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Accessible Contraceptive Education in VT

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FM Project

Accessible Contraceptive Education

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Community Health Centers of Burlington

Project Mentor: Heather Stein, M.D.

Dec 2015 – Jan 2016

The Problem

- Unintended pregnancies
 - Total public expenditure in U.S: estimated \$21 billion in 2010
 - Highest among (2008):
 - Low-income (5x rate of highest income)
 - Minority
 - Age 18-24
 - 36 per 1,000 women in VT in 2010
- Unplanned births
 - 1.5 million unplanned births in 2010
 - 68% paid for by public insurance
- Negative public health impact
 - Delayed prenatal care
 - Premature birth
 - Physical/mental health effects for children

The Problem

- Contraception
 - 68% of U.S. women use contraception correctly
 - Account for **5%** of unintended pregnancies
 - 14% of U.S. women do not
 - Account for **54%** of all unintended pregnancies
- Federally qualified health centers (FQHC)
 - Often sole provider of reproductive & preventive health for U.S. populations most in need
 - Serve 1 in 5 low-income women
- Community Health Centers of Burlington (CHCB)
 - FQHC in Chittenden County
 - Incredibly diverse patient population
 - Refugee/English as a second language
 - Low-income
 - Adolescent (Pearl Street)
 - Transgender (Pearl Street)
 - Rural (Keeler Bay)
 - Homeless (Safe Harbor, Outreach)

The take-away: Unintended pregnancies are a huge cost to society.
CHCB is uniquely placed to facilitate educated choices for those most at risk in the community.

Provider Perspectives

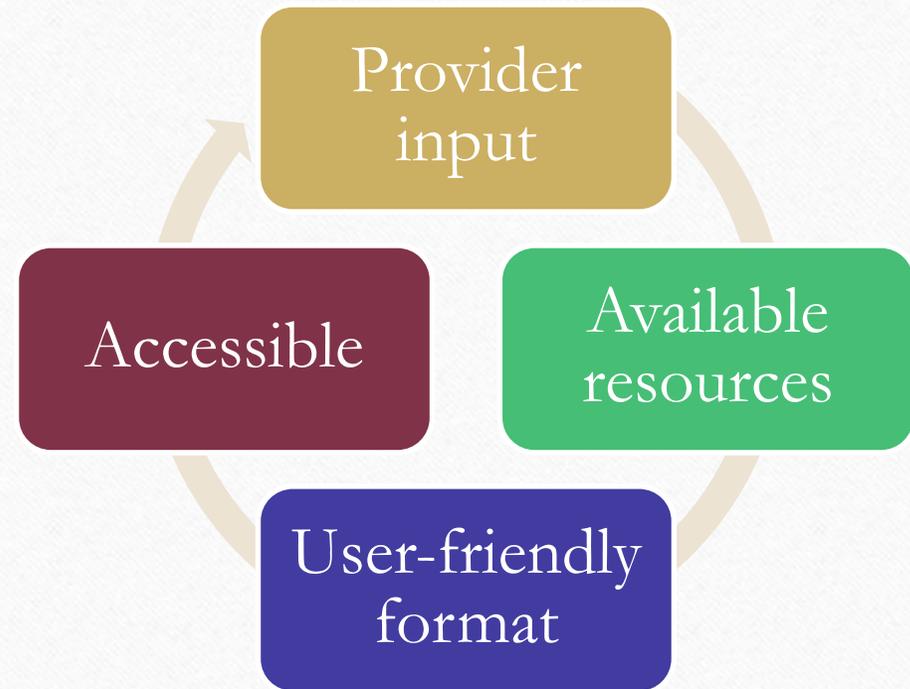
- Interviewed physicians, mid-level providers, nurses, and medical assistants
 - A need was identified: a **visual aid** that could be used to quickly & clearly educate patients about their birth control options
- All agreed: Currently used resources are entirely **text-based**, which:
 - Relies too heavily on patients' ability to read & process
 - Buries key information in text
 - Makes comparisons difficult
- No one resource addresses the **most common issues** that patients & providers want to discuss

Provider Perspectives

- About **timing**:
 - “We only have 15 minutes, but contraceptive management will come up at the last minute, and often the patient won’t have any direction of where to go.”
 - “We need to screen for eligibility, discuss insurance, and then we have the rest of the time to talk about birth control options. And we need to do it in 15 minutes. It’s overwhelming. What we need is a good visual aid.”
- About **health literacy** and **access**:
 - “We don’t have anything like it. Since we have a lot of lower socioeconomic status and refugees in our population, they don’t always know their options or have access to the internet to look it up.”
 - “Even though we know the language behind it, they may not. I think it’s important to still show that information in a way that’s easier to understand.”

Methodology & Intervention

- Asked providers about resources they currently use to educate their patients about birth control
 - What they liked/disliked about it
 - What they wished to change
 - Suggestions to facilitate understanding
- Along the way, ideas were:
 - Vetted with providers
 - Continually incorporated



Results & Response

Content

- **Categories** – address items that:
 - Providers want to convey
 - Patients frequently ask

Format

- **Visual representations**
 - Easy-to-compare

Intended use

- As a **visual aid** during provider discussions with patient
- As a **take-home** for patients to remember discussion so they can decide

