Assessing Pregnancy Intention as a Vital Sign in Primary Care

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Objectives

1. Identify key factors associated with the high U.S. unintended pregnancy rate.
2. Discuss three simple indicators which can reveal pregnancy intention and pregnancy risk during your patient’s routine clinical visit.
3. Assess patient’s pregnancy intention for management of chronic conditions and overall health.
4. Utilize the US MEC to facilitate appropriate contraceptive options counseling based on patient’s pregnancy intention.
Unintended Pregnancies in the United States

National Survey of Family Growth

- Intended: 51%
- Unintended births: 22%
  - Elective abortions: 20%
  - Fetal losses: 7%

6.4 Million Pregnancies

Unintended Pregnancy

Unintended pregnancy is associated with adverse health consequences

- Delayed or inadequate prenatal care
- Higher prevalence of smoking and drinking during pregnancy
- Higher rates of depression and IPV
- Poorer perinatal infant outcomes
- Lower likelihood of breastfeeding
Outcomes of Unintended Pregnancies
Approximately 3.0 Million Annually

- Abortions
- Births
- Miscarriages
## Groups Commonly Impacted by Unplanned Pregnancies

<table>
<thead>
<tr>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young adults 18-24 years</td>
</tr>
<tr>
<td>Women with 12 or &lt;yr of education</td>
</tr>
<tr>
<td>Unmarried women</td>
</tr>
<tr>
<td>Minority women</td>
</tr>
<tr>
<td>Low-income women</td>
</tr>
</tbody>
</table>

Finer LB et al, Perspect Sex Reprod health, 2006;38:90-96
Unintended pregnancy rate by race/ethnicity/income

Unintended pregnancies per 1,000 women
Why do women experience unintended pregnancies?

1. Lack of understanding of reproduction/fertility
2. A woman’s religion or her partner may forbid her to use contraception
3. Contraceptives are unavailable, difficult to obtain or too expensive
On January 20, 2012, the US Dept of Health and Human Services announced that health insurance coverage must cover with no cost sharing all FDA-approved contraceptives and contraceptive services (including female sterilization) for women of reproductive age.
Why do women experience unintended pregnancies?

4. Sexual assault/abuse/coercion
5. Many women still don’t know about or aren’t able to get emergency contraception
What if...?

...the condom broke or slipped off...
...she forgot her regular birth control...
...she was forced to have sex...
Pregnancies per 1000 episodes of Unprotected intercourse

<table>
<thead>
<tr>
<th></th>
<th>ParaGard</th>
<th>ella</th>
<th>Plan B/Next Choice</th>
<th>Yupze</th>
<th>Nothing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
Understanding EC:

- Many EC brands are now available, over the counter to anyone, without ID check or age restrictions!
- Safe and Effective
- The Copper IUD is the most effective form of EC and can be used long-term
And Contraceptive Failure…
No method is perfect

Most unintended pregnancies occur when women fail to use contraceptives or use their method incorrectly or inconsistently

3.1 million unintended pregnancies by women's contraceptive use in month of conception

- Method failed 5%
- Incorrect or inconsistent use 43%
- Non-use 52%
## Timely Refill Rates up to 12 months

<table>
<thead>
<tr>
<th>Method</th>
<th># starting</th>
<th>30 days</th>
<th>90 days</th>
<th>360 days</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Month Methods</strong></td>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Ring</td>
<td>96,598</td>
<td>59.4%</td>
<td>51.1</td>
<td>26.0</td>
</tr>
<tr>
<td>Patch</td>
<td>433,403</td>
<td>64.8</td>
<td>49.8</td>
<td>25.9</td>
</tr>
<tr>
<td>OCP</td>
<td>917,519</td>
<td>72.7</td>
<td>55.2</td>
<td>28.9</td>
</tr>
<tr>
<td><strong>3 Month Methods</strong></td>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>DMPA</td>
<td>161,226</td>
<td>N/A</td>
<td>52.6</td>
<td>21.0</td>
</tr>
<tr>
<td>Seasonale</td>
<td>80,647</td>
<td>N/A</td>
<td>53.4</td>
<td>31.0</td>
</tr>
</tbody>
</table>
Efficacy: 1st Year Failure Rates of Select Contraceptives (Typical Use)

- IUC-LNG: 0.1
- IUC-Copper T: 0.8
- Injectable (DMPA): 3
- Pill-Combined: 8
- Condom-Male: 15
- Spermicides: 29
- No Contraception: 85

Who Should We Ask About Pregnancy Intent?

