Supporting Sexual Health Throughout the Lifespan

Patty Cason MS, FNP-BC
UCLA School of Nursing
Disclosures-Cason

• Merck: Expert Forum; HPV Vaccine, Speaker; Gardasil, NuvaRing, Nexplanon

• Teva: Advisory board; ParaGard, Speaker; ParaGard
Objectives

• Demonstrate incorporation of reproductive life planning into motivational interviewing contraceptive counseling
Learning Objectives

• Explain the health benefits of addressing sexual function with reproductive age women
• Identify factors that may affect sexual function postpartum
• List 4 cornerstones to sexual health
• Discuss 2 methods for strengthening the pelvic muscle
Gender and Sexual Preference Neutrality

This presentation is intended for use with any type of pairing and variation of partnerships.
Best Site

http://www.the-clitoris.com
A Gentle Shift in Paradigm

We are passionate about:

• Safer Sex
• Protecting our patients from STIs, unplanned pregnancy, IPV, cervical cancer
• Condoms
• Condoms
• Condoms
• And then just one more
A Gentle Shift in Paradigm

We are passionate about:

• Safer Sex
• Protecting our patients from STIs, unplanned pregnancy, IPV, cervical cancer
• Condoms
• Condoms
• Condoms
• And then just
• one more
A Gentle Shift in Paradigm

• Every day we see all the *bad effects* from having sex

• Considering what we see every day sometimes we may start to feel like…

  Maybe sex is really bad!
Condoms are great but so is semen

• Females having sex without condoms were less depressed & depression scores went up as the amount of time since their last sexual encounter increased.

• Semen may antagonize depressive symptoms.

• Even a short period of exposure to sperm seems to offer protection against development of preeclampsia


Let’s take a moment to re-focus the lens

The data say that having orgasmic sex:

• Extends lifespan
• Is excellent for cardiovascular health
• Makes you look 7-10 years younger

CVD

• Frequent sexual intercourse = no increase in risk of strokes.
• Frequent sexual intercourse = protection from fatal coronary events.
• Frequency of orgasm for females protective against mortality.


Ebrahim S et al. Sexual intercourse and risk of ischaemic stroke and coronary heart disease: the Caerphilly study *J Epidemiol Community Health* 2002;56:99–102
Oxytocin

- A hormone released during physical intimacy (from warm touch to sexual arousal and intercourse.)
- Related to lower stress reactivity.
- Lower pain sensitivity.
- Faster wound healing.
- Relaxation.
Let’s take a moment to re-focus the lens

Having satisfying sex:

• Keeps your vagina plush*
• Is terrific for your relationship*
• Makes you a happier person

*if you have one
And best of all

Sex:
Promotes world peace
How often?

How often do you eat, sleep or exercise?

Having more sex increases libido

Whatever your baseline, increasing to more frequent orgasmic sex is likely to be beneficial
Cornerstones to sexual health

- Prioritization of daily (or consistent) sexual practice
- “sex positive” attitude
- Appreciation that sex is a healthy activity
- Good sex begets more sex
Cornerstones to sexual health

- Awareness of, control over, and strength in pelvic muscles
  - AKA “core,” PC muscles, pelvic floor
- Daily exercise or healthful physical activity

Cornerstones to sexual health

• Self knowledge and awareness of subjective erotic and sexual sensations
• Communication with partner(s)
Cornerstones to sexual health

“Sexual agency”

The ability to say:
- “yes”
- “no”

The ability to:
- Initiate sexual interaction
- Explain what you like (or show)
  • and ask for it… nicely
Patients Think We Won’t/Can’t Help

- 76% Provide no treatment
- 71% Dismiss problem
- 68% Uncomfortable

Lubricants

“Any sexual problem on earth can be resolved with some combination of communication and lubrication”*

*Common wisdom
For Sex – Water Soluble
Sexual Lubricants
For Sex – Not Water Soluble
Medicalization of FSF/FSD

Does ...

Sexual problems due to socio-cultural, political or economic factors

A. Ignorance and anxiety due to inadequate sex education, lack of access to health services, or other social constraints
   1. Lack of vocabulary to describe subjective or physical experience
   2. Lack of information about human sexual biology and life stage changes
   3. Lack of information about how gender roles influence men’s and women’s sexual expectations, beliefs, and behaviors
   4. Inadequate access to information and services for contraception and abortion, STD prevention, and treatment, sexual trauma, and IPV

Sexual problems due to socio-cultural, political or economic factors

B. Sexual avoidance or distress due to perceived inability to meet cultural norms regarding correct or ideal sexuality, including:

1. Anxiety or shame about one’s body, sexual attractiveness, or sexual responses
2. Confusion or shame about one’s sexual orientation or identity, or about sexual fantasies and desires.

