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CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE
Putting Health Care Where Kids Are

Counseling, Patient-Centered Language & LARC Doulas: Improving the LARC Experience in School-Based Health Centers

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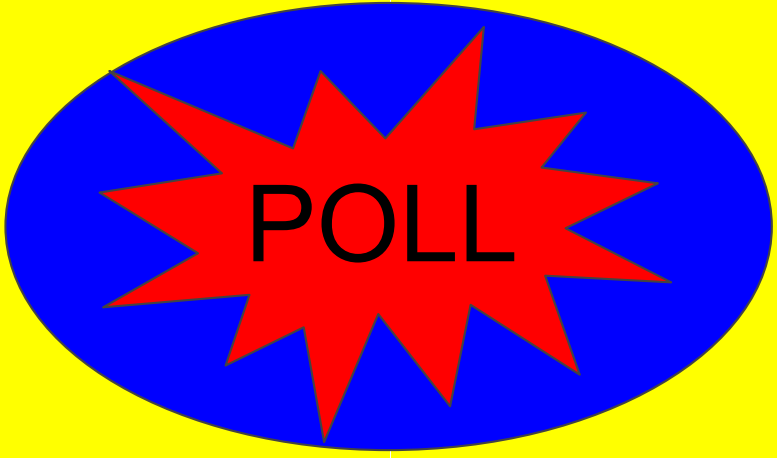
Arin Kramer has been funded by The Joseph and Vera Long Foundation to expand doula training at La Clínica de la Raza, Oakland, CA.

Lisa Mihaly is a certified Merck Nexplanon trainer.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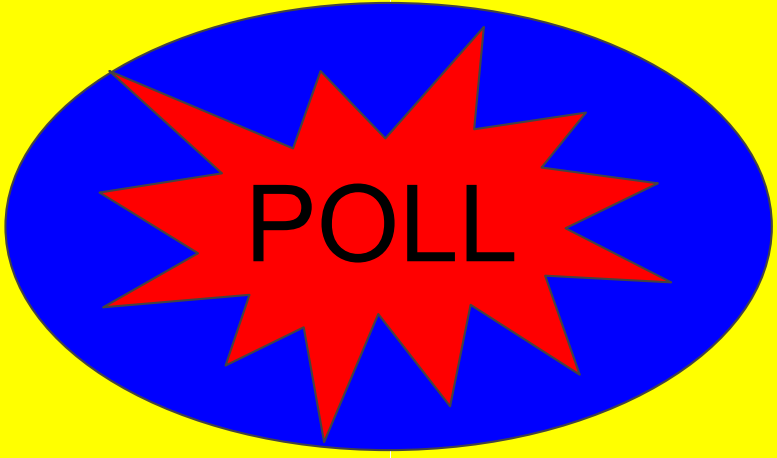

POLL

LARC Recommended as First Line Contraception for Teens

Long-acting reversible contraceptives (LARC) have higher efficacy, higher continuation rates, and higher satisfaction rates compared with short-acting contraceptives among adolescents who choose to use them.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

POLICY STATEMENT

Contraception for Adolescents

abstract

FREE

Contraception is a pillar in reducing adolescent pregnancy rates. The

COMMITTEE ON ADOLESCENCE

KEY WORDS

contraception, adolescent, birth control, intrauterine device, contraceptive implant, oral contraceptive pills, contraceptive

ACOG COMMITTEE OPINION

Number 735 • May 2018

(Replaces Committee Opinion Number 539, October 2012)

Committee on Adolescent Health Care
Long-Acting Reversible Contraception Work Group

This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Adolescent Health Care and the Long-Acting Reversible Contraception Work Group in collaboration with Committee member Ashlyn H. Savage, MD and Sarah F. Lindsay, MD, on behalf of the Long-Acting Reversible Contraception Work Group.

Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices

ABSTRACT: The phenomenon of adolescent childbearing is complex and far reaching, affecting not only the adolescents but also their children and their community. The prevalence and public health effect of adolescent

The Contraceptive CHOICE project (2012), ages 14-25

Method	Continuation rate	Very Satisfied
LNG IUD	80.60%	65.70%
Copper IUD	75.60%	56%
Implant	82.20%	54%
DMPA	47.30%	37.30%
OCPs	46.70%	33.10%
Patch	40.90%	30%
Ring	31%	29.10%

Rosenstock et al., 2012

As part of Missouri CHOICE project, adolescents and young adults were offered free contraception with follow up at one year.