- Every adolescent and adult female with reproductive potential, especially those with a significant health challenge or risk.
- Clients with health problems often do not know how these problems could impact pregnancy.
- And remember the statistics about unplanned pregnancies:
  - >20 yrs old = 50%
  - < 20 yrs old = 90%
Reproductive Life Plan (RLP)

- What is a RLP?
  - A self-assessment of life goals
  - Goals in several broad categories
    - Education
    - Work/Career
    - Family Planning
  - We assist or guide as needed
RLP: Purpose

1. Reveals patients’ intentions regarding pregnancy
2. Lets them **verbalize** what is most important to *them*,
3. So they can:
   - obtain necessary information
   - adhere to their **own** plan
   - make (better) choices
   - fulfill their own goals
For Contraception

**Appropriate contraception**

- Highly effective
- “Non contraceptive” benefits
- Concealed contraception
How does it help?

Clarifies how motivated she is to become pregnant or prevent pregnancy

Intention!

...so we discuss appropriate interventions

+/- Contraception

+/- Preconception Care

Or Basic Infertility Services
“Would you like to become pregnant in the next year?”

- The Oregon Foundation for Reproductive Health’s ONE KEY QUESTION® Initiative is endorsed by 19 professional organizations and associations.
- Encourages all primary care providers to ask women to speak about their reproductive health needs.
- To more fully support women’s sexual/reproductive health
<table>
<thead>
<tr>
<th></th>
<th>Questions to Assess Pregnancy Intention</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Do you think you would like to have (more) children some day?</td>
</tr>
<tr>
<td>2</td>
<td>When do you think that might be?</td>
</tr>
<tr>
<td>3</td>
<td>How important is it to you to prevent pregnancy (until then)?</td>
</tr>
</tbody>
</table>
If she is seeking pregnancy now…

Provide information about preparing for pregnancy

- Folic Acid 400 mcg daily
- Use of medications
- Health concerns
- Information about nutrition/exercise/healthy weight
- Factors to consider: financial stability, relationship status, life goals (school/career)
Offer Preconception Health Services

- Preconception health services should be offered to female and male clients.
- Priority populations are:
  - Individuals/couples trying to achieve pregnancy
  - Clients seeking basic infertility services
  - Clients at high risk of unintended pregnancy
Preconception Services for Men

- Discussion of reproductive life plan
- Medical history
- Sexual health assessment
- Screening for
  - Alcohol and drug use
  - Tobacco use
  - Immunizations
  - Blood pressure
  - Depression
  - Height, weight, and BMI
  - Diabetes
If she is not seeking pregnancy now…

Provide information about how to avoid getting pregnant TODAY

- Discuss All Methods-
  **BUT Start with “Top Tier” Methods**
- Also: Having UPIC now?
  - “Quick Start”!
  - Emergency Contraception
- Speak with a provider or health educator today
Quality Family Planning: Prescribing Contraception

- Get the right method to match her goals and counsel for proper use!
Birth Defects: Category D and X Medications

- 11.7 million women of childbearing age are prescribed FDA Cat D or X meds each year
  - Seizure meds
  - Statins
  - Antibiotics
  - ACE

- 6% of US pregnancies occur in women taking meds with known teratogenic risk

Andrade SE, et al, 2006
Schwartz EB, et al 2005
Start With Top Tier Methods
Quality Contraceptive Counseling

- Tailor counseling to their RLP
- Start with the Top Tier Services
- Anticipatory Guidance for side effects, esp menstrual changes
- Contingency planning:
  1. Dispense extra months of supply
  2. Give Clinic contact number (for all questions and concerns)
- Seize opportunities to educate men
Quality Provision of Contraception: The Cornerstones