Sexual problems due to socio-cultural, political or economic factors

C. Inhibitions due to conflict between the sexual norms of one’s subculture or culture of origin and those of the dominant culture

D. Lack of interest, fatigue, or lack of time due to family and work obligations
Sexual problems relating to partner and relationship

A. Inhibition, avoidance, or distrust arising from betrayal, dislike or fear of partner, partner’s abuse or couple’s unequal power, or arising from partner’s negative pattern of communication

B. Discrepancies in desire for sexual activity or in preference for various sexual activities

C. Ignorance or inhibition about communicating preferences or initiating, pacing, or shaping sexual activities

Sexual problems relating to partner and relationship

D. Loss of sexual interest and reciprocity as a result of conflicts over commonplace issues such as money, schedules, or relatives or resulting from traumatic experiences such as infertility or the death of a child

E. Inhibitions on arousal or spontaneity due to partner’s health status or sexual problems

Sexual problems due to psychological factors

A. Sexual aversion, mistrust, or inhibition of sexual pleasure due to:
   1. Past experiences of physical, sexual or emotional abuse
   2. General personality problems with attachment, rejection, co-operation, or entitlement
   3. Depression or anxiety

Sexual problems due to psychological factors

B. Sexual inhibition due to fear of sexual acts or of their possible consequences, e.g., pain during intercourse, pregnancy, STD, loss of partner, loss of reputation
Sexual problems due to medical factors

A. Pain or lack of physical response during sexual activity despite a supportive and safe interpersonal situation, adequate sexual knowledge, and positive sexual attitudes.

Anal Canal
Bladder
Vaginal Canal
Uterus
Shaft of Clitoris (Body or Corpus)
Head of Clitoris
Legs of Clitoris (Crus/Crura)
Vestibular Bulbs
Perineal Sponge
Urethral Sponge (G-Spot)
Perineal Sponge
Pudendal Nerve

External Genitalia
Clitoris
Vestibular Bulbs
Outer Aspect -
Urethral Sponge
Top Layers of Muscle

© Center for the Intimate Arts 2010
Times When Sexuality Needs Extra Support

- Perimenopause
- Postpartum
- Post op; particularly breast or gyn surgery
- Medical issues
- Infertility
- Major life events; financial, death, relationship
- Adolescence
- Menopause

ASK--Offer Help
Have Referrals Available

• For individual therapy
• For couples or sex therapy
• Particular books or videos
• For IPV
Intimate Partner Violence (IPV)

Reproductive Health Safety cards can be ordered from:

http://fvpfstore.stores.yahoo.net/reproductive-health-safety-cards.html

URL link to short PSA video on You Tube:
http://www.youtube.com/watch?v=W6wqUuN8J0k&feature=player_embedded

©2011 Futures Without Violence
Formerly Family Violence Prevention Fund
Did You
Know Your
Relationship
Affects Your
Health?
Pregnancy
Pregnancy
Discuss

• Anatomic, physiologic, and sexual changes common in pregnancy.
• Likelihood that it is safe to continue sexual activity through pregnancy.
• Perineal massage to minimize perineal trauma.
• Evaluate for depression.
Postpartum
“Since the baby was born our sex life is non-existent”

- Chronic loss of sleep
- Abundant close physical contact from newborn
- Overwhelmed, no time
- Postpartum depression
- Major shift in family dynamics
- 50% will be post op

Assess

• Symptoms of urinary or anal incontinence.
  – Pelvic floor strengthening
• Mood changes.
• Perineal lacerations/repair.
• Consider mode of delivery.
Breastfeeding
Breastfeeding

• ↑ prolactin, ↑ oxytocin
• ↓ estrogens ↓ progesterone
• Vagina can be like post-menopause
• Often diminished drive
• Can be arousing in up to ½ of women

Breastfeeding

• Arousal feelings may make some women uncomfortable.

• Uterine contractions with orgasm → “milk eject”/“letdown” reflex.
  – Nurse before sex

• Discussion to normalize these responses.
Encourage

• Communication.
• Making time for intimacy.
• Adding lubricant.
• Increase sexual activity as tolerated.
  – Without breast play
• More partner involvement.
  – getting up to bring the newborn into the bed for feedings
• Rest is very sexy.
How does strengthening the pelvic floor help?

