Reproductive Life Plan
The 2018 Priority

Brent N. Davidson MD
Vice Chair, Women’s Health Henry Ford Medical Group
Learning Goals

• Increase knowledge about the key components of reproductive life planning

• Understand how reproductive life planning relates to preconception health care

• Increase awareness about the importance of counseling all patients of childbearing age about reproductive life planning

• Increase knowledge about developing a reproductive life plan and planning a pregnancy

• Increase knowledge on the most effective methods of birth control
What is Reproductive Life Planning?

- Men and women setting life goals in terms of childbearing
- Planning the timing and spacing of pregnancies
- Identifying and modifying medical, behavioral and social factors negatively affecting pregnancy outcomes
- Managing pre-existing conditions and behaviors before, between and beyond pregnancies
Reproductive Life Planning Includes

• Planning for pregnancies or not becoming pregnant

• Access to health services for preconception/wellness services including family planning

• Care for women with past adverse pregnancy outcomes to reduce risk for future adverse outcomes, NY Times 8/11/2018

• Dialogue between health care providers and patients
Preconception Health-Global Issues

- Maternal and Paternal Environmental Factors
- Diet
- Body Composition
- Metabolism
- Stress
Relationship Between Progestin Hormonal Contraception and Depression

- 26 studies: 5 randomized control trials, 11 cohort studies, 10 cross sectional studies

- Community perceptions of increased association

- Preponderance of evidence does not support

- Major depression lifetime prevalence 7.4/100, double that of men

- FDA warning DMPA was based on 1.5% of 4200 participants reported depression and 0.5% discontinuation rate
Providing Quality Family Planning (QFP) Services

Providing Quality Family Planning Services
Recommendations of CDC and the U.S. Office of Population Affairs

Continuing Education Examination available at http://www.cdc.gov/mmwr/cmrr/cmrrcontrol.html

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Henry Ford Health System
CDC Goals for Preconception Health

• Improve the knowledge, attitudes, and behaviors of men and women related to preconception health.

• Assure that all women of childbearing age in the United States receive preconception-care services that will enable them to enter pregnancy in optimal health.

• Improve interventions following an adverse pregnancy outcome in order to reduce risk during subsequent pregnancies.

• Reduce disparities in adverse pregnancy outcomes.

Johnson K et al "Recommendations to Improve Preconception Health and Health Care-United States A Report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care" MMWR Reports and Recommendations April 21, 2006
1. Encourage men and women to have a reproductive life plan.
2. Increase public awareness about preconception health.
3. Provide risk assessment and counseling during primary-care visits.
4. Increase the number of women who receive interventions after risk screening.
5. Use the time between pregnancies to provide intensive interventions to women who have had a pregnancy that resulted in infant death, low birth weight, or premature birth.
6. Offer one pre-pregnancy visit.
7. Increase health insurance coverage among low-income women.
8. Integrate preconception health objectives into public health programs.
9. Augment research.
10. Maximize public health surveillance.
What is a RLP?

• A reproductive life plan is a set of personal goals about having or not having children, as well as the number and spacing of children if and when you choose to have them.

• Everyone (men and women) is encouraged to make a reproductive life plan based on their own values, goals, and resources.
Also known as......

• Life Plan
• Family Life Plan
• My Plan

Call it what you want......just call it something and implement with every client every time !!
Why is Reproductive Life Planning Important?

- **Lack of planning** for pregnancy and pregnancy spacing, management of health conditions affecting pregnancy outcomes, environmental risk factors, and negative health behaviors affecting pregnancy outcomes leads to:
  - unintended pregnancies
  - increased risk for preterm births
  - increased risk for low birth weight births
  - increased rates of birth defects
  - poorer health status for women
  - increased health disparities
Unintended pregnancies

• An unintended pregnancy refers only to a woman’s current pregnancy – she wanted to be pregnant later or not at all.
48.7% of pregnancies in Pregnancy Risk and Monitoring System (PRAMS) Eastern North Carolina study area were unintended.
45% of all live births in North Carolina resulted from unintended pregnancies.
In 2010, 55% of all pregnancies (109,000) in Ohio were unintended (48% in 2008).

In 2013, 729,680 Ohio women aged 13-44 were in need of publicly funded family planning services.

Publicly supported family planning centers in Ohio served 111,430 female contraceptive clients in 2013.

The services provided by family planning centers in Ohio helped avert 27,200 unintended pregnancies in 2013, which would likely have resulted in 13,500 births and 9,300 abortions.

Reference: Guttmacher Institute State Facts about Unintended Pregnancy: Ohio
Increased Abortion Rate

North Carolina Data 2007

• Abortion Fraction: 178.1 abortions per 1,000 pregnancies
• NC Total Pregnancies: 160,252
• Abortions to NC Residents: 28,545
• NC Total Births: 130,886

North Carolina abortions accounted for 17% of all reported pregnancies.

Increased Abortion Rate

28,545 abortions to NC residents in 2007

Women Receiving Abortions in NC

- 80.00%
- 70.00%
- 60.00%
- 50.00%
- 40.00%
- 30.00%
- 20.00%
- 10.00%
- 0.00%

- Teens
- Minority women
- Unmarried women
- Women with high school education or less
Increased Infant Morbidity and Mortality

NC Preterm births

<table>
<thead>
<tr>
<th></th>
<th>Whites</th>
<th>African Americans</th>
<th>Hispanics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>12%</td>
<td>20%</td>
<td>14%</td>
</tr>
</tbody>
</table>

[Image: A bar graph showing the percentage of preterm births among different racial groups in North Carolina, with African Americans having the highest percentage.]
Increased Infant Morbidity and Mortality

Preterm Births

• 13.9% of all births in N.C. in 2007 were preterm.

