

(PBL) Navigating the Complexities of Contraceptive Care

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The logo consists of the letters "FMX" in a bold, white, sans-serif font. To the left of the text is a horizontal bar with a repeating pattern of orange and white diagonal stripes.

Angeline Ti, MD, MPH

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Dr. Ti earned her Master of Public Health from Johns Hopkins Bloomberg School of Public Health, and is a graduate of the University of Michigan Medical School in Ann Arbor, Michigan. She completed her residency in Family and Community Medicine and a fellowship in Family Planning at the University of California, San Francisco, conducting research on the family planning values and preferences of incarcerated girls. Dr. Ti also completed a 2-year research position in the Division of Reproductive Health at the Centers for Disease Control and Prevention (CDC), working on the CDC contraception guidance. She is now faculty in the Division of Family Planning, and is the medical director of the Title X clinic at Grady Memorial Hospital. She currently provides primary care, transgender care, and family planning care. She also serves on the Georgia AFP Public Health Committee and the Georgia Department of Public Health Maternal Mortality Review Committee Action Committee.

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Santina Wheat, MD, MPH, FAAFP

Assistant Professor, Department of Family and Community Medicine, Northwestern University Feinberg School of Medicine, Chicago, Illinois; Program Director, Northwestern McGaw Family Medicine Residency at Humboldt Park, Chicago, Illinois; Physician, Erie Family Health Centers, Chicago, Illinois

Dr. Wheat earned her medical degree from the University of Illinois College of Medicine at Chicago, and she earned her Master of Public Health (MPH) degree at the University of Illinois at Chicago School of Public Health. She completed a residency in family medicine at Northwestern McGaw Family Medicine Residency at Humboldt Park in Chicago, Illinois. Dr. Wheat has a strong interest in reproductive health and social determinants of health, and she works with a largely Spanish-speaking patient population at a federally qualified health center (FQHC) in Chicago. She provides full primary care to patients living with HIV/AIDS and hepatitis C. Dr. Wheat is the program director for the Northwestern McGaw Family Medicine Residency. She runs an outpatient procedure clinic with the residents in her program and is part of the maternity care team.



Learning Objectives

1. Practice applying new knowledge and skills gained from Navigating the Complexities of Contraceptive Care sessions, through collaborative learning with peers and expert faculty.
2. Identify strategies that foster optimal management of contraceptive care, within the context of professional practice.
3. Formulate an action plan to implement practice changes, aimed at improving patient care.



Associated Sessions

- Navigating the Complexities of Contraceptive Care

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Screening for pregnancy intention

- One Key Question □
- Intention-oriented vs service-oriented
 - “Do you want to get pregnant soon?”
 - “Can we help you today with birth control or pregnancy planning?”

“Power to Decide, One Key Question”: <https://powertodecide.org/one-key-question>

Shah SD, et al. *Feasibility study of family planning services screening as clinical decision support at an urban Federally Qualified Health Center network*. Contraception. 2019 Jan; 99(1):27-31.

Let's practice!

- Provider: You are seeing a new patient for an annual exam.
 - Screen your patient for pregnancy intention
- Patient: You are a 32 year old G2P2 with no significant past medical history

Let's practice!

- Provider: You are seeing a patient for a routine follow-up visit to discuss diabetes.
 - Screen your patient for pregnancy intention and briefly discuss contraception or pre-pregnancy planning
- Patient: You are a 38 year old G0 with diabetes. Your recent HgA1c was 9.5.

