

*Patient Centered  
Reproductive Goals  
& Contraceptive  
Counseling*

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# Disclosures

- Advisory Board/Consultant  
Cooper Surgical, Teva, Merck,  
ContraMed
- Trainer/speaker  
Merck, Medicines 360, Teva,  
ContraMed

# Objectives

- Define patient-centered contraceptive care
- Discuss patient-centered contraception counseling skills
- Identify strategies to foster patient-centered contraceptive care

# What is the goal?

1. To decrease rates of unintended pregnancy?
2. To help patients prevent unintended pregnancy?
3. To increase LARC use?
4. To increase inter-pregnancy intervals?

To help clients clarify what they want and help them get it?

# Shared Decision Making

“A collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient’s values and preferences.”

– Informed Medical Decisions Foundation

<http://www.informedmedicaldecisions.org/>

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

Clarifies  
motivation  
and degree  
of  
acceptability  
regarding  
pregnancy

...so we  
discuss  
**appropriate**  
interventions

+/-  
Contraception

+/-  
Preconception  
Care

Infertility  
Services or  
Adoption

# 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...

# Designed for **ALL**

- Not targeted to “women”
- Any gender
  - “Males” benefit from reproductive goals clarification; vasectomy is underutilized
  - Trans individuals
- Any sexual orientation
- Does not stigmatize those with fertility challenges

# Best Question

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



# Particular characteristics of Contraceptive Methods

- Do you have a sense of what is important to you about your method?
- Do you have a sense of what you are looking for in a contraceptive method?

# Particular characteristics of Contraceptive Methods

“It sounds like one of the things that is important to you is that your birth control is very good at preventing pregnancy. Do you have a sense of what else is important to you?”

# Attitude about

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

# Patient Education Resource



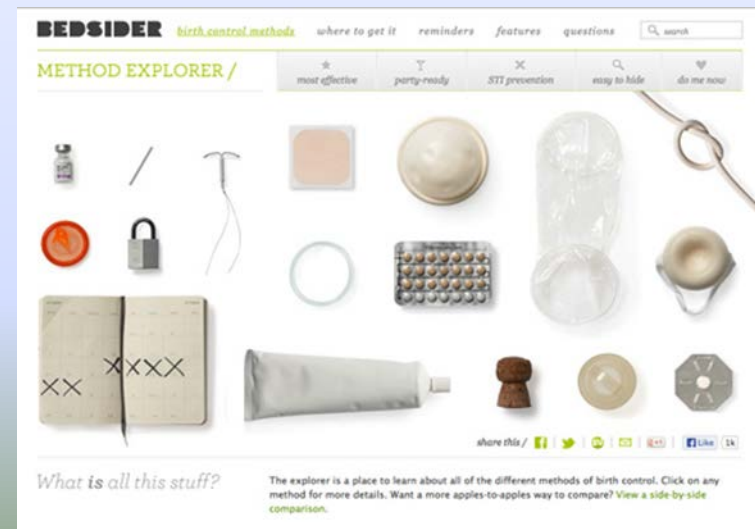
*Give your patients birth control materials they'll love.*



# Resource

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

- “User friendly”, **accurate** information on all contraceptive methods
- Will set up reminders for contraception adherence and appointments
- Patient testimonials
- Free provider resources



# HOW WELL DOES BIRTH CONTROL WORK?

What is your chance of getting pregnant?

★★★★★  
Really, really well

The Implant (Nexplanon)	IUD (Skyla)	IUD (Mirena)	IUD (ParaGard) <i>No hormones</i>	Sterilization, for men and women
Works, hassle-free, for up to...	3 years	3 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 3 months



★☆☆☆☆  
Not so well

Withdrawal	Diaphragm	Fertility Awareness	Condoms, for men and women
For each of these methods to work, you or your partner have to use it every single time you have sex.			

Needed for STI protection  
Use with any other method



FYI, without birth control, over 90 in 100 young women get pregnant in a year.

# 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
<b>Risk of pregnancy*</b>	.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
<b>How the method is used</b>	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
<b>How often the method is used</b>	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	
<b>Menstrual side effects</b>	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						
<b>Other possible side effects to discuss</b>	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
<b>Other considerations</b>	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.

