

PATIENT CENTERED REPRODUCTIVE GOALS AND CONTRACEPTION COUNSELING

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LEARNING OBJECTIVES:

1. Address reproductive goals and contraceptive preferences
2. Demonstrate skillful, efficient, patient centered questioning
3. Display patient-centered counseling skills

Centers for Disease Control and Prevention

MMWR

Recommendations and Reports / Vol. 65 / No. 3

Morbidity and Mortality Weekly Report

July 29, 2016

United States Medical
Eligibility Criteria for
Contraceptive Use

US MEC

www.cdc.gov/reproductivehealth/UnintendedPregnancy/USMEC.htm



U.S. Medical Eligibility Criteria for Contraceptive Use, 2016

MMWR. July 29, 2016 65 (3):1-103

On-line at:

<https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf>

US Medical Eligibility Criteria 2016

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

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MMWR

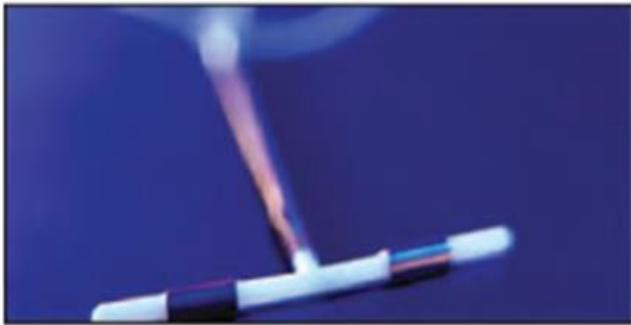
Recommendations and Reports / Vol. 62 / No. 5

Morbidity and Mortality Weekly Report

June 21, 2013

U.S. Selected Practice Recommendations for Contraceptive Use, 2013

Adapted from the World Health Organization Selected Practice
Recommendations for Contraceptive Use, 2nd Edition



- **U.S. Selected Practice Recommendations for Contraceptive Use, 2016. *MMWR* July 29, 2016. 65(4);1–66**

JOB AIDS:

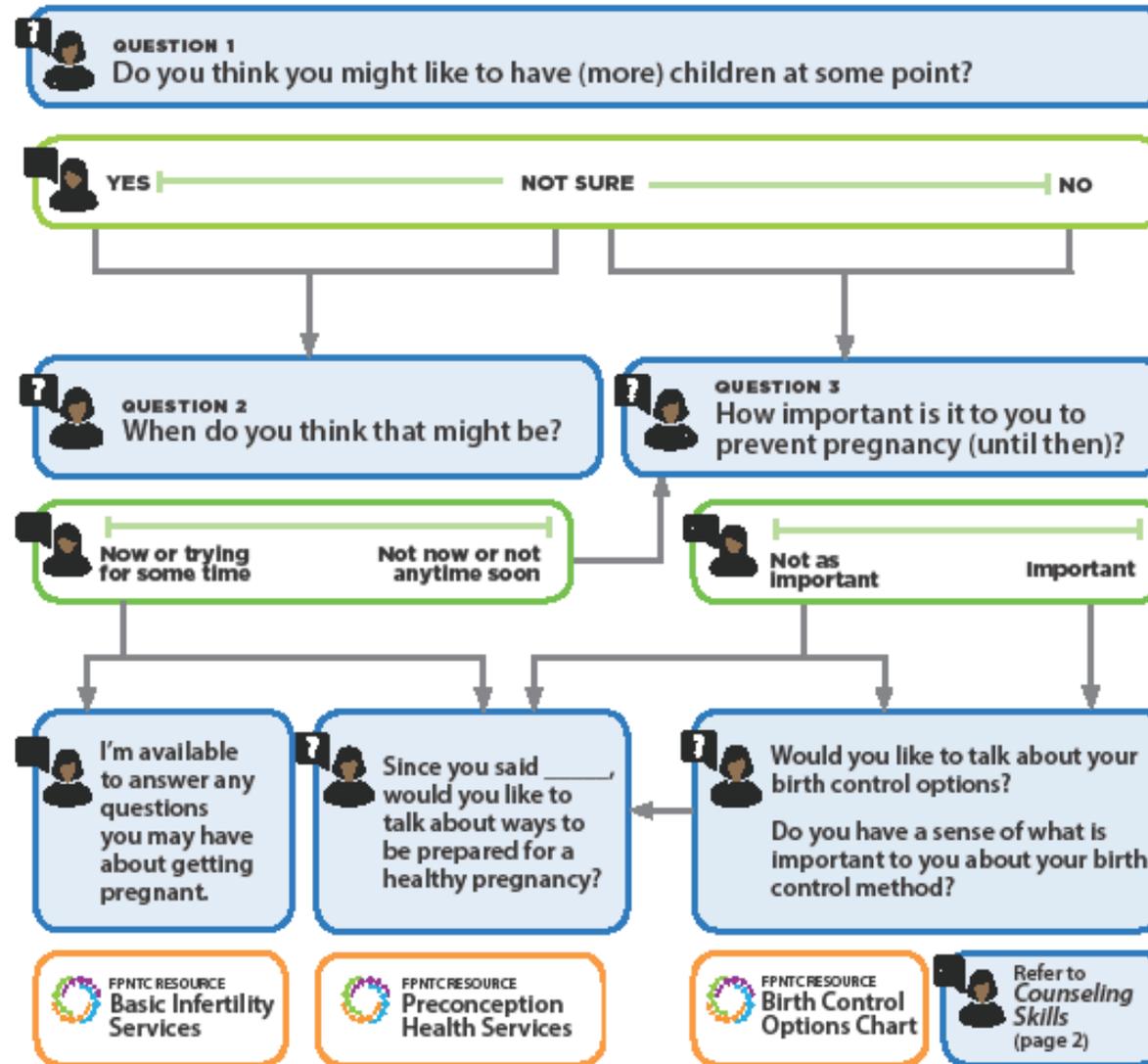
CLIENT-CENTERED REPRODUCTIVE
GOALS & COUNSELING FLOW CHART

https://www.fpntc.org/sites/default/files/resources/fpntc_path_clnt_cntrd_cnslng_2019-03.pdf

