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Contraceptive Education and Resource Provision in Male-dominated Rural Family Medicine Clinic

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Family Medicine Rotation: July & August 2023

Project Mentor: John Wilson, MD

CVMC Family Medicine, Mad River



The University of Vermont
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Problem Identification

- Nearly all women* use contraception at some point during their lifetime.¹
- The CDC reports that between 2015 and 2017 22% of young women aged 15-24 did not use contraception the first time they had sexual intercourse.²
- Many women, particularly adolescent women, are uncomfortable discussing sexual health and contraception options with male providers and prefer to see female providers;³ however, in rural areas, there are barriers to seeing female providers including low physician density, long travel distances to clinics, and long waitlists.
- While working at CVMC Mad River, I witnessed several young women display hesitancy discussing sexual health and contraception with male providers not evident during discussions with myself or other female healthcare providers.

**The author acknowledges that contraception is used by populations other than women, including transgender and nonbinary people. Large cohort studies have historically excluded these populations and as a result they are unfortunately not represented in data presented here.*

AHEC focus areas: Interprofessional Education, Social Determinants of Health, Medical Practice Transformation

Public Health Cost

- In addition to the negative emotional and social ramifications experienced by patients, unplanned pregnancy and sexually transmitted infections (STIs) are associated with significant financial burden in the United States.
- The mean annual cost of **unintended pregnancy in the United States is \$11.3 billion**, and preventing unintended pregnancy would save taxpayers an average of \$5.6 billion.⁴
 - *The estimated annual cost of unintended pregnancy has likely increased following the US Supreme Court decision to overturn Roe v. Wade.*
- In 2018, **STIs imposed an estimated \$15.9 billion** in discounted, lifetime direct medical costs in the United States.⁵
 - Sexually acquired HIV (\$13.7 billion) and HPV (\$0.8 billion) accounted for most of the cost.
 - STIs in women accounted for:
 - ~1/4 the cost of incident STIs when including HIV.
 - ~3/4 the cost of incident STIs when excluding HIV.
 - STIs among **15- to 24-year-olds accounted for \$4.2 billion (26%)** of the cost of incident STIs.
- **In Vermont** in 2010,⁶
 - 46% of all pregnancies were unplanned.
 - the federal government spent \$21.8 million and the VT government spent \$9.6 million (total: \$31.4 million) on unintended pregnancies.

Community Perspective

- “Most patients prefer to access birth control close to home but will travel as soon as they or their provider become uncomfortable, or their healthcare needs become complicated.”
 - “For adolescents, it’s the practitioners’ job to ask the right questions to understand their [contraceptive] goals and tailor recommendations based on those goals and values.”
 - “If we want adolescents to know they can talk to us about birth control and sex, it goes a long way to have resources available in the waiting room, posters in bathrooms, and to always practice trauma-informed care... meeting patients with their clothes on, using the correct pronouns, telling patients ‘this is something I discuss with all my patients your age.’”
- “Despite living in the MRV (Warren) from the ages of 5-18, I never utilized any doctor services in the MRV, and instead went to Randolph for primary care, and UVM Medical Center to access reproductive and sexual healthcare, including birth control. There were almost never appointments available in Waitsfield, and even if there had been, my mother had bad experiences with doctors at the center in Waitsfield.”
 - “I think [a handout] could be very helpful for this population. It could also potentially be helpful to clearly state somewhere that Dr. Wilson can be a good resource for adolescents seeking care.”

-Lauren MacAfee, MD
Obstetrician Gynecologist

-Katy Rosen
Mad River Valley local

Intervention and Methodology

- **Create a handout for patients** with easily comprehensible information regarding contraceptive options and additional educational resources
 - *Include QR codes to allow patients who do not feel comfortable taking a paper handout to access information*
 - *Use gender-neutral language as many people who do not identify as women need contraception*
- **Compile and present the current recommendations regarding contraceptive prescribing practices** to the physicians at CVMC Mad River to increase their comfort as well as the quality of their recommendations for patients

Results

- **Handout (right)**
 - Development of the handout was successful and well-received by physicians in the practice
- **Presentation re. current recommendations**
 - Included current recommendations from ACOG's recent practice bulletin re. shared decision making, recommendations regarding contraceptive choice in patients with health problems, information regarding emergency contraception options, efficacy, and availability, and information regarding the 2023 FDA approval of OTC oral contraceptives.
 - Physicians commented that they were unaware of much of the presentation content and would incorporate it into their practices.

