Clinical Cases
September 19, 2017

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Clinical Reviewers
Reproductive Health Unit

What We Plan To Do

- Describe the U.S. Medical Eligibility Criteria for Contraceptive Use, 2016 (U.S. MEC)
- Explain how to use the U.S. MEC
- Discuss the guidance in specific situations, based on clinical scenarios

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

- Safe use of contraceptive methods by women and men with certain characteristics or medical conditions
- Target audience: health care providers
- Purpose: to assist health care providers when they counsel patients about contraceptive use and to serve as a source of clinical guidance
- Content: more than 1800 recommendations for over 120 conditions and subconditions

Methods for 2016 U.S. MEC

- **Adapted from WHO guidelines**
- **On-going monitoring of published evidence**
- **Expert meeting in August 2014 to discuss scope**
- **Expert meeting in August 2015 to review evidence and discuss specific recommendations**
  - CDC staff and outside authors conducted independent systematic reviews to inform recommendations
  - These systematic reviews have been e-published
  - CDC determined final recommendations

Why is evidence-based guidance for contraceptive use needed?

- To base family planning practices on the best available evidence
- To address misconceptions regarding who can safely use contraception
- To remove unnecessary medical barriers
- To improve access and quality of care in family planning

USMEC

US Medical Eligibility Criteria for Contraceptive Use, 2016

Contraceptive Methods in US MEC

- Intrauterine devices
- Progestin-only contraceptives
- Combined hormonal contraceptives
- Emergency contraceptive pills
- Barrier contraceptive methods
- Fertility Awareness-Based Methods
- Lactational Amenorrhea Method
- Coitus Interruptus
- Female and Male Sterilization

EFFECTIVENESS OF FAMILY PLANNING METHODS*

*The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method.

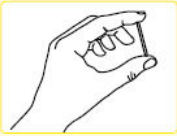
MOST EFFECTIVE

Less than 1 pregnancy per 100 women in a year

REVERSIBLE

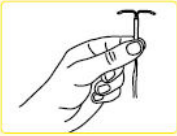
Once in place, little or nothing to do or remember.

Implant



0.05%

Intrauterine Device (IUD)



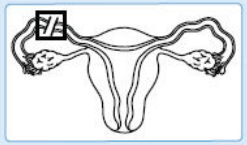
0.2% LNG

0.8% Copper T

PERMANENT STERILIZATION

After procedure, little or nothing to do or remember.
Use another method for first 3 months (Hysteroscopic, Vasectomy).

Female (Abdominal, Laparoscopic, and Hysteroscopic)



0.5%

Male (Vasectomy)

0.15%

6-12 pregnancies per 100 women in a year

REVERSIBLE

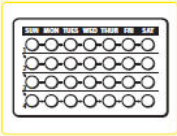
Get repeat injections on time.

Injectable

6%

Take a pill each day.

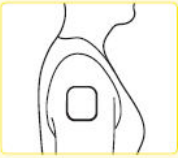
Pill



9%

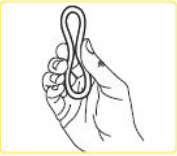
Keep in place, change on time.

Patch



9%

Ring



9%

Use correctly every time you have sex.

Diaphragm

12%

18 or more pregnancies per 100 women in a year

REVERSIBLE

Use correctly every time you have sex.

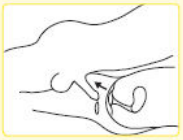
Male Condom

18%

Female Condom

21%

Withdrawal



22%

Sponge

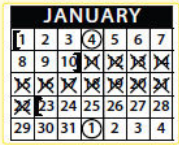
12% Nulliparous Women

24% Parous Women

Condoms should always be used to reduce the risk of sexually transmitted infections.

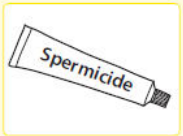
Fertility Awareness-Based Methods

Abstain or use condoms on fertile days.