Contraceptive & Non-Contraceptive Benefits of LARC: a Teen View

CONTRACEPTIVE

- Not dependent on willingness of partner or need for use at the time of sexual activity
- Don't have to think about it, or hide BC from parents
- Less weight gain, generally, compared to injection
- Long-term – "college" plan for teens who desire postponing pregnancy until mid-20s

NONCONTRACEPTIVE

- Light to no periods – advantages to:
  - Teens with menorrhagia w or w/o bleeding disorders
  - Teens w disabilities who have difficulties with menstrual hygiene
  - Trans and non-binary youth with a uterus who prefer not to menstruate - lack of estrogen an additional advantage

Disadvantages of LARC: a Teen View

- Distrust of method - myths re long-term effects on fertility
- Distrust of medical system – don't want a method "I can't stop on my own"
- Dislike need for an insertion procedure
- May prefer regular menstrual cycle
- May desire non-contraceptive benefits of combined hormonal contraception
  - Regular cycle
  - Acne improvement

Adolescent Reproductive Access in the US

– Minors in US have no legal rights

- US only country that hasn't ratified UN Convention on the Rights of the child - several provisions imply confidentiality rights
- Limited privacy exceptions, vary from state to state

Structural inequities: geographic, transportation, economic access

Provider bias: age-related, racial/ethnic, gender, perceived socio-economic status

https://www.ncjw.org/wp-content/uploads/2017/12/RJ-RH-RR-Chart.pdf

US Adolescent Reproductive Rights

Reproductive rights = legal access to reproductive & sexual health services

Reproductive justice = human right to practice autonomy over one's own reproductive & sexual health: ex: choosing when & if to reproduce, financial/geographic access to method of choice

Adolescents have rights to confidential access to contraception (state law):

- in 27 states & DC, with no restrictions
- in 29 states under special circumstances (e.g. married, past pregnancy, health issues, minor consent age)
- 4 states have no relevant regulations.
- Provider may inform parents of confidential care in 8 states & STI treatment in 18 [right to consent ≠ right to privacy]

CA Adolescent Reproductive Rights

Reproductive rights = legal access to reproductive & sexual health services

Reproductive justice = human right to practice autonomy over one's own reproductive & sexual health: ex: choosing when & if to reproduce, financial/geographic access to method of choice

Adolescents have rights to confidential access to contraception :

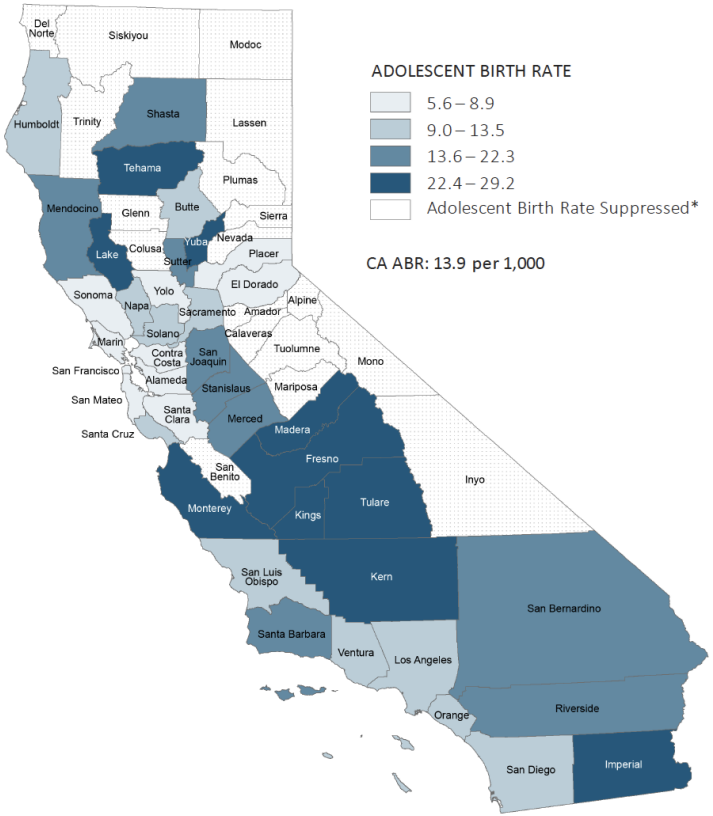
No lower age limit

Adolescents have rights to confidential access to STI testing and treatment :