National Guidelines for Safety and Management

- US Medical Eligibility Criteria

Patient/Client-Centered Counseling Strategies

- Reproductive Life Plan
- Shared decision-making and anticipatory guidance
- Appropriate patient education
- Offer continued support
No Method Of Contraception Presents A More Serious Complication To A Patient Than A Pregnancy.
Contraception is Safe: Put Risks into Perspective

- How many die as a result of a birth control method?
  - 1 out of every 1.5 million users

- How many American women died as a result of child birth? (2010 statistics)
  - 21 died for every 100,000 live births
# US Medical Eligibility Criteria

## Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use, 2010

This chart serves as a summary of the recommendations from the US Medical Eligibility Criteria (US MEC) for contraception. The criteria are designed to assist healthcare providers in determining the safety and effectiveness of various contraceptive methods for their patients. The chart includes key conditions and medical considerations, with indications for each contraceptive method based on a grading system (1-6). The chart is color-coded to represent different levels of safety and effectiveness.

### Key Conditions

- **Age:**
  - 16-17 years old: 1
  - 18-19 years old: 2
  - 20-29 years old: 3
  - 30-44 years old: 4
  - 45-54 years old: 5
  - 55 years old and older: 6

- **Anovulation:**
  - Ovulatory: 1
  - Ovulatory disorder: 1
  - Amenorrhea due to medical or surgical causes: 2
  - Amenorrhea: 2
  - Menopausal: 3
  - Menopause: 3

- **Cervical Abnormalities:**
  - Cervix: 1
  - Cervical: 1
  - Cervical: 1
  - Cervical: 1

- **Breast Disease:**
  - Breast: 1
  - Breast: 1

- **Benign Gynecologic Abnormalities:**
  - Benign gynecologic abnormality: 1
  - Benign gynecologic abnormality: 1
  - Benign gynecologic abnormality: 1

- **Hypertension:**
  - Hypertension: 1
  - Hypertension: 1

- **Diabetes Mellitus:**
  - Diabetes mellitus: 1
  - Diabetes mellitus: 1

- **Cardiovascular Disease:**
  - Cardiovascular disease: 1

- **Chronic Obstructive Pulmonary Disease (COPD):**
  - COPD: 1

- **HIV/AIDS:**
  - HIV/AIDS: 1
  - HIV/AIDS: 1

- **Other Conditions:**
  - Other conditions: 1
  - Other conditions: 1

### Contraceptive Methods

- **Ectopic Pregnancy Prevention: 3**
  - Ectopic pregnancy prevention: 3
  - Ectopic pregnancy prevention: 3

- **Emergency Contraception: 1**
  - Emergency contraception: 1
  - Emergency contraception: 1

- **Common Methods:**
  - Contraceptive: 1
  - Contraceptive: 1

- **Injectable Contraceptives:**
  - Injectable contraceptives: 1
  - Injectable contraceptives: 1

- **Implants:**
  - Implants: 1
  - Implants: 1

- **Intrauterine Devices (IUDs):**
  - IUDs: 1
  - IUDs: 1

- **Vaginal Contraceptives:**
  - Vaginal contraceptives: 1
  - Vaginal contraceptives: 1

- **Barrier Methods:**
  - Barrier methods: 1
  - Barrier methods: 1

- **Male Contraceptives:**
  - Male contraceptives: 1
  - Male contraceptives: 1

### Conclusion

The chart provides a comprehensive overview of the medical eligibility criteria for contraception, helping healthcare providers to make informed decisions about the most suitable contraceptive methods for their patients. It is important to consult with a healthcare professional for personalized advice based on individual health conditions and circumstances.
# US MEC Categories

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No restriction for the use of the contraceptive method for a woman with that condition</td>
</tr>
<tr>
<td>2</td>
<td>Advantages of using the method generally outweigh the theoretical or proven risks</td>
</tr>
<tr>
<td>3</td>
<td>Theoretical or proven risks of the method usually outweigh the advantages – not usually recommended unless more appropriate methods are not available or acceptable</td>
</tr>
<tr>
<td>4</td>
<td>Unacceptable health risk if the contraceptive method is used by a woman with that condition</td>
</tr>
</tbody>
</table>

US MEC App

New Mobile Tool Available for CDC’s U.S. Medical Eligibility Criteria for Contraceptive Use, 2010

Download the U.S. MEC application for iPhone/iPad from the iTunes App Store.