24%

Spermicide



28%

LEAST EFFECTIVE

Other Methods of Contraception: (1) **Lactational Amenorrhea Method (LAM):** is a highly effective, temporary method of contraception; and (2) **Emergency Contraception:** emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.

Adapted from World Health Organization (WHO) Department of Reproductive Health and Research, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP). Knowledge for health project. Family planning: a global handbook for providers (2011 update). Baltimore, MD; Geneva, Switzerland: CCP and WHO; 2011; and Trussell J. Contraceptive failure in the United States. *Contraception* 2011;83:397–404.

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

U.S. MEC: 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

Example: Smoking and Contraceptive Use

Condition	Cu-IUD	LNG-IUD	Implants	DMPA	POPs	CHCs
Smoking						
a. Age <35	1	1	1	1	1	2
b. Age≥35						
i. <15 cigarettes/day	1	1	1	1	1	3
II.≥15 cigarettes/day	1	1	1	1	1	4

Cu IUD: Copper IUD;
LNG-IUD: Levonorgestrel IUD;
DMPA: Depo-Medroxyprogesterone Acetate;
POPs: Progestin-only pills;
CHCs: Combined hormonal contraceptives including pills, patch, and ring

Conditions associated with increased risk for adverse health events as a result of pregnancy*

Breast cancer
Complicated valvular heart disease
Cystic fibrosis
Diabetes: insulin-dependent; with nephropathy/retinopathy/neuropathy or other vascular disease; or of >20 years' duration
Endometrial or ovarian cancer
Epilepsy
Hypertension (systolic ≥160 mm Hg or diastolic ≥100 mm Hg)
History of bariatric surgery within the past 2 years
HIV: not clinically well or not receiving antiretroviral therapy
Ischemic heart disease
Gestational trophoblastic disease
Hepatocellular adenoma and malignant liver tumors (hepatoma)
Peripartum cardiomyopathy
Schistosomiasis with fibrosis of the liver
Severe (decompensated) cirrhosis
Sickle cell disease
Solid organ transplantation within the past 2 years
Stroke
Systemic lupus erythematosus
Thrombogenic mutations
Tuberculosis

Conditions Associated with Increased Risk for Adverse Heath Events as a Result of Pregnancy

Breast cancer	Hepatocellular adenoma and malignant liver tumors (hepatoma)
Co	
Cys	
Dia reti dis	
Enc	
Epi	2
Hyp > 1	
His	
HIV: not clinically well or not receiving anti-retroviral therapy	Thrombogenic mutations
Ischemic heart disease	Tuberculosis
Gestational trophoblastic disease	

Consider long-acting, highly-effective contraception for these patients

2016 Updates to U.S. MEC: New Recommendations

- **4 new conditions**
  - Cystic fibrosis
  - Multiple sclerosis
  - Women using selective serotonin reuptake inhibitors (SSRIs)
  - Women using St. John's wort
- **1 new emergency contraception method**
  - Ulipristal acetate (UPA)

2016 Updates to U.S. MEC: Changes to Existing Recommendations

- **Hormonal methods (Implants, DMPA, POP, CHCs)**
  - Migraine headaches
  - Superficial venous disease
  - Women using antiretroviral therapy
  - Women with known dyslipidemia
- **Intrauterine devices (Cu-IUD, LNG-IUD)**
  - Gestational trophoblastic disease
  - Postpartum and breastfeeding women
  - Human immunodeficiency virus
  - Factors related to sexually transmitted diseases

CORE TITLE X SERVICES

- **Required Services**
  - Contraception services
  - Preconception health services
  - Achieving desired pregnancy
  - Pregnancy testing and counseling
  - Basic infertility
  - STD services

Reproductive Life Plan

Reproductive life plan (RLP) must be assessed on all clients

These questions may be used when assessing a client's RLP:

1. Do you have any children now?
2. Do you want to have (more) children?
3. How many (more) children would you like to have and when?

