EOCCO Effective Contraceptive Use June 19th 2018

Patty Cason MS, FNP-BC

UCLA School of Nursing

Envision SRH

patty@envisionsrh.com

Disclosures

- Advisory Board/Consultant

Cooper Surgical, Teva, Merck, ContraMed

- Trainer/speaker

Merck, Medicines 360, Teva, ContraMed

Objectives

- Discuss the reproductive health care needs and best practices for adolescents
- Display patient-centered contraception counseling skills
- Identify strategies to foster patient-centered effective contraceptive use

Prepare for Role Play

- Choose a *real person* to role play – someone whom **you know well**
  - It could be you yourself, a friend, a relative, an acquaintance, or a child of one of your friends.
- Pick someone who:
  - doesn't want to have a child any time soon and is having sex with someone who could get them pregnant

Role Play
You should know:

- What is important to them in their life
- About their values
- What they do for work or school
- Their age
- Have they ever been pregnant, do they have children

Successes and Challenges

- Applying ECU measure in general
- Applying ECU measure in adolescents
- Champions?


Adolescents

Abstinence-Only Sexuality Education

- Abstinence intentions often fail, as abstinence is not maintained.

- Abstinence-only programs are not effective in delaying initiation of sexual intercourse

(Journal of Adolescent Health 2017)

Abstinence-Only Sexuality Education

- Comprehensive sexuality education programs have been shown to successfully delay initiation of sexual intercourse and reduce sexual risk behaviors

(Journal of Adolescent Health 2017)

Abstinence-Only Sexuality Education

Adolescents who received abstinence-only education:

- had less favorable attitudes toward condom use
- were more likely to have unprotected sex
- are at greater risk of engaging in unprotected sex

(Shepherd, Sly et al. 2017)

Abstinence Pledge

- STD infection rates of “pledgers” does not differ from non-pledgers
- Pledgers are less likely than others to use condoms at sexual debut
- Virginity pledges are not an optimal approach to preventing STD acquisition among young adults

(Bruckner, Bearman 2005)

American Academy of Pediatrics (AAP)

- Existing data suggest that, over time, perfect adherence to abstinence is low (ie, many adolescents planning on abstinence do not remain abstinent)
- Pediatricians should provide access to comprehensive sexual health information to all adolescents including gay and lesbian adolescents, and those considering initiation of sexual activity

(Ott, Sucato 2014)

Likelihood of Teen Birth

Used contraception at first intercourse?	No	Yes	Likelihood of Teen Birth
By age 17	11%	2%	5 times more likely
By age 18	17%	5%	3 times more likely

(Martinez, Abma 2015)

American Academy of Pediatrics

- Adolescent pregnancy rates peaked in 1990
- From 1990 to the early 2000s, adolescent pregnancy rates declined markedly
- 86% of this decline was attributable to increased consistent contraceptive use

(Ott, Sucato 2014)

Colorado Initiative

- In Colorado, financing and increasing access to LARC for low-income women:
  - 29% reduction in fertility for ages 15-19
  - 34% reduction in abortion for ages 15-19
- Providing **access** to IUDs and implants in **youth-friendly, confidential settings** is one of the most effective ways to ↓ adolescents' risk of unintended pregnancies

(Ricketts, Klingler et al. 2014)

Colorado Initiative

- Counties with the intervention had lower rates of pre-term birth (PTB)
- This is reflected at a state level
  - 12% decrease in the percentage of preterm birth PTB from 2008 to 2012

(Goldthwaite, Duca et al. 2015)

Policy Statements AAP

- Counseling includes initiating contraception, supporting adherence to the contraceptive method, managing adverse effects, and providing periodic screening for STIs

- IUDs and implants are first line options for teens

(Ott, Sucato 2014)

Self Assessment

- How comfortable are you talking to adolescents?

- What are your feelings/beliefs about adolescent sexuality?

Barriers to Care

- Providers may feel uncomfortable discussing sexual health with adolescents
- Yet, studies have shown that adolescents want to discuss sexual health, and birth control with their clinician.
- Only 3% of adolescents bring up a sensitive subject on their own if the provider did not do so

Checking Our Biases

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

Self Reflection

- Are you able to assess what is going on within yourself as well as within the patient?

- Are you able to separate your own values in order to treat your patient?

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

Barriers to Care

- Adolescents are particularly sensitive to judgmental, or overbearing attitudes and behaviors on the part of adults
- Adolescents have a fear of being scolded, put down, or demeaned
- Fear of being embarrassed is frequently reported

Barriers can cause adolescents to:

- Not come in for care
- Leave the clinic before they get care they need
- Withhold information
- Fail to adhere to prescribed contraceptives
- Decline needed services or avoid certain contraceptives based on mistrust
- Refuse or forget follow-up care

Teens

Regardless of their age or state law, clients of clinics that receive funding through Title X of the Public Health Service Act have federally guaranteed confidentiality for contraceptive services.

Adolescent Best Practices Confidentiality

- Let the adolescent know that the conversation is confidential

- Information shared with a provider or staff will be private

Confidentiality "Universal" Clinic Policy

Let the adolescent and parent know the policy **prior to asking for one on one time** without the parent in the room

- Explain the policy to any parent or partner at the start of the visit.
- Reproductive coercion is a type of intimate partner violence

Sexual Minority Youth

Many sexual minority youth (gay, lesbian, and bisexual) fear that disclosing their sexual orientation would provoke judgment and discrimination from providers and staff

Adolescent Best Practices
IDEAL = **DUAL USE**

- Advise all teens to use dual protection
- Condoms or dental dams “every time”

Adolescent Best Practices

- ***Don't*** require a pelvic exam before prescribing contraception
- First pap at 21 years of age
- The *only* time a pelvic exam is necessary in an asymptomatic teen is as the first step in having an IUD placed

Adolescent Best Practices

Be sure to let her know she will not need a pelvic exam!