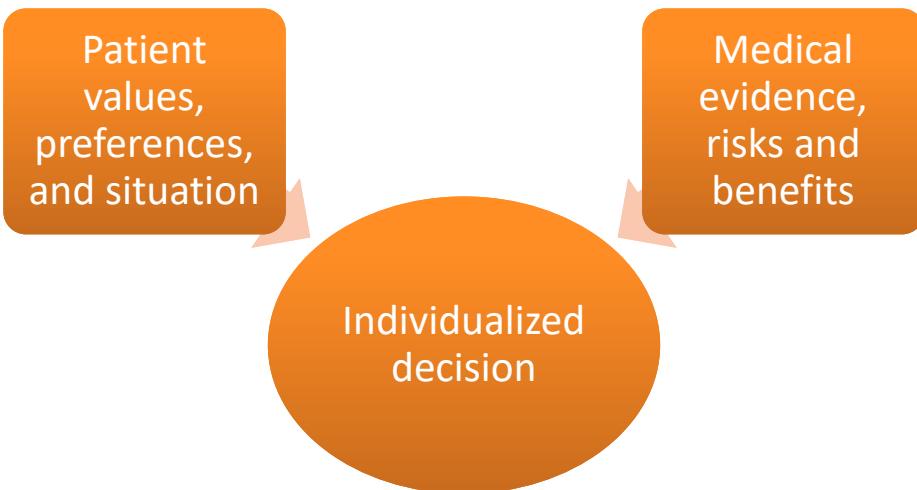
Let's practice!

- Provider: You are seeing a patient for an urgent care visit visit
 - Screen your patient for pregnancy intention and discuss pregnancy risk
- Patient: You are a 26 year old G1P0 with symptoms of a urinary tract infection.

Debrief

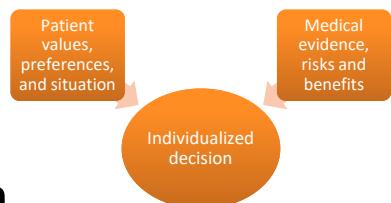
- What worked? What didn't work?
- Any “ah ha” moments?
- How can this work in your practice?

Shared decision-making

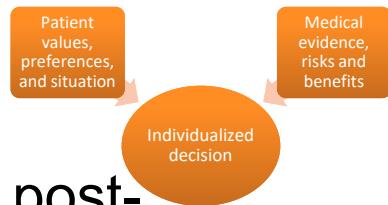


Let's practice!

- 19 year old G1P1 interested in contraception.
 - Elicit patient preferences and needs
 - Personalize counseling on methods related to patient preferences
 - Interactively establish a plan

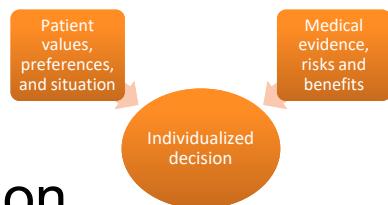


Let's practice!



- 28 year old G0 who is 4 weeks post-bariatric surgery. Hopes that weight loss will help her fertility and desires pregnancy ASAP.
 - Elicit patient preferences
 - Personalize counseling on risks and benefits
 - Interactively establish a plan

Let's practice!



- 37 year old P3 with hypertension. Blood pressure today 145/85. Wants to restart combined oral contraceptives (COCs) (MEC 3).
 - Elicit patient preferences
 - Personalize counseling on risks and benefits
 - Interactively establish a plan

Debrief

- What worked? What didn't work?
- Any “ah ha” moments?
- How can this work in your practice?