12 and up

California Adolescent Birth Rates 2018

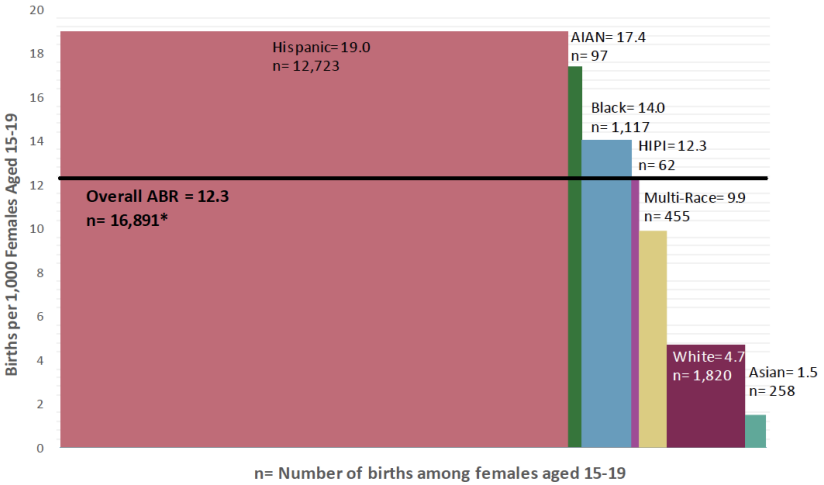
Figure 9: Map of Adolescent Birth Rate Among Females Aged 15-19, by County, California, 2016 2018



Notes: Three years of data (2016-2018) were aggregated to produce stable birth rates.

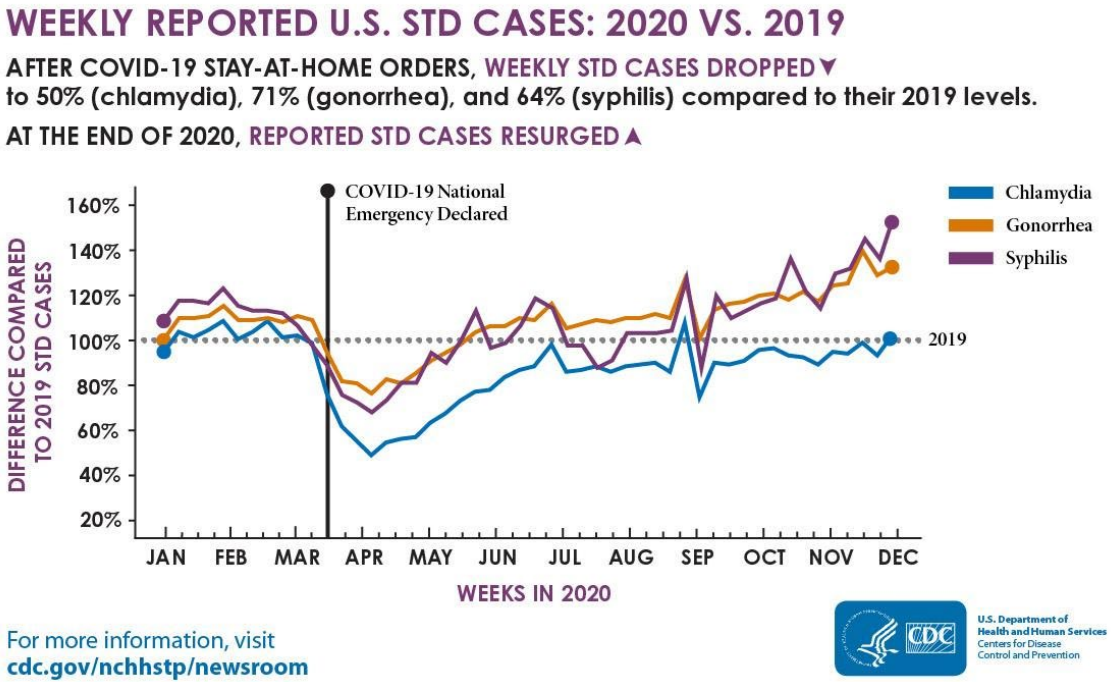
** Data suppression as per Health & Human Services DDG.*