“Sometimes it hurts when my partner thrusts too deep inside of me”

“I can’t feel very much sensation since the baby was born”

“It always hurts when he first goes inside, then I get used to it”

“My husband says it doesn’t feel as good as it used to”
How does control of the pelvic floor help?

- Control over the PC muscle means a woman can relax it when she chooses to in order facilitate initial penetration.
- With PC muscle control a woman can tighten to minimize the “pounding” sensation from deep thrusting.
- The erectile tissue is able to be more stimulated as the PC muscles contract around it.

Biofeedback & PELVIC FLOOR MUSCLES

- Biofeedback training is effective in training voluntary pelvic floor muscle contraction
- Biofeedback:
  - A clinician, nurse, therapist, or the patient inserts a monitoring probe into the vagina or places adhesive electrodes on the skin outside the vagina or rectal area
  - As the patient contracts the correct pelvic floor muscles, it is demonstrated on a monitor

In the Office
“Feedback” Clinician Exam

• Can she contract? (find the muscles)
  – Can chart this as “contractility”
• Is she also tensing her thighs, buttocks or abdominal muscles? Touch them
• How strong is the contraction?
• How long can she hold it?
  – This tells you where to advise her to start in her home exercises
• Have her return in prn or in 5-6 weeks to re-check

Home Exercises
Holding contractions

• The muscles are slowly tightened, and held to a count of 5-10 sec
• At first, the patient may only be able to hold the contraction for 1-2 sec
• Progress slowly over a period of weeks to a goal of 10 second holds, 20 second rests between holds
Vaginal Weights; Graduated

- Weighted vaginal cones can be used to help strengthen the pelvic muscle.
- The cones come in sets that vary in weight.
- The tapered end is inserted into the vagina.
- As the muscles get stronger, progress to a heavier cone.
Vaginal Weights for PC strengthening
Vaginal Weights
Late adolescence:
Development of Female Sexuality

• Ask directly if they have had an orgasm yet
• Open ended questions about their sexual adventures so far
• Let them know that most women learn how to have an orgasm at first by themselves, then with a partner’s hands or mouth (or both)

Facts on American Teens’ Sexual and Reproductive Health Guttmacher Institute January 2010
Powell K. How does the teenage brain work?. Nature. 2006;442(24):865-7
“I don't know if I've ever had an orgasm”

• Start with the basics
• Explain or show her where her pleasurable anatomy is
• Outline a plan together
• If she has a partner, help her or them determine a strategy for their intimacy during her “program”
Women’s Anatomy of Arousal
Secret Maps to Buried Pleasure

By Wholistic Sexuality Teacher
Author & Anatomy Illustrator

Sheri Winston
CNM, RN, BSN, LMT

“The most comprehensive, user-friendly, practical and uplifting book on women’s sexuality I’ve ever read”

Christian Northrup MD, Author
Women’s Bodies, Women’s Wisdom

IntimateArtsCenter.com
Sheri Winston’s Center for the Intimate Arts
Pre-orgasmic

• Privacy!
• Start with self exploration; looking in the mirror (if she’s comfortable) touching to learn where things are.
• Progress to self touch for pleasure.
• Add any erotic tools; toys, Eros device, clitoral stimulants, books, videos.
• Women respond to “aural” arousal.
Most Intriguing 21\textsuperscript{st} Century Vibrator
Will using a vibrator make it impossible for me to have sex with a partner?

- It will teach your nerve pathways how to go from A-Z.
- You can use a vibrator with your partner.
Clitoral Stimulants
What Is EROS Therapy?

The Eros Therapy device is a small, handheld medical device that improves your sexual responses by increasing blood flow to the clitoris and external genitalia. It is lightweight, easy to use and available by a doctor’s prescription only. The Eros Therapy device is used in the privacy of your home and should be used three to four times per week to achieve the maximum benefits the Eros offers. You may use the Eros Therapy device either prior to having intercourse or therapeutically without having intercourse. Think of Eros Therapy as a conditioning routine to restore blood flow to your clitoris and genitalia and to increase your overall sexual satisfaction.

Clinical studies have proven that Eros Therapy is safe and effective. There are no reported side effects when the Eros Therapy device is used as prescribed.

Clinical Study Results

The Eros Therapy device is the first clinically proven prescription device cleared to market for women with arousal and orgasmic disorders.