CONTRACEPTION
AKA BIRTH CONTROL

There are many reasons why a person may choose to use contraception. Depending on the method used, in addition to pregnancy prevention, contraception can help minimize acne, prevent STIs, and help manage menstrual irregularities or difficulties, among others. **Choosing the "correct" contraception looks different for every person!** Below are some of the most commonly used contraception methods.

"THE PILL"
Combined oral contraceptives contain the hormones estrogen and progestin. A pill is taken the same time each day. The pill can help minimize acne and make periods lighter and more regular.
Brands: Mirena, Kylena, Skyla

HORMONAL IUD
The levonorgestrel IUD is a small device placed inside the uterus that releases a low dose of progestin daily. Many people report that their periods stop while using a hormonal IUD. Most people and their partners do not feel the device once placed.
Brands: Mirena, Kylena, Skyla

COPPER IUD
The copper IUD is a small device placed in the uterus that creates an environment unsuitable for pregnancy. This is a hormone-free option. Some people report increased menstrual bleeding.
Brand: Paragard

MALE CONDOMS
Condoms are placed on a penis and used to prevent sperm from entering the uterus. They can only be used in. Latex and synthetic condoms are the only contraceptives that prevent transmission of STIs! Condoms can be purchased at a drug store.

IMPLANT
The implant is a single, thin rod that is inserted under the upper arm skin. The rod contains progestin that is released into the body and prevents pregnancy. The implant can cause menstrual irregularities. A patient can feel the implant in their arm—some people like this while others do not!
Brands: Nexplanon

"THE SHOT"
The shot is given once every 3 months as an injection into the upper arm or buttocks. It contains progestin which prevents pregnancy. Some people report weight gain with this method. Once given, the shot cannot be reversed; a patient has to wait 3 months for it to wear off.
Brands: Depo-provera

There are many other forms of contraception! Ask your physician and/or look at the resources provided on the next page if you have questions. The best form of contraception is the one that fits your goals!

RESOURCES
Below are some trusted resources related to contraception. If you have questions, ask your physician!

Effectiveness of Birth Control Methods*

Vertical axis: Less than 1 pregnancy per 100 women in a year (Most effective) to 10 or more pregnancies per 100 women in a year (Least effective).

Methods shown from most to least effective:
 - IUD (Hormonal), IUD (Copper), Implant
 - Injection, Pill, Patch, Vaginal Ring, Diaphragm
 - Male Condom, Female Condom, Cervical Cap, Sponge
 - Fertility Awareness-Based Methods, Spermicide

QR codes for CDC WEBSITE, PLANNED PARENTHOOD WEBSITE, and UVMHC WEBSITE.

Effectiveness and Limitations

- Physicians in the practice will evaluate effectiveness of handout based on patient response and engagement with content
- Effectiveness of the presentation regarding current prescribing practices could be evaluated by looking at the providers' prescribing practices prior to and following the presentation
- Handout limitations: contraceptive information is not comprehensive, physicians will not be able to tell if patients utilize QR codes
- Presentation limitations: presentation was not comprehensive, recommendations continuously change, recommendations are not necessarily targeted at offices such as CVMC Mad River that have few physicians, are in rural areas, etc.

Recommendations for Future Interventions

- Evaluation of patient satisfaction with contraception availability in the Mad River Valley using Likert scale-based survey
- Evaluation of patient satisfaction and perceived utility of educational handout using Likert scale-based survey
- Systematic evaluation of community need for contraception and where community members 1) seek information regarding contraception and 2) acquire contraception
- Outreach in local high schools (*Harwood Union High School, Green Mountain Valley School*) geared towards educating adolescents regarding contraception options, availability, and utility

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