CDC has a new app which provides guidance for healthcare providers on the safety of contraceptive methods for people with certain medical conditions. The app is developed from the U.S. Medical Eligibility Criteria for Contraceptive Use, 2010 that includes more than 60 characteristics and medical conditions that may affect people seeking family planning services.
Quality Contraceptive Services

- Remove medical barriers as a prerequisite to contraceptive provision
  - Pelvic exams not routinely needed, unless inserting IUD
  - Cervical cytology
  - Routine HIV screening

- Utilize the CDC’s US MEC and another guide: the CDC’s Selected Practice Recommendations for Contraception
CASE STUDIES
Case Study #1

- 33 year old G3P3 established patient seen for chronic care appointment. She is a diabetic.
- Using metformin for type 2 diabetes
- Mutually monogamous relationship
- Recent fasting lipid profile normal
- LMP 3 weeks ago; using condoms for contraception
- Find out if she is seeking pregnancy
### Questions to Assess Pregnancy Intention

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Do you think you would like to have (more) children some day?</td>
</tr>
<tr>
<td>2</td>
<td>When do you think that might be?</td>
</tr>
<tr>
<td>3</td>
<td>How important is it to you to prevent pregnancy (until then)?</td>
</tr>
</tbody>
</table>

She answers: “No. I have been hoping to get on the pill.”

What do you do?
## US MEC 2010: Diabetes

<table>
<thead>
<tr>
<th>Condition</th>
<th>OC/P/ R</th>
<th>POP</th>
<th>DMPA</th>
<th>Imp I</th>
<th>LNG-IUD</th>
<th>Cu-IUD</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of gestational diabetes</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Nonvascular disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Noninsulin-dependent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii. Insulin-dependent</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Nephropathy/retinopathy/neuropathy</td>
<td>3/4</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Other vascular disease or diabetes of &gt;20 yrs’ duration</td>
<td>3/4</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
Focus on **efficacy** in women and men using contraceptives.
<table>
<thead>
<tr>
<th>Method</th>
<th>When to start</th>
<th>Back-Up</th>
<th>Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cu-IUC</td>
<td>Anytime</td>
<td>none</td>
<td>pelvic exam</td>
</tr>
<tr>
<td>LNG-IUS</td>
<td>Anytime</td>
<td>If &gt;7d*</td>
<td>Pelvic exam</td>
</tr>
<tr>
<td>Implant</td>
<td>Anytime</td>
<td>If &gt;5d*</td>
<td>none</td>
</tr>
<tr>
<td>Injection</td>
<td>Anytime</td>
<td>If &gt;7d*</td>
<td>none</td>
</tr>
<tr>
<td>CHC</td>
<td>Anytime</td>
<td>If &gt;5d*</td>
<td>BP</td>
</tr>
<tr>
<td>POP</td>
<td>Anytime</td>
<td>If &gt;5d*</td>
<td>none</td>
</tr>
</tbody>
</table>

* After the first day of menstrual bleeding
<table>
<thead>
<tr>
<th>Examination</th>
<th>Needed for</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blood pressure</strong></td>
<td>OC, patch, ring</td>
</tr>
<tr>
<td>Clinical breast examination</td>
<td>None</td>
</tr>
<tr>
<td><strong>Weight (BMI)</strong></td>
<td>Hormonal methods</td>
</tr>
<tr>
<td>Bimanual examination, cervical inspection</td>
<td>IUC, cap, diaphragm</td>
</tr>
<tr>
<td>Cervical cytology (Papanicolaou smear)</td>
<td>None</td>
</tr>
<tr>
<td>STD screening with laboratory tests</td>
<td>None</td>
</tr>
<tr>
<td>HIV screening with laboratory tests</td>
<td>None</td>
</tr>
</tbody>
</table>
## SPR Appendix D: Routine Follow-Up After Contraceptive Initiation