Provide **More Than One Cycle** Of Birth Control

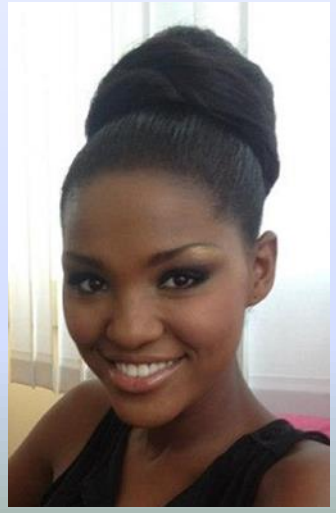
- Increases contraceptive continuation
  - –3 month supply 35% vs. 7 months= 51%
    Dispensing a 1-year supply:
    - 30% reduction in odds of unplanned pregnancy
    - 46% reduction in odds of an abortion

Greatest effect: teens < 18 years old

Betsy 17 Year Old G_0

- While having her copper IUC placed, Betsy says, “Is this going to take much longer? I really need to go to the bathroom”

- What’s going on here?



Betsy 17 Year Old G_0

- She recalls after the fact that she had a fainting spell after her HPV immunization
- She had told her PCP about this problem…heart auscultation and an ECG were normal

How to Prevent Fainting from a Vasovagal Reaction

- AKA “Fainting at the Sight of Blood” is the most common benign cause of fainting
- **Very common** in adolescents
- ANTICIPATORY GUIDANCE for all adolescents

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**

Access for Teens

- Dedicated teen clinic
- Peer educators
- After school hours
- Insure confidentiality
- Transportation vouchers
- Pharmacist prescribing

Patient-Centered Questions

One Key Question

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

Designed for **ALL**

- Teens
- Older women
- Any gender
- Any sexual orientation
- Does not stigmatize those struggling with infertility

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 can offer

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 women using this method of contraception get pregnant…

Best Question

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

NOT

"Do you have a sense of what is ~~not~~ important to you in your birth control 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

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

Limit the Amount of Information

- Humans integrate ≤ 3 pieces of information at a time
- More information = less retention
- Address specific needs and knowledge gaps
- Ask a follow up question after each piece of information
- Whenever possible give information that is in response to questions

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?

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 or support

"Yes! …. and…" Instead of "No" or "But"

Ways to say “yes”

START with either:

1. Display of empathy
2. Validation
3. Agreement

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."

(Dehlendorf, Henderson et al. 2016)

“Small Talk”

Ask her about school, sports or her kids

- “It sounds like you are incredibly busy with all that you have on your plate with ballet and school”
- “Working and taking care of a little one must make it challenging to schedule a visit for your depo shot”

Point Out Positives

- A good question
- Condom use
- Correct use of a method
- Exercise, diet improvement
- Mature choices

Positive Feedback is particularly important for teens

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.”

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?"

Paraphrase

- “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?”

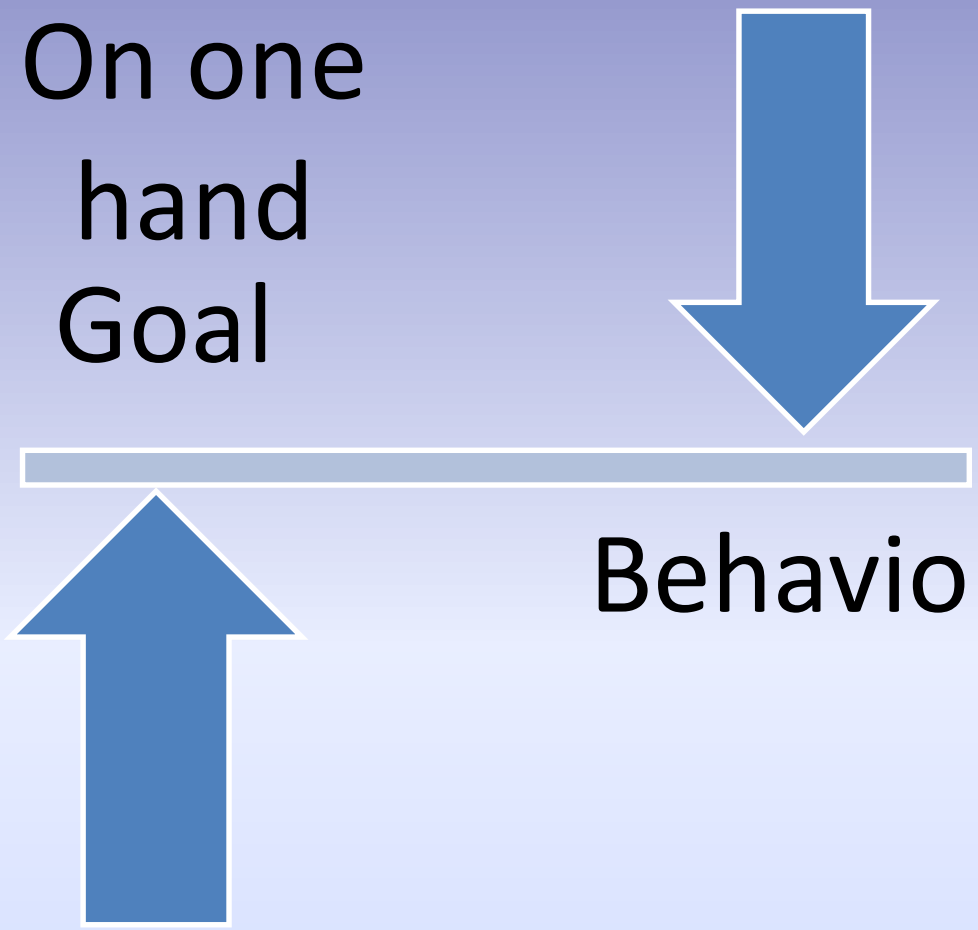
Paraphrase

- “Many of my patients say that they…is that what you mean?”
- “So you feel pretty strong about… Is that accurate?”

