An Ethical Framework for Providing Contraceptive Counseling

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A program of the Bixby Center for Global Reproductive Health at the University of California, San Francisco (UCSF) School of Medicine

beyondthepill.ucsf.edu
Disclosures

• **Connie Folse**, MPH (*she, her, hers*) and **Nina Pine**, MSc (*she, her, hers*) have no financial relationships to disclose.
Planning committee & disclosures

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Training funded by The JPB Foundation and an Anonymous Foundation.
Improved access to IUDs and implants for more than 2.1 million women each year.

We have trained over 6,500 providers serving more than 2.1 million female contraceptive clients annually.

We’d love to explore the possibility of bringing our full training to your clinic!

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Session objectives

• Describe the application of an ethical framework informed by key principles of reproductive justice to contraceptive counseling

• Examine the potential impacts of implicit bias on clinical outcomes related to contraceptive care

• Discuss patient-centered counseling approaches which support client autonomy in contraceptive decision-making
Keisha

- 19 years old, 1 child, she/her/hers
- Got a copper IUD about 2 months ago
- Doesn’t like the heavy bleeding she’s been having
- Says she wants to “get the IUD out now.”

Do you want Keisha to keep her IUD today?
IUDs are expensive! It’s a waste of limited resources.

There are things we could do to help manage the bleeding.

She’s only 19 and already has one child.

It’s only been two months – the bleeding may get better if she gives it a little more time.
Ethical Guidelines

Increasing Access

Upholding Autonomy

Reproductive Coercion

• The US has a long history of coercive reproductive practices targeting vulnerable communities.
  
  • Sterilization abuses
  • Incentivization of use of highly effective/long-acting methods
  • Use of certain methods tied to receipt of social assistance
  • Restrictions on expanding family size for receipt of benefits
  • Programs that only cover costs for LARC methods
  • Provide LARC placement but not removal

Higgins et al. AJPH, 2016
Thorburn & Bogart. Women & Health. 2005
The Reproductive Justice Movement

Reproductive Justice

The right to **have** children  
The right to **not have** children

Founded in the 1990s by black women, indigenous women, and other women of color.
Marginalized communities, and particularly people of color, have experienced multiple forms of reproductive oppression.

This may impact the way that some individuals and communities perceive family planning programs, providers, and certain forms of birth control.

“\( I \) don’t want something inside of me.”

Becker & Tsui, 2008; Borreto, et. al. 2009; Thorburn & Bogart, 2005
Ethical Framework

• Patients should receive medically accurate, unbiased, and culturally relevant information.

• 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 LARC removal for any reason, without judgement or resistance from their provider.

• Patients who seek contraception for reasons other than preventing pregnancy deserve the same level of care and respect.

ARHP. Long-Acting Contraceptives: Ethical Guidelines for Providers. 2009  
The Impact of Implicit Bias on Contraceptive Care
What is Implicit Bias?

Unconscious

Involuntary
Characteristics of Implicit Bias:

- Unavoidable
- Do not necessarily align with our declared beliefs
- Tend to favor our own in-group
- Flexible

(Kirwan Institute, 2015)
Implicit (Unconscious) Bias

Ongoing self-reflection is critical to uncovering and working against our own unconscious biases.

What strategies do you use to neutralize bias and remain patient-centered?

https://implicit.harvard.edu

Becker & Tsui. *PSRH*. 2008
Chapman et al. *JGIM*. 2013
Yee & Simon. *Journal of Health Care for the Poor and Underserved*. 2011
Debiasing Techniques

“The key isn’t to feel guilty about our [implicit] biases—guilt tends toward inaction. It’s to become consciously aware of them, minimize them to the greatest extent possible, and constantly check in with ourselves to ensure we are acting based on a rational assessment of the situation rather than on stereotypes and prejudice.”

(Franklin, 2014)
Self-reflection as a tool to help you remain client-centered

Have you ever felt frustrated when a student/patient:

• Chose not to use birth control?
• Chose to continue using a method of birth control that had been difficult for them to use in the past?
• Relied on emergency contraception as their primary method of birth control?
• Wanted to have their IUD or implant removed shortly after having it placed?
Patient-centered counseling methods

Provider-driven counseling associated with lower patient satisfaction and method discontinuation.