Figure 6: Adolescent Birth Rate and Number of Total Births among Females Aged 15-19, by Race and Hispanic Ethnicity, California, 2018



https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/CDPH%20Document%20Library/Adolescents/Adolescent-Births-in-CA-2018.pdf

Adolescent STI rates during pandemic



Reproductive Coercion in the US

Reproductive coercion : Interfering with an individual's right to make autonomous decision about their reproductive and sexual health

- Rampant worldwide for poor, indigenous, minority populations
- Has been part of national policies to control/increase population
- Has included forced sterilization , often individual not informed

African American, Latinx, indigenous, and disabled persons have experienced **reproductive coercion** around both LARC device placement and removal.

- In the 1990s, court judges offered Norplant (precursor to Nexplanon) in exchange for lighter sentencing or to avoid federal prison terms
- In California, additional public benefits were offered to women on public assistance if they agreed to have Norplant inserted.

Reproductive Coercion in the U.S.

- One cannot discuss LARC promotion without first acknowledging how these methods have been used to control fertility of particular communities over the past decades

- Barriers to removal - current practices promote same-day LARC insertions, but may require multiple visits for LARC removal
    - May increase adolescent mistrust and reluctance to have LARC inserted
    - Important to review/revise these clinic policies if the effect is coercive

Joint Statement of Reproductive Justice Guiding Principles (SAHM endorsed)

- Patients have the right to choose any method of birth control (or to choose not to use birth control), free of persuasion.
- Patients have the right to prompt removal of an IUD or implant for any reason, without judgement or resistance from their provider.
- Patients should receive medically accurate, unbiased, and culturally relevant information about (and access to) the full range of contraceptive methods.
- Contraception as part of a healthy sex life beyond fear of pregnancy, recognizing noncontraceptive reasons individuals may seek methods

Partial list - Source: https://www.nwhn.org/wp-content/uploads/2017/02LARCStatementofPrinciples.pdf

Implementing a Reproductive Justice Approach

- Remember that the adolescent is the expert on their own life

- Avoid a biased presentation of options

- Avoid a one-size-fits all approach; elicit context &priorities from the patient

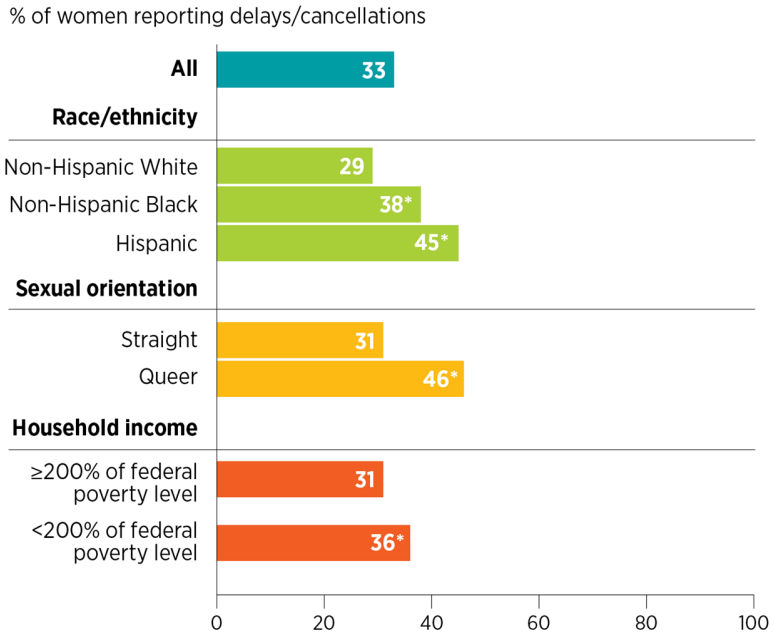
- It's not about you (or what *you* think is best for the patient)

- Dispel myths with accurate information and without ostracizing or condescending - recognize the context of mistrust

- Discontinue a method for a patient whenever they want; and explain to them during counseling that they have full control to decide when that is

The Sexual and Reproductive Health of Adolescents and Young Adults During the COVID-19 Pandemic

FIGURE 2. One-third of women report having experienced pandemic-related delays or cancellations of contraceptive or other SRH care.