<table>
<thead>
<tr>
<th>Results after Using Eros</th>
<th>Sensation</th>
<th>Orgasm</th>
<th>Lubrication</th>
<th>Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than Before Eros</td>
<td>90%</td>
<td>55%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Same as Before Eros</td>
<td>10%</td>
<td>45%</td>
<td>20%</td>
<td>20%</td>
</tr>
</tbody>
</table>

*Original clinical trial results as published by: Billups, K; Berman, J; Berman, L.; Metz, M; Glennon, M; Goldstein, I.  
Pre-orgasmic $\rightarrow$ Orgasmic

- Let her know that the “self critic” or the “observer” is always hovering around
- It’s worse with a partner
- But it does a good job of keeping orgasms away even when we’re *all alone*
Pre-orgasmic

• Let her know that the "self critic" or the "observer" is always hovering around
• It’s worse with a partner
• But it does a good job of keeping orgasms away even when we’re all alone
Pre-orgasmic→Orgasmic

• Explain that once she finds what feels good she should continue doing whatever it is
  – Then do it harder
  – Or maybe faster
  – She can try:
    • Contracting the PC muscle
    • Bearing down
    • Moving her head or feet
Orgasmic

• Once she can have an orgasm by herself → practice non-penetrative play with her partner
  (or penetrative play if she is has liked penetration for orgasm already)

• Show and tell her partner how
Orgasmic → Penetration

• Once she can have an orgasm with a partner, she can transition to using the same kind of stimulation technique to include penetration if she wants to
• Penetration in addition to external stimulation as needed
• Coital alignment
Coital Alignment

• To make clitoral contact possible during coitus.
• Basic physiological alignment that provides consistent and effective stimulation for female coital orgasm

The Position

Combines the:

a. “Riding high” variation of the missionary posture
b. With genitally focused pressure-counterpressure stimulus applied in the coordination of sexual movement
"With permission, from A New View of A Woman's Body by the Federation of Feminist Women's Health Centers." Illustrations by Suzann Gage.
Care of the vulva/perineum
No Products

• Wash with water after urinating or defecating
• Non-alcohol hypo-allergenic baby wipe *if no access to water*
• No soap, body wash, body creams
• No residue of detergent or fabric softener on underwear
Natural Beauty Cleansing Bar

- pH of 4.5
- 500 IU of Vitamin E
- No soap or detergent
- Made by Nature’s Plus
Dysparunia: Whom to Ask

Any woman who is:

- Perimenopausal
- Postpartum
- On DMPA
- Post op for gyn surgery or breast CA surgery
- Complaining of pelvic pain
- Postmenopausal
Dysparunia: What to Ask

Arousal?
Orgasm?
Pain in vulvar or vaginal area—examine when asking/showing
Is the pain with deep thrusting?
New or long standing?
Related to a certain partner?
What else is going on in her life?
# Introital or Vaginal

<table>
<thead>
<tr>
<th>Problem:</th>
<th>Solution:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fissure– look closely</td>
<td>No penetration until healed</td>
</tr>
<tr>
<td></td>
<td>Lubrication; consider albolene</td>
</tr>
<tr>
<td></td>
<td>If chronic evaluate further</td>
</tr>
<tr>
<td>Anatomic: endometriosis implant, vaginal septum, hymenal restriction, vaginal stricture</td>
<td>Repair, surgery, tx endometriosis</td>
</tr>
<tr>
<td>s/p episiotomy or laceration scar +/- granulation tissue/polyp</td>
<td>Ablation/silver nitrate, massage</td>
</tr>
<tr>
<td>s/p vaginal surgery</td>
<td>check for mesh exposure, suture material, granulation tissue, fistula, adhesions</td>
</tr>
</tbody>
</table>


# Introital or Vaginal

<table>
<thead>
<tr>
<th>Problem:</th>
<th>Solution:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atrophic changes</td>
<td>Lubricant, Luvena, Topical estrogen</td>
</tr>
<tr>
<td>Vulvar pain syndrome: vestibulodynia, vulvodynia, pudendal neuralgia</td>
<td>Complex solutions: rx, refer to a specialist, physical therapy, biofeedback, consider myofacial origin</td>
</tr>
<tr>
<td>Lichen sclerosis, lichen planus,</td>
<td>Biopsy; evaluate, topical steroid rx</td>
</tr>
<tr>
<td>Vaginitis</td>
<td>Tx as appropriate</td>
</tr>
<tr>
<td>Inadequate lubrication or arousal</td>
<td>Add lubrication +/- or address arousal issue</td>
</tr>
<tr>
<td>Problem:</td>
<td>Solution:</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Endometriosis, adenomyosis</td>
<td>OCP, DMPA, LNG IUS, GnRH agonist, androgen, aromatase inhibitor</td>
</tr>
<tr>
<td>Retroverted/flexed uterus Relaxed musculature</td>
<td>Patient education; Pelvic muscle strengthening, select coital position</td>
</tr>
<tr>
<td>S/P pelvic surgery</td>
<td>Assess orgasmic response, check for complications</td>
</tr>
<tr>
<td>Pelvic or rectal mass; cyst, tumor, fibroid, adhesions</td>
<td>Assessment and treatment</td>
</tr>
<tr>
<td>Interstitial cystitis, IBS, IBD, diverticulitis, PID, UTI</td>
<td>Assessment and treatment</td>
</tr>
<tr>
<td>Inadequate lubrication or arousal</td>
<td>Add lubrication +/- or address arousal issue</td>
</tr>
</tbody>
</table>