# Vasovagal Prevention

- Good hydration (electrolyte/ sports drink)
- Eat before placement

# Presyncopal Signs

- Facial pallor (distinct green hue)
- Yawning
- Pupillary dilatation
- Nervousness



# Symptoms- Presyncopal

- Weakness
- Light-headedness
- Diaphoresis
- Visual blurring
- Headache
- Nausea
- Feeling warm or cold
- Sudden need to go to the bathroom

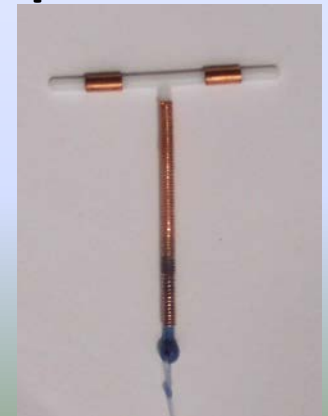
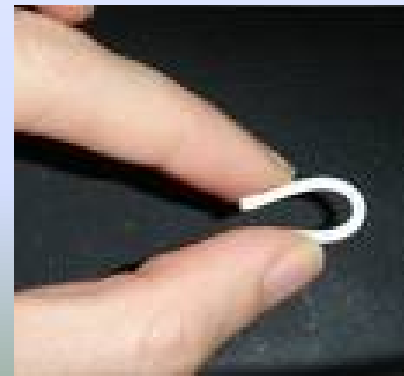
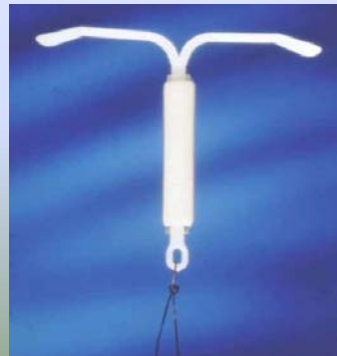
# How to Abort a Vasovagal

- Isometric contractions of the extremities
- Intense gripping of the arm, hand, leg and foot muscles
- No need to bring the legs together or change position— just tense the muscles
- **This stops the reaction**



# Demo Units

- Keep one in your pocket
- One in each room
- Give them to your patient to hold, feel and play with while discussing the method
- Show how the threads feel
- Show how the plastic would feel if expelled





# Counseling Skills

# Paraphrasing

- **“So I hear you saying ...(you really like the idea of using a method without hormones) 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?”**

# Alternates

- “Many of my patients say that they worry about weight gain with birth control is that what you mean?”
- “Wow, so you feel pretty strong about avoiding the side effects you had from the pill and the shot is that accurate?”

Establish Rapport,  
Show Empathy and  
Understanding

# “Small Talk”

- Ask about work, school or their 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”

# Point Out Health-Supporting Behaviors

- Condom use, adherence to a method, exercise, diet improvement.
- Important because:
  - You are both on the same side
  - The patient will trust you
  - The patient is coming from their “best self”

# Positive Feedback

- “It’s great that you were so strong in standing up for yourself (asking your partner to use condoms.)”
- “You’ve clearly thought about this a lot...so what do you make of this situation?”
- “Not many people (your age) act so responsibly about using a condom every time.”

# Empathy Without Labeling

- Rather than:
  - “You sound angry” (or anxious)
- Use neutral words:
  - “It sounds like \_\_\_\_\_ is concerning to you”
  - “I can see \_\_\_\_\_ is hard to deal with”
- Not: “I know how you feel.”



# Try NOT to Disagree

## “Find the yes”

- **Find something in what the patient 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, that’s just an example of good old  
“Dr. Google” that’s not true at all!”

# Find the “Yes”

Try:

“It’s great you took the initiative to look this up on your own! I can see you’re really interested in taking care of yourself” “I have a great resource for you that I think you will love...” (Bedsider)

# Responding to Complaints or Objections

- “Actively listen” to the patient’s complaint
- Get to the heart of the issue
- The patient doesn’t have to “fight for the right” to have the IUD or implant removed

# 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.”

# Listen

- Listen so you understand *what outcome the patient wants*:

Does the patient want to:

- Be reassured that they are not in danger?
- Have the problem *fixed*?
- Complain, be heard, be given compassion?
- Get advice?