Client-Centered Reproductive Goals & Counseling Flow Chart

FACILITATING A CLIENT-CENTERED DISCUSSION ABOUT REPRODUCTIVE GOALS

The PATH questions are one client-centered approach to assess Parenthood/Pregnancy Attitude, Timing, and How important is pregnancy prevention. PATH can be used with clients of any gender, sexual orientation, or age. PATH is designed to facilitate listening and efficient client-centered conversations about pre-conception care, contraception, and fertility as appropriate.



REFERENCES

- Callagan L. S., Allen, A.R., Dehendorf C., Caon, P., & Romero, S. (2017). Addressing potential pitfalls of reproductive life planning with patient-centered counseling. *Am J Obstet Gynecol*, 216(2), 129-134.
- Hatcher, R.A., Nelson, A.L., Trussell, J., Cizick, C., Caon, P., Polgar, M. S., Edelman, A., Allen, A.R.A., Mamanoz, J., Kowal, D. (2018). *Contraceptive technology 21st ed.* New York, NY: Ayer Company Publishers, Inc.
- Galst, C., Allan, AR, Sanders, JM, Everett, BG, Myers, K, Caon, P, Skirmore, RG, Turak, DK. (2019). Beyond intent: exploring the association of contraceptive choice with questions about Pregnancy Attitudes, Timing and How important is pregnancy prevention (PATH) questions. *Contraception*, 99(1):22-26.



FPNTC
FAMILY PLANNING
NATIONAL TRAINING CENTER

Client-Centered Reproductive Goals Counseling Skills

FACILITATING A CLIENT-CENTERED DISCUSSION ABOUT REPRODUCTIVE GOALS

	TRY THIS	IT SOUNDS LIKE THIS
ELICITING GOALS AND PREFERENCES	Start with small talk asking about the client's life to build rapport and bring out information relevant to the client's goals.	<i>"It sounds like you are incredibly busy with work and school. I can see how it could be challenging to make it into the clinic every 3 months for your shot."</i>
	Ask open-ended questions about what a client wants from their contraceptive method, rather than asking what contraceptive methods they are interested in.	<i>"Do you have a sense of what is important to you about your birth control method?" (Pause for at least five seconds to allow the client to consider the question.)</i>
	Ask probing questions to explore client preferences about method characteristics such as side effects; bleeding pattern; control over removal; ability to conceal; non-contraceptive benefits, etc. Offer options based on their stated preferences. When giving a small amount of information, follow with a relevant question.	<i>"How would that be for you?" "Has that happened to you?" "How do you see yourself managing this?" "Do you have a sense of what else is important to you?"</i>
TALKING ABOUT METHODS	Find something the client says to agree with , empathize with, or validate before giving additional clarifying information. Instead of "No" or "But," try to start with "Yes! And..."	<i>Agreement: "Yes, you're absolutely right, AND..." Display of empathy: "I can see this is concerning to you, AND..." Validation: "Yes, many of my clients say that, AND..."</i>
	Point out health-supporting behaviors or knowledge to build rapport. Acknowledge as many positives as possible to the client.	<i>"That is a really great question." "I wish all of my patients knew that!" "You are clearly interested in protecting yourself!"</i>
	Paraphrase what the client says so they know you have heard them, they can correct or confirm, and you can redirect the conversation in a client-centered way.	<i>"It sounds like on the one hand you are saying _____, yet on the other hand you are saying _____, do I have that right?"</i>
	Use natural frequencies instead of percentages, and when comparing effectiveness or risk, use common denominators.	<i>"If 100 women have unprotected sex for a year, 85 of them will get pregnant, as compared to maybe 0 or 1 out of 100 using an IUD."</i>
	Make sure the client knows that they can always come in to have an IUD or implant removed for any reason, that you are available to help manage side effects, and that return to fertility is immediate.	<i>"This implant is good for up to 3 years, but if you want to get pregnant before then, or would like it removed for any reason, we will remove it any time you want. Your ability to get pregnant will return to whatever is normal for you, immediately."</i>
CONFIRMING	Reflect and validate feelings. Let clients know that you heard them and that their feelings are normal.	<i>"Wow, I think most people would find that really hard to deal with."</i>
	Confirm the client's understanding by asking them to phrase information in their own words. Phrase the teach-back request in such a way that the provider takes the responsibility for needing clarification.	<i>"We have discussed many different things today, I would like to be sure I was clear. Can you tell me what you will be doing to prevent heavy periods with your copper IUD?"</i>



JOB AIDS:

EFFICIENT QUESTIONS FOR CLIENT-
CENTERED CONTRACEPTIVE COUNSELING
PALM CARD

https://www.fpntc.org/sites/default/files/resources/fpntc_eff_qs_path_card_2019-03.pdf

Efficient Questions for Client-Centered Contraceptive Counseling

Asking about Parenthood/Pregnancy Attitude, Timing, and How important is pregnancy prevention (PATH) is an efficient approach for engaging clients in a conversation to help clarify their reproductive goals and needs.



