

(PBL) Navigating the Complexities of Contraceptive Care

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The logo for FMX, consisting of the letters 'FMX' in a bold, white, sans-serif font, positioned on the right side of an orange horizontal bar with diagonal white stripes.

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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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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.

FMX

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.

FMX

Associated Sessions

- Navigating the Complexities of Contraceptive Care

FMX

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.

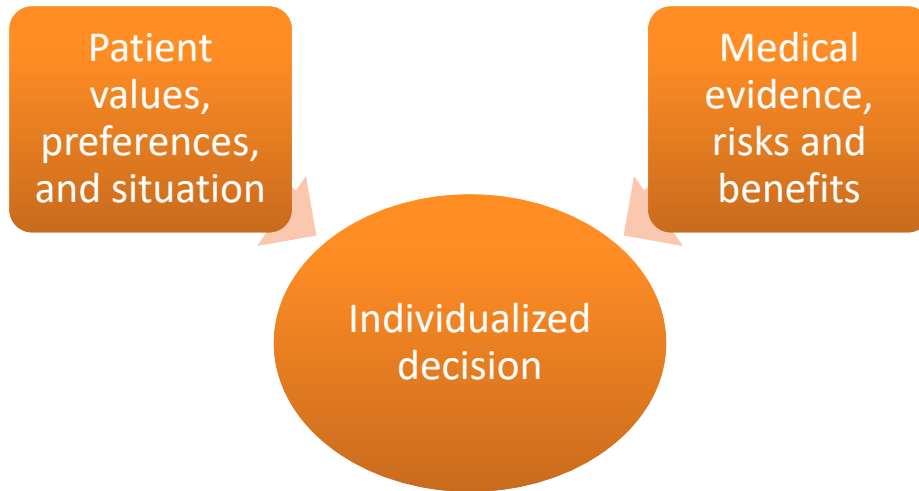
Let's practice!

- 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.

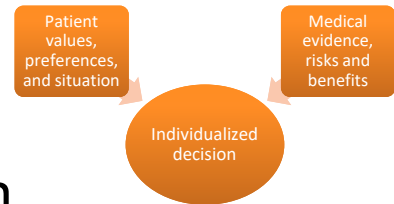
Debrief

- 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!

Patient values, preferences, and situation

Medical evidence, risks and benefits

Individualized decision

- 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!

