Comprehensive Client-Centered Contraceptive Counseling In Quality Family Planning

Patty Cason MS, FNP-C
UCLA School of Nursing
Planned Parenthood Los Angeles
Objectives

1. List two obstacles to correct use of contraceptives.
2. Define and describe the concept of tiered effectiveness in relation to contraceptive choices.
3. Incorporate reproductive life planning and motivational interviewing into contraceptive counseling.
Disclosures

• Advisory Board
  Teva (ParaGard, LeCette)
  Merck (HPV vaccines)
  Actavis (Levosert IUD in development)

• Speakers’ Bureau
  Teva (ParaGard)
  Merck (Gardasil)
  Merck (NuvaRing)
  Bayer (Mirena, Skyla)

• Trainer
  Merck (Implanon/Nexplanon)

“Education is an integral component of the contraceptive counseling process that helps clients to make informed decisions and obtain the information they need to use contraceptive methods correctly.”

MMWR Recomm Rep 2014; 63(RR-4).
Appendix E

STRATEGIES FOR PROVIDING INFORMATION TO CLIENTS
Culturally and Linguistically

• Sensitive
• Appropriate
• Reflecting/respecting the client’s beliefs, ethnic background, and cultural practices
• In client’s primary language
• Translations and interpretation services should be available when necessary.
Communicate Numeric Quantities In Easily Understood Ways

Use natural frequencies and common denominators

• “If 1000 women have unprotected sex for a year, 850 of them will get pregnant as compared with 1 out of 1000 using an IUD”

• “If a woman switches from the pill to an implant her chance of unintended pregnancy is reduced from 90 in 1000 to 1 in 1000”

• Not: “the chance of unintended pregnancy is reduced by 87%”
Give Balanced Information On Benefits As Well As Risks

• Frame messages positively.
  “99 out of 100 women find this a safe method with no side effects,” versus “1 out of 100 women experience noticeable side effects”

• In addition to discussing risks, discuss the advantages and benefits of contraception

• Express risks and benefits in a common format
Limit the amount of information presented and emphasize essential points.

- Humans forget (or remember incorrectly) much of the information provided.
- This problem is exacerbated as more information is presented.
- Highlight important facts by presenting them first.
- Focus on needs and knowledge gaps.
Limit The Amount Of Information Presented And Emphasize Essential Points

- Highlight important facts by **presenting them first**
- Humans forget (or remember incorrectly) much of the information provided.
- This problem is exacerbated as more information is presented
- Focus on needs and knowledge gaps
“TIERED EFFECTIVENESS”
Tiered Effectiveness

• We don’t need to exhaustively run through each method with each client.
• The goal of contraceptive counseling:

  To assist the client in making an informed decision that supports their reproductive goals.
<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implant</td>
<td>0.05%*</td>
<td>Reversible Intrauterine Device (IUD)</td>
</tr>
<tr>
<td>LNG - 0.2% copper T - 0.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male Sterilization</td>
<td>0.15%</td>
<td>(Vasectomy)</td>
</tr>
<tr>
<td>Abdominal, Laparoscopic, Hysteroscopically</td>
<td>0.5%</td>
<td></td>
</tr>
<tr>
<td>How to make your method most effective</td>
<td></td>
<td>After procedure, little or nothing to do or remember.</td>
</tr>
<tr>
<td>Vasectomy and hysteroscopic sterilization</td>
<td></td>
<td>Use another method for first 3 months.</td>
</tr>
<tr>
<td>Injectable</td>
<td></td>
<td>Get repeat injections on time.</td>
</tr>
<tr>
<td>Pills</td>
<td></td>
<td>Take a pill each day.</td>
</tr>
<tr>
<td>Patch, Ring</td>
<td></td>
<td>Keep in place, change on time.</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>12%</td>
<td>Use correctly every time you have sex.</td>
</tr>
<tr>
<td>Male Condom</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Female Condom</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>Withdrawal</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>Sponge</td>
<td>24%</td>
<td>Parous women: 12% nulliparous women:</td>
</tr>
<tr>
<td>Fertility-Awareness-based Methods</td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>Spermicide</td>
<td>28%</td>
<td></td>
</tr>
</tbody>
</table>

* 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.

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.

Comparing Effectiveness of Family Planning Methods

**More effective**
Less than 1 pregnancy per 100 women in 1 year

- Implants
- IUD
- Female sterilization
- Vasectomy

**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.

**Less effective**
About 30 pregnancies per 100 women in 1 year

- Withdrawal
- Spermicides

Sources:
Principle 4.