CLARIFY YOUR CLIENT'S REPRODUCTIVE GOALS AND NEEDS, ASK THEM:

"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)?"



IF YOUR CLIENT IS INTERESTED IN PREGNANCY PREVENTION, ASK THEM:

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

"Some methods of birth control _____. How important is that to you?"

"In addition to preventing pregnancy, there are birth control methods that _____. Would you like to know more about that?"

"I hear you saying that you are interested in a method that is _____. Do you have a sense of what else is important to you?"



Efficient Questions for Client-Centered Contraceptive Counseling *(cont.)*



QUESTIONS TO ASK ALL YOUR CLIENTS...

"Since you've said _____, would you like to talk about ways to be prepared for a healthy pregnancy?"

"What questions do you have about _____?"

"We covered a lot of information. What do we need to go over again?"



TRY THESE FACILITATION SKILLS...

Start with "YES" (agreement, empathy, or validation) before offering clarifying information:

"YES, you're absolutely right, AND..."

"Wow! I think most people would find that hard to deal with AND..."

"YES, I can absolutely see how you would think that, AND..."

Uncover misconceptions with:

"Many of my clients say _____. Is that something you think about?"

Offer follow-up questions after giving a piece of relevant information:

"How would that be for you?"

"Has that ever happened to you before?"

"How do you see yourself managing this?"



JOB AIDS:

PRECONCEPTION COUNSELING CHECKLIST

https://www.fpntc.org/sites/default/files/resources/fpntc_preconcptn_counsel_chklst_2019-06.pdf

Preconception Counseling Checklist



The goal of preconception (or prepregnancy) care is to optimize health outcomes by providing education and addressing modifiable risk factors. Any visit with a client who has reproductive potential is an opportunity for preconception counseling. After a discussion of the client's reproductive goals, a preconception counseling conversation can be introduced with: "Since you said _____, would you like to talk about ways to be prepared for a healthy pregnancy?"¹

To help clients be prepared for a healthy pregnancy, the American College of Obstetricians and Gynecologists (ACOG) recommends that providers assess for:²

	<h2>Pregnancy intention</h2> <p>Timing of desired pregnancy—"Would you like to have (more) children? When do you think that might be?"³</p>	<p>Recommend the client seek medical care before attempting to become pregnant (or soon after a positive pregnancy test) to facilitate correct dating and management of medical conditions.</p>
	<h2>Folic acid</h2> <p>400 mcg of folic acid daily for at least one month before and during pregnancy (4 mg daily if history of seizure disorder or infant with neural tube defects)</p>	<p>Recommend folic acid every day if there is a chance the client may become pregnant.</p>
	<h2>Medical conditions</h2> <p>Diabetes mellitus, chronic hypertension, hypothyroidism, bariatric surgery, mood disorders</p>	<p>Refer to primary and/or specialty care provider to make changes to treatment if needed and manage the condition before pregnancy.</p>
	<h2>Family history</h2> <p>Genetic disorders, birth defects, cystic fibrosis, Fragile X, hemoglobinopathies, and if of Ashkenazi descent: Tay-Sachs, Canavan, familial dysautonomia, etc.</p>	<p>Refer for genetic counseling as needed.</p>
	<h2>Use of teratogenic medications</h2> <p>ACE I, ARB, androgens, carbamazepine, lithium, methimazole, methotrexate, minoxidil, misoprostol, mycophenolate mofetil, phenytoin, trimethadione, paramethadione, retinoids, sulfa, tetracycline, thalidomide, valproic acid, vitamin A, warfarin, etc.</p>	<p>Caution that some nonprescription medicines, supplements, and herbal products are unsafe during pregnancy.</p> <p>Refer to a primary and/or specialty care provider to adjust medications if needed.</p>

NOTES: MMR = measles-mumps-rubella; Tdap = tetanus-diphtheria-acellular pertussis; HPV = human papillomavirus; STI = sexually transmitted infections; CDC = Centers for Disease Control and Prevention.

¹ Family Planning National Training Center Client-Centered Reproductive Goals & Counseling Flow Chart <https://www.fpntc.org/resources/client-centered-reproductive-goals-counseling-flow-chart>

² Prepregnancy counseling. ACOG Committee Opinion No. 762. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2019;133:e78-89.

³ Gelst C, Aiken AR, Sanders JN, Everett BG, Myers K, Cason P, Simmons RG, Turok DK. (2019). Beyond Intent: exploring the association of contraceptive choice with questions about Pregnancy Attitudes, Timing and How Important is pregnancy prevention (PATH) questions. *Contraception*. 99(1):22-26.

Immunization status

Tdap, MMR, hepatitis B, varicella, annual influenza (flu), and HPV

Provide or refer for: flu shot; MMR and varicella vaccine if not pregnant and won't become pregnant for one month; and other immunizations per CDC schedule.

Need for infectious disease screening

STIs (chlamydia, gonorrhea, syphilis), tuberculosis, hepatitis C, HIV, zika, toxoplasmosis

Address each according to CDC recommendations:

- Screen based on age and risk
- HIV test (once and if at risk)

Counsel regarding travel restrictions.

Caution against changing kitty litter.