Obstacles

On one hand

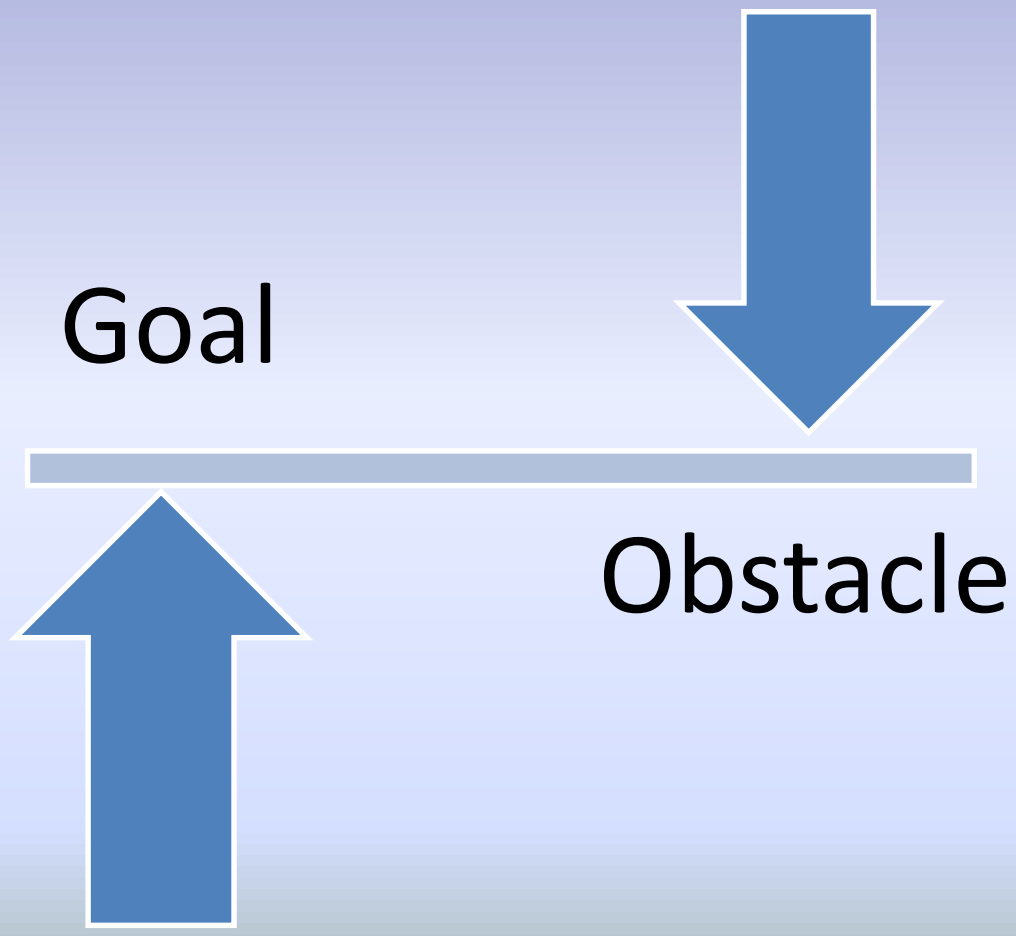
Goal



Behavior

On the other hand

Find the Obstacle



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

Obstacles

Ambivalence or…?

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

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

Role Play

- Choose a *real person* to role play – someone whom **you know well**
  - It could be you yourself, a friend, a relative, an acquaintance, or a child of one of your friends.
- Pick someone who:
  - doesn't want to have a child any time soon and is having sex with someone who could get them pregnant

Role Play
You should know:

- What is important to them in their life
- About their values
- What they do for work or school
- Their approximate age
- Have they ever been pregnant, do they have kids, have they had any abortions or miscarriages

Role Play 2
Contraception Questions

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

1. How would that be for you?
2. Has that ever happened before?
3. How did you (or how would you) manage it?

Role Play 2

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

Language to Describe Implants & IUDs

- Avoid the term LARC
- Avoid the words, “long-acting”
- The most effective methods

"If a woman switches from the pill to an IUD her chance of unintended pregnancy is reduced from 70 in 1000 to <2 in 1000"

Not %

"If 100 women have unprotected sex for a year, 85 of them will get pregnant as opposed to none or maybe one out of 100 using an implant or an IUD"

Not:

"<1 % failure"

Family Planning Guidelines

U.S. Medical Eligibility for Contraceptive Use

U.S. Selected Practice Recommendations

Providing Quality Family Planning Services: Recommendations of the CDC and U.S. OPA

UTILIZE NATIONAL GUIDELINES

Find the APP

- ✓Play store on android
- ✓App store on iPhone
  - ✓Go to search field
    - ✓Type in: Contraception CDC

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

http://www.cdc.gov/mmwr/pdf/rr/rr5904.pdf

U.S. Selected Practice Recommendations

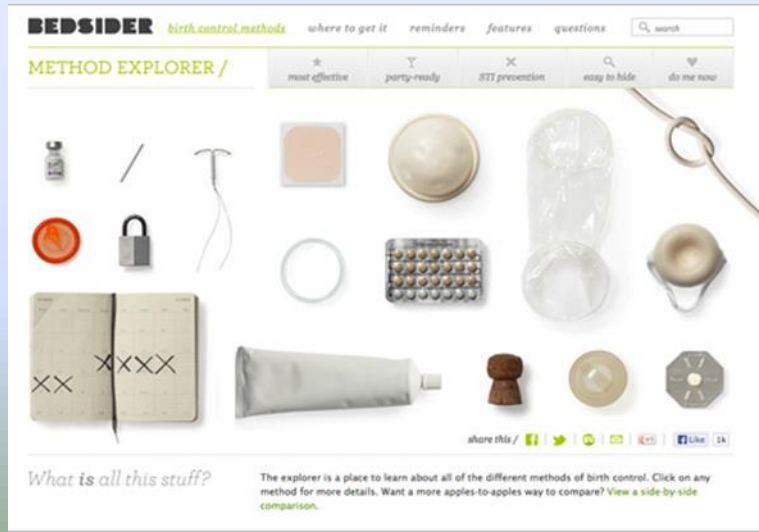
Provides recommendations on optimal use of contraceptive methods for persons of all ages, including adolescents.