• African Americans are at higher risk for preterm births than Whites or Hispanics.

• Prematurity and low birth weight accounted for 18.6% of deaths for infants under 1 year old and for 27.3% of neonatal deaths (infants under 28 days old) in N.C. in 2007.
Increased Infant Morbidity and Mortality

Birth Defects

- In NC 3,000 - 3,500 babies are born each year with serious birth defects
- Birth defects are the underlying cause of 1 in 5 infant deaths in NC
- In 2007 birth defects were the cause of 18.2% of deaths for babies under 1 year old compared to 8.9% for Sudden Infant Death Syndrome
Increased Infant Morbidity and Mortality

Risks for child born preterm or low birth weight:

- insulin resistance syndrome
- coronary heart disease
- certain cancers
- vision problems
- cerebral palsy
- asthma
Increased Medicaid Costs

- In 2004, more than $18 billion was spent on neonatal intensive care for premature babies in the U.S.
- Direct employer health care costs for a pre-term baby were estimated at $41,610 versus $2,830 for a full term birth.
- In N.C. in 2005, the average Medicaid costs for a preterm baby were $19,781 versus $3,642 for a full term birth.
Increased Infant Morbidity and Mortality

Birth Defects

- Developing fetus most vulnerable between 4 and 10 weeks gestation
- Most pregnancies diagnosed at 7-8 weeks gestation
- More than 25% of all women enter prenatal care after 11 weeks
Missed Period Most susceptible time for major malformation

Weeks gestation from LMP

4 5 6 7 8 9 10 11 12

Central Nervous System
Heart
Arms
Eyes
Legs
Teeth
Palate
External genitalia
Ear

Mean Entry into Prenatal Care

California Family Health Council

Increased Abortion Rate

In the U.S., the most common reasons cited for abortion in 2005 were:

- Delaying childbearing
- Financial
- Partner
- Education/career
- Young age

Only 6% reported the reason being risk to maternal or fetal health
Timing of Etonogestrel Implant Insertion after D & E

• Primary outcome use rate at 6 months via telephone follow-up
• Placement rates 100% immediate vs 42.7% DELAYED (2-4 weeks)
• 6 month usage rates: 93% immediate vs 63% delayed
• Emphasizes importance of immediate insertion and challenges with LARC immediate placement (preapproval authorization)
Cost of Unintended Pregnancy in Sweden—a possibility to lower cost by increasing LARC usage

- 73,989 unintended pregnancies yearly cost 158 million Euros
- 5% increased LARC usage
- 3500 fewer unintended pregnancies
- Savings 7.7 million Euros
- 2.4% of unintended pregnancy costs
Who is at risk for unintended pregnancies?

- Teens
- Minority women
- Women with a high school education or less
- Women receiving Medicaid
Why is unintended pregnancy a concern?

- Increased chances of infant morbidity and mortality including preterm birth, low birth weight, birth defects
- Increased abortion rate
- Increased child abuse and neglect
- Increased Medicaid costs
- Increased risk of physical abuse and partner relationship ending for mothers
- Poorer health status for women
Increased Infant morbidity and mortality

Women who have intended pregnancies may be less likely to engage in high risk behaviors that affect birth outcomes.

- Alcohol use
  - Preterm Births
  - Birth Defects
  - Mental Retardation
  - Stillbirths
  - Miscarriage

- Tobacco use
  - Low Birth weight
  - Small for gestational age
  - Preterm delivery
  - SIDS
  - Stillbirth

- Illicit drug use
  - Fetal death
  - Brain injuries
  - Preterm birth
  - Developmental problems
  - Birth defects

Adapted from California Preconception Care Provider training, County of Los Angeles, Department of Public Health, 2003.
Increased Infant morbidity and mortality

Women with unintended pregnancies may be more likely to have pre-existing medical conditions that adversely affect birth outcomes.

- Obesity: Fetal and neonatal death, Neural tube defects, Large baby, Increased risk for obesity in child

- Hypertension: Preterm birth, Placental abnormalities, Birth defects from medications, Low birth weight

- Diabetes: Miscarriage/Still birth, Preterm birth, Birth defects, Macrosomia

- Sexually Transmitted Infections: STI Transmission to infant, Low birth weight, Miscarriage/Still birth, Eye infections or blindness, Preterm birth, Pneumonia

- Poor Mental Health: Preterm birth, Low birth weight

- Asthma: Preterm birth, Low birth weight, Small for gestational age

Adapted from California Preconception Care Provider training, County of Los Angeles, Department of Public Health, 2003

- Obese women higher rates of sterilization OR 1.96
- Obese women higher incidence iud use, OR 1.64
- Obese women lower incidence of hormonal contraception OR .78
- Possible explanations: unequal access to alternatives, awareness of increased risk of unintended birth, directive counseling from health care providers, or informed choice
Emerging Role of Obesity in Short-Acting Hormonal Contraceptive Effectiveness

• 2014 37% of US reproductive age women obese (BMI > 30 kg/m²)
• 2001 Ortho-Evra 1st to include comment on obesity (198 lb)
• “Creeping Pearl” Phenomenon
• 2007 Advisory Committee Reproductive Health Drugs advised - real world populations for studies
• Natazia, Bayer 2015 excluded BMI > 30 kg/m²)
Possible Medicaid Cost Savings

- Nationally every $1.00 invested in Title X family planning saves $3.80 in Medicaid costs for pregnancy and newborn care alone.