<table>
<thead>
<tr>
<th></th>
<th>IUC</th>
<th>Implant</th>
<th>Injectable</th>
<th>CHC</th>
<th>POP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Return any time</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Assess satisfaction at routine visits</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Assess for change in health status (MEC 3,4)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Consider string check</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consider assessing weight change</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Measure blood pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
## CDC 2010: Routine STI Screening in Women

<table>
<thead>
<tr>
<th>Age</th>
<th>18-20</th>
<th>21-25</th>
<th>26-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT (Both)</td>
<td>Annually</td>
<td>Hi risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GC (Both)</td>
<td>Hi Risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Once, then Hi Risk only</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td>Hi Risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vag trich</td>
<td>Hi Risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis C CDC 2012</td>
<td>Hi risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Routine annual screening of sexually active women under 26
- One time screening of adults born 1945-1965
# Routine Cancer Screening in Women

<table>
<thead>
<tr>
<th>Age</th>
<th>18-20</th>
<th>21-25</th>
<th>26-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervix CA</td>
<td>None</td>
<td>None</td>
<td>Q 3 yrs</td>
<td>Q5 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cytology</td>
<td>None</td>
<td>None</td>
<td>Q 3 yrs</td>
<td></td>
<td>Annual</td>
<td></td>
</tr>
<tr>
<td>• Co-testing</td>
<td>None</td>
<td>None</td>
<td>Q 3 yrs</td>
<td></td>
<td>with MG</td>
<td></td>
</tr>
<tr>
<td>CBE</td>
<td>None</td>
<td>Q 3 yrs</td>
<td></td>
<td>Annual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• ACS</td>
<td>None</td>
<td>Hi Risk</td>
<td>[I]</td>
<td>Q2y [C]</td>
<td></td>
<td>Q2y [B]</td>
</tr>
<tr>
<td>Mammogram</td>
<td>None</td>
<td>Hi Risk</td>
<td></td>
<td>Annual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• ACS</td>
<td>None</td>
<td>Hi Risk</td>
<td></td>
<td>Q2y [C]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• USPSTF</td>
<td>None</td>
<td>Hi Risk</td>
<td></td>
<td>Q2y [C]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal cancer</td>
<td>None</td>
<td>Hi Risk</td>
<td></td>
<td></td>
<td></td>
<td>[A]</td>
</tr>
</tbody>
</table>
Patient #1: Management

- Assess pregnancy intention
- Check the US MEC: can use oral contraceptives with same day start
- SPR: assess BP, BMI only
- STD: no STI screening tests indicated
- Preconception care:
  - Discuss preconception glucose control with all diabetics
  - Reduces the risk of fetal cardiac anomalies to near-population baseline levels
Case Study #2

- 19 year old G0 woman is seen for a periodic health screening visit (aka, a “Well Woman” visit)
- Same male partner for the past year
- Feeling well; no complaint of vaginal discharge, abnormal bleeding, dyspareunia
- Weight: 210 lbs; BMI: 32 kg/m²
- Find out if she is seeking pregnancy
Case Study #2

- Her answer? No.
- She wants to know if she can have an IUD.
## US MEC: Age and Parity

<table>
<thead>
<tr>
<th>OC/ P/R</th>
<th>POP</th>
<th>DMPA</th>
<th>Implant</th>
<th>LNG-IUS</th>
<th>Cu-IUC</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;40 yo</td>
<td>&lt;40 yo</td>
<td>&lt;18 yo</td>
<td>&lt;18 yo</td>
<td>&lt;20 yo</td>
<td>&lt;20 yo</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>&gt;40 yo:</td>
<td>&gt;40 yo</td>
<td>18-45 yo</td>
<td>18-45 yo</td>
<td>&gt;20 yo</td>
<td>&gt;20 yo</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>&gt;45 yo</td>
<td>&gt;45 yo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nullip</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Parous</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
Exams & Tests Needed Before Initiation of a Cu-IUD or an LNG-IUD