Patient Education Resource

Resource

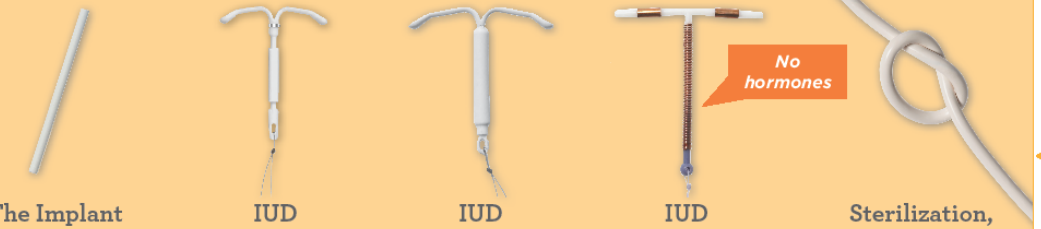
http://bedsider.org/

- "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?

Really, really well



	The Implant (Nexplanon)	IUD (Skyla)	IUD (Mirena)	IUD (ParaGard)	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
For each of these methods to work, you or your partner have to use it every single time you have sex.				

What is your chance of getting pregnant?

Less than 1 in 100 women

6-9 in 100 women, depending on method

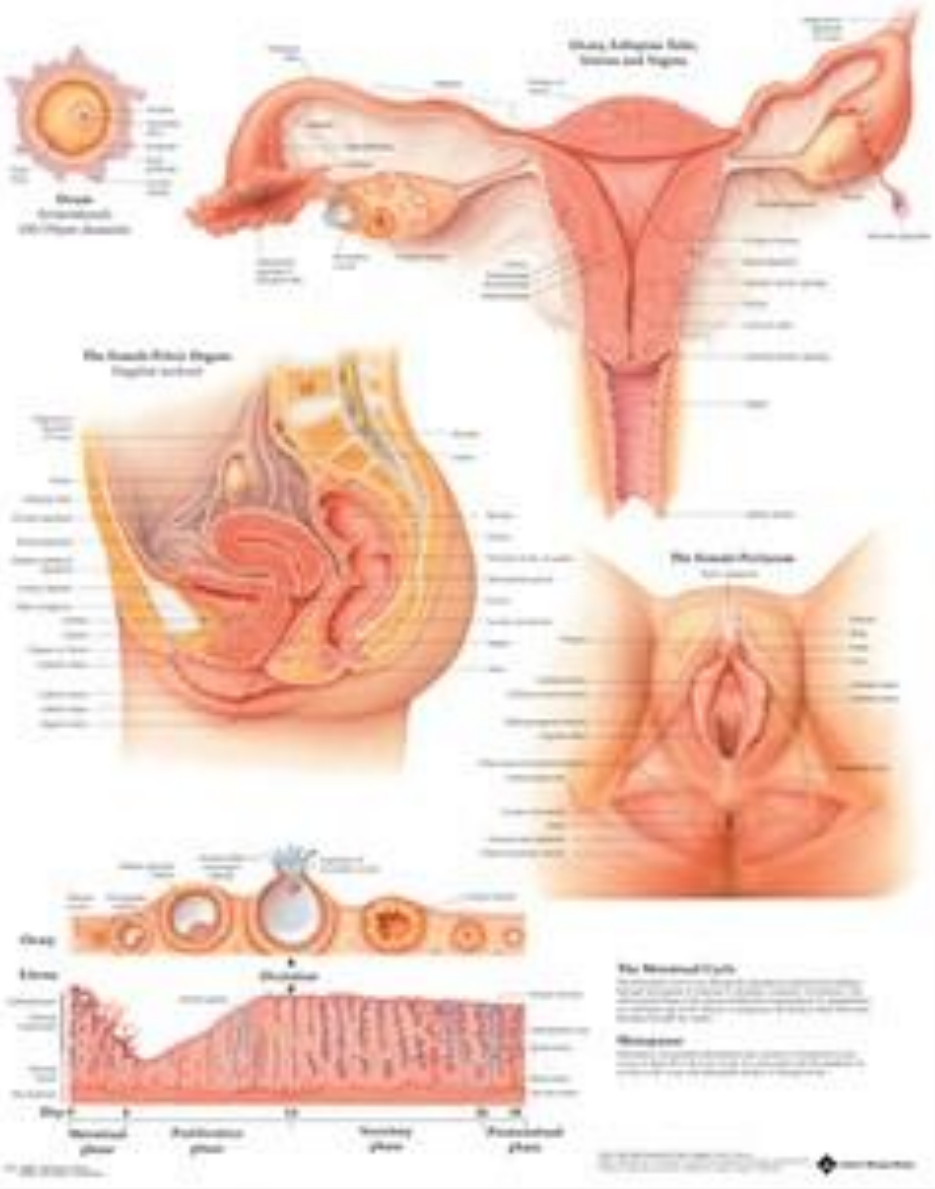
12-24 in 100 women, depending on method

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

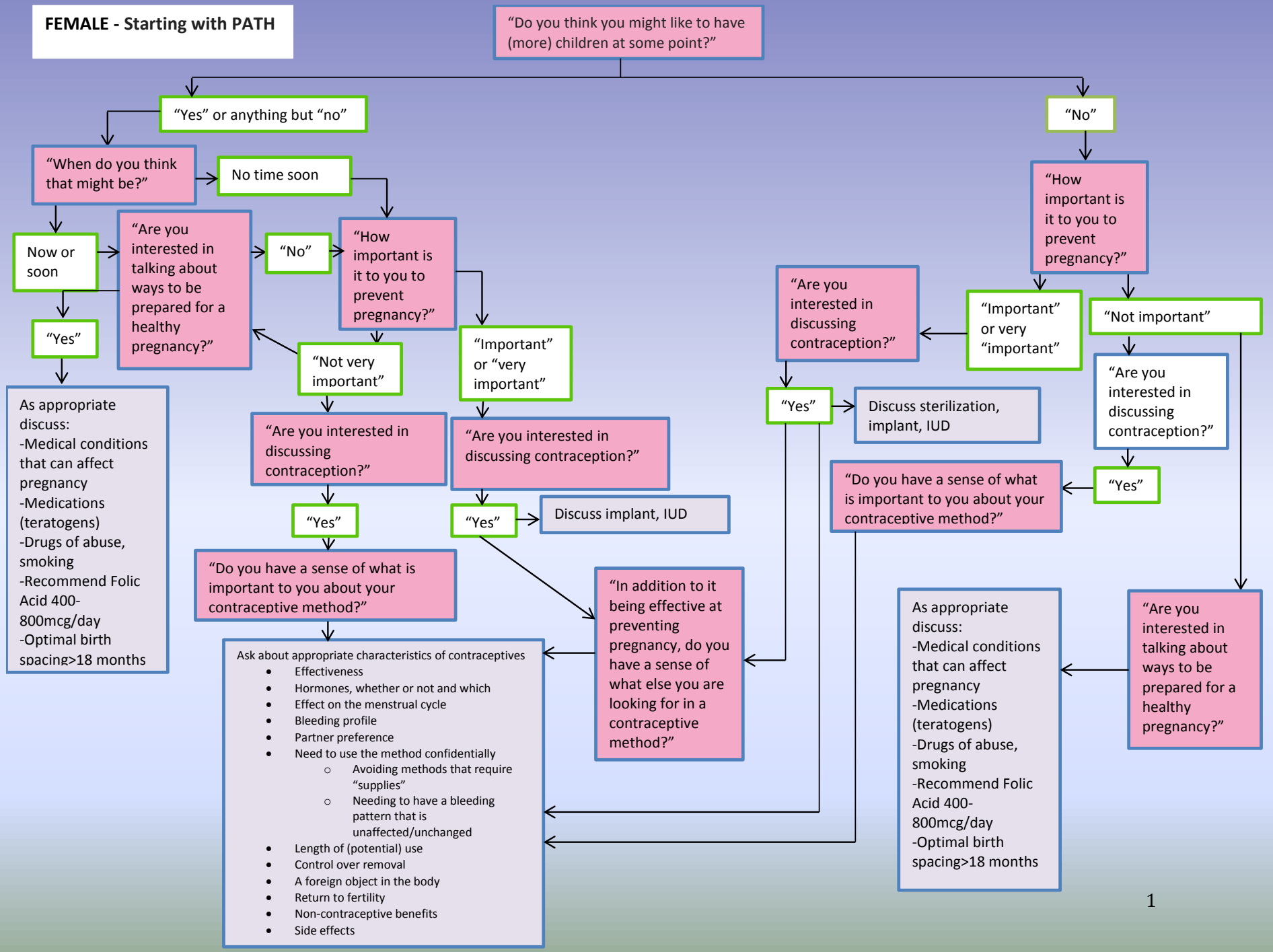
BEDSIDER
Bedsider.org

Bixby Center for Global Reproductive Health

THE FEMALE REPRODUCTIVE SYSTEM



WORKFLOW EXAMPLE


FEMALE - Starting with PATH
"Do you think you might like to have (more) children at some point?"
"Yes" or anything but "no"
"No"
"When do you think that might be?"
No time soon
Now or soon
"Are you interested in talking about ways to be prepared for a healthy pregnancy?"
"No"
"How important is it to you to prevent pregnancy?"
"Yes"
As appropriate discuss:
-Medical conditions that can affect pregnancy
-Medications (teratogens)
-Drugs of abuse, smoking
-Recommend Folic Acid 400-800mcg/day
-Optimal birth spacing>18 months
"Not very important"
"Important" or "very important"
"Are you interested in discussing contraception?"
"Are you interested in discussing contraception?"
"Yes"
"Yes"
Discuss implant, IUD
"Do you have a sense of what is important to you about your contraceptive method?"
Ask about appropriate characteristics of contraceptives
Effectiveness
Hormones, whether or not and which
Effect on the menstrual cycle
Bleeding profile
Partner preference
Need to use the method confidentially
Avoiding methods that require "supplies"
Needing to have a bleeding pattern that is unaffected/unchanged
Length of (potential) use
Control over removal
A foreign object in the body
Return to fertility
Non-contraceptive benefits
Side effects
"In addition to it being effective at preventing pregnancy, do you have a sense of what else you are looking for in a contraceptive method?"