- NC Family Planning Waiver shows an estimated net savings to the state of $14.3 million - $17.1 million in averted births.
What is Reproductive Life Planning?

- Thinking about whether or not an individual plans to have children and
- When?
- How many?
- How often?
- And... how they can implement their plan and maintain their health now, their health during pregnancy and their baby’s health.
What to Consider in Developing a Reproductive Life Plan

- Age
- Educational goals
- Career plans
- Living situation
- Financial situation
- Social support
- Relationship with partner
- Readiness to become a parent
- Current health status
- Hereditary risk factors
- Health behaviors
What is Recommended?

- Healthy Timing and Spacing of Pregnancy to help women and families delay or space their pregnancies, to achieve the healthiest outcomes for women, newborns, infants and children

- Recommended spacing – at least 18 months between prior delivery and next conception
Increased Risks for Short Birth Intervals

When pregnancy occurs 6 months after a live birth:

Increased risk for:

- Induced abortion
- Miscarriage
- Newborn Death
- Maternal Death
- Preterm Birth, Low Birth Weight and Stillborn
Who has contact with women of childbearing age?

- Pediatricians
- Primary Care Providers
- Family Practice Physicians
- OB/GYNs
- Nurses/Nurse Practitioners/Nurse Midwives
- Physician Assistants, Health Educators, Social Workers, Nutritionists
- Community Outreach Workers
5 A’s of Reproductive Life Planning

- Sexual activity
- Intention to have child
- Use of family planning methods
- History of sexual or domestic violence
- Health history
- Current health behaviors

Adapted from Michigan Department of Community Health, 2007
5 A’s of Reproductive Life Planning

- Risks of unintended pregnancy
- Adverse outcomes of unintended pregnancies related to risk behaviors, chronic conditions or genetics
- Recommendations for healthy pregnancies, including optimal child spacing
5 A's of Reproductive Life Planning

- Patient’s understanding of risk for unintended pregnancy or adverse pregnancy outcome
- Readiness to make needed behavior change in terms of family planning use or preparing for a healthy pregnancy
5 A’s of Reproductive Life Planning

- Discuss contraception methods and offer prescriptions
- Review correct use and advocate for long-acting reversible contraceptive methods that reduce patient error
- Condom use for STI prevention
- Refer to family planning clinic, primary care provider, obstetrician/gynecologist or hotline for additional counseling and services

Adapted from Michigan Department of Community Health, 2007
5 A’s of Reproductive Life Planning

Ask
Advise
Assess
Assist
Arrange

Recommend birth control options appropriate for chronic health conditions

- Obesity
- Hypertension
- Cancer history
- Blood clotting disorders
- Sexually transmitted infections
- Age
Access to LARC Among US Publicly Funded Health Centers

- 64% (2013-14) had providers trained in all 3 LARC (hormonal IUD, copper IUD, implant)
- 21% did not offer any LARC onsite or relied on referrals
- 52% IUD (any type) and implant onsite
- Highest % at Planned Parenthood and Title-X sites
- Health Departments and rural clinics-lowest %
Routine Availability of Postpartum LARC

• Nurses' role in intra and postpartum education
• Montefiore Medical Center
• Surveys re recommendations 1yr apart
• Positive recommendation iud/implant increased from 2% to 32%
• Attitude recommendation remained negative for DMPA
Arrange follow-up appointments or services as needed to promote healthy pregnancy or prevent unintended pregnancy.
Advising for Pregnancy Planning

- Pre-pregnancy check-up
- Awareness of STIs, HIV, genetic conditions, medical conditions like diabetes, thyroid disorders, hypertension
- Awareness of risk of complications (including from prior pregnancy)
- Compliance with prenatal care visits
- Multivitamins with folic acid
Family Planning Providers Role in Offering Prep to Women

- Woman controlled
- Safe/Highly effective
- 90% protection if taken daily
- FDA approved oral tenofovir/emtricitabine
- Only 19,000 of 468,000 eligible women have been prescribed
- Racial disparities, black women 20x, Latina women 4x as likely to develop HIV
- Family planning provider-unique opportunity
Tobacco Use and Prevalence of HPV in Self Collected Cervicovaginal Swabs Between 2009 and 2014

- Nonsmoker (57.1%), Secondhand Smoke Exposure (18.4%), Smokers (24.6%)
- Cotinine—a nicotine metabolite as the biomarker
- 5,158 women (18-59yr)
- Controlled for demographics and # lifetime partners
- Odds ratio smokers 1.7, secondhand smoke 1.4 (p<0.001)
Advising for Pregnancy Planning

- Encourage no use of tobacco, alcohol, illicit drugs
- Immunization status – rubella, varicella, tetanus, pertussis, flu
- Help parents get ready – crib, living situation, car seat, baby equipment, SIDS reduction education
- Parenting and breastfeeding education
Risk of Spontaneous Abortion After Inadvertent HPV Vaccination in Pregnancy

- Quadrivalent vaccine
- Vaccine Safety Datalink-7 Integrated Health Systems
- Exposure windows: 16-22 weeks before lmp (33%), within 6 weeks of lmp (35%), during pregnancy (thru 19 weeks) (32%)
- 2,800 pregnancies
- Distal HPV vaccine exposure 10.4% miscarriage
- Peripregnancy miscarriage rate 11.2%, During pregnancy 8.6%
- Inadvertent HPV Vaccine (quadrivalent) was not associated with increased risk of miscarriage
Advising for Pregnancy Planning

- Screen for depression and domestic violence
- Help reinforce social support
- Screen for environmental stressors - no insurance, lack of housing, stressful activities in the home
Protective Behaviors

Women with unintended pregnancies are less likely to take a multivitamin during pregnancy.