Basson R. Clinical Updates in Women’s Health Care: Sexuality and Sexual Disorders. ACOG 2003;11(2):22-32.
Vital Vulva

- Lubricant for daily use or “as needed”
- Not just for sex...makes a dry vulva happy

MoonMaid Botanical Skin Care
“I used to want sex all the time but now I have no sex drive. Is there a pill that will help?”

Ask for more information:

• Any pain?
• Relationship issues?
• Life stressors?
• Does she get aroused when she has sex?
• Does she have an orgasm?
PDE-5 inhibitors for women?

- Can they increase desire or arousal in women by improving blood flow to the female genitalia?
- Studies found PDE-5 inhibitors did increase genital blood flow in women.
- Did not result in any real increase in desire or arousal > placebo.
- PDE-5 inhibitors did improve sexual function > placebo in women who had satisfactory sex lives before developing sexual problems after starting an SSRI antidepressant.

Bupropion

- SSRI antidepressants can ↓ desire/orgasm
- Bupropion works differently than SSRIs
- May be a good antidepressant option for women with depression who are concerned about or have sexual side effects on SSRIs


Bupropion

• Nondepressed pts with desire and arousal difficulties have improved sexual functioning bupropion > placebo
• More study needed

Consider a Contract

“If you can get me aroused, I’m all for it!!”

• Both partners agree that if one of them has the motivation and bravery to initiate a sexual encounter, the other one will (at least) give it a try.

• It doesn’t mean that they will always have sex, or even the kind of sex the initiator intended

• But the initiator can expect their partner will be open to the idea

• Fear of rejection is a huge turn-off
Fun Video

- http://www.ted.com/talks/mary_roach_10_things_you_didnt_know_about_orgasm.html
What ever happened to pubic hair

• A brazilian as a rite of passage?
• Increase sensation or feel more numb by exposure?
• The endangered species
REPRODUCTIVE LIFE PLAN (RLP)
RLP: What is it?

• A self-assessment of her life goals
• Goals in several broad categories
  – Education
  – Work/Career
  – Family Planning
• We assist or guide as needed
RLP: Purpose

- To reveal our clients genuine intentions regarding reproduction
- So *she* absorbs what is most important to *her*
- So that she can:
  - obtain necessary information
  - make choices
  - adhere to her plan
  - fulfill her own goals.

- Ambivalence is expected
RLP: How does it help?

- It shows how motivated she is to become pregnant or prevent pregnancy.
- Once this is clarified we can begin the process of offering *appropriate* interventions.
- Contraception or not.
- Highly effective or not.
- Preconception Care.
- Life goals prior to planned pregnancy.
Sample RLP questions:

Do you want to have (more) children? (Someday?)

If so:

• When? (Or how old would you like to be?)
• How many children would you like to have?
• How long do you want to wait between pregnancies?
• How would you feel if you were to become pregnant over the next few months?
• What are you hoping to accomplish before then?
Discovering clients true motivations

• The point of a RLP is to get substantive information from our clients about what is motivating them so we can help them make better choices

• The client is the one who will make the choices
Comparing Effectiveness of Family Planning Methods

More effective
Less than 1 pregnancy per 100 women in 1 year

- Implants
- IUD
- Female sterilization
- Vasectomy

How to make your method more effective

- Implants, IUD, female sterilization: After procedure, little or nothing to do or remember
- Vasectomy: Use another method for first 3 months
- Injectables: Get repeat injections on time
- Lactational amenorrhea method, LAM (for 6 months): Breastfeed often, day and night
- Pills: Take a pill each day
- Patch, ring: Keep in place, change on time
- Condoms, diaphragm: Use correctly every time you have sex
- Fertility awareness methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be easier to use.

Less effective
About 30 pregnancies per 100 women in 1 year

- Withdrawal
- Spermicides

Sources:
MOTIVATIONAL INTERVIEWING (MI)
Motivational Interviewing with contraception counseling

• Saves time
• Effective
• Client centered
When is MI not needed?