"How important is it to you to prevent pregnancy?"
"Important" or very "important"
"Not important"
"Are you interested in discussing contraception?"
"Are you interested in discussing contraception?"
"Yes"
Discuss sterilization, implant, IUD
"Yes"
"Do you have a sense of what is important to you about your contraceptive method?"
As appropriate discuss:
-Medical conditions that can affect pregnancy
-Medications (teratogens)
-Drugs of abuse, smoking
-Recommend Folic Acid 400-800mcg/day
-Optimal birth spacing>18 months
"Are you interested in talking about ways to be prepared for a healthy pregnancy?"

JOB AID EXAMPLES

Exclusions

Women who are not at risk of unintended pregnancy due to:

1. Hysterectomy **Z90.710** (Acquired absence of both cervix and uterus)
2. bilateral oophorectomy **Z90.722** (Acquired absence of ovaries, bilateral)
3. natural menopause **N95.1** (Menopausal and female climacteric states)
4. premature menopause **E28.319** (Asymptomatic premature menopause) (Symptomatic premature menopause)
5. currently pregnant **Z34.90**
6. pregnant during the measurement year

Not excluded:

1. women whose partner has had a vasectomy
2. women who are not currently sexually active
3. women who are actively trying to become pregnant
4. women who do not have sex with men

Surveillance codes

Tubal ligation **Z98.51**
Implant **Z30.46**
IUD **Z30.431**
Depo Provera (injection) **Z30.42** plus **96372** and **J1050** each time there is an injection
Birth control pills **Z30.41**
Contraceptive Ring **Z30.44**
Contraceptive Patch **Z30.45**
Diaphragm **Z30.49**

Questions to Use for Effective Contraception Use

PATH Questions

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

"When do you think that might be?"

"How important is it to you to prevent pregnancy (until then)?"

One Key Question

"Would you like to become pregnant in the next year?"

Questions…

"Are you interested in discussing ways to be prepared for a healthy pregnancy?"

"I notice there is no birth control method in your medication list. Are you using contraception and getting it from another provider?"