Gomez A et al. PSRH. 2014
Patient-Centered Quality Measure

• New measure of interpersonal quality in family planning (IQFP):
  → Respecting me as a person
  → Letting me say what matters about my method
  → Taking my preferences seriously
  → Giving me enough information to make a decision

Dehlendorf C et al. Contraception. 2018
“Rolling with Resistance”

- Normalize
- Express empathy
- Explore negative beliefs
  - Safety concerns
  - Side effects
  - Impact on future fertility

Invest in the *process* rather than the *outcome*.

*Nearly a quarter of women thought it was “extremely” or “quite” likely that they would have more difficulty becoming pregnant after using an IUD.*

Rocca & Harper, 2012
Patient-centered counseling methods

Improved rapport and a patient-centered approach leads to better patient satisfaction and adherence.

Gomez A et al. PSRH. 2014
Back to Keisha…

• 19 years old, 1 child, she/her/hers
• Got a copper IUD about 2 months ago
• Doesn’t like the heavy bleeding she’s been having
• Says she wants to “get the IUD out now.”
LARC causes distinct bleeding pattern changes

**Copper IUD:** spotting first 6 months, bleeding may be heavier or longer

**LNG-IUDs:** spotting first 6 months, then lighter

~ 10% - 30% stop having period

**Nexplanon:** unpredictable bleeding and spotting, overall lighter,

~20% stop having period

Hidalgo M et al. *Contraception.* 2002
Gemzell-Danielsson C et al. *Fert Ster.* 2012
a) Remind Keisha that this is common and not usually cause for concern.

b) Offer options to help manage the heavy bleeding and encourage Keisha to stick it out a little longer to see if the bleeding improves.

c) Say “Yes, unfortunately heavier bleeding is common with the Copper IUD. Could you tell me a bit more about how the bleeding has been a problem for you, and I can see how I can help?”

d) Say “It sounds like this has been really frustrating for you. We can absolutely remove your IUD today.”
I don’t like the bleeding I’ve been having with the IUD.

Chat in some possible explanations or reasons why someone might feel this way.
Bleeding Changes

For some, monthly uterine bleeding may be:

- a cleansing ritual
- an indicator of fertility
- a time when they can abstain from sex

Bleeding may impact:

- work and other aspects of daily life
- finances/budget
- social activities
- sex
- safety
- feelings of gender dysphoria
- participation in cultural or religious ceremonies

Ussher, JM et al. Western Sydney University. 2017
Krempasky C, et al. AJOG 2019
Removal

• Patients often face significant barriers to IUD and implant removal.

• Discuss access to removal during informed consent.

• There is no “preferred” duration of method use.

• Patients can have their IUD or implant removed whenever they like, for whatever reason.

Amico et al. 2016
Amico et al. 2017
Self-reflection as a tool to help you remain client-centered

Our frustrations (and our elations!) can often give us a window into our own implicit biases.
After you meet with a patient, ask yourself:

- Did I have a specific method or outcome in mind for this person/situation?
- If I felt particularly frustrated or pleased with the outcome, why might that be?
- What assumptions did I make about this person?
- What am I curious about learning more about their particular situation?
Best Practices for Providers

• Get to know your patient

• Remember that birth control is not the only issue

• Honor people as the experts of their own lives

• Listen more than you speak

• Reflect on your own identity and practices

(McGee-Avila, 2018; Dehlendorf, 2016)
Summary

1. Patients can stop using their IUD or implant any time they desire.

2. Focus on the process of counseling rather than on the outcome.

3. Regularly practicing self-reflection can help you to remain client-centered.
SessionWrap-up

START: Something you want to start doing.

STOP: Something you want to stop doing.

KEEP: Something you want to keep doing.
Thank you!

Resources available on our website:

• FREE patient education materials and videos to download or order

• FREE 90-minute, online training on IUDs and implants (*CME-accredited*)

Email Janelli.Vallin@ucsf.edu for information about requesting a training

• IUD and Implant Clinic Protocols

• IUD as EC resources.

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What additional resources would be helpful?
Please let us know to what degree you agree or disagree with the following statement:

This webinar taught me new content about approaches to patient-centered counseling that support client autonomy in contraceptive decision-making.
Thank you!

Email Janelli.Vallin@ucsf.edu for information about requesting a training