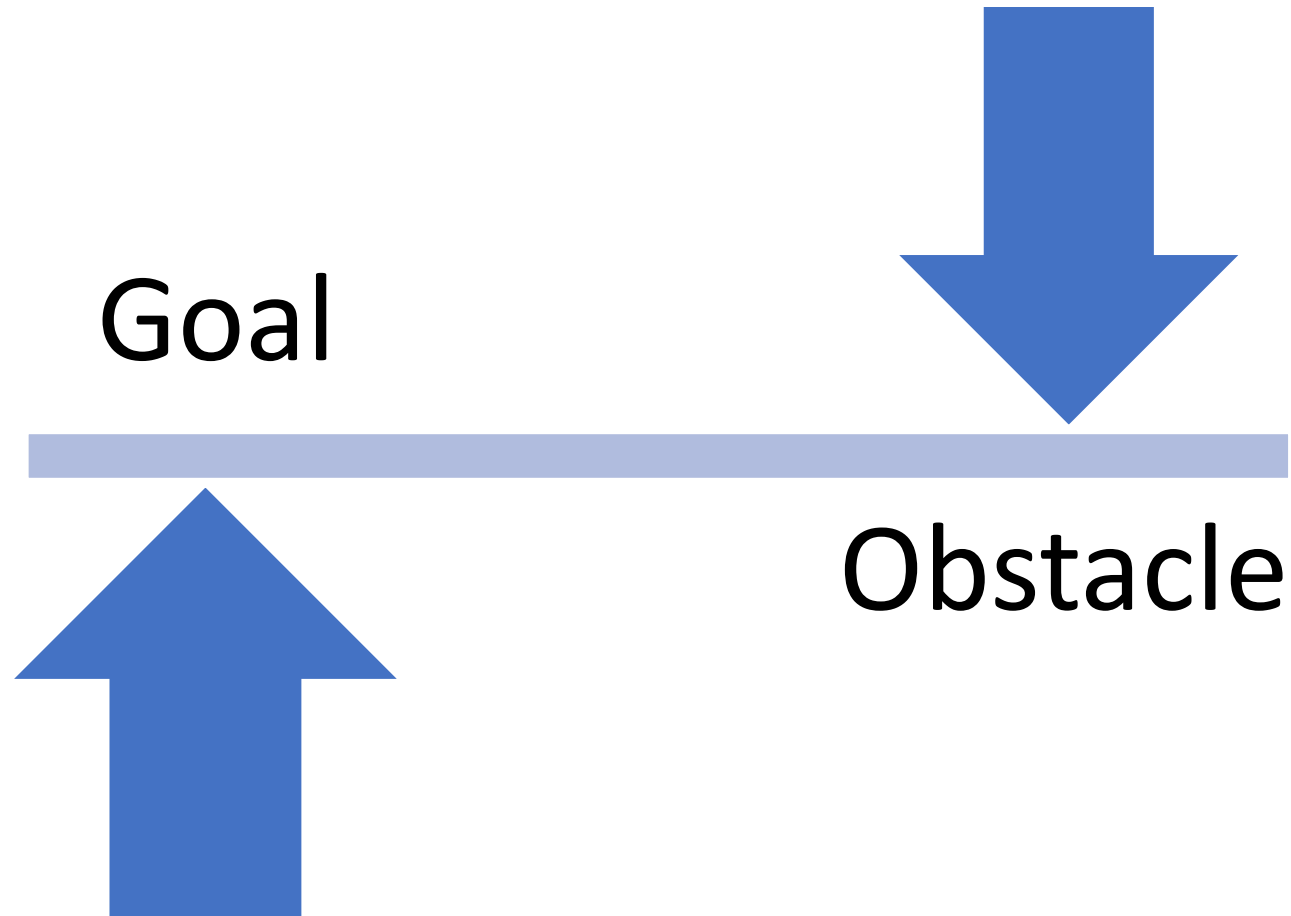


Behavior



On the other hand

Find the Obstacle



Obstacles

Ambivalence or...?

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

Question for Participants

Please write in an obstacle that you encounter

Obstacles

- All contraceptive methods have potential side effects
- Fear of negative health effects
- Risk for unplanned pregnancy is theoretical
- Perception of risk is not fully rational and is based on past life experience---ask

Obstacles

- Logistical constraints
 - Cost
 - Wait times, work schedule, transportation, childcare
- Adherence to second and third tier methods
 - Forgets to adhere
 - Too busy to adhere

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 yet **on the other hand**, a part of you would like to have a baby now? Do I have that right?”
- “**On the one hand** you would really like to finish school before you become a parent yet **on the other hand** it’s hard to be consistent with your (pill use, or depo use, or condom use)...”

pause for a reply

Ask more questions
&
Talk Less