Resource: http://www.cdc.gov/preconception/rlptool.html

CLINICAL SCENARIOS

Scenerio 1

38 year old G2P2 female with diabetes has been using condoms for contraception and is looking for a more effective method. What methods are safe for her to use?

Her Reproductive Life Plan

1. Do you have any children now?

YES

2. Do you want to have (more) children?

NO

3. How many (more) children would you like to have and when?

UNSURE but probably no more

Scenario 1

- 38 year old G2P2 female with diabetes has been using condoms for contraception and is looking for a more effective method. What methods are safe for her to use?

A. IUD (copper or levonorgestrel)
B. Progestin-only methods (pill, injectable, implant)
C. Combined hormonal methods (pill, patch, ring)

Diabetes

Condition	Cu-IUD	LNG-IUD	Implant	DMPA	POP	CHC
History of gestational disease	1	1	1	1	1	1
Nonvascular disease						
Noninsulin-dependent	1	2	2	2	2	2
Insulin-dependent§	1	2	2	2	2	2
Nephropathy/retinopathy/ neuropathy§	1	2	2	3	2	3/4†
Other vascular disease or diabetes of >20 yrs' duration§	1	2	2	3	2	3/4†

§ This condition is associated with increased risk for adverse health events as a result of pregnancy

† This category should be assessed according to the severity of the condition

Scenario 1

- **38 year old G2P2 female with diabetes has been using condoms for contraception and is looking for a more effective method. You now know that she is non-insulin dependent and has no vascular disease. What methods are safe for her to use?**

A. IUD (copper or levonorgestrel)
B. Progestin-only methods (pill, injectable, implant)
C. Combined hormonal methods (pill, patch, ring)
ALL OF THE ABOVE

Discuss risk of adverse events with pregnancy and consider highly effective methods

Documentation & Coding

Follow coding guidelines

"If you didn't write it down, it didn't happen"
"You can't bill it"

The clinician providing services owns the medical record and is solely responsible for contents and CPT / Diagnosis assignment

Evaluation & Management Coding Quick Reference

Patient Type

New Patient
Has NOT:
- received any services from a qualified provider
  - or another qualified provider of the exact same specialty who belongs to the same group practice
- within the past 3 years

Established Patient
Has:
- received services within 3 years
- from a qualified provider

3 Key Components

History	• Chief complaint (CC) • History of the present illness (HPI) • Review of systems (ROS) • Past medical, family, social history (PFSH)
MDM	• # of diseases and management options • Amount and complexity of diseases • Risk of complication
Physical Exam	• Single or multi-organ system bullets • Multiple body areas and organ systems

OR Time

(When counseling constitutes more than 50% of total face-to-face time)

Time	Providers must document: • a chief complaint • the content and duration of counseling • the overall amount of face-to-face time spent with the patient during the visit

Disclaimer: This reference is for education purposes only. Nothing herein is a specific recommendation about selecting ICD, CPT and/or HCPCS codes. Code selection and claim submission is based upon medical record documentation for services rendered and diagnoses considered for each individual encounter. Providers must check with the coding and coverage guidelines for a particular payer.

New Patient

(Need 3/3 Key Components)

CPT	History	Exam	MDM		FTF
99201	PF	PF	SF	OR	≤15
99202	EPF	EPF	SF		16-25
99203	D	D	L		26-37
99204	C	C	M		38-53
99205	C	C	H		>53

Established Patient

(Need 2/3 Key Components)

CPT	History	Exam	MDM		FTF
99211	MIN	MIN	MIN	OR	≤7
99212	PF	PF	SF		8-12
99213	EPF	EPF	L		13-20
99214	D	D	M		21-33
99215	C	C	H		>33

Abbreviations

C	Comprehensive	M	Moderate
D	Detailed	MDM	Medical decision making
EPF	Expanded problem focused	MIN	Minimal
FTF	Face-to-face time	PF	Problem focused
H	High	SF	Straightforward
L	Low		