Exposure to environmental toxins

Plastics with bisphenol-A (BPA), lead paint, asbestos, pesticides (agriculture), organic solvents and heavy metals (manufacturing), solvents (dry cleaning), organics and radiation (health care)

Explore alternatives to toxic exposure or refer to occupational medicine programs if exposure is concerning.

Alcohol, nicotine, and illegal drug use

"I'd like to ask you a few questions to help give you better medical care. In the past year, how often have you..."

- Used alcohol? [≥ 5 drinks a day for men; ≥ 4 drinks a day for women is considered heavy drinking]
- Used tobacco products?
- Used prescription drugs for non-medical reasons?
- Used illegal drugs?*

Counsel that no amount of alcohol is considered safe and that using tobacco products, prescription drugs for non-medical reasons, and illegal drugs during pregnancy can result in serious adverse outcomes.

If abuse or dependence, **refer** for treatment prior to pregnancy.

Intimate partner violence

"I talk to all of my patients about safe and healthy relationships because it can have such a large impact on your health. Has your partner ever..."

- Threatened you or made you feel afraid?
- Hit, choked, or physically hurt you?
- Forced you to do something sexually that you did not want to do, or refused your request to use condoms?*

Respond supportively. For example:

- "No one deserves to be treated that way."
- "It's not your fault."
- "There are resources that can help. I can connect you today."

If client is in immediate danger, **get help**.

Know local referral sites for IPV services.

Understand legal obligations for mandatory reporting.

Nutrition and physical activity

- Body mass index (BMI) < 18 or > 25
- Diet of proteins, vegetables, fruits, and whole grains⁶
- Level and frequency of physical activity

Advise that high or low BMI is associated with infertility and pregnancy complications.

Encourage eating a diet rich in fruits, vegetables, protein and whole grains. (Consider a multivitamin.)

Recommend at least 30 min of moderate physical activity per day.

*NIDA. (2012, March 1). Resource Guide: Screening for Drug Use in General Medical Settings. Retrieved from <https://www.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings/nida-quick-screen> on May 9, 2019.

⁵Intimate partner violence. Committee Opinion No. 518. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2012;119:412-7.

⁶U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015-2020 Dietary Guidelines for Americans. 8th Edition. December 2015.

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VISUAL AIDS AND TACTILE AIDS

- Effectiveness chart
- Anatomy image and model
- “Demo units” to hold and manipulate
 - IUDs
 - Implants
 - Vaginal ring
 - Patch
 - Diaphragm
 - Internal condom and male condom
- Your hands, arms and drawn pictures

HOW WELL DOES BIRTH CONTROL WORK?

What is your chance of getting pregnant?



Really, really well

The Implant
(Nexplanon)



Works, hassle-free, for up to...
3 years

IUD
(Skyla)



3 years

IUD
(Mirena)



5 years

IUD
(ParaGard)



12 years

No hormones

Sterilization,
for men and women

Forever



Less than 1 in 100 women



Okay



The Pill

For it to work best, use it...
Every. Single. Day.



The Patch

Every week



The Ring

Every month



The Shot
(Depo-Provera)

Every 3 months



6-9 in 100 women,
depending on method



Not so well



Withdrawal



Diaphragm



Fertility
Awareness



Condoms,
for men and women

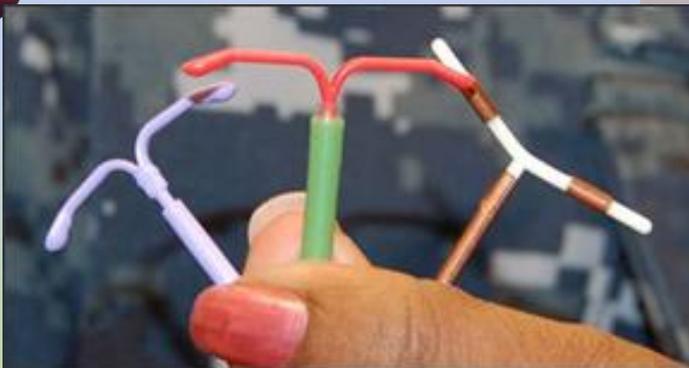
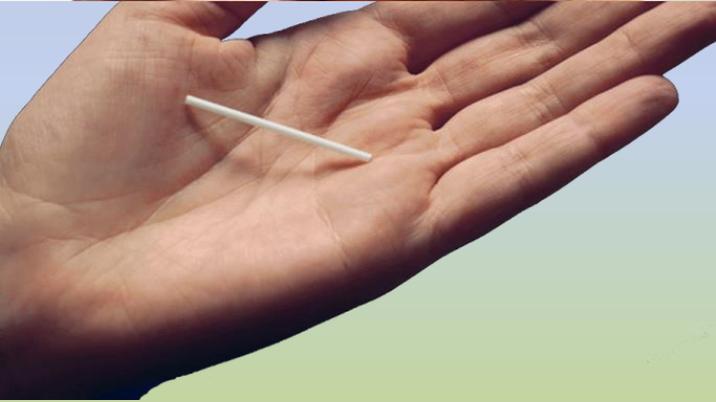
Needed for STI protection