*Difference is statistically significant at p<.05. *Notes:* SRH=sexual and reproductive health. Queer category includes responses of "gay or lesbian," "bisexual" and "other."

Source: guttmacher.org

Talking Points for Front Desk Staff

IUDs are…

- **Effective**: More effective than the pill, patch or ring.
- **Low or No Hormones**: One type of IUD has no hormones (ParaGard®), and the others have a low dose of hormone (Mirena®Liletta®Skyla®, Kyleena®).
- **Safe**: IUDs are safe, easy to remove and won't affect your future fertility.
- **Easy To Use:** You don't have to remember to do anything for them to work.
- **Reversible**: They can be removed any time; your fertility will return right away.
- **Long Lasting:** If you want protection for a while, IUDs can be used for up to 3-12 years.

Implants are…

- **Effective**: More effective than the pill, patch or ring.
- **Low Hormones**: The Nexplanon® implant contains a low dose of hormone, which is released gradually over time.
- **Safe**: Implants are safe, easy to remove and won't affect your future fertility.
- **Easy To Use:** You don't have to remember to do anything for it to work.
- **Reversible**: They can be removed any time; your fertility will return right away.
- **Long Lasting:** If you want protection for a while, the implant can be used up to 5 years.

Identify Key Components of LARC Counseling

- Start by ensuring privacy and confidentiality
- Take time to establish rapport
- Always use patient-centered approach to counseling
- If telehealth: use phone if pt prefers or video unstable

Counseling Components for all LARCs

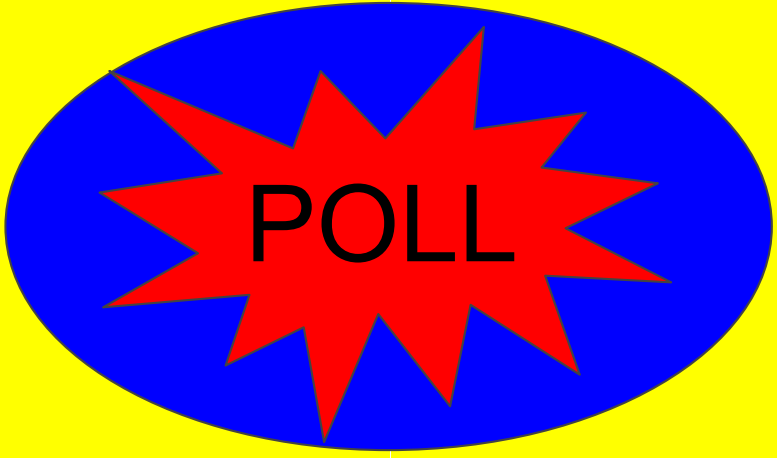
- Insertion procedures
- Expected side effects
  - Avoid word “irregular” bleeding
  - Check in with pts about history of unpredictable bleeding
- After care
- Extended duration: Paragard (12 years), Nexplanon (5), Liletta & Mirena (7)
- Mirena & Paragard approved for EC
- Removal options
- Teach back