US MEC

Summary Chart of U.S. Medical Eligibility Criteria

Condition	Sub-Condition	Co-HD	LNG-IUD	Implant	DMPA	POP	CIC
Age				Menarche to <20 yrs	Menarche <20 yrs	Menarche <18 yrs	Menarche <18 yrs <60 yrs
Anatomical anomalies	a) Distorted uterine cavity	4	4				
	b) Other abnormalities	2	2				
Anemias	a) Thalassemia	2	1	1	1	1	1
	b) Sickle cell disease*	2	1	1	1	1	2
	c) Iron-deficiency anemia	2	1	1	1	1	1
Breast cancer	a) Undiagnosed mass	1	1	1	1	1	1
Breast disease	b) Benign breast disease	1	1	1	1	1	1
	c) Family history of cancer	1	1	1	1	1	1
	d) Breast Cancer†	1	1	1	1	1	1
	e) Current	1	4	4	4	4	4
	f) Previous no evidence of current disease for 5 years	1	3	3	3	3	3
Breastfeeding	a) Uncomplicated			2*	2*	2*	4*
	b) 41 to >50 days postpartum			2*	2*	2*	4*
	c) With other risk factors for VTE			2*	2*	2*	3*
	d) Without other risk factors for VTE			2*	2*	2*	3*
	e) 30-60 days postpartum			1*	1*	1*	3*
	f) With other risk factors for VTE			1*	1*	1*	2*
	g) Without other risk factors for VTE			1*	1*	1*	2*
	i) >42 days postpartum			1*	1*	1*	2*
Cervical cancer	Awaiting treatment	4	2	4	2	2	2
Cervical intraepithelial neoplasia	a) Low grade	1	1	1	1	1	1
Cervical intraepithelial neoplasia	b) High grade	1	2	2	2	2	2
Cervical intraepithelial neoplasia	c) At Mild (compensated)	1	1	1	1	1	1
Cervical intraepithelial neoplasia	d) Severe (decompensated)	1	3	3	3	3	4
Cervical fibrosis*		1*	1*	1*	2*	1*	1*
Ovarian vein thrombosis (OVT)*	a) History of OVT/PE, not receiving anticoagulant therapy	1	2	2	2	2	4
Ovarian vein thrombosis (OVT)*	b) Lower risk for recurrent OVT/PE	1	2	2	2	2	3
Ovarian vein thrombosis (OVT)*	c) Acute OVT/PE	2	2	2	2	2	4
Ovarian vein thrombosis (OVT)*	d) OVT/PE after established anticoagulant therapy for at least 3 months	1	2	2	2	2	4
Ovarian vein thrombosis (OVT)*	e) Higher risk for recurrent OVT/PE	2	2	2	2	2	4*
Ovarian vein thrombosis (OVT)*	f) Lower risk for recurrent OVT/PE	2	2	2	2	2	3*
Ovarian vein thrombosis (OVT)*	g) Family history (first-degree relatives)	3	1	1	1	1	2
Ovarian vein thrombosis (OVT)*	h) Major surgery	1	2	1	1	1	2
Ovarian vein thrombosis (OVT)*	i) With prolonged immobilization	1	1	1	1	1	2
Ovarian vein thrombosis (OVT)*	j) Without prolonged immobilization	1	1	1	1	1	1
Depressive disorders		1	1*	1*	1*	1*	1*

Risk Level							
1 Method can be used without restriction							
2 Advantages generally outweigh theoretical or proven risk							
3 Theoretical or proven risks usually outweigh the advantages							
4 Unacceptable health risk (method not to be used)							

Curtis KM., et al. U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. MMWR Surveill Summ. 2016 Jul;65(3).

Let's practice!

- 24 year old presents requesting COCs. She has lupus that has been uncomplicated without any recent flares and also has migraines without aura that are well controlled with a triptan.
- Do you feel comfortable prescribing COCs?

Assessing risk of multiple conditions

- Migraines without aura and SLE

Headaches		Systemic lupus erythematosus [§]	
		d. None of the above	
Method	Category	Clarification	
		Evidence	Comment
		Init.	Cont.
Cu-IUD	1	>	
LNG-IUD	1	>	
Implants	1	>	
DMPA	1	>	
POP	2*	>	
CHCs	2*	>	

Let's practice!

- 35 year old presents requesting DMPA. She has well-controlled hypertension on a regimen of lisinopril/hydrochlorothiazide and has a partner who is HIV+ and not taking medication
- Do you feel comfortable prescribing DMPA?

Assessing risk of multiple conditions

- Controlled HTN and high risk for HIV

Hypertension§				KEY			
a. Adequately controlled hypertension				High risk for HIV			
Method	Category	Clarification	Evidence	Method	Category	Clarification	Evidence
	Init. Cont.				Init. Cont.		
Cu-IUD	1†		>	Cu-IUD	2	2	>
LNG-IUD	1†		>	LNG-IUD	2	2	>
Implants	1†		>	Implants	1		>
DMPA	2†		>	DMPA	2†		>
POP	1†		>	POP	1		>
CHCs	3†		>	CHCs	1		>

Let's practice!