Patient values, preferences, and situation

Medical evidence, risks and benefits

Individualized decision

- 37 year old P3 with hypertension. Blood pressure today 145/85. Wants to re-start 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-UD		LNG-IUD		Implant		DMPA		POP		CIC	
		1	2	1	2	1	2	1	2	1	2	1	2
Age													
		Menarche to <20 yrs	Menarche to <20 yrs	Menarche to <20 yrs	Menarche to <20 yrs	Menarche to <20 yrs	Menarche to <20 yrs	Menarche to <20 yrs	Menarche to <20 yrs	Menarche to <20 yrs	Menarche to <20 yrs	Menarche to <20 yrs	Menarche to <20 yrs
Anatomical abnormalities	a) Distorted uterine cavity	4	4										
	b) Other abnormalities	2	2										
Anemia	a) Thalassemia	2	1	1	1	1	1	1	1	1	1	1	1
	b) Sickle cell disease*	2	1	1	1	1	1	1	1	1	1	1	1
	c) Iron-deficiency anemia	2	1	1	1	1	1	1	1	1	1	1	1
Organic uterine fibroids	a) No other risk	1	1	1	1	1	1	1	1	1	1	1	1
	b) With other risk factors	1	2	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*
Breast disease	a) Benign breast disease	1	1	1	1	1	1	1	1	1	1	1	1
	b) Family history of cancer	1	1	1	1	1	1	1	1	1	1	1	1
	c) Breast cancer*	1	4	4	4	4	4	4	4	4	4	4	4
Cervical cancer	a) Past and no evidence of current disease for 5 years	1	3	3	3	3	3	3	3	3	3	3	3
	b) <21 days postpartum			2*	2*	2*	2*	2*	2*	2*	2*	2*	2*
Breastfeeding	a) 1 to <30 days postpartum			2*	2*	2*	2*	2*	2*	2*	2*	2*	2*
	b) With other risk factors for VTE			2*	2*	2*	2*	2*	2*	2*	2*	2*	2*
	c) Without other risk factors for VTE			2*	2*	2*	2*	2*	2*	2*	2*	2*	2*
	d) 30-42 days postpartum			1*	1*	1*	1*	1*	1*	1*	1*	1*	1*
Cervical cancer	a) With other risk factors for VTE			1*	1*	1*	1*	1*	1*	1*	1*	1*	1*
	b) Without other risk factors for VTE			1*	1*	1*	1*	1*	1*	1*	1*	1*	1*
Cervical ectropion	a) Awaiting treatment	4	2	4	2	2	2	2	2	2	2	2	2
	b) Not awaiting treatment	1	1	1	1	1	1	1	1	1	1	1	1
Cervical intraepithelial neoplasia	a) Mild (compensated)	1	1	1	1	1	1	1	1	1	1	1	1
	b) Severe/abnormal cervix	1	3	3	3	3	3	3	3	3	3	3	3
Cervix fibrosi*	a) History of DVT/PE, not receiving anticoagulant therapy	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*
	b) Higher risk for recurrent DVT/PE	1	2	2	2	2	2	2	2	2	2	2	2
	c) Lower risk for recurrent DVT/PE	1	2	2	2	2	2	2	2	2	2	2	2
	d) Acute DVT/PE	2	2	2	2	2	2	2	2	2	2	2	2
Deep venous thromboses (DVT), Pulmonary embolism (PE)	a) DVT/PE and established anticoagulant therapy for at least 3 months	1	1	1	1	1	1	1	1	1	1	1	1
	b) Higher risk for recurrent DVT/PE	2	2	2	2	2	2	2	2	2	2	2	2
	c) Lower risk for recurrent DVT/PE	2	2	2	2	2	2	2	2	2	2	2	2
	d) Family history (first-degree relatives)	1	1	1	1	1	1	1	1	1	1	1	1
	e) Major surgery	1	1	1	1	1	1	1	1	1	1	1	1
	f) With prolonged immobilization	1	2	2	2	2	2	2	2	2	2	2	2
Depressive disorders	a) Without prolonged immobilization	1	1	1	1	1	1	1	1	1	1	1	1
	b) Minor surgery without immobilization	1	1	1	1	1	1	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 [§]			
b. Migraine				d. None of the above			
Method	Category		Clarification Evidence Comment SPR Info	Method	Category		Clarification Evidence Comment SPR Info
	Init.	Cont.			Init.	Cont.	
i. Without aura (this category of migraine includes menstrual migraine)							
Cu-IUD	1		>	Cu-IUD	1 [†]	1 [†]	>
LNG-IUD	1		>	LNG-IUD	2 [†]		>
Implants	1		>	Implants	2 [†]		>
DMPA	1		>	DMPA	2 [†]	2 [†]	>
POP			>	POP	2 [†]		>
CHCs	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 ^S				KEY			
a. Adequately controlled hypertension				High risk for HIV			
Method	Category		Clarification Evidence Comment SPR Info	Method	Category		Clarification Evidence Comment SPR Info
	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	2		>
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 disease⁸

Method	Category		Clarification Evidence Comment SPR Info
	Init.	Cont.	
Cu-IUD	2		>
LNG-IUD	1		>
Implants	1		>
DMPA	1		>
POP	1		>
CHCs	2		>

Emergency Contraception Additional Methods

Pelvic inflammatory disease
a. Past PID
ii. Without subsequent pregnancy

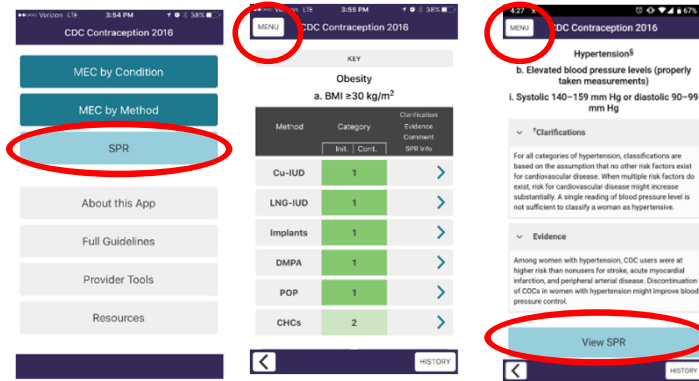
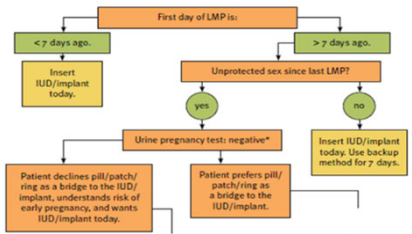
Method	Category		Clarification Evidence Comment SPR Info
	Init.	Cont.	
Cu-IUD	2	2	>
LNG-IUD	1		>
Implants	1		>
DMPA	1		>
POP	1		>
CHCs	1		>

Emergency Contraception Additional Methods

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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