# Provide Quality Patient Education

# Limit the Amount of Information

- Humans do not integrate much of the information provided
- More information = less retention
- Focus on specific needs and knowledge gaps
- Whenever possible give information that is in response to questions



# ?Information Sandwich?

- Sandwich the *one piece of* information you want to give between questions
- Or ask a question after each nugget of information
- Best is to give information in response to a question the patient has asked

# Information Sandwich

**Q:** “How would it be for you if you didn’t get your period while you are using the implant?”

**A:** “That would not be good!”

**Q:** “What is it about not getting your period that is concerning to you?”

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

# Information Sandwich

## **The YES:**

“Your mother is completely right, when you are not on contraceptive hormones it is important to get you period every month, it’s great that you know that...”

# Information Sandwich

## The Science:

“Interestingly, if someone *is* using contraceptive hormones it keeps their uterus very healthy and thin. It actually prevents cancer of the uterus”

# Information Sandwich

## Question:

“Knowing that, how would it be for you not getting periods while using this method?”

# Questions for the Information Sandwich

- 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?

# Language for Patient Education

# Misinformation...Misconceptions

## 1. About relative effectiveness of methods

- All contraception is equally effective..
- Use visual aids (tiered effectiveness chart)

## 2. Underestimates fertility

- Pregnancy confirms fertility
- No need for effective contraception

## 3. Pregnancy is safer than contraception



“If a someone switches from the pill to an IUD the chance of pregnancy is reduced from 90 in 1000 to <2 in 1000”

Natural  
Frequencies



“If 100 people have unprotected sex for a year, 85 of them will get pregnant as opposed to none or maybe one out of 100 using a hormonal IUD”

**Not:**  
**“<1 % failure”**



# Teach Back

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

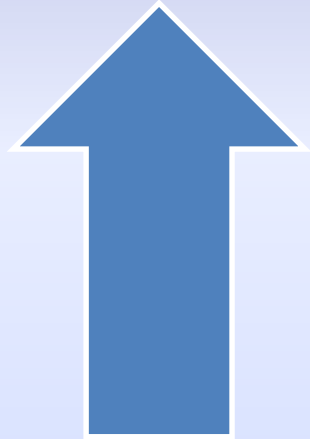
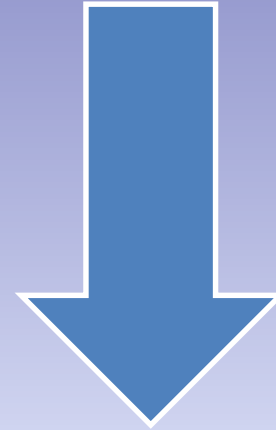
or