A patient says: “Give me the most effective method you’ve got!”
MI has been used for

- Addiction counseling and treatment
- Contraception counseling
- Behavior change
- Diabetes self management
- Weight loss
- Medication adherence
MI: the approach

• Start from a place of respect
• Guiding not directing
• Not “me vs. you” rather...“us together on the same side”
• Help patients feel *motivated* by having them verbalize their own reproductive and life goals
• Identify what is personally meaningful or of value to the patient rather than those things that we as the HCP think are most important
MI: the benefit

- Reduces frustration with the patient and subsequently ourselves
- Removes our ego...
  - “I need to make this patient do what’s good for her.”
  - “I want to protect her from an unnecessary unplanned pregnancy!”
  - “If can’t get through to my patient, I fail.”
- Our morale as HCPs will be exhausted without success
Ineffective strategies

Taking sides in the patients ambivalence

• Threatening bad outcomes;
  – “You’ll get pregnant if you don’t...”
  – This gets their attention but doesn’t work for behavior change

• Giving advice assumes this person simply doesn’t know enough.

• To offer one idea after another = exhaustion
Accept ambivalence

- MI elicits behavior change by helping clients explore and resolve ambivalence.
- **Expect**, find, accept and show ambivalence
- Also called developing discrepancy
- Just showing the discrepancy is a powerful way to help patients make better choices
Ambivalence

On one hand we want to accomplish our goals

On the other are many obstacles

Rewards

Obstacles

On the other are many obstacles
Motivation for contraceptive use

• With **perfect** use of contraception
  – 1 year,
  – 3 years,
  – 5-10 years,
  – 20+ years...what will happen??

• The best case scenario...

Nothing!
Obstacles

• All contraceptive methods have potential side effects
• Fear of negative health effects
• Risk for unplanned pregnancy is theoretical
• Perception of risk is not fully rational and is based on past life experience---ask
Obstacles

• Contraceptive sabotage by a partner
• Logistical constraints
  – Cost
  – Wait times
  – Work schedule
  – Transportation
  – Childcare
Obstacles

Intermittent/inconsistent sexual partnering

- Believes she doesn’t need contraception (today)
- Ask specific details of what she did and when
- Ask if she intends or would like to be sexual with someone in the next month, year... two years
CASE STUDIES
Sandy
16 yr old G1 P0 TAB 1

RLP:
• Wants to get pregnant now
• Ask about her life goals
• Find something about her behavior that is “mature” and refer to it
• Review PCC (insert reality)
• Demonstrate that you believe she is in charge of her own life
Rather than tell her she’s too young:

- “You will be a wonderful mother some day...and to be an even better mother, what would you like to accomplish before you have a baby? (or in addition) ”
- “Sounds like you’ve given this some thought (or “you are obviously smart”), what are some ways you see yourself handling this?”
Maria BMI 31
22 year old G2 P0 TAB 2 student

RLP:
• Wants children one day. At least 3 years from now. Wants to be married, finish school. She’s clear that she is not willing to have another abortion
• Prior DMPA (gained weight), very concerned that hormones cause weight gain. Mostly has used withdrawal and doesn’t believe she has ever gotten pregnant that way
“You said that you are using the pull out method now. And on the one hand you feel that if you get pregnant you would continue the pregnancy, yet you also are pretty sure you don’t want to have a baby right now. Do I have that right?”

“What would you like to accomplish before you have a baby? And what else?” (Refer to RLP life goals)
• “If delaying pregnancy until you finish school is very important to you, would you be interested in using one of the top tier methods?”

• “Since a lot of women who rely on their partner to “pull out” get pregnant, would you like to talk about pre-natal vitamins and other things that are important to do to prepare for pregnancy?”
Understanding objections

• If we listen well enough to where the resistance has come from we can develop discrepancy (describe the ambivalence)
Quantitative: “A ruler”

“Think of how you feel about getting pregnant right now and then see if you can tell me where you fall on a scale of 1-10. 1 being that it would be the worst thing you can imagine, and 10 being that it would make you the happiest you could possibly be.”
Demonstrate Ambivalence in Maria

• “a 2”
• “Why would you say you aren’t you a lower #?”
• “I’m not ready for a baby but I know that I won’t have another abortion because I am an adult and having a baby wouldn’t be the absolute worst thing in the world”
• “Why do you think the # might not be higher?”
• “I really want to wait a few more years!”
Or qualitative questions:

• “How would you feel if you got pregnant now?” “How ready are you?” “How important is it to you to avoid pregnancy?”
Repeat or rephrase examples
“Let me make sure I understand you.”?