January 2017

National Family Planning & Reproductive Health Association

History

History—New Patient
(Need 3/3 to select level)

Level	HPI	ROS	PFSH
PF	Brief 1-3 elements	N/A	N/A
EPF	Brief 1-3 elements	Problem Pertinent 1 system	N/A
D	Extended 4+ elements	Extended 2-9 system	Pertinent Any 1 of 3
C	Extended 4+ elements	Complete 10-14 systems	Complete All 3

History of Present Illness Elements

- ✓ Location
- ✓ Timing
- ✓ Context
- ✓ Duration

History—Established Patient
(Need 3/3 to select level)

Level	HPI	ROS	PFSH
MDN	N/A	N/A	N/A
PF	Brief 1-3 elements	N/A	N/A
EPF	Brief 1-3 elements	Problem Pertinent 1 system	N/A
D	Extended 4+ elements	Extended 2-9 system	Pertinent Any 1 of 3
C	Extended 4+ elements	Complete 10-14 systems	Complete All 3

- ✓ Quality
- ✓ Severity
- ✓ Modifying factors
- ✓ Associated signs and symptoms

Exam

Physical Exam (1997 Guidelines)

Level	Organ Systems
PF	1-5 bullet x 1 system/area
EPF	6 bullet x 1 system/area
C	12 bullet x 2 system/area OR 2 bullet x 6 system/area
C	2 bullet x 9 system/area OR Complete single organ system

Organ Systems

- Respiratory
- Gastrointestinal
- Musculoskeletal
- Eyes
- Skin
- Genitourinary
- Cardiovascular
- Neurological
- Ears, nose, mouth, throat
- Constitutional
- Psychiatric
- Hematologic/Immunologic

Medical Decision Making

Medical Decision Making (MDM)
(Need 2/3 to select level)

Level	# Diagnosis	Data	Risk
SF	1	1	Minimal
L	2	2	Low
M	3	3	Moderate
H	4	4	High

Abbreviations

- C Comprehensive
- D Detailed
- EPF Expanded problem-focused
- FTF Face-to-face time
- H High
- L Low
- M Moderate
- MDM Medical decision making
- MIN Minimal
- PF Problem-focused
- SF Straightforward

Scenario 2

- **17 year old female has been using condoms for contraception inconsistently-**
  - Her LMP was 6 weeks ago
  - History of regular menses

Checklist

Family planning and related preventive health services

for women

Family Planning National Training Center
www.fpntc.org

	Screening components	Family planning services (provide services in accordance with the appropriate clinical recommendation): Contraceptive services[1]	Pregnancy testing and counseling	Basic infertility services	Preconception health services	STD services[2]	Related preventive health services
History	Reproductive life plan	✓	✓	✓	✓	✓	
	Medical history	✓	✓	✓	✓	✓	✓
	Current pregnancy status	✓					
	Sexual health assessment	✓		✓	✓	✓	
	Intimate partner violence				✓		
	Alcohol & other drug use				✓		
	Tobacco use	✓ *(combined hormonal methods for clients ≥35 years)*			✓		
	Immunizations				✓	✓[4] *(HPV & HBV)*	
	Depression				✓		
	Folic acid				✓		
Physical examination	Height, weight & BMI	✓ *(hormonal methods)*[3]		✓	✓		
	Blood pressure	✓ *(combined hormonal methods)*			✓[4]		
	Clinical breast exam			✓			✓[4]
	Pelvic exam	✓ *(initiating diaphragm or IUD)*	✓ *(if clinically indicated)*	✓			
	Signs of androgen excess			✓			
	Thyroid exam			✓			
Laboratory testing	Pregnancy test	✓ *(if clinically indicated)*	✓				
	Chlamydia	✓[5]				✓[4]	
	Gonorrhea	✓[5]				✓[4]	
	Syphilis					✓[4]	
	HIV/AIDS					✓[4]	
	Hepatitis C					✓[4]	
	Diabetes				✓[4]		
	Cervical cytology						✓[4]
	Mammography						✓[4]