Use with any other method

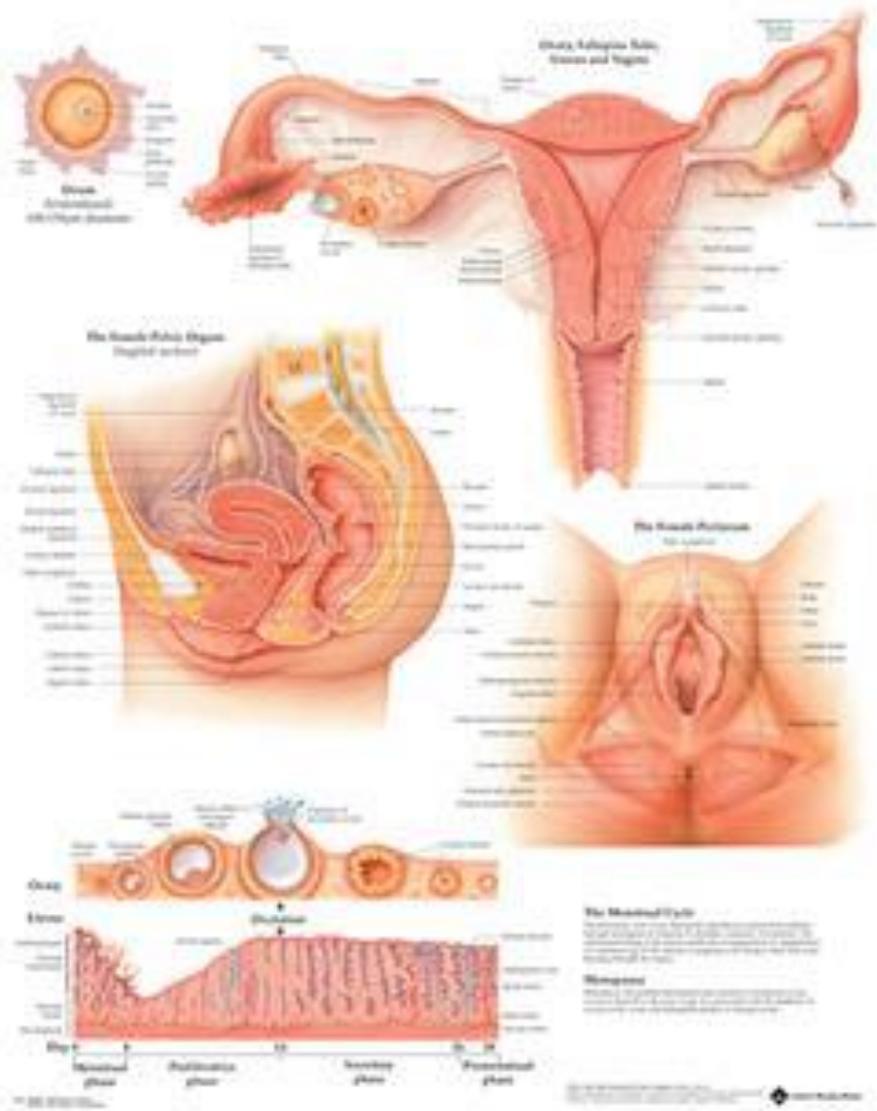
For each of these methods to work, you or your partner have to use it every single time you have sex.