Between Telehealth Counseling Appointment and LARC In-Person Visit

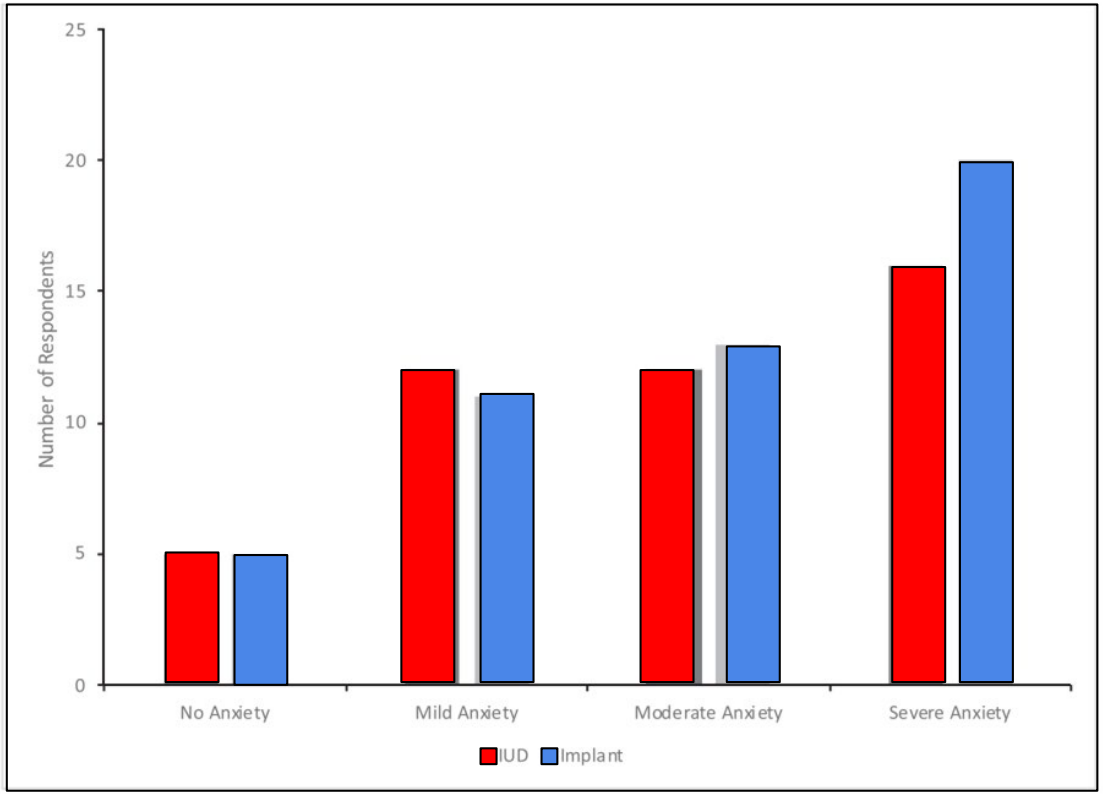
- Send information sheet prior to visit so patient has time to review
- Send links to resources for patients to continue learning about LARCs (links at end of presentation)
- Ensure patients know who to contact between counseling and insertion if they have questions or concerns
- Make sure patients know about covid restrictions in clinic

More Telehealth Tips

- Pay close attention to non-verbal communication
- Take advantage of technology
  - Share screen to show resources
  - Use drawing tools to illustrate when useful
- Manage administrative tasks before in-person visit
  - Conference administrative staff into call / video to assist with insurance confirmation
  - Allow payment in advance
  - Electronic signing of consent forms


POLL

Preprocedural Anxiety in Adolescents



Source: DG Callahan et al. / J Pediatr Adolesc Gynecol 32 (2019) 615-621

Provider Tips for Reducing Anxiety in Adolescents

- Meet the patient fully clothed before the procedure.
- Give them an opportunity to ask questions and offer to review the steps of the procedure.
- Offer to show them the IUD in the package before the procedure.
- Do not show the instruments. Cover the exam tray with a chuck and keep covered until they are lying down on the exam table. (And cover after the procedure!)
- Train clinic staff to be LARC doulas!

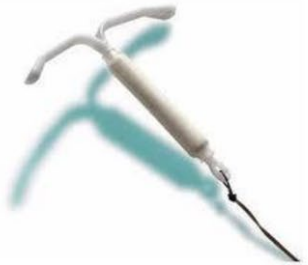
Patient-Centered Language for GYN Procedures