Percentage of NC Women taking a multivitamin during pregnancy

60%  50%  40%  30%  20%  10%  0%

unintended pregnancy  intended pregnancy
Protective Behaviors

Mothers with unintended pregnancies are more likely to enter into prenatal care late in their pregnancies.
Keys to Success

- rapport building
- motivational counseling
- goal setting

→

progress towards behavior change
Keys to Success

• Find the individual motivation for current behaviors and desired changes

• Help patients choose goals that they can succeed at making

• Preparation and motivation compensate for lack of confidence or will power
Cost-effectiveness of emergency contraceptive options over 1 year

- Ulipristal acetate
- Oral levonorgestrel
- Copper intrauterine device
- Oral levonorgestrel plus same day levonorgestrel iud
- Over 1yr the most cost effective was the copper iud
- Summation of cost of the therapy plus accounts for the failure rates
Getting Started

Talk to patient about current behaviors, motivators, and barriers

- What changes would you like to make?
- Why is this important to you?
- What's keeping you from making changes?
- What would make it easier for you to change?
- What do you need in order to make the change?
Next steps

Goal for practitioner: move patient through stages of change to reach maintenance stage

Goal for patient: make realistic goals to improve health behaviors
Take home message

• Encourage your patients to pick one wellness/preconception health concern and work towards achieving their health and wellness goal.

• Ask all of your patients about reproductive life planning! Just one simple question can get the ball rolling and the conversation will naturally follow.
Preconception Visit Appointment Guide

If you are sexually active, make an appointment with your doctor to talk about your preconception health. Bring this list of talking points to be sure you don’t forget anything. If you run out of time at your visit, schedule a follow-up visit to make sure everything is covered.

<table>
<thead>
<tr>
<th>Ask your doctor about:</th>
<th>Write down what your doctor says here:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family planning and birth control</td>
<td></td>
</tr>
<tr>
<td>Taking folic acid</td>
<td></td>
</tr>
<tr>
<td>Vaccines and screenings you might need, including a Pap test and tests for sexually transmitted infections</td>
<td></td>
</tr>
<tr>
<td>Health problems you have, including how pregnancy may affect, or be affected by, health problems</td>
<td></td>
</tr>
<tr>
<td>Medications you use, including prescription, over-the-counter drugs, and herbal/natural supplements</td>
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<tr>
<td>Ways to improve your overall health and avoid illness</td>
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<tr>
<td>Quitting smoking</td>
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<tr>
<td>Alcohol use</td>
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<tr>
<td>Hazards in your home or workplace that could affect pregnancy</td>
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<tr>
<td>Health problems that run in your family</td>
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<tr>
<td>Problems you’ve had with prior pregnancies</td>
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<tr>
<td>Social support concerns, including domestic violence</td>
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<tr>
<td>Your partner’s health and family history</td>
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</tbody>
</table>
Why is RLP important?

• **Lack of planning** for pregnancy and pregnancy spacing, management of health conditions, environmental risk factors, and negative health behaviors that affect pregnancy outcomes leads to:
  - unintended pregnancies
  - increased risk for preterm births
  - increased risk for low birth weight births
  - increased rates of birth defects
  - poorer health status for women
  - increased health disparities
  - increased risk of infant mortality

http://www.cdc.gov/preconception/hcp/recommendations.html
“If you fail to plan, you plan to fail”
Prevent unintended pregnancies and promote optimal birth spacing

- Women who have very closely spaced pregnancies (within 6 months of a previous live birth or pregnancy) are more likely to have preterm or low-birth weight babies.

- The correct, consistent use of family planning methods leads to more women spacing their pregnancies 18 to 24 months apart.

- Encouraging family planning and the use of contraceptive methods has other advantages including reductions in maternal and infant mortality, lower rates of unintended pregnancies, and prevention of STIs, including HIV.
Contraception

• Various methods
  • Implant
  • IUD
  • Shot
  • Pill
  • Patch
  • Ring
  • Condom
  • Withdrawal
  • Natural Family Planning
  • Spermicide
# Birth Control Choices