Source: Centers for Disease Control and Prevention (CDC). (2014, April 25). Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. *MMWR, Morbidity and Mortality Weekly Reports*. Retrieved from http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf

Checklist

Family planning and related preventive health services

for men

Family Planning National Training Center
www.fpntc.org

	Screening components	Family planning services (provide services in accordance with the appropriate clinical recommendation): Contraceptive services[1]	Basic infertility services	Preconception health services[2]	STD services[3]	Related preventive health services
History	Reproductive life plan	✓	✓	✓	✓	
	Medical history	✓	✓	✓	✓	
	Sexual health assessment	✓	✓	✓	✓	
	Alcohol & other drug use			✓		
	Tobacco use			✓		
	Immunizations			✓	✓ *(HPV & HBV)*[4]	
	Depression			✓		
Physical examination	Height, weight & BMI			✓		
	Blood pressure			✓[4]		
	Genital exam		✓ *(if clinically indicated)*		✓ *(if clinically indicated)*	✓[4]
Laboratory testing	Chlamydia				✓[4]	
	Gonorrhea				✓[4]	
	Syphilis				✓[4]	
	HIV/AIDS				✓[4]	
	Hepatitis C				✓[4]	
	Diabetes			✓[4]		

Source: Centers for Disease Control and Prevention (CDC). (2014, April 25). Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. *MMWR. Morbidity and Mortality Weekly Reports.* Retrieved from http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf

Scenario 2

Reproductive Life Plan

1. Do you have any children now?

   NO

2. Do you want to have (more) children?

   MAYBE

3. How many (more) children would you like to have and when?

   UNSURE

Scenario 3

- A 35 year old female currently using condoms has a history of migraine headaches with light sensitivity. She does not experience any visual warning signs for a coming headache. She is interested in changing contraception. What methods are safe for her to consider?

A. Combined hormonal methods (pill, patch, ring)

B. Progestin implant

C. Intrauterine device

Headaches

Condition	Cu-IUD	LNG IUD	Implants	DMPA	POP	CHCs
Non-migraine	1	1	1	1	1	1*
Migraine						
Without aura (including menstrual migraine)	1	1	1	1	1	2*
With aura	1	1	1	1	1	4*

* These recommendations rely upon accurate diagnosis of headache as migraine with or without aura. They are intended for women without other risk factors for stroke. Consult full guidance for additional clarification.

Scenario 3

- **A 35 year old female has a history of migraine headaches with light sensitivity. She does not experience any visual warning signs for a coming headache. She is interested in starting contraception. What methods are safe for her to consider?**

Answer:

A. Combined hormonal methods (pill, patch, ring)
B. Progestin implant
C. Intrauterine device

All of the above, so long as she does not have other risk factors for stroke.
(If so, progestin-only methods and IUDs are safe or generally safe to use.)

Scenario 4:

- A19 y.o. woman comes to the office desiring an STD check. She has a history of chlamydia 6 months ago that was treated, and reports one new partner since then.

RLP

Reproductive Life Plan

1. Do you have any children now?
   NO

2. Do you want to have (more) children?
   MAYBE

3. How many (more) children would you like to have and when?

Sexually transmitted diseases

Condition	IUDs Init.	IUDs Cont.	Implants	DMPA	POP	CHCs
Current purulent cervicitis or chlamydial infection or gonococcal infection	4	2	1	1	1	1
Vaginitis (including trichomonas and bacterial vaginosis)	2	2	1	1	1	1
Other factors related to STDs	2*	2	1	1	1	1

*Clarification: If a woman with risk factors for STDs has not been screened for gonorrhea and chlamydia according to CDC STD treatment guidelines, screening may be performed at the time of IUD insertion and insertion should not be delayed.