- 30 year old G0 presents requesting a copper IUD. She has sickle cell anemia and a history of PID 4 years ago.
- Would you feel comfortable placing a copper IUD?

Assessing risk of multiple conditions

- Sickle cell anemia and history of PID

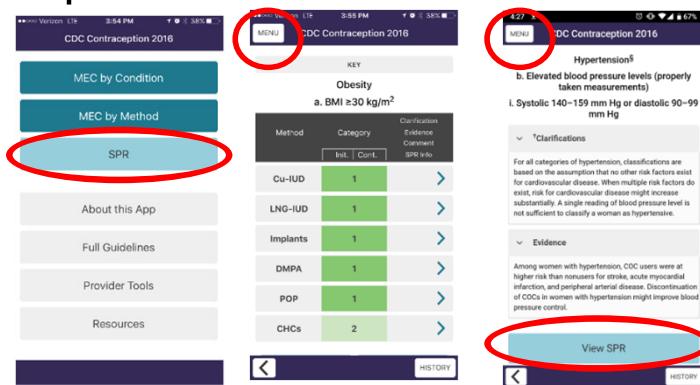
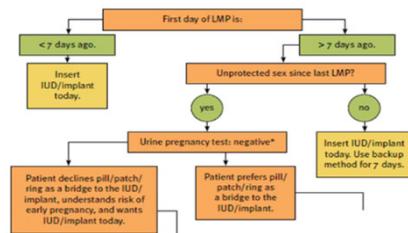
KEY		
Sickle cell disease§		
Method	Category	Classification Evidence Commented SPR Info
Cu-IUD	2	>
LNG-IUD	1	>
Implants	1	>
DMPA	1	>
POP	1	>
CHCs	2	>

Pelvic inflammatory disease		
a. Past PID		
ii. Without subsequent pregnancy		
Method	Category	Classification Evidence Commented SPR Info
Cu-IUD	2	>
LNG-IUD	1	>
Implants	1	>
DMPA	1	>
POP	1	>
CHCs	1	>

Contraceptive management

- Emergency contraception

- Starting methods



Let's practice!

- COCs: LMP 4 days ago, last sex 3 days ago, uses condoms 100% of the time
 - Can you rule out pregnancy?
 - Can method start today?
 - Should you offer EC?
 - If yes, can your patient still start their method today?

Contraceptive management

- COCs: LMP 4 days ago, last sex 3 days ago, uses condoms 100% of the time
 - Can rule out pregnancy
 - May consider effectiveness of condoms
 - Can start method today
 - EC generally not necessary
 - If offer EC, need to wait 5 days to start COCs if using UPA

Let's practice!

- DMPA: LMP 3 weeks ago, last unprotected sex yesterday
 - Can you rule out pregnancy?
 - Can method start today?
 - Should you offer EC?
 - If yes, can your patient still start their method today?

Contraceptive management

- DMPA: LMP 3 weeks ago, last unprotected sex yesterday
 - Cannot rule out pregnancy
 - Can still start method today
 - EC would be a great idea
 - If offer EC, need to wait 5 days to start DMPA if using UPA

Let's practice!

- Cu-IUD: LMP 2 weeks ago, last unprotected sex 4 days ago
 - Can you rule out pregnancy?
 - Can method start today?
 - Should you offer EC?
 - If yes, can your patient still start their method today?

Contraceptive management

- Cu-IUD: LMP 2 weeks ago, last unprotected sex 4 days ago
 - Cannot rule out pregnancy
 - Can still start method today...
 - A Cu-IUD 4 days after unprotected sex is EC!

Some useful resources

- Bedsider: <https://providers.bedsider.org/>
- CDC contraception guidance:
https://www.cdc.gov/reproductivehealth/contraception/contraception_guidance.htm
- Reproductive Health Access Project:
<https://www.reproductiveaccess.org/>
- UCSF transgender guidelines:
<https://transcare.ucsf.edu/guidelines>

Contact us with questions!

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