“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

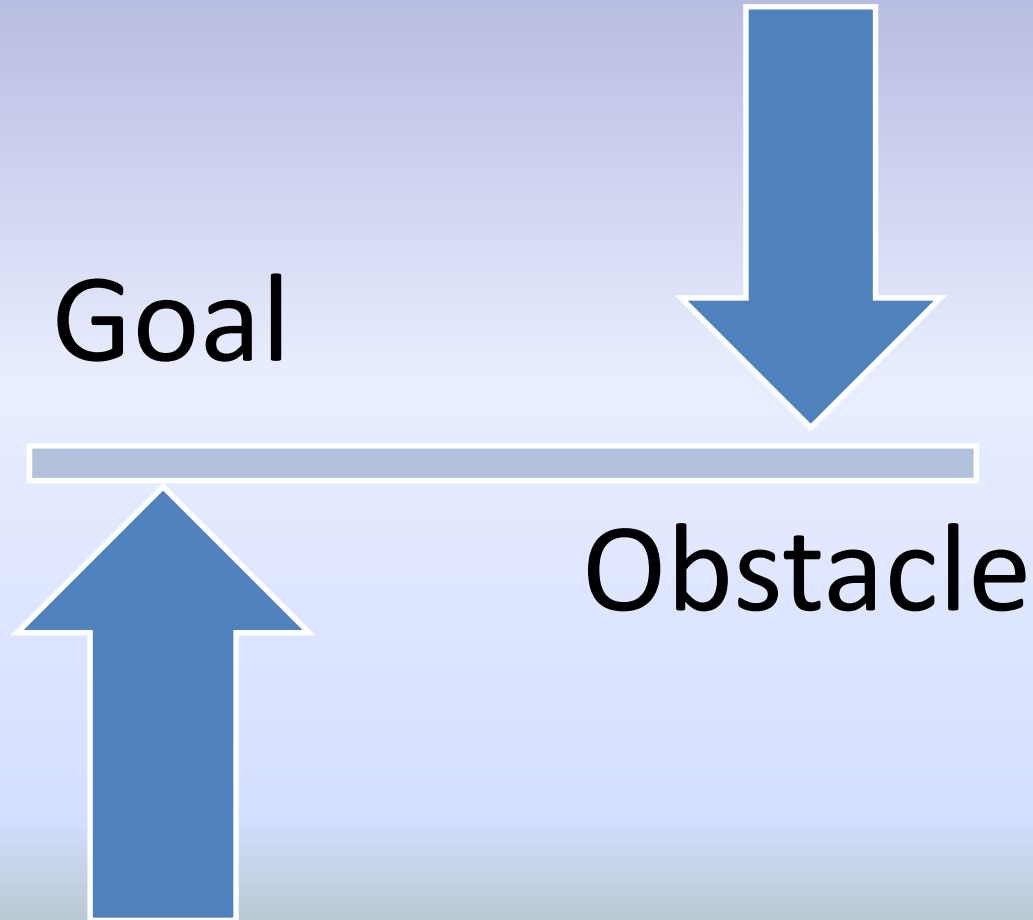
On one  
hand  
Goal



Behavior

On the other  
hand

# Find the Obstacle



# Obstacles

## Ambivalence or...?

- Wants to please or hold onto a mate
- Reassurance about ability to get pregnant/fertility

# Obstacles

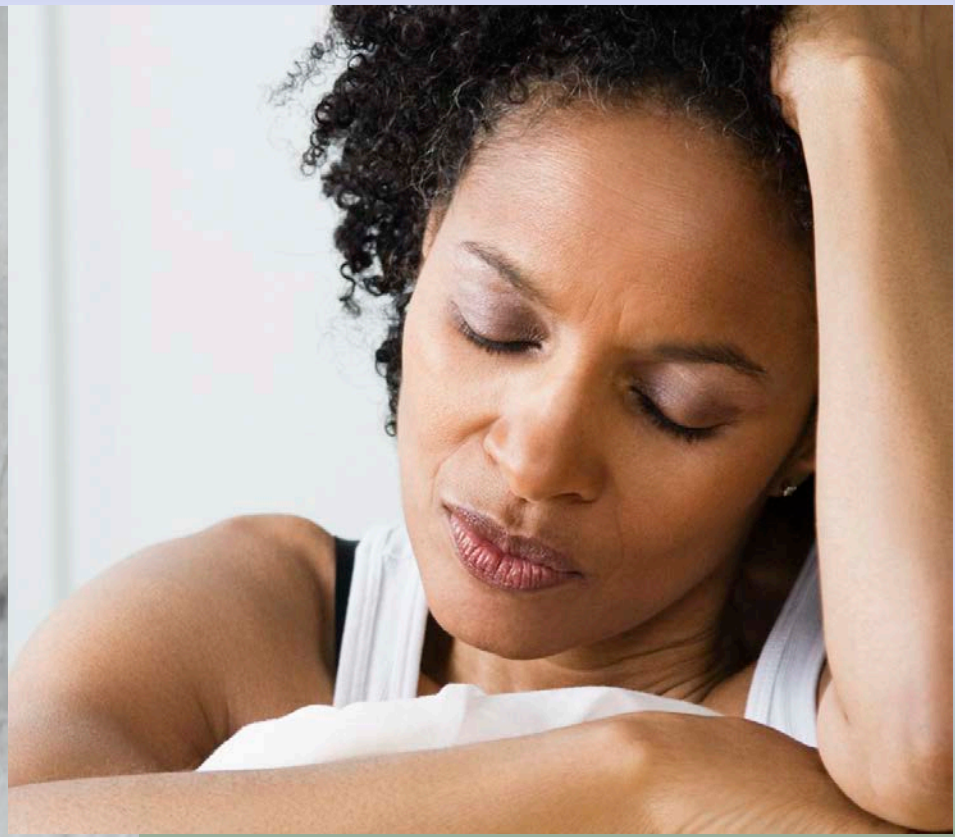
- All contraceptive methods have potential side effects
- Fear of negative health effects
- Perception of risk is not fully rational and is based on past life experience---ask



# Obstacles

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

# Depression



# Reproductive Coercion

Behavior intended to maintain power and control in a relationship related to reproductive health by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent.

# Reproductive Coercion

Explicit attempts to:

- Impregnate a partner against their will
- control outcomes of a pregnancy
- coerce a partner to have unprotected sex
- interfere with contraceptive methods.

# 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