Scenario 4:

- **A19 y.o. woman comes to the office desiring an IUD. She has a history of chlamydia 6 months ago that was treated, and reports one new partner since then.**

  - Q: Can you place an IUD today?
  - A: Yes, so long as she does not have purulent cervicitis or other contraindications. Perform screening for gonorrhea/chlamydia at the time of IUD insertion. Refer to the SPR for guidelines on assessment of pregnancy and follow-up.

Take Home Messages, U.S. MEC

- U.S. MEC can help providers decrease barriers to choosing contraceptive methods
- Most women can safely use most contraceptive methods
- Certain conditions are associated with increased risk for adverse health events as a result of pregnancy
  - Affected women may especially benefit from highly effective contraception for family planning
- Women, men, and couples should be informed of the full range of methods to decide what will be best for them

USSPR

US Selected Practice Recommendations for Contraceptive Use, 2016

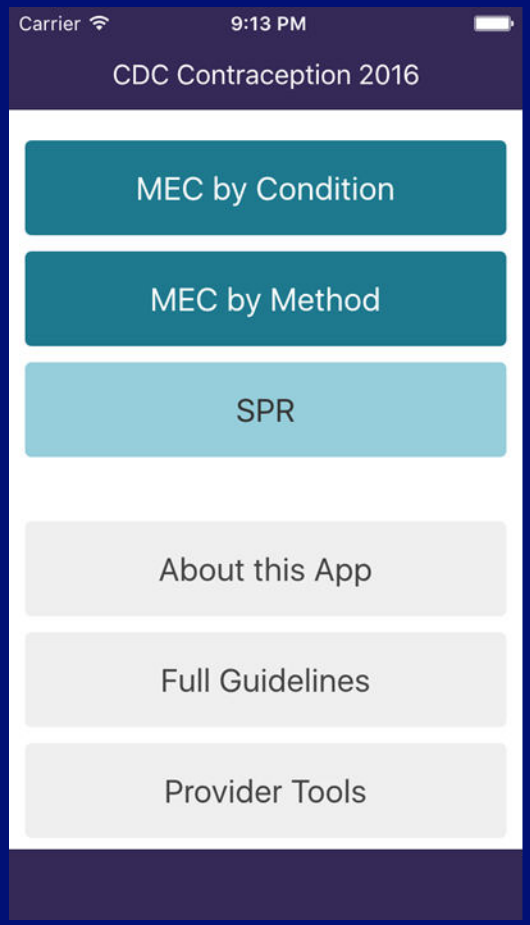
U.S. Selected Practice Recommendations for Contraceptive Use, 2016

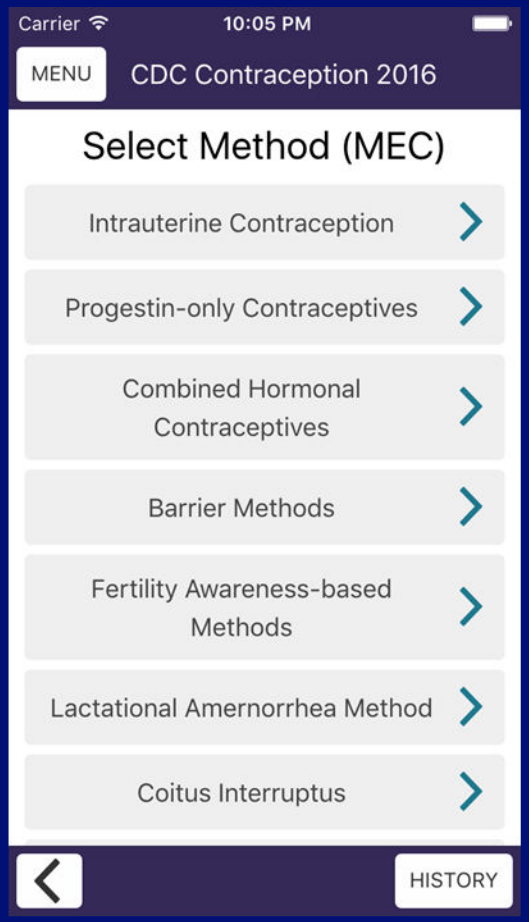
- Recommendations for contraceptive management questions
- Target audience: health care providers
- Purpose: to assist health care providers when they counsel patients on contraceptive use and to serve as a source of clinical guidance
- Content: Guidance for common contraceptive management topics such as:
  - How to be reasonably certain that a woman is not pregnant
  - When to start contraception
  - Medically indicated exams and tests
  - Follow-up and management of problems