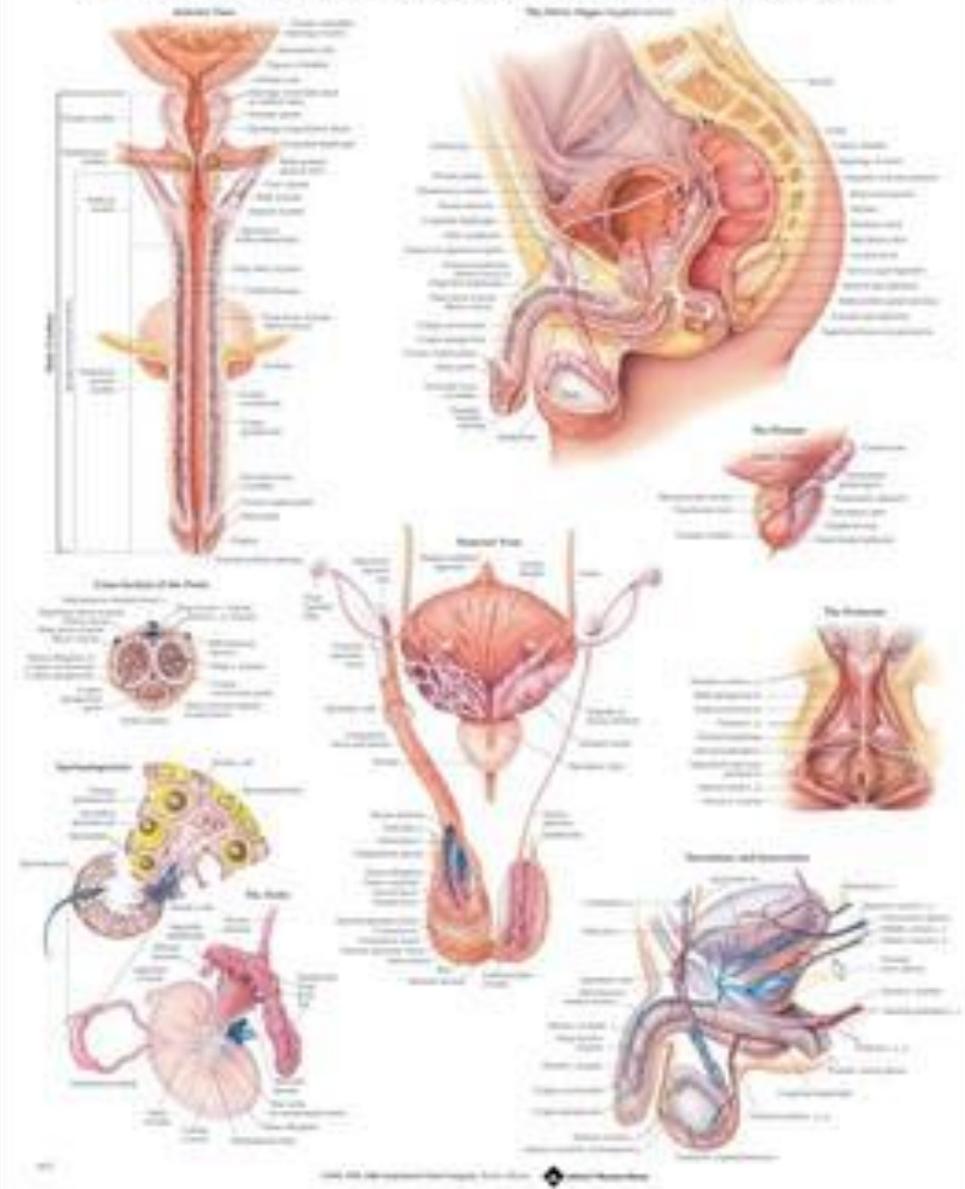
12-24 in 100 women,
depending on method



THE FEMALE REPRODUCTIVE SYSTEM



THE MALE REPRODUCTIVE SYSTEM



What dimensions of people's thoughts and feelings about reproduction and pregnancy might be important?

A MULTIDIMENSIONAL CONCEPT

Plans ≠ Intentions ≠ Desires ≠ Feelings

- All different concepts
- Someone may find all or only some meaningful
- Often appear inconsistent with each other

(Aiken. 2016; Hatcher. 2018)

DEFINITIONS

- **Plans:** Decisions about if/when to get pregnant and formulation of actions
- **Intentions:** Timing-based ideas about if/when to get pregnant, sometimes includes “wants”

DEFINITIONS

- **Feelings:** Emotional orientations towards pregnancy
- **Desires:** Strength of inclination to get pregnant or avoid pregnancy
- **Acceptability**

WHY AVOID THE WORD PLAN?

- The conceptual framework that views pregnancy-related behaviors from a *planned behavior perspective* may be limited among low-income populations
- Many people express happiness with a pregnancy, regardless of their stated intention
- The word “plan” has a meaning

PREGNANCY PLANNING: DEFINITION

“...a very deliberate act in which both partners discuss and reach consensus about the timing of pregnancy and then take steps to prepare for a potential pregnancy, including “getting your finances in order”.

PLANNING: FORECLOSED

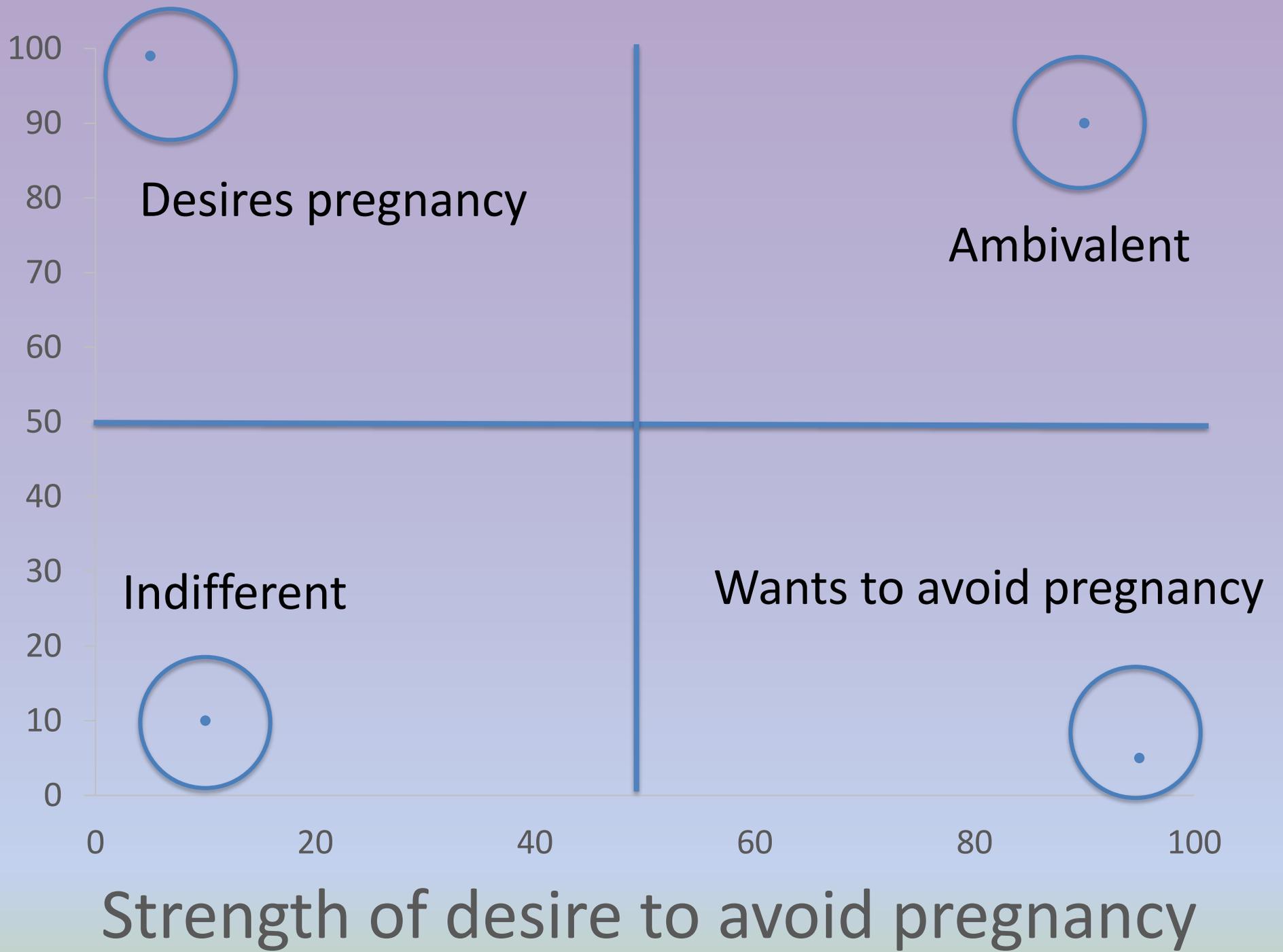
“Because nearly all of the women in our study had strong feelings about the ideal circumstances (specifically, being in a committed relationship and financially stable) in which one should plan a pregnancy, yet few, if any, women actually achieved either relationship or financial stability, **pregnancy planning seemed irrelevant and rarely occurred.**”