INSTEAD OF:	TRY:	Why?
“I’m going to do the exam now.”	“Before we start, I want to you to be aware that you are in control of the pace today. If you want me to slow down, repeat myself, explain anything more, please let me know. Or, if at any point, you want me to stop the procedure, I will.”	**Model consent. Build autonomy.**
"Scoot your bottom down on the bed."	“When you’re ready, move your hips to the edge of the exam table.”	**Use “exam table” not “bed”**
“Open your legs.” “Spread your legs.”	“Let your knees fall to the sides or towards the walls.”	**Be mindful of triggering language. Let the patient move into position without any touching from you.**
“Now you’ll feel the speculum, which can be uncomfortable.”	“Are you ready for the speculum exam? You’ll feel some pressure from the speculum. Let me know if you have any discomfort so that I can try to fix that right away.”	**Again, ask for consent. Set expectations and model the words pressure vs pain.**
"Everything looks good/feels good/beautiful.”	"Everything looks normal and healthy."	**Remove the focus on image.**
"I am going to clean your vagina now."	"I'm going to swab with antiseptic now."	**Insinuates that the vagina is not clean.**
"You're going to feel a pinch, cramp, pain..."	“You may feel some sensation now. Practice those slow deep breaths we did before through your nose, and out your mouth…”	**Studies show that anticipatory guidance describing pain makes it more likely for the patient to feel pain, as opposed to neutral descriptors of what the clinician is doing.**

An Improved, Trauma-Informed Pelvic Exam

- Review the speculum exam while patient is dressed.
- Discuss the signal to pause: Model consent & build autonomy.
- Gel lubrication reduces pain
- Use the right size speculum: Graves (short/wide) vs Pederson (longer/narrow)
- Move slowly!

IUD Insertion Steps



Preparation

Bimanual

Speculum

Antiseptic

Tenaculum

Sounding

Insertion

Cut strings

Remove inst.

Post-procedure

PAIN

Source: Karen Meckstroth, MD MPH

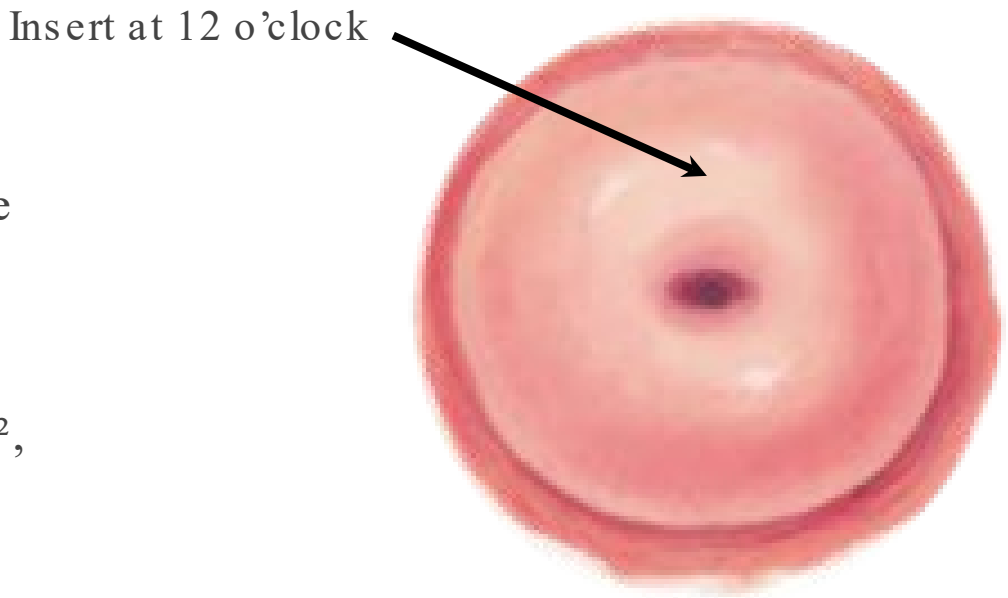
Pharmacological Management for IUD Placement

- NSAIDs: generally benefits outweigh risks: decreases uterine cramping + safe + validates patient need for pain control
  - Naproxen > Ibuprofen (min effect on platelet aggregation)
- Evidence **does *not*** support routine use of:
  - Misoprostol
  - Topical benzocaine or intrauterine lidocaine
- Evidence ***does*** support:
  - Paracervical lidocaine
  - Topical 10% lidocaine spray
  - Tenaculum block

Sources: Maguire K et al. Contraception 2014.
Bednarek PH et al Contraception. 2014