- Bimanual exam and cervical inspection are necessary
- Routinely screen for CT and GC according to national screening guidelines
- If not screened, perform at the time of insertion
- Women with purulent cervicitis or current GC or CT should **not** undergo IUD insertion (U.S. MEC 4)
- If a very high individual likelihood of STD exposure generally should **not** have IUD insertion (U.S. MEC 3)
IUD Recommendations

- Prophylactic antibiotics at the time of IUD insertion
  - Not recommended for Cu-IUD or LNG-IUD insertion
- Routine follow-up after IUD insertion
  - No routine follow-up visit is required
  - Advise a woman to return at any time
    - To discuss side effects or other problems
    - If she wants to change the method
    - When it is time to remove or replace the IUC
<table>
<thead>
<tr>
<th>Age</th>
<th>18-20</th>
<th>21-25</th>
<th>26-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT (Both)</td>
<td>Annually</td>
<td></td>
<td>High risk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GC (Both)</td>
<td>High Risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td>Once, then High Risk only</td>
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<td></td>
<td></td>
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<tr>
<td>Syphilis</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vag trich</td>
<td>High Risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis C - CDC 2012</td>
<td>High risk</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

- **Routine annual screening of sexually active women under 26**
- **One time screening of adults born 1945-1965**
## Routine Cancer Screening in Women

<table>
<thead>
<tr>
<th>Age</th>
<th>18-20</th>
<th>21-25</th>
<th>26-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cervix CA</strong></td>
<td>None</td>
<td>None</td>
<td>Q 3 yrs</td>
<td>Q5 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cytology</td>
<td>None</td>
<td>None</td>
<td>Q 3 yrs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Co-testing</td>
<td>None</td>
<td>None</td>
<td>Q 3 yrs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CBE</strong></td>
<td>None</td>
<td>Q 3 yrs</td>
<td>Annual with MG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• ACS</td>
<td>None</td>
<td>Q 3 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mammogram</strong></td>
<td>None</td>
<td>HighRisk</td>
<td></td>
<td>Annual Q2y [C]</td>
<td>Q2y [B]</td>
<td></td>
</tr>
<tr>
<td>• ACS</td>
<td>None</td>
<td>HighRisk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• USPSTF</td>
<td>None</td>
<td>High Risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Colorectal cancer</strong></td>
<td>None</td>
<td>High Risk</td>
<td></td>
<td></td>
<td></td>
<td>[A]</td>
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</tbody>
</table>

ACOG: Am College of Ob-Gyn
ACS: American Cancer Society
CBE: Clinical breast exam
CDC: Centers for Disease Control
USPSTF: US Prev Services Task Force
# Routine Metabolic Screening in Women

<table>
<thead>
<tr>
<th>Age</th>
<th>18-19</th>
<th>20-25</th>
<th>26-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
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</thead>
<tbody>
<tr>
<td>BP</td>
<td>≤Q2 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMI</td>
<td>≤Q2 yrs</td>
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<td></td>
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</tr>
<tr>
<td>T2DM</td>
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<td>High Risk</td>
<td></td>
<td></td>
<td>Q3y HTN</td>
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<tr>
<td></td>
<td>•ADA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>•USPSTF</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Lipids</td>
<td></td>
<td>Q5 yrs High Risk</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>•ATP</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>•USPSTF</td>
<td></td>
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</tbody>
</table>
Management Patient #2

- Assess pregnancy intention. Answer is “No”
- US MEC: IUC can be inserted today; “string check” visit optional
- Assess BP, BMI; bimanual exam before IUC insertion
- STD: screen for chlamydia (GC as clinically indicated)
- HIV: “one time” HIV screening indicated
- Preconception care: deferred (until IUC removed)
Clinical Pearls

- Pregnancy is a serious medical condition and the biggest decision a woman can make in her lifetime. It should not happen “accidentally”. Assessing pregnancy intention is a vital sign in this context.

- Asking the simple questions to assess pregnancy intention might be the most important and pivotal questions you ever ask your patient, no matter what brought her to your clinic today.

- Learning to use the US MEC makes prescribing contraception safe and easy.
Questions?

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