• “So on one hand you don’t want to get pregnant...do I have this right? Yet, you are not using birth control. How does this fit in with your not wanting to get pregnant?”...Her reply uncovers the ambivalence
Make it real

• “On one hand you really want to get pregnant in the future, but not right now, and on the other hand, it sounds like a part of you would like to have a baby now? Do I have that right?”

• “Have you discussed this with your partner? Do you plan to tell him? How do you think he would react?”
Information sandwich
Illicit/provide/illicit model

Sandwich the statement that gives the information you want Maria to have between two questions that are relevant to her:

• I: “How have you been feeling with your IUD?”
• P: “Even though you don’t feel different, we know that your IUD is working to keep you from getting pregnant before you are ready”
• I: “What do you think of that?”
What now? Open ended...

• What do you think you will do?
• What birth control are you thinking can help you... (fill in with her stated goal)?
• What do you see as your options?
• Where do we go from here?
• What happens next?

Rather than:
• Do you have any questions?
• Do you understand?
Final steps

• Plan for obstacles; they have great intentions but they return to their lives once they leave the office

• Close the deal
  – Operationalize same day IUD placement
  – Ask “How do you feel about this”
  – Plan concrete next steps
QUESTIONS
References for MI

• ACOG Committee Opinion: Motivational Interviewing: A Tool for behavior Change; 423; Jan 2009.


References for MI

- Lopez et al. Theory-based interventions for contraception. 2009 Jan, Cochrane Database.
- Schillinger, “Closing the Loop” Teach-back is supported by research. Arch Intern Med/Vol 163, Jan 13, 2003
References/Bibliography

• American College of Obstetricians and Gynecologists. Androgen replacement no panacea for women’s libido. Press release, October 31, 2000, Washington, DC.
References/Bibliography

- Bancroft J. The medicalization of female sexual dysfunction: the need for caution. *Arch Sex Be hav* 2002;31(5):451-455
References/Bibliography

• Basson R. Women's sexual dysfunction: revised and expanded definitions. CMAJ. 2005; 172(10): 1327-1334.
References/Bibliography

• Buettner D. The Blue Zones: 9 Lessons Living Longer from the people who have lived the longest. Washington, D.C.: National Geographic Society, 2008
References/Bibliography


• Cleare AJ, Wessely SC. Just what the doctor ordered—more alcohol and sex. BMJ. 1997; 315: 1637.


• Davey Smith G, Frankel S, Yarnell J. Sex and death: are they related? Findings from the Caerphilly Cohort Study. BMJ. 1997; 315(7123): 1641-1644.
References/Bibliography


• Ebrahim S et al. Sexual intercourse and risk of ischaemic stroke and coronary heart disease: the Caerphilly study J Epidemiol Community Health 2002;56:99–102
References/Bibliography

- Facts on American Teens’ Sexual and Reproductive Health Guttmacher Institute January 2010
References/Bibliography

• Gallup GG, Burch RL, Platek SM. Does Semen Have Antidepressant Properties? Arch Sex Behav. 2002; 31(3): 289-293.
• Gavrilova N, Tessler Lindau S. Sex, health and years of sexually active life gained due to good health: evidence from two US population based cross sections surveys of ageing. BMJ 2010; 340: c810.
References/Bibliography

References/Bibliography

• Ito TY, Trant AS, Polan ML. A double-blind placebo-controlled study of ArginMax, a nutritional supplement for enhancement of female sexual function. J Sex Marital Ther 2001;27:541–549
References/Bibliography


References/Bibliography


• Marwick C. Survey says patients expect little physician help on sex. JAMA. 1999 June 16;281(23)2173-4.