Accessing the MEC and SPR in everyday practice

2016 U.S. MEC and SPR App

US MEC
US SPR
CDC





Using the U.S. MEC App

●○○○○ Verizon 11:29 AM

MENU CDC Contraception 2016

- Endometriosis ›
- Epilepsy§ ›
- Gallbladder disease +
- Gestational trophoblastic disease§ +
- Headaches –
  - a. Nonmigraine (mild or severe) ›
  - b. Migraine –
    - i. Without aura (this category of migraine includes menstrual migraine) ›
    - ii. With aura ›
- High risk for HIV ›
- HIV infection (Cu-IUD, LNG-IUD)§ +
- HIV infection (Implant, DMPA, POP, CHC) ›
- History of bariatric surgery§ +

HISTORY

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MENU CDC Contraception 2016

Headaches

b. Migraine

i. Without aura (this category of migraine includes menstrual migraine)

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

HISTORY

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MENU CDC Contraception 2016

Headaches

b. Migraine

i. Without aura (this category of migraine includes menstrual migraine)

⌄ †Clarifications

Classification depends on accurate diagnosis of those severe headaches that are migraines and those headaches that are not, as well as diagnosis of ever experiencing aura. Aura is a specific focal neurologic symptom. For more information about headache classification, see The International Classification of Headache Disorders,2nd edition (http://ihs-classification.org/en). Any new headaches or marked changes in headaches should be evaluated.

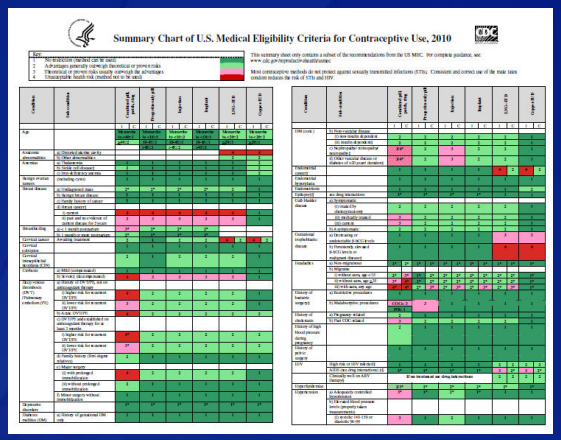
Classification is for women without any other risk factors for stroke (e.g., age, hypertension, and smoking).