## Your Birth Control Choices

<table>
<thead>
<tr>
<th>Method</th>
<th>How well does it work?</th>
<th>How to Use</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Implant (Mirena®)</td>
<td>&gt; 99%</td>
<td>Long (20 years), may need removal; no pill to take daily</td>
<td>Effective contraception; can be used while breastfeeding; can be removed at any time</td>
<td>May cause irregular bleeding; may cause heavy bleeding/periods; may cause amenorrhea</td>
</tr>
<tr>
<td>Progesteron IUD (Cu530®, Mirena®, Nexplanon®)</td>
<td>&gt; 99%</td>
<td>Must be placed by a health care provider; usually removed by a health care provider</td>
<td>May reduce periods and bleeding; can be used while breastfeeding; can be removed at any time</td>
<td>May cause heavier periods; may cause spotting; may cause cramping; may cause amenorrhea</td>
</tr>
<tr>
<td>Copper IUD (ParaGard®)</td>
<td>&gt; 99%</td>
<td>Must be placed by a health care provider; usually removed by a health care provider</td>
<td>May reduce the risk of ectopic pregnancy; can be used while breastfeeding; can be removed at any time</td>
<td>May cause heavier periods; may cause spotting; may cause cramping</td>
</tr>
<tr>
<td>The Shot (Depot-Religare®)</td>
<td>94.99%</td>
<td>One shot every 3 months. Usually administered in a doctor’s office.</td>
<td>May reduce the risk of pregnancy; may reduce the risk of endometriosis; may reduce the risk of fibroids</td>
<td>May cause spotting, weight gain, depression, breast pain, acne, or skin changes; change in sex drive</td>
</tr>
<tr>
<td>The Pill (Oral Contraceptives)</td>
<td>91.99%</td>
<td>Must be taken daily, usually morning or immediately before sex.</td>
<td>Effective contraception; may help regulate the menstrual cycle; may reduce the risk of ovarian cancer</td>
<td>May cause spotting, weight gain, depression, breast pain, acne, or skin changes; change in sex drive</td>
</tr>
<tr>
<td>Progesteron-Only Pills</td>
<td>91.99%</td>
<td>Must be taken daily, usually morning or immediately before sex.</td>
<td>Effective contraception; may help regulate the menstrual cycle; may reduce the risk of ovarian cancer</td>
<td>May cause spotting, weight gain, depression, breast pain, acne, or skin changes; change in sex drive</td>
</tr>
<tr>
<td>The Patch (Ortho Evra®)</td>
<td>91.99%</td>
<td>Must be replaced every 3 weeks.</td>
<td>Effective contraception; may help regulate the menstrual cycle; may reduce the risk of ovarian cancer</td>
<td>May cause spotting, weight gain, depression, breast pain, acne, or skin changes; change in sex drive</td>
</tr>
<tr>
<td>The Ring (NuvaRing®)</td>
<td>91.99%</td>
<td>Insert a small ring into the vagina; change ring each month.</td>
<td>Effective contraception; may help regulate the menstrual cycle; may reduce the risk of ovarian cancer</td>
<td>May cause spotting, weight gain, depression, breast pain, acne, or skin changes; change in sex drive</td>
</tr>
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*Reproductive Health Access Project / April 2015*
The Implant (Nexplanon)

- >99% effective
- Small implant placed under the skin in the upper arm
- Lasts up to three years
- Worry free
- Can cause irregular bleeding but may have no period at all
- May improve period cramps
- Safe while breastfeeding
- Can become pregnant as soon as it is removed
- Continue use of condoms to protect against HIV or STIs
Healthy planned pregnancy after Nexplanon removal
Introducing Reproductive Life Planning

• I’d like to ask you some questions, unrelated to the reason of your visit. Some of them may feel personal, however we ask these questions of all our patients to help us provide quality, preventive health care.
Progestin IUD (Mirena, Skyla, Kyleena Liletta)

- >99% effective
- Small T shaped device placed in the uterus by a health care provider
- Mirena lasts up to 5 years, Skyla 3 and Liletta 4 years
- Worry free
- May cause lighter periods, spotting, or no periods at all
- May improve period cramps
- Safe while breastfeeding
- Can become pregnant as soon as it is removed
- Continue use of condoms to protect against HIV and STIs
Racial and Ethnic Differences in patterns of LARC

• Among White and Hispanic Women with prior unintended pregnancy - increased use of LARC
• Did not hold up for Black Women
• Emphasizes need for sensitive, responsible, patient centered counseling
• Autonomy
Copper IUD (ParaGard)

- >99% effective
- Small T-shaped device placed in the uterus by a healthcare provider
- Lasts up to 12 years
- Worry free
- May cause cramps and heavier periods
- May cause spotting between periods
- Safe while breastfeeding
- Can become pregnant as soon as it is removed
- Continue use of condoms to protect against HIV and STIs
LARC recommendations

• The American College of Obstetricians and Gynecologists (ACOG) recommends the use of LARC among women, including adolescents, as the most effective and safe form of reversible contraception.

• Recommendation that LARC be offered as “first line” option of contraception using client centered tiered counseling.

• RLP is excellent way to begin the discussion about contraception, beginning with the most effective.
LARC Facts

• 20 times more effective than birth control pills, the patch or the ring
• Safe for women who have not had children, as well as adolescents who are sexually active
• Safely inserted and removed by a health care provider
• Reversible and pregnancy can be achieved soon after removal
• Recommended by the American Academy of Pediatrics (AAP) as first-line contraceptive choice for adolescents in teen pregnancy prevention
Impact of Presidential Election on LARC

- UCLA University Health Center
- LARC uptake more than doubled compared with 1 year prior
- 123% increase
- 53 (8 weeks prior to election) to 118 (8 weeks following election) p = 0.02
IUD Insertion Before and After Mandated Health Care Coverage

• 75% out of pocket expense 2009 = $368

• 75% out of pocket expense 2014 = $0

• Highest increase in utilization was in plans that went from high out of pocket expense to no out of pocket expense
“Before you plant the seeds, make sure you can tend the flowers”
Let’s Develop a Plan
A RLP consists of...