INTENTION ≠ ACCEPTABILITY

“Because preconception intention and planning do not necessarily occur, decisions about the acceptability of a pregnancy are often determined after the pregnancy has already occurred.

Many women express happiness with a pregnancy, regardless of their intention.”

Strength of desire for pregnancy



What should be the focus of counseling conversations aimed at helping people to achieve their reproductive desires?

(Hatcher. 2018. Dehlendorf 2016)

SHARED DECISION MAKING

“... provide patients with information about all the options and help them to identify their preferences in the context of their values.”

Fried, T. R. (2016). *N Engl J Med*
Chewning et al., (2012). *Patient Educ Couns*

SHARED DECISION MAKING

Patient Contribution:

- Their values
- Their preferences
- Their goals
- Their past experiences

RN Contribution:

- Assist in clarifying patient's goals and preferences
- Provide scientific/medical information that is:
 - relevant
 - assimilated/integrated by the patient!

DOES PATIENT CENTERED CARE TAKE LONGER?

- Giving information that is not directly relevant to the client takes up precious time
- Clients who feel like their care is patient centered may feel less resistance & more trust = less time
- Paraphrasing saves time --the RN is in control

REPRODUCTIVE INTENTION/GOALS

PATH QUESTIONS

PA: Parenting/Pregnancy Attitudes:

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

T: Timing: When do you think that might be?

H: How Important: 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

+/- Preconception
Care

+/- Contraception

Infertility Services
or Adoption

PA: “YES...”

T: When do you think that might be?

Answers that indicate *no time soon* you ask:

H: How Important: How important is it to you to prevent pregnancy (until then)?

LISTEN ACTIVELY



PA: Do you think you might like to have
Another child some day?

"Yes! I definitely want to have another one! I am pretty traditional and family is one of the most important things in my life. I want to be married before I have any more kids which I don't see happening any time soon."

LISTEN ACTIVELY



PA: Do you think you might like to
another child some day?

Since the person already answered the timing based
question in their reply to the first question

skip the:

T: Timing: When do you think that might be?

H: HOW IMPORTANT

Individualize the question with information the client has shared

H: How important is it to you to prevent pregnancy_____:

- until you are out of school
- until your partner gets back
- for the next 5 years
- until then (for teens and if you have no other information)

ASKING ADOLESCENTS ABOUT REPRODUCTIVE GOALS



PA: Do you think you might like to have more children some day? “Yes”

Skip the Timing question

H: How important is it to you to prevent pregnancy until then?



LISTEN ACTIVELY



PA: Do you think you might like to have another child some day?

Show that you are listening – reflect back what the person has said

ask:

H: How Important: How important is it to you to prevent pregnancy until you're married?

WILL YOU OFFER TO DISCUSS PRECONCEPTION CARE?



H: How Important: How important is it to you to prevent pregnancy until you're married?

“It’s important, you know, but if it happens it wouldn’t be the worst thing in the world– I’m a grown woman”

OFFER 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...

SEMILLA G₄ P₂ AGE 33 BMI 42
HBA1C 12

Individualized timing question

" It sounds like you would love to have another child at some point! It is important for people with diabetes to be prepared for a healthy pregnancy by getting their blood sugars in good control and making sure they are on the right medicines before they get pregnant."



(Mittal. 2014)

SEMILLA G₄ P₂ AGE 33 BMI 42
HBA1C 12

“Knowing that...since you’ve said you would love to have another child at some point, when do you think that might be?”



(Mittal. 2014)

BEST QUESTION

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



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?
- Non-contraceptive benefits
- Side effects
- Menstrual cycle and bleeding profile
- Impact on sexual life
- Effectiveness
- Hormones
- Length of use
- Control over removal
- Object in body
- Return to fertility

REDUCE BLEEDING WITH COPPER IUD

Longer/heavier menses/dysmenorrhea

- Gets better with time
- NSAIDs prophylactically WITH FOOD
 - Pre-emptive use: 1st 3 cycles
 - Start before onset of menses for anti-prostaglandin effect
 - ✓ Naproxen sodium 220mg x2 BID (max 1100mg/day)
 - ✓ Ibuprofen 600-800mg TID (max 2400mg/day)



(Godfrey, Folger et al. 2013; Grimes, Hubacher et al. 2006; Hubacher, Chen et al. 2009)

PARAPHRASING

- **“It sounds like you’re interested in using a method that you can control on your own. Do I have that right?”**
- **“I am hearing you say it’s super important to you to have a birth control method that you can rely on. Is that correct?”**

EXAMPLES OF PARAPHRASING AND ALTERNATES

- “**I hear you saying** you really like the idea of continuing to use a method with hormones but that you can forget about. **Is that what you mean?**”
- “Wow, so **you feel pretty strong** about avoiding the side effects you had from the pill and the shot!”

