The New Normal: Integrating Sexual + Reproductive Health and Primary Care

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Disclosures-Cason

- Merck: Expert Forum; HPV Vaccine, Speaker; Gardasil, NuvaRing, Nexplanon
- Teva: Advisory board; ParaGard, Speaker; ParaGard

Objectives

- Demonstrate incorporation of reproductive life planning with motivational interviewing into contraceptive counseling
- Display familiarity with use of CDC US Medical Eligibility for Contraceptive Use

“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.
Patient Resource

Http://bedsider.org/
- “User friendly”, accurate information on all contraceptive methods
- Will set up reminders for contraception adherence
- Many fun and helpful tools

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

RLP: How does it help?
Clarifies how motivated she is to become pregnant or prevent pregnancy
...so we discuss appropriate interventions

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.

RLP: How does it help?
Appropriate contraception
- Highly effective
- “Non contraceptive” benefits
- Sleuthful contraception
Sample RLP questions:

- Do you want to have children some day?
- If so when?
- How would it be if you were to become pregnant over the next few months?
- What are your pre-pregnancy goals?
- How ready are you to become a parent?
- How important is it to you to avoid pregnancy?
- How would you feel if you became pregnant now?

Or: If she has children

- Do you hope to have more children?
- How long would you like to wait until you next become pregnant?
- What do you plan to do until you are ready to become pregnant?
- How much space are you planning between your pregnancies?

Once Your Patient Describes Their RLP

You Ask:

- “What can I do today to help you achieve... (fill in the specifics of their plan)?”
- “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?”

RLP: Purpose

- 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

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

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!
Ambivalence
On one hand we want to accomplish our goals

Rewards

Obstacles
On the other 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

Obstacles
Intermittent/inconsistent sexual partnering
• Believes she doesn’t need contraception (today)
• Ask specific details of what she did and when
• Ask if she intends or would like to be sexual with someone in the next month, year... two years

Confidence Ruler
Melanie Gold DO

Quantitative: “A ruler”
“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.”
**Demonstrate 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!"

**Or qualitative questions:**

- When she expresses ambivalence about pregnancy:
  - Is now the right time for you to be pregnant?

**“On the one hand”**

“So it sounds like you really want to be able to have children in the future. And 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, it sounds like a part of you would like to have a baby now? Do I have that right?”

**Repeat or rephrase**

“Let me make sure I understand you.”?

“So it’s really important to you not to get pregnant until you finish school. Do I have this right? And on the other hand you had unprotected sex last night”…Her reply uncovers the ambivalence

**Point Out/Compliment Healthy Behaviors**

- “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…”

**The Patient’s Plan**

- “How do you see yourself working on this goal?”
- “What do you think will be the biggest benefit to you?”
- “What has worked for you in the past?”
- “What are some ways you see yourself handling this?”
Condom Use

• “So…it sounds like getting chlamydia is a shock & you want to be safer; what steps could you take to be safer?”
• “How do you see yourself talking with your boyfriend about using condoms?”
• “What advice would you give a friend?”
• “How do you think he will react when you use these ‘condom comebacks’?”

US Medical Eligibility Criteria

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No restriction in contraceptive use</td>
<td>Use the method</td>
</tr>
<tr>
<td>2</td>
<td>Advantages generally outweigh theoretical or proven risks</td>
<td>More than usual follow-up needed</td>
</tr>
<tr>
<td>3</td>
<td>Theoretical or proven risks outweigh advantages of the method</td>
<td>Clinical judgment that this patient can safely use</td>
</tr>
<tr>
<td>4</td>
<td>The condition represents an unacceptable health risk if the method is used</td>
<td>Do not use the method</td>
</tr>
</tbody>
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Summary Charts

• These charts can be printed double sided, laminated, and used by health care providers when counseling women.
• Wheel for contraceptive use
• App:
  – New Mobile Tool Available for CDC’s U.S. Medical Eligibility Criteria for Contraceptive Use, 2010
  – Go to “contraception”

USMEC Resources

• Update to CDC’s U.S. Medical Eligibility Criteria for Contraceptive Use, 2010: Revised Recommendations for the Use of Hormonal Contraception Among Women at High Risk for HIV or infected with HIV. Source: MMWR 2012;61(24):449–452. CDC has updated the recommendations for hormonal contraceptive use among women at high risk for HIV or infected with HIV, based on new scientific evidence.
• Update to CDC’s U.S. Medical Eligibility Criteria for Contraceptive Use, 2010: Revised Recommendations for the Use of Contraceptive Methods During the Postpartum Period. Source: MMWR. 2011;60(26):878–883. CDC has updated the recommendations for combined hormonal contraceptive use among postpartum women, on the basis of new scientific evidence.
• U.S. Medical Eligibility Criteria for Contraceptive Use, 2010. Source: MMWR. 2010;59(RR04):1–85. Provides guidance on whether women and men with particular medical conditions or physical characteristics can safely use certain methods of contraception.

QUESTIONS
References for MI

- ACOG Committee Opinion: Motivational Interviewing: A Tool for behavior Change; 423; Jan 2009.

References for MI

- Lopez et al. Theory-based interventions for contraception. 2009 Jan, Cochrane Database.
- Schillinger, "Closing the Loop" Teach-back is supported by research. Arch Intern Med/ Vol 163, Jan 13, 2003