- Choices --- One Key Question (Opens discussion for contraceptive options)
- Personal Habits
- Emotional Health
- Health History
- Family History
- Future Goals
One Key Question
Do you want to have a baby in the next year?

If no........

Do you have a plan to delay it?
Let’s talk about your contraceptive options.

If yes........

Prenatal vitamins with folic acid. Birth Spacing – How much space do you plan to have between your pregnancies?
One Key Question Responses

• “I’m not ready to have children now because I want to finish school first. I’ll make sure I don’t get pregnant. Either I won’t have sex, or I’ll use birth control, every time!”

• “I want to have children when my relationship feels secure and I’ve saved enough money. I have diabetes so, when it’s time, I’ll go see my doctor to make sure my body is ready for pregnancy. In the meantime, I’m taking really good care of myself just for me.”

• “I’ve had two kids, and they were only a year apart. Both times, it just happened. I want to have another kid, but I want to wait at least two years. I’ll talk to my doctor about timing between pregnancies. This time, I’m going to make sure I only get pregnant when I want to.”
<table>
<thead>
<tr>
<th>Question</th>
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<tbody>
<tr>
<td>Do you smoke?</td>
</tr>
<tr>
<td>Do you drink?</td>
</tr>
<tr>
<td>Do you have multiple sexual partners?</td>
</tr>
<tr>
<td>Do you use drugs?</td>
</tr>
</tbody>
</table>
# Emotional Health

<table>
<thead>
<tr>
<th></th>
<th>Think positively</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Identify your strengths</td>
</tr>
<tr>
<td></td>
<td>Take care of your body</td>
</tr>
<tr>
<td></td>
<td>Healthy Relationships</td>
</tr>
<tr>
<td></td>
<td>Safety</td>
</tr>
</tbody>
</table>
## Health History

<table>
<thead>
<tr>
<th>Condition</th>
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</thead>
<tbody>
<tr>
<td>Asthma</td>
</tr>
<tr>
<td>Depression</td>
</tr>
<tr>
<td>Sexually Transmitted Diseases</td>
</tr>
<tr>
<td>High Blood Pressure</td>
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<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Seizures</td>
</tr>
<tr>
<td>Obesity</td>
</tr>
</tbody>
</table>
## Family History

- A baby born too soon or too small
- High blood pressure during pregnancy
- Miscarriage
- Stillbirth
- Birth Defects
- Diabetes or Gestational Diabetes
- Heart or lung disease
## Future Goals

<table>
<thead>
<tr>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dreams</td>
</tr>
<tr>
<td>Education</td>
</tr>
<tr>
<td>Career</td>
</tr>
<tr>
<td>Committed Relationship</td>
</tr>
<tr>
<td>Housing</td>
</tr>
<tr>
<td>Manage Stress</td>
</tr>
<tr>
<td>Lose Weight</td>
</tr>
</tbody>
</table>
Providing Quality Family Planning Services to the LGBTQIA Individuals

- Facilitators and barriers understudied

- Paucity of information on providing optimal family planning services
Sample Dialogue
Madi is a 22 year old African American woman presenting for her post partum visit

• Doc: “Good morning, Madi. It's good to see you again. I haven't seen you since you learned you were pregnant. How did your pregnancy go?”

• Madi: “Well, I felt pretty good while I was pregnant until the end. The baby came early and had to stay at the hospital for six weeks after he was born.”

• Doc: “I'm sorry to hear about your difficulties with your pregnancy. I can only imagine how hard it was for you to have your son in the hospital after his birth. Is he doing okay now?”

• Madi: “He's doing pretty well.”

• Doc: “I'm glad to hear that. Now, how can I help you today?”

• Madi: “Well, the nurse at the hospital gave me an appointment to see you after I had the baby.”
Sample Dialogue cont....

• Doc: “I am very glad that you are following up with me. Fortunately, your son is doing well now and we want to make sure that you take care of your own health, as well as any future children you may have. Are you planning to have more children in the future?” (One Key Question)

• Madi: "I'd like to have another baby but not for a while. I need to take care of myself and my son right now."

• Doc: "Have you used contraception in the past?"

• Madi: “Yeah, I took the pill once but I kept forgetting to take it and I got pregnant.”

• Doc: "Thank you for sharing this important information with me. Let’s talk about some contraceptive options that will work best for you and develop a plan to make sure you are as healthy as possible for when you decide to have another baby."
Reproductive Life Plan

Name: __________________________________________ Date: __________________________

Do you want to have children one day?  [ ] Yes  [ ] No

If yes:

At what age you would like to have children? ________________________________
How many children would you like? ________________________________
How far apart would you like your children to be? ________________________________
Are you now using birth control method?  [ ] Yes  [ ] No

If no:

What will you do if you do become pregnant? ________________________________

Personal Habits

Do you smoke?  [ ] Yes  [ ] No
Do you drink?  [ ] Yes  [ ] No
If yes, how much? ________________________________

Are you having sex with more than one partner/person?  [ ] Yes  [ ] No
Do you sometimes go on unhealthy diets or overeat?  [ ] Yes  [ ] No
Do you use street drugs or prescription drugs for fun?  [ ] Yes  [ ] No

Emotional Health

When you feel sad do you bounce back quickly or feel sad for 2 weeks or more? __________
How often do you feel nervous, anxious, or worried? ________________________________
How do you calm yourself down if you are angry? ________________________________
Is there anyone in your life who physically hurts you?  [ ] Yes  [ ] No
Is there anyone in your life who often says hurtful or mean things?  [ ] Yes  [ ] No

Important Vaccinations – Check vaccinations you have received.