PARAPHRASE ALTERNATES

- “Many of my patients say that they worry about weight gain with birth control is that what worries you?”
- “So you feel pretty strong about_____. Is that accurate?”

SIMPLE LANGUAGE-- INSTEAD OF “RETURN TO FERTILITY”

“This method is good for “up to” _____but if you want to get pregnant before that or if you want it out for any reason, come in and we will remove it for you.”

“Once you stop using this method your ability to get pregnant goes back to whatever is normal for you *immediately.*”

“SMALL TALK”

- Ask them about work, school or their kids
- Refer back to this information later
 - “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.

- Shows the patient that you are both on the same side (their side)
- Builds rapport and the patient will trust you

POSITIVE FEEDBACK

- “It’s great that you were so strong in standing up for yourself (asking your partner to use condoms.)”
- “Great question!”
- “I wish all my patients knew that...”
- “Not many people (your age) act so responsibly about using a condom every time.”

EMPATHY WITHOUT LABELING FEELINGS

- Rather than using a negative label:
 - “You sound angry” (or anxious)
- Use neutral words:
 - “It sounds like this is really concerning to you”
 - “Wow, anyone would find that really hard to deal with!”
- Not: “I know how you feel.”

MISINFORMATION...MISCONCEPTIONS

1. About relative effectiveness of methods
2. Underestimates their own or their partner's fertility
3. Pregnancy is safer than contraception

TRY NOT TO CORRECT OR DISAGREE

“FIND THE YES”

First step is to find something in what the patient is saying to agree with or support

Instead of “No” or “But”

“Yes! And _____”

EXAMPLES OF WAYS TO FIND THE “YES”

EMMA AGE 16

“I’ve had sex without using anything for a while now and I haven’t gotten pregnant so I doubt it’s even possible.”

1. Display of empathy
2. Validation
3. Agreement



EXAMPLES OF WAYS TO START WITH “YES”

- Display of empathy:

“Wow, I can see how that could be concerning to you...”

- Validation:

“You know, many of my patients say that...”

- Agreement:

“I can see how you would think that...”

EXAMPLES OF FINDING 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.org)

CONCERNS ABOUT HORMONES OR AMENORRHEA

- **Don't ...**
 - Assume you know why the person objects to amenorrhea or hormones
 - Ask them “why”
- **Do ...**
 - Ask what about not getting their period (or using hormones) is concerning to them
 - Let them know many people feel that way

CONCERN ABOUT AMENORRHEA



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

“I would always worry that I might be pregnant.”

“I can see that it’s very important to you not to get pregnant until you are ready.”

“Many of my patients like to get their period every month because they feel like it lets them know they aren’t pregnant.”

YES!....AND...

- “Interestingly, many people still bleed in the beginning of a pregnancy...”
- “Have you ever done anything else to reassure yourself that you weren’t pregnant?”
- “Pregnancy tests are plentiful and can be very reassuring!”

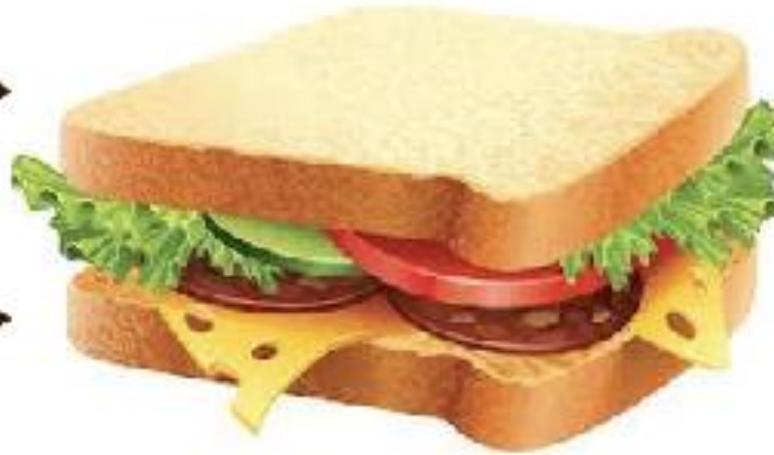


“MY MOM SAID IT’S NOT HEALTHY
NOT TO GET MY PERIOD.”

- *“Your mother is completely right!.... when you are **not** using birth control that has hormones, it is important to get your period. It’s great that you know that!”*
- *“I wish all of my patients knew that when they are not on birth control with hormones and they miss their period they need to come in so we can see what’s up!”*

MAKE AN INFORMATION SANDWICH

1. Question →



← 2. Information

3. Questions →

*Best if about the
information just
provided.*

A FOLLOW UP QUESTION REQUIRES THE PATIENT TO **INTEGRATE** INFORMATION

- 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?

WHAT QUESTIONS DO YOU HAVE
ABOUT _____?

Better than: “Do you have any questions?”

Better than: “What questions do you have?”

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