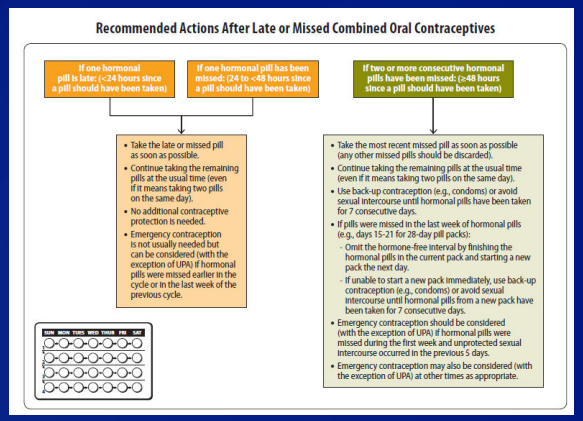
› Evidence

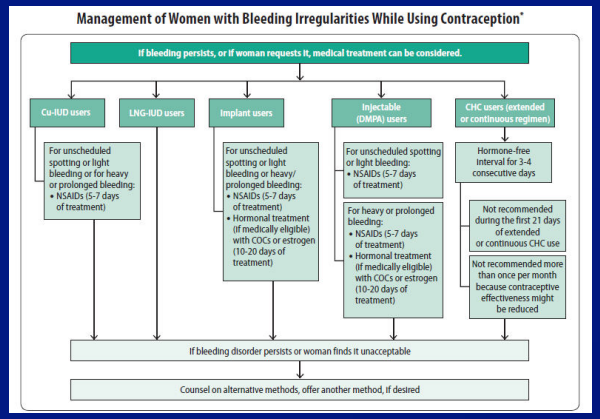
HISTORY

Summary tables and charts

- **MEC summary table in English, Spanish**
- **SPR quick reference charts**
  - When to start contraceptive methods and routine follow up
  - What to do for late, missed or delayed combined hormonal contraception
  - Management of IUD when PID is found
  - Management of women with bleeding irregularities while using contraception







Online access

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    - Medical Eligibility Criteria
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CDC Contraceptive Guidance for Health Care Providers

U.S. Medical Eligibility Criteria for Contraceptive Use, 2016 (US MEC)

The 2016 U.S. Medical Eligibility Criteria for Contraceptive Use (U.S. MEC) comprises recommendations for the use of specific contraceptive methods by women and men who have certain characteristics or medical conditions. The recommendations in this report are intended to assist health care providers when they counsel women, men, and couples about contraceptive method choice.

U.S. Selected Practice Recommendations for Contraceptive Use, 2016 (US SPR)

The 2016 U.S. Selected Practice Recommendations for Contraceptive Use (U.S. SPR) addresses a select group of common, yet sometimes controversial or complex, issues regarding initiation and use of specific contraceptive methods. The recommendations in this report are intended to serve as a source of clinical guidance for health care providers and provide evidence-based guidance to reduce medical barriers to contraception access and use.

Quality Family Planning

Providing Quality Family Planning Services (QFP) recommends how to provide family planning services so that individuals can achieve their desired number and spacing of children, increase the chances that a baby will be born healthy, and improve their health even if they choose to not have children.

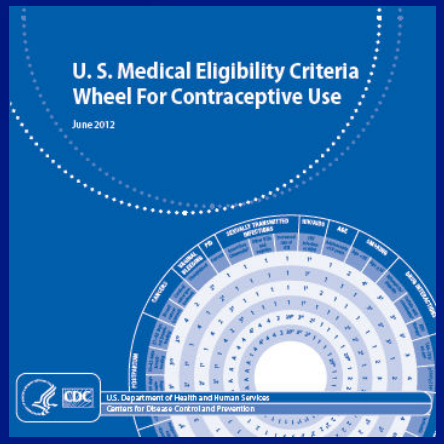
On this Page

- U.S. Medical Eligibility Criteria for Contraceptive Use, 2016 (US MEC)
- U.S. Selected Practice Recommendations for Contraceptive Use, 2016 (US SPR)
- Quality Family Planning
- Continuing Education and Speaker Ready Slides for Health Care Providers
- Additional Resources
- Social Media Tools: Badges to Share

http://wwwdev.cdc.gov/reproductivehealth/contraception/contraception_guidance.htm

Other Tools and Aids

- MEC Wheel
- Continuing Education Activities
- Speaker-ready slides
- Contraceptive Effectiveness Charts
- Online alerts to receive updates
- eBook for SPR
- Residency training and certification



Resources

- CDC evidence-based family planning guidance documents: http://www.cdc.gov/reproductivehealth/contraception/contraception_guidance.htm

- Sign up to receive alerts!

THANK YOU
FOR ALL YOU DO EVERY DAY!!

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