[ ] Tetanus  [ ] Varicella (chicken pox)
[ ] Hepatitis  [ ] Measles, Mumps, Rubella
[ ] Hepatitis B  [ ] Inactivated Polio Virus
[ ] Gardasil  [ ] Pertussis (whooping cough)

Family History – Check those which have happened in your immediate family.

[ ] A baby born too soon or weighing less than 5 ½ lbs
[ ] High blood pressure in pregnancy
[ ] Diabetes in pregnancy  [ ] Stroke
[ ] Two or more miscarriages  [ ] Asthma
[ ] Stillborn baby  [ ] Heart or Lung Disease
[ ] Baby with a heart defect  [ ] Other:
Personal Goals:

- I will take a daily multivitamin or prenatal vitamin with folic acid.
- I will start exercising or exercise more often.
- I will **quit** smoking or **smoke less**.
- I will **increase** or **always** use condoms when having sex.
- I will **quit** or **decrease** the amount of alcohol or drugs I use.
- I will **increase, maintain** or **reduce** my weight.
- I will not get pregnant until I am ready by not having sex or by always using birth control.

Other: ____________________________________________________

_________________________________________________________

Professional Goals:

1. _______________________________________________________
   _______________________________________________________
   _______________________________________________________

2. _______________________________________________________
   _______________________________________________________
   _______________________________________________________

More Information Provided About:

- Birth Control Methods
- Physical Abuse
- Overeating
- Smoke Cessation
- Emotional Abuse
- Vaccinations
- Alcohol Abuse
- Anxiety and Stress
- Drug Abuse
- Unhealthy Dieting
- Sexually Transmitted Diseases
Getting Started

• Develop a RLP template.
• Implement the RLP with every client.
• Set simple, realistic goals.
• Encourage the client to pick one preconception health concern and work on achieving that goal.
• Get the talk started.....one simple question or thought can motivate the client to improve health behaviors.
What’s your life plan?

Do you hope to have any (more) children? If so, how many?

How long do you plan to wait until you (next) become pregnant?

How will you prevent pregnancy until you are ready to get pregnant?

Your health care provider can help you achieve your reproductive life plan. Will you start that conversation today?

What’s your life plan?

Do you hope to have any (more) children? If so, how many?

How long do you plan to wait until you (next) become pregnant?

How will you prevent pregnancy until you are ready to get pregnant?

Your health care provider can help you achieve your reproductive life plan. Will you start that conversation today?
1. Decide what you want from life.
   - Do you want to go to college?
   - What career are you interested in?
   - Do you want to have a relationship?
   - Do you want a family someday?

Abstinence
The only best option that way to not have a baby and to avoid STDs is to not have sex.

2. Develop healthy relationships.
   - Be in touch with your feelings and know what makes you happy.
   - It might seem like everybody else is doing it, but they’re not. It’s perfectly OK not to have sex. And if your boyfriend or girlfriend press you to have sex, you don’t have to do it with them.
   - Are there people you can talk to when you’re feeling sad or depressed? Don’t be afraid to talk to a parent, relative or friend. Talk to them about the same.

And why should I care now?
Now’s the time to start deciding what you want for your life, and that’s where the life plan comes in. It will help you take better care of yourself and set goals. And most important, it will help you understand how your pregnancy will affect your goals.

Being a parent won’t be easy for you. Be informed so you can take the best care possible of your health—and stay true to your dreams.

This guide will help you get started. That way, when the time comes, you’ll be ready.

http://everywomancn.com
Are you ready?
Sex and your future

Are you...

- Having sex but not ready for kids?
- Ready to think about if children fit into your future?
- Already a parent and want to think about if more children fit into your plan?
- Not sure you’re ready to plan but willing to talk about it?

What’s your plan?
This booklet will help you consider:
- Whether or not you want to have children
- How many children you want to have and when you want to have them
- Preventing a pregnancy until you are ready
- Your goals to improve your personal health
How to Make a Plan

Thinking about your goals for having or not having children and how to achieve these goals is called a reproductive life plan. There are many kinds for reproductive life plans. Your plan will depend on your personal goals and dreams.

First, think about your goals for school, for your job or career, and for other important things in your life. Then, think about how having children fits in with those goals. If you do not want to have children (now or ever), think about how you will prevent pregnancy and what steps you can take to be as healthy as possible. If you do want to have children one day, think about when and under what conditions you want to become pregnant. This can help ensure that you and your partner are healthy and ready when you choose to have a baby.

Try to include as many details as possible in your plan. Some people find it helpful to write their plan down on a piece of paper or in a journal. Be sure to talk with your health care professionals. Doctors and counselors can help you make your plan and achieve your goals.

Questions to Get Started if You Do Not Want to Have Children

When making a reproductive life plan, the following questions might be helpful. These are probably not all of the questions that you will want to ask yourself, but they will help you to get started.