References/Bibliography

References/Bibliography


• Powell K. How does the teenage brain work?. *Nature*. 2006;442(24):865-7


References/Bibliography

• Sharpe TH. Adult Sexuality. TFJ. 2003; 11(4): 420-426.
References/Bibliography

Name that female anatomy

The Death of Adam, copher, cooter, beaver, fish lips, taco, camel toe, muff, snatch, garage, oven, love button, JJ, hooah, bajingo, slit, trim, quim, pooter, love rug, poontang, poonanie, cooch, tunnel of love, vertical bacon sandwich, bearded clam, cookie, cooleyhopper, nookie, the pink, honey pot, cunny, vag, meat curtains, putz, fur burger, box, front bottom, kebab, kitty, minge, snapper, catfish, vertical smile, lovebox,
Name that female anatomy
carpet, deep socket, slice of heaven, flesh cavern, the great divide, cherry, clit slit, laps, fuzz box, fuzzy wuzzy, glory hole, grumble, man in the boat, mud flaps, mound, peach, the furry cup, wizard's sleeve, DNA dumpster, bikini bizkit, snooch, kitty kat, poody tat, grassy knoll, Jewel box, rosebud, curly curtains, furry furnace, velcro love triangle, nether lips, where Uncle's doodle goes, altar of love, cupid's cupboard, bird's nest, bucket, love glove, serpent socket, spunk-pot,
sugar basin, sweet briar, breakfast of champions, wookie, pink circle, silk igloo, juice box, Golden Palace, fetus flaps, skins, sugar hole, home plate, Deer Hoof, Golden Arches, Cats Paw, Mule Nose, Yo Yo Smuggler, Mumbler, Dinner Roll, Crotch Waffle, Piss Fenders, Melvin, Dove Breast, Vedgie, Slurpy, Pastrami Flaps, Wagon Ruts, Mumble Pants, Ninja Boot, Marcia, Skin Canoe, Fatty, Mossy Jaw, The Big W, Chia Hole, Lip Jeans, Beetle Hood, Hungry Minge, Welly Top, Frum, Pancake Fold, Tongue Roll, Bologna Flap-Over, Furrogi (Poland), love canal, nana, flower, chocha, whisker biscuit, meat locker,
Fortune Nookie, Bearded Taco, Slot Pocket, Bluntfrunt, Pole Magnet, Pocket Pie, kitty cage, Chicken's tongue, Conch shell, Crack of heaven, Door of life, Fly catcher, Fruit cup, Jelly roll, Lobster pot, bunny tuft, knish, lotus, moneymaker, tackle box, bone hider, red sea, pizzo, hairy heaven, furry 8 ball rack, crave cave, toolshed, snake charmer, Furby, Enchilada of love, Ham sandwich, Camarillo brillo, Brazilian caterpillar, boy in the canoe, flesh tuxedo, Mound of Venus, queef quarters, Venus butterfly, cream canal, apple pie, pie, wet mark, private area,
ground zero, bait, holy grail, pole hole, pork pie, fuzz bucket, bubble gum by the bum, saloon doors, pink truffle, burger bar, temperamental ringpiece, python syphon, big bud, the condo downstate, snake lake, pound cake, beef tomato, tickled pink, launch pad, horn of plenty, the indoor picnic, hamper of goodies, flapped bap, bonefish, bush tucker, midnight dip, field of dreams, bean, coozelucy, pish buffet, pooswaa, poonaner, davey jones locker, pink panther, tinker bell, south mouth, wonder bread, wolly bolly, foxhole, hot pocket, head catcher, silk funnel, ponchita, cherry pop tart,
dugout, babyoven, penis parking, cooter muffin, the promised land, cha cha, the shrine, bitch ditch, fury pink mink, mammal hole, the toothless blow job, happy flappy, the code defier, the salt water taffy factory, mommy's pie, the easy bake oven, the deflower patch, the dea bone patch, the vegetarian's temptation, the vegan store, the blow hole, the pump protector, bag pipe, pickle stinker, yoni, willys haven, scrupter, peach, sweat box, cucumber canal, egg drop Box, sperm shack, dick dungeon, cock curator, b.o.b.'s bungalow, thresher, punash, slurpee machine, pink cookie,
mommy parts, nice slice, peter vise, peters grove, penis purse, grandest canyon, banana box, pink portal, red river gorge, happy valle, baby zipper, richards house, stop-n-pop, bone polisher, packin shack, weiner wrap, clap trap, pearl hotel, sea food six pack, clam canal, coose canal, wand waxer, vidgie, erie canal, candy kiss, gauntlet, chin-chin, pachinko, cuntry pie, lip tip, the big casino, amazon forest, cock cave, fuck donut, hairy doughnut, fun hatch, spasm chasm, red lane, belly entrance, fat rabbit, scunt, pee jaws, mingus, The Notorious V.A.G.,
coochie pop, babby, wet seal, bald biscuit, the unmentionable, peeshie, panty hamster, deep pink, jaws of life, gizmo, faith, cock magnet, slippery slide, pink heaven, squid, dick basket, hot spot, poochika, pudding, bowl, love cave, squeeze-box, he bone collector, goodie basket, depository, pink turtleneck, bread-box, little debbie, pole hole, pandora's box, snail tracker, homebase, pud pocket, chanch, big montana, noochie, choot, golden valley, nappy roots, dick mitten, mystical fold, red bread, pushin cushion, Holiest of Holies, twinkie, Pizzuziwaz (Trinidad)