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

Initiation codes

Implant placement **Z30.017** plus **11981** and **J3707**
IUD counseling visit: **Z30.014**
IUD placement **Z30.430** plus device codes: ParaGard = **J7300** Liletta = **J7297** Mirena **= J7298**
Kyleena = **J7296** Skyla = **J7301**
Depo Provera (injection) **Z30.013** plus **96372** and **J1050**
Birth control pills **Z30.011**
Contraceptive Ring **Z30.015**
Contraceptive Patch **Z30.016**
Diaphragm plus **Z30.018** plus **A4266** for the device

Removal codes
Implant removal **Z30.46** plus **11981** removal + reinsertion: **Z30.46** plus **11983** plus **J3707**
IUD removal **Z30.432** plus **58301** removal + reinsertion**: Z30.433** plus J code and **58301 and 58300**
(and *modifier **-51** or **-59***)

Coding Support for Implants and IUDs

- ACOG Webinar and handbook

https://live.blueskybroadcast.com/bsb/client/CL_DEFAULT.asp?Client=490885&PCAT=2791&CAT=10361

- Beyond the Pill Reimbursement Guide

http://larcprogram.ucsf.edu/

- Beyond the Pill LARC Quick Coding Guide

http://beyondthepill.ucsf.edu/sites/beyondthepill.ucsf.edu/files/LARC%20Quick%20Coding%20Guide%20Supplement_6.29.17.pdf

American Academy of Pediatrics (AAP)

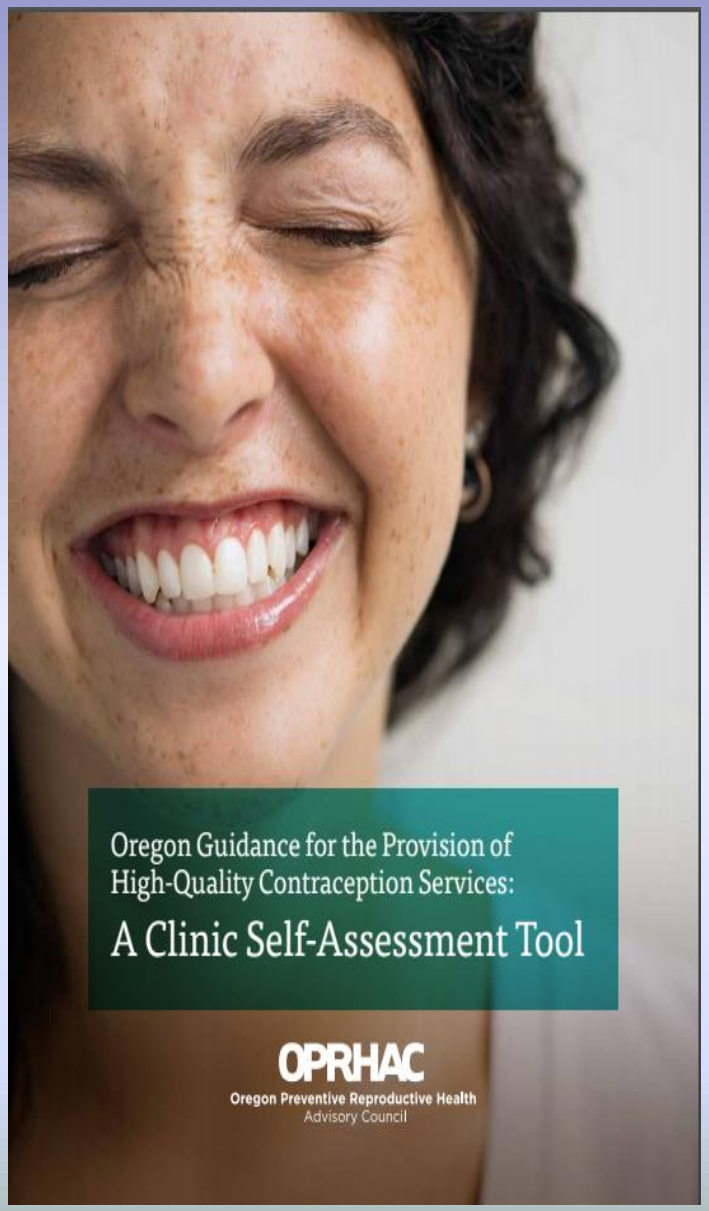
Receiving comprehensive and reproductive health counseling regularly is a necessity for teens

- Condom Use by Adolescents- Policy Statement from the Committee on Adolescence
- Contraception for Adolescents- Technical report from the Committee on Adolescence
- Emergency Contraception- Policy Statement from the Committee on Adolescence
- Sexuality, Contraception, and the Media- Policy Statement from the Council on Communications and Media
- Contraception for HIV-Infected Adolescents- AAP clinical report from the Committee on Pediatric AIDS

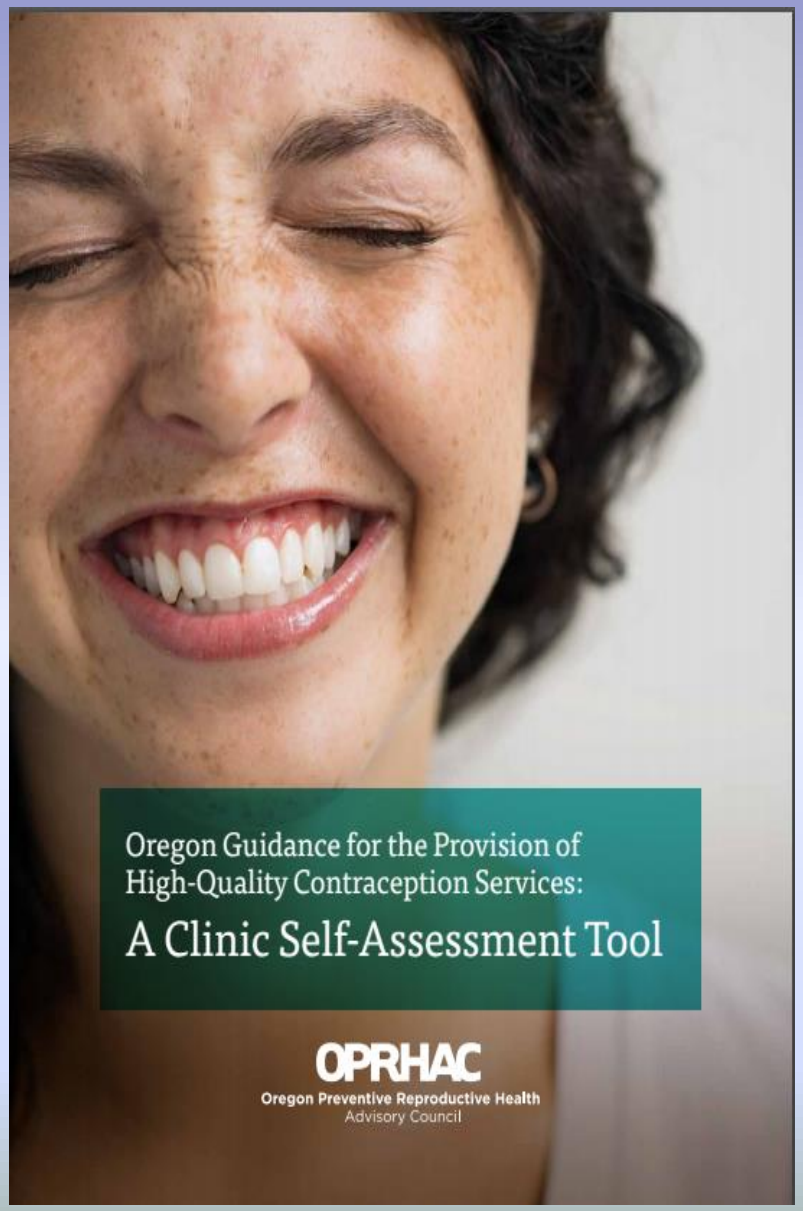
Oregon Guidance for the Provision of High-Quality Contraception Services: A Clinic Self-Assessment Tool