Results & Response

HORMONAL	Type	Method	How well does it work?	How often do I use it?	How do I use it?	😊	😞	After I stop it, when can I get pregnant?	Does it protect me from STDs?
		Progesterin IUD Mirena [®] , Liletta [®] , Skyla [®]	>99%	Mirena [®] 7 years Skyla [®] , Liletta [®] 3 years	Placed in uterus	Lighter or no period OK to breastfeed	Need a provider ↑ vaginal discharge	Right after	No
		The Implant Nexplanon [®]	>99%	3 years	Placed under skin of arm	Lighter or no period OK to breastfeed	Need a provider	Right after	No
		The Shot Depo-Provera [®]	97-99%	Every 3 months	Injection	Lighter period OK to breastfeed Private	Mood changes May cause weight gain, discomfort	Up to 1 year	No
		The Ring NuvaRing [®]	92-99%	Every month	Insert into vagina	Private Regular periods	May ↑ vaginal discharge	Right after	No
		The Patch Ortho Evra [®]	92-99%	Every week	Apply to skin	Regular periods	Can irritate skin	Right after	No
		The Pill Oral Contraceptives	92-99%	Every day	Pill	Regular periods Can improve acne	Remember to take May cause weight gain, discomfort Can't smoke	Right after	No
		Progesterin Pill The Pill	92-99%	Every day	Pill	OK to breastfeed	Remember to take Mood changes	Right after	No
		Emergency Contraception Pill Levonelle [®] (lloprolone), ellaOne [®] (ulipristal acetate), ellaOne [®] (ulipristal acetate), ellaOne [®] (ulipristal acetate) Plan B One-Step [®] (levonelle), ellaOne [®] (ulipristal acetate) = Lighter period later	0-94%	Up to 5 days after sex	Pill	Can buy some without Rx OK to breastfeed Works best the sooner you take it	Nausea Changes with next period May need Rx May cost a lot	Right after	No

NON-HORMONAL	Type	Method	How well does it work?	How often do I use it?	How do I use it?	😊	😞	After I stop it, when can I get pregnant?	Does it protect me from STDs?
		Copper IUD Paragard [®]	>99%	12 years	Placed in uterus	OK to breastfeed	Need a provider Heavier period	Right after	No
		Male Condom	85-98%	Before sex	Roll onto erect penis	Can easily buy Prevent early ejaculation For oral, vaginal, or anal sex OK to breastfeed	Can ↓ sensation Can break or slip off	Right after	Yes (latex & nitrile)
		Female Condom	79-95%	Before sex	Insert into vagina	Can buy For vaginal or anal sex OK to breastfeed	Can ↓ sensation Can slip out	Right after	Yes (latex & nitrile)
		Diaphragm	84-94%	Before sex	Insert into vagina	Lasts several years Costs nothing OK to breastfeed	Need a provider Use with spermicide Can't use in bleeding or infection	Right after	May ↑ HIV risk
		Spermicide creams, gels, suppositories, foams, sponges, etc.	71-85%	Before sex	Insert into vagina	Can easily buy OK to breastfeed	Can irritate skin Can be messy	Right after	May ↑ HIV risk
		Withdrawal Pull-out	73-96%	During sex	Pull penis out of vagina before ejaculation	Costs nothing OK to breastfeed	Interrupts orgasm Won't work if not pulled out in time	Right after	No
		Rhythm Natural Family Planning, fertility awareness	75-88%	Every day	Predict fertile days When fertile, use another method or avoid sex	Costs little OK to breastfeed Can help with trying to get pregnant	Must use another method Won't work if you have irregular periods Many things to remember	Right after	No

Evaluating Effectiveness & Limitations

- To evaluate the tool's effectiveness, compare it with a similar text-heavy resource
 - Since the goal is to help patients make decisions, assess patients' understanding of their birth control options with a **patient** questionnaire
 - Use a **provider** questionnaire to assess whether or not they feel the tool helped facilitate a better conversation or if it was burdensome to use
- Limitations
 - By limiting text, this resource sacrifices the **exactness** of verbal descriptions for the sake of simplicity
 - Lack of precise verbiage may require more provider clarification
 - Visual representations can be **interpreted** in a multitude of ways by patients and providers
 - In an attempt to limit different interpretations, some text was conserved

Future Projects

- Projects involving this tool
 - Patient & provider questionnaires to assess effectiveness of the tool
 - Translate tool into Nepali, Somali, and Vietnamese—some of the most frequently used languages at CHCB
- Projects addressing contraceptive education in general
 - A short animated YouTube video that takes a patient through all the different options a la Doc Mike Evans
 - A digital whiteboard-style YouTube video in the style of Khan Academy

Sources

- Brown SS, Eisenberg L, eds; Committee on Unintended Pregnancy, Institute of Medicine. *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*. Washington, D.C.: The National Academies Press, 1995.
- Finer LB and Zolna MR, Shifts in intended and unintended pregnancies in the United States, 2001–2008, *American Journal of Public Health*, 2014, 104(S1): S44-S48.
- Finer LB, Unintended pregnancy among U.S. adolescents: accounting for sexual activity, *Journal of Adolescent Health*, 2010, 47(3):312–314.
- Lesnewski R, Maldonado L, Prine L, Community Health Centers' Role in Family Planning, *Journal of Health Care for the Poor and Underserved*, Volume 24, Number 2, May 2013, pp. 429-434.
- Sonfield A and Kost K, *Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010*, New York: Guttmacher Institute, 2015.
- Sonfield A, Hasstedt K and Gold RB, *Moving Forward: Family Planning in the Era of Health Reform*, New York: Guttmacher Institute, 2014.
- Your Birth Control Choices Fact Sheet. www.reproductiveaccess.org/resource/birth-control-choices-fact-sheet. *Reproductive Health Access Project* 1 April 2015. Web. 7 December 2015.