If you **DO NOT** want to have children, you might ask yourself:
- How do I plan to prevent pregnancy? Am I sure that I or my partner will be able to use the method chosen without any problems?
- What if I become pregnant by accident?
- What steps can I take to be as healthy as possible?
- What medical conditions (such as diabetes, obesity, mental health issues, and high blood pressure) or other concerns (such as smoking and using drugs) do I need to talk about with my doctor?
- Is it possible I could ever change my mind and want to have children one day?
Questions to Get Started if You Do Want to Have Children

If you **DO** want to have children one day, you might ask yourself:
- How old do I want to be when I start and when I stop having children? How many children do I want to have?
- How many years do I want between my children?
- What method do I plan to use to prevent pregnancy until I’m ready to have children? Am I sure that I or my partner will be able to use this method without any problems?
- What, if anything, do I want to change about my health, relationships, home, school, work, finances, or other parts of my life to get ready to have children?
- Are there any hazards in my home or workplace that could affect a pregnancy? How can these be addressed?
- What steps can I take to be as healthy as possible (such as eating right, getting to or maintaining a healthy weight, and taking prenatal vitamins) before getting pregnant?
- What medical conditions (such as diabetes, obesity, high blood pressure) and mental health issues (such as anxiety or depression) or other concerns (such as smoking and using drugs) do I need to talk about with my doctor?
- What medications (including prescription, over-the-counter, and herbal/natural supplements) am I currently on and how could they affect pregnancy? Is it safe to continue taking them throughout pregnancy?

Take Action

Once you have a plan, take action. For example, if you decide to use birth control, make sure to use it consistently and appropriately. Or, if you decided to quit smoking, follow through and get help if needed.

Keep in mind that your plan doesn’t have to be set in stone. Life is unpredictable! So, make a plan today, give it some thought each year, and expect to make changes along the way.
Examples of Plans

The following are some examples of reproductive life plans:

- I’ve decided that I don’t want to have any children. I will find a good birth control method. Even though I don’t want to have children, I will talk to my doctor about how I can be healthier.

- I am in a good relationship and I’m pretty healthy. I want to stop using birth control and try to get pregnant. I’m going to talk to my doctor to find out what I can do to have a healthy pregnancy.

- I’ve had two kids only a year apart. Both times, it just happened. I want to have another kid before I turn 36, but I want to wait at least 2 years. I’ll talk to my doctor about birth control. This time, I’m going to make sure I get pregnant only when I want to.

- My partner and I have been discussing getting pregnant, but I am on a lot of medications for other health issues. I am going to make an appointment to discuss my medications and health issues with my doctor so I can be sure that me and my baby are healthy during my pregnancy.

- My partner and I are ready to have a child, but we’ll need to use a sperm bank or fertility service to get pregnant. I’ll make sure I’m in good health and financially stable before we use those services.

My Plan

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
LARC First

- www.larcfirst.com
- Contraceptive Choice Project
- Education
- Evidence
- Counseling
- Resources for patients
- Resources for providers
- Resources for staff
How Does Oral Contraceptive Use Affect One’s Risk of ovarian, endometrial, breast, and colon cancer

- Overall net decrease in developing cancer
- Significant decrease in both breast and ovarian, benefit increases with longer duration
- Ovarian reduction persists regardless of smoking status, BMI, alcohol use, physical activity level
- Endometrial-largest reduction in current smokers and those w/BMI > 30kg/m2.
- Trend toward slight increase risk of breast cancer.
- Danish Cohort Study rr 1.2, differences in study design, populations.
Oral Contraceptives and Cancer Risk

- Net decrease of developing any cancer for OC users
- Weigh cancer risk vs risks of unintended pregnancy
- Maternal Mortality 26.4 deaths/100,000 women
- Highest published estimates of HC-attributable breast cancer = 13 cases/100,000 women, 2 incremental cases of breast cancer/100,000 women 35 years or younger
- Economic burden unintended pregnancy-21 billion dollars/year
- 42% of unintended pregnancies end in abortion
Who can provide a RLP??

- Nurses/NP/PA
- OB/GYN Provider
- Primary Care Providers
- Pediatrician
- Health Educators
- Social Workers
- Community Outreach Workers
- Dieticians
Keys to Success

- Keep it SIMPLE !!!!
- This process is already being provided..........we are just giving it a proper name
- Empower the client.....this is their life plan
- Be patient.......not everyone is going to want to plan
- Motivate.....make it interesting and fun for the client
Summary

Reproductive Life Planning

Intended pregnancies

Better birth outcomes and healthier women, men and babies
Resources

• References
  • http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1592152/
  • http://www.acog.org/~/media/For%20Patients/faq056.pdf?dmc=1&ts=20130228T0917280119
  • Some information in presentation was retrieved from the Women’s Health Branch, NC DHHS, Division of Public Health
  • www.aap.com

• Tools for Health Professionals
  CDC has developed a Reproductive Life Plan (RLP) Tool for health professionals. The RLP Tool contains questions that health professionals can use with their patients.
  • http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm CDC recommendations for Preconception Health
  • http://www.beforeandbeyond.org/
  • http://www.beforeandbeyond.org/?page=cme-modules Continuing Education Modules
  • http://somedaystartsnow.com/
  • http://manupplanup.com Great resource for guys
  • www.reproductiveaccess.org

• Reproductive Life Plan templates
  • http://dhss.delaware.gov/dph/chca/files/teenlifeplanfinal.pdf