PROVIDE INFORMATION THAT CAN BE UNDERSTOOD AND RETAINED BY THE CLIENT
Appendix E
Use Educational Materials That:

• Encourage active information processing
• Engage the client actively
• Clear and easy to understand
• 4th to 6th grade reading level
• Medically accurate, balanced, and nonjudgmental

Also, allow for opportunities to discuss the information
CFHC Patient Education Materials

- All Birth Control Methods (also have STDs, Women’s Health, Healthy Relationships)
- Accurate - updated regularly
- Effective- field-tested
- Easy-to-read - 5th grade level
- Multilingual and Multicultural - Available in English and Spanish. Several available in multiple languages
Patient Education Resource

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

Http://bedsider.org/

Give your patients birth control materials they’ll love.
Government Resourses

• Health Literacy Universal Precautions Toolkit, provided by the Agency for Healthcare Research and Quality: http://www.ahrq.gov/qual/literacy

• Toolkit for Making Written Material Clear and Effective, provided by the Centers for Medicare and Medicaid Services: http://www.cms.gov/WrittenMaterialsToolkit

• Health Literacy Online, provided by the Office of Disease Prevention and Health Promotion: http://www.health.gov/healthliteracyonline
Appendix C
Principles for Providing Quality Counseling

“Providing quality counseling is an essential component of client-centered care.”

“Contraceptive counseling is defined as a process that enables clients to make and follow through on decisions about their contraceptive use.”

MMWR Recomm Rep 2014; 63(RR-4).
Principle 1.

ESTABLISH AND MAINTAIN RAPPORT WITH THE CLIENT
• Open-ended questions
• Demonstrate expertise, trustworthiness, and accessibility
• Ensure privacy and confidentiality
• Listen to the client
• Demonstrate empathy and acceptance
The First 2 Minutes -- “Small Talk”

• Ask what kind of work she does or if she is in school before getting into the content of the visit.

• Use the information she gives you to refer back to later in 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”
**Point Out & Compliment Healthy or Responsible Behaviors**

• Find something about her health-supporting behavior to compliment.
  – Condom use, adherence to a method, exercise, diet improvement. As many things as possible to point out to the patient that are "positives".

• This is so that:
  – You are both on the same side.
  – She will trust you
  – She makes the connection between other “responsible”, “healthy” behaviors and effective contracepting behavior
Positive Feedback

• “It’s great that you were so strong in standing up for yourself (in another situation...)
• “You are obviously smart.... (give a concrete example)
• “You’ve clearly thought about this a lot...so what do you make of this situation?”
• “You ask really great questions....”
• “Not many people (your age) act so responsibly about using a condom every time.” “You are clearly interested in protecting yourself.”
Principle 2.

ASSESS THE CLIENT’S NEEDS AND PERSONALIZE DISCUSSIONS ACCORDINGLY
REPRODUCTIVE LIFE PLAN (RLP)
RLP: What is it?

• A self-assessment of life goals
• Goals in several broad categories
  – Education
  – Work/Career
  – Family Planning
• We assist or guide as needed
The One Key Question ®

“Would you like to become pregnant in the next year?”

• The Oregon Foundation for Reproductive Health’s ONE KEY QUESTION® Initiative is endorsed by 19 professional organizations and associations

• Encourages all primary care providers to ask women and for women to speak about about their reproductive health needs.

• To more fully support women’s SRH.
Three 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?
How does it help?

Clarifies how motivated she is to become pregnant or prevent pregnancy

...so we discuss appropriate interventions

+/- Contraception
+/- Preconception Care
Or Basic Infertility Services
For Contraception

Appropriate contraception

Highly effective

“Non contraceptive” benefits

Concealed contraception
Alternate Reproductive Life Plan Questions:

- How would it be if you were to become pregnant over the next few months?
- What are your pre-pregnancy goals?
- How would you feel if you became pregnant now?
- What do you plan to do until you are ready to become pregnant?
“Think of how you feel about getting pregnant right now and then see if you can tell me where you fall on a scale of 1-10. 1 being that it would be the worst thing you can imagine, and 10 being that it would make you the happiest you could possibly be.”
Resolve Ambivalence

• “a 2”

“Why would you say you aren’t you a lower #?”

• “I’m not ready for a baby but I know that I won’t have another abortion because I am an adult and having a baby wouldn’t be the absolute worst thing in the world”

“Why do you think the # might not be higher?”

• “I really want to wait a few more years!”
Principle 3.

WORK WITH THE CLIENT INTERACTIVELY TO ESTABLISH A PLAN
Purpose of Reproductive Life Plan

• To reveal the patients intentions regarding reproduction

• So she or he verbalizes what is most important to them

• So they can:
  – obtain necessary information
  – adhere to their own plan
  – make (better) choices
  – fulfill their own goals.

• Ambivalence is expected
Plan

• “Since delaying pregnancy until you finish school is very important to you, would you be interested in using one of the top tier methods?”

• “Since a lot of women who rely on their partner to “pull out” get pregnant, would you like to talk about pre-natal vitamins and other things that are important to do to prepare for pregnancy?”
You ask:

“What can I do today to help you achieve... (fill in the specifics of what they told you)?”

“So, you’re saying it’s really important for you avoid pregnancy for the next 10 years. What are you thinking about that might achieve that?”
But Don’t Call it a Plan!

- Assist client in goal setting and next steps
- Follow-up contact when possible
- Use computerized decision aids
MOTIVATIONAL INTERVIEWING (MI)
Motivational Interviewing with contraception counseling

• Saves time
• Effective
• Client centered
When is MI not needed?