OPRHAC

Oregon Preventive Reproductive Health Advisory Council



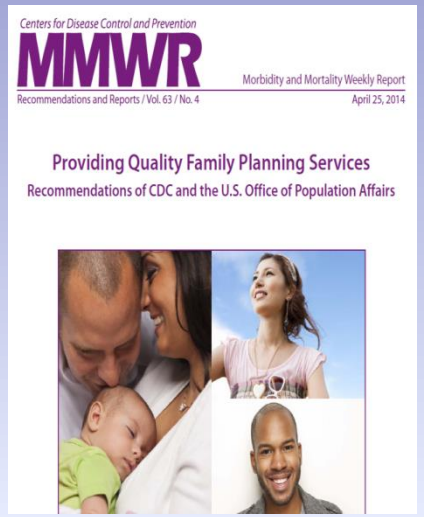
Introducing a new tool to support clinics in providing high-quality contraception care



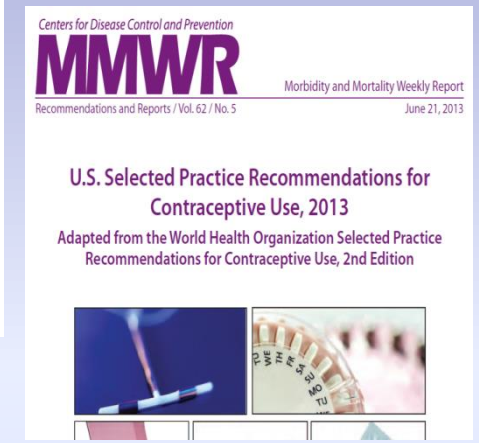
Goals:

1. Help clinics assess their contraception care and find areas for quality improvement
2. Promote national standards for contraception care
3. Support clinics in working to meet the ECU metric

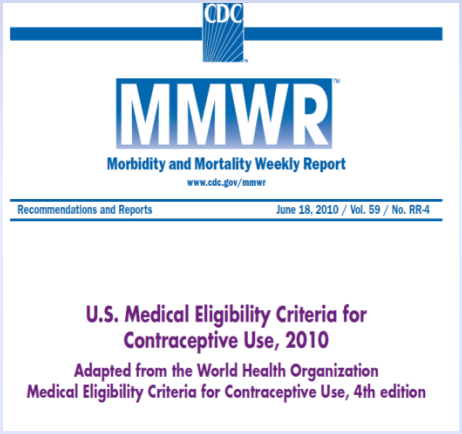
Where do the standards come from?



QFP: Guide to family planning, infertility, STIs



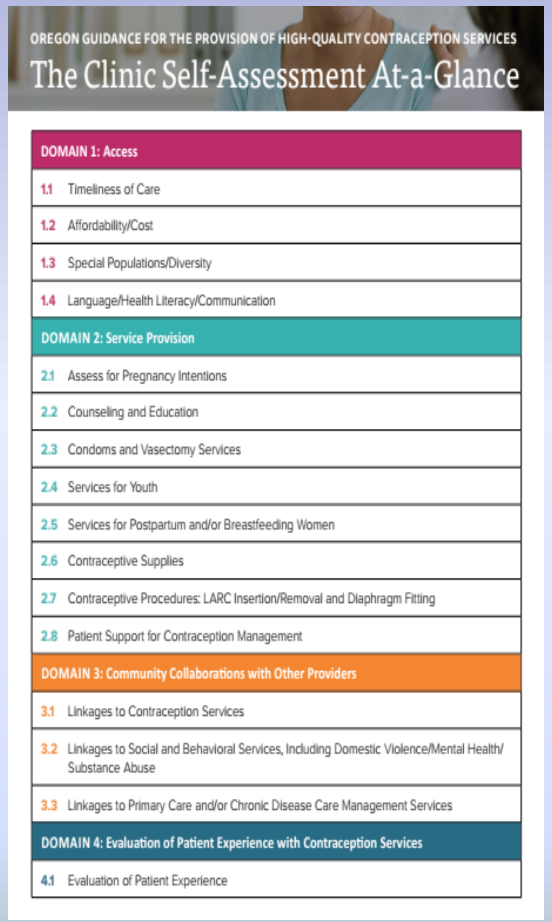
SPR: Management issues around initiation and use of contraception



MEC: Guidance on safety of each method with various health conditions

http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf
http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USSPR.htm
http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USMEC.htm

What does it cover?