Tenaculum Block

- Most effective: intracervical injection[1]
  - I use 1 cc 1% lidocaine with 25G needle
  - 1-2 mm superficially and inject slowly
- Also helpful: forced cough[2], lidocaine spray or gel[3]



Sources: 1. De Nadai Am J Obstet Gynecol 2020; Goldthwaite Contrac 2014;
2. Schmid Am J Obstet Gynecol. 2008
3.Costello J Obstet Gynaecol. 2005; Perez Eur J Contra Repro Health, 2017.


doula
caring
dedicated
awesome
empathetic
helpful
creative
encouraging
inspired
patient
smart
hard-working
compassionate
comforting
supportive

A LARC doula is…

someone who is trained to provide emotional, physical, and informational support before, during and after a LARC procedure.

A model of care for adolescent-friendly procedures

- A LARC doula's work is focused entirely about the well-being and experience of the patient, paying attention only to their comfort, as well as ***their sense of control, participation, and understanding***

- Retaining a patient's sense of control is key. Empower them to have a shared role in the procedure -- that this is not done "to" the patient but "with" the patient.

Goals of the LARC Doula

Informative

Collaborative

Supportive

LC Training Process

- Train AmeriCorps members or volunteers
- Train MAs or other support staff
- 3ish hour training which includes the following topics:
  - BCM counseling basics
  - Explore personal bias staff bring and define shared clinic values
  - Basics of trauma informed care as it shows up in SRH counseling
  - Basics of history of coercion/racism in LARCs and BCM access
  - What to expect during insertions and removals
  - Tangible doula skills
  - Answering difficult questions
- Checklist for sign off &observations

Shared Values for Training

- Know our own biases
- Sex positive, but trauma informed
- Strengths-based
- Gender affirming: when describing people using a method, make the person gender neutral. Use term “person with a penis” and “person with a vagina” as much as possible, instead of “boy” or “girl.”
- Assume that anyone talking to you may have experienced some form of sexual trauma
- Refer to others when stuck! It’s always good to admit that you do not know.

Diaphragmatic breathing

"Focused breathing can bring comfort and relieve tension. Place your hand on your belly. When you inhale deeply, your belly rises. When you exhale deeply, your belly lowers. Ready? Let's try together."

Breathe in comfort 2, 3, 4, 5.
Breathe out tension 2, 3, 4, 5.

Talk/touch therapy: distraction and the two finger squeeze

“Some people find it comforting to squeeze someone’s hand. My two fingers are here for you to squeeze.”

Music

Music should be under 80 beats/minute, non-lyrical.

Music is for everyone in the room. Start the music before the procedure begins.

3 HOURS Relaxing Music "Evening Meditation" Background for Yoga, Massage, Spa

102,912,061 views • Aug 14, 2014 456K 46K SHARE SAVE

Aromatherapy

Ask first if the patient has any allergies or aversion to lavender.

Offer an eye pillow, which also has the added benefit of blocking out harsh clinic lights.

Heat

An instant hot compress on the patient's lower belly can relieve cramping during and after the procedure.

Hypnotic language/ special place imagery

“Imagine being in your favorite place - maybe it’s a beach or the woods or your room - somewhere where you feel relaxed, comfortable, and in control. Notice everything about it - the way it looks, sounds, smells and feels. I invite you to stay in this place where you are relaxed. If you start to leave this place, I invite you to come right back to it. You can listen to what I’m saying and, at the same time, tune out and go to a place where you feel relaxed, comfortable, and in control.”

Temperature Regulation

Sometimes there will be a lot of people in the room or a procedure takes longer than expected. If a patient (or a provider!) is perspiring, a hand held electric fan can be therapeutic.

Questions?

Thank you!

Contacts

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Resources

Patient Resources

- Bedsider's Method Explorer
- Reproductive Health Access Project
- Beyond the PIll Education Materials for Patients

Clinician Resources

- Beyond the Pill's Clinic and Provider Tools/Procedures
- SisterSong: Women of Color Reproductive Justice Cooperative
- National Women's Health Network
- Beyond the Pill Contraceptive Care During Covid-19
- RHAP's Contraception in the Time of Covid
- ACOG LARC video series
- Society for Adolescent Health and Medicine: Sexual and Reproductive Health