A patient says: “Give me the most effective method you’ve got!”
MI has been used for

- Diabetes self management
- Addiction counseling and treatment
- Weight loss
- Medication adherence
- Condom use
- Contraception counseling
- Behavior change
MI: the approach

• Start from a place of respect
• Guiding not directing
• Not “me vs. you” rather...“us together on the same side”
• Help patients feel *motivated* by having them verbalize their own reproductive and life goals
• Identify what is personally meaningful or of value to the patient rather than those things that we as the HCP think are most important
MI: the benefit

• Reduces frustration with the patient and subsequently ourselves

• Removes our ego…
  – “I need to make this patient do what’s good for her.”
  – “I want to protect her from an unnecessary unplanned pregnancy (or STI) !”
  – “If can’t get through to my patient, I fail.”

• Our morale as HCPs will be exhausted without success
Ineffective Strategies

• **Taking sides** in the patients ambivalence

• **Threatening** bad outcomes;
  – “You’ll get pregnant if you don’t ...”
  – This gets their attention *but doesn’t work for behavior change*

• **Giving advice** assumes this person simply doesn’t know enough.

• To **offer one idea after another** = exhaustion
Effective Strategies

• If you find yourself talking, -- *stop* and ask a pertinent question.

• Rephrase relevant things that they say to you:
  • Once you re-phrase, *pause* for a reply
On one hand we want to accomplish our goals, but on the other there are many obstacles.
Motivation for contraceptive use

• With **perfect** use of contraception
  – 1 year,
  – 3 years,
  – 5-10 years,
  – 20+ years...what will happen??

• The best case scenario...

Nothing!
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

• Contraceptive sabotage by a partner
• Logistical constraints
  – Cost
  – Wait times, work schedule, transportation, childcare
• Adherence to second and third tier methods
  – Forgets to adhere
  – Too busy to adhere
Obstacles

- Drugs
- Alcohol
- Being sexually aroused
- Religious reasons

Ambivalence
Accept Ambivalence

- We can guide patient to better decision making by helping them explore and resolve their own ambivalence.
- **Expect**, look for, find, and accept ambivalence.
- Just pointing out the discrepancy is a powerful way to help patients make better choices.
- **Non judgmentally.**

**REALLY!**
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
Re-phrasing

• “So I hear you saying ...(your boyfriend wants you to have a baby right now but you’re not so sure) do I have that right?”

• “Many of my patients say that they…”

• “… is that what you mean?”

• “It sounds like you....(really want to be reassured every month that you are not pregnant and that is what you like about your getting your period once a month)”

• “So you feel pretty strong about…”
CONFIRM CLIENT UNDERSTANDING
Teach Back

• Ask client to restate important messages in her or his own words
  – “Show me what you will do when you get to the end of the pill pack”
  – “What will do to decrease you bleeding?”
• Confirm client and provider reach a shared understanding
• Use early and often
QUESTIONS
COUNSELING TIPS
Neutral Words

• People don’t like to be told they are angry or anxious

• Avoid labeling feelings using words like:
  – “You sound/seem angry” (or anxious, sad)

• Better to use neutral words:
  – “It sounds like... is concerning to you”
  – “I hear you saying ... was hard to deal with”
Tactile and Visual Aids

- ParaGard, Mirena, Skya and Nexplanon “demo units”
  - Have the patient hold the device while discussing it
  - She will see it is non-threatening:
    - soft, flexible, small
  - Easier to accept something into the body when we have a tactile relationship to it.
Tactile and Visual Aids

• IUC “demo units” to teach string checks:
  • Place it in your clenched palm
  • Have strings extend beyond closed palm
  • Show her what it would look and feel like if part of the IUC was extruding* and she could feel part of the plastic instead of string

• *She learns about the possibility of expulsion
Tactile and Visual Aids

• Picture of uterus, cervix & vagina
• Plastic model of uterus, cervix & vagina
• Hold the IUC up to show where it goes in the uterus (or have her show you)
• Demonstrate:
  – Where the strings will be
  – How it affects tampon use
  – Intercourse
Language for LARC

• Use the word place rather than insert
• When describing a possible complication, pair it with it’s solution
• When discussing a potential side effect, pair it with a remedy -stress that she can return for management (not removal)
Language for LARC

• Each device is good for “up to…”
  – “ParaGard, Mirena, Skyla, Nexplanon is good for up to 12, 5, 3 years but if you want to get pregnant before then, just come in and we will remove it and your ability to get pregnant will return to whatever is normal for you.”
Language for LARC

• Rather than using the words “long acting”, use
  – Top tier
  – The most effective methods
  – The best we’ve got
  – Cadillac, Mercedes, BMW...
  – The methods “we all” use
  – Highly effective methods
References

CDC


References

• ACOG Committee Opinion: Motivational Interviewing: A Tool for behavior Change; 423; Jan 2009.
• Barnet B et al. Motivational Intervention to Reduce Rapid Subsequent Births to Adolescent Mothers: A Community-Based Randomized Trial Ann Fam Med 2009;7:436-45.
References

References

- Madden T, et al. Structured contraceptive counseling provided by the Contraceptive CHOICE Project. Contraception. 2013 August; 88(2);243-249.
References