OREGON GUIDANCE FOR THE PROVISION OF HIGH-QUALITY CONTRACEPTION SERVICES

The Clinic Self-Assessment At-a-Glance

DOMAIN 1: Access	
1.1	Timeliness of Care
1.2	Affordability/Cost
1.3	Special Populations/Diversity
1.4	Language/Health Literacy/Communication
DOMAIN 2: Service Provision	
2.1	Assess for Pregnancy Intentions
2.2	Counseling and Education
2.3	Condoms and Vasectomy Services
2.4	Services for Youth
2.5	Services for Postpartum and/or Breastfeeding Women
2.6	Contraceptive Supplies
2.7	Contraceptive Procedures: LARC Insertion/Removal and Diaphragm Fitting
2.8	Patient Support for Contraception Management
DOMAIN 3: Community Collaborations with Other Providers	
3.1	Linkages to Contraception Services
3.2	Linkages to Social and Behavioral Services, Including Domestic Violence/Mental Health/ Substance Abuse
3.3	Linkages to Primary Care and/or Chronic Disease Care Management Services
DOMAIN 4: Evaluation of Patient Experience with Contraception Services	
4.1	Evaluation of Patient Experience

Sections on:

- Access
- Service provision
- Community collaborations with other providers
- Evaluation of Patient experience with contraception services

Examples

DOMAIN 1 Access

1.1 Timeliness of Care

Learn more about 1.1

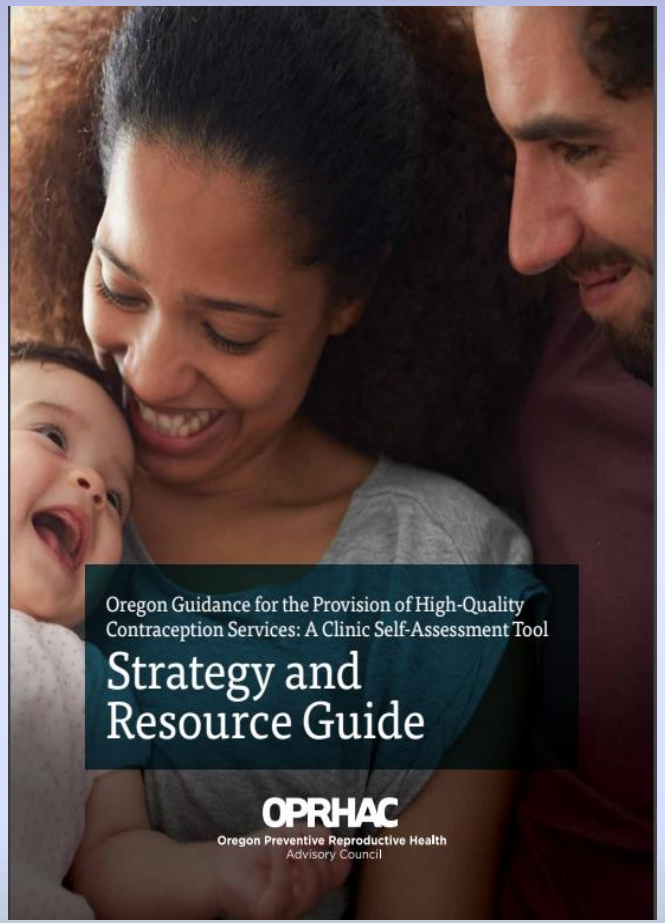
Measure	Which option describes your clinic?	Circle # for your answer
a. Clinicians provide contraception, including single-day LARC insertions, without requiring routine pelvic exams, cervical cancer screenings and STI results before offering contraception.	Clinicians do not provide contraception without requiring routine pelvic exams, cervical cancer screenings and STI results before offering contraception.	0
	All clinicians provide contraception without requiring routine pelvic exams, cervical cancer screenings, and STI results some of the time OR some of the clinicians provide contraception without requiring routine pelvic exams, cervical cancer screenings, and STI results all of the time.	1
	All clinicians routinely provide contraception without requiring routine pelvic exams, cervical cancer screenings and STI results before offering contraception.	2
b. Clinicians follow "quick start" protocols for initiation of hormonal contraception.	Clinicians do not follow "quick start" protocols for initiation of hormonal contraception.	0
	All clinicians follow "quick start" protocols some of the time OR some of the clinicians follow "quick start" protocols all of the time.	1
	All clinicians routinely follow "quick start" protocols for initiation of hormonal contraception.	2
c. Clinic scheduling staff assess for urgency of need regarding contraception visits.	Scheduling staff do not assess for urgency of need.	0
	All scheduling staff assess for urgency of need some of the time OR some scheduling staff assess for urgency of need all of the time.	1
	All scheduling staff routinely assess for urgency of need regarding contraception visits.	2

2.7 Contraceptive Procedures: LARC Insertion/Removal and Diaphragm Fitting

Learn more about 2.7

Measure	Which option describes your clinic?	Circle # for your answer
a. Clinic offers IUD insertions/removals.	IUD insertions/removals are not offered on-site.	0
	Clinic offers on-site, routine IUD insertions/removals, including for women who are nulliparous, adolescents, or who have yet to engage in sexual activity.	1
	Clinic is able to manage both routine and complicated IUD insertions and removals on-site.	2
b. Clinic offers implant insertions/removals.	Implant insertions/removals are not offered on-site.	0
	Clinic offers on-site, routine implant insertions/removals.	1
	Clinic is able to manage both routine and complicated implant insertions and removals on-site.	2
c. Clinic offers timely access to LARCs.	Clinic access to LARCs is limited (e.g., clinician available only one to two days per month).	0
	Clinic is able to accommodate single-visit provision of LARCs within a reasonable appointment window (e.g., two weeks).	1
d. Clinic offers diaphragm fittings.	Clinic does not offer diaphragm fittings on-site.	0
	Clinic offers diaphragm fittings on-site.	1
	Component 2.7: TOTAL SCORE	

Where does a clinic get help or more information?



- Strategy and Resource guide mirrors the tool format with the same domains and components
- For each one, there are a list of strategies and articles or websites to use

Where do I find the Tool and the Strategy and Resource Guide (SRG)?

https://public.health.oregon.gov/HealthyPeopleFamilies/ReproductiveSexualHealth/Pages/Quality-Improvement.aspx

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