



Sharing the Science

Nishant Shah, MD, MPH (he/him)



Bixby Center
for Global
Reproductive
Health





Beyond the Pill

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



beyondthepill.ucsf.edu

Planning committee and disclosures

Financial disclosure:

- **Nishant Shah, MD, MPH** has the following financial relationship to disclose:
 - Organon Nexplanon trainer

Planning committee:

- **Lisa Stern, RN, MSN, MA** – no disclosures
- **Kathryn Davis, MPH** – no disclosures
- **Connie Folse, MPH, CHES** – no disclosures
- **Nishant Shah, MD, MPH**
 - Organon Nexplanon trainer
- **Suzan Goodman, MD, MPH** – no disclosures
- **Cynthia Harper, PhD** – no disclosures

Training developed by UCSF,
funded by foundations.

We will be discussing off-label
indications.

Expert reviewers

- **Monica McLemore, PhD, MPH, RN**
 - *University of California, San Francisco School of Nursing and Bixby Center for Global Reproductive Health; Black Mamas Matter Alliance; Chair, Sexual and Reproductive Health Section, American Public Health Association*
- **Helen Oquendo del Toro, MD**
 - *University of New Mexico, School of Medicine - Medical Director LARC Mentoring Program, Department of Pediatrics - Division of Adolescent Medicine; Assistant Professor, Department of Obstetrics and Gynecology*
- **Nia Mitchell, MPH**
 - *SisterSong Women of Color Reproductive Justice Collective*
- **Liza Fuentes, DrPH**
 - *Guttmacher Institute*
- **Guliema Fager, MPH**
 - *Consultant*

Applying Shared-Decision Making in Challenging Scenarios

Session objectives

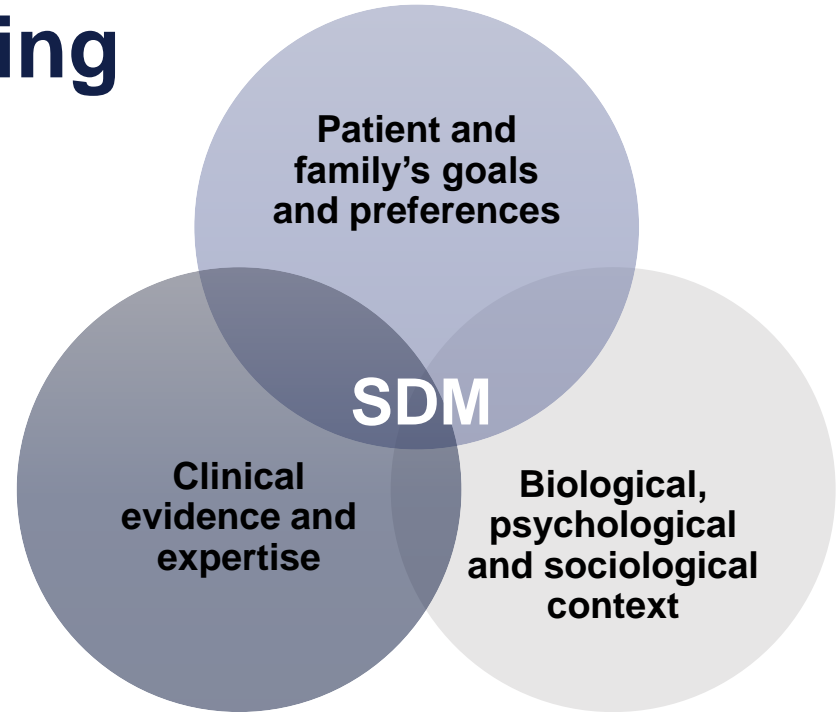
Objective 1 Describe how to apply principles of shared decision-making to contraceptive counseling

Objective 2 Review techniques to present scientific data with clarity, using a patient-centered approach

Objective 3 Discuss how to address common challenging scenarios in contraceptive counseling while remaining patient-centered

Shared-decision making

- “A collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient’s values and preferences.”
 - Informed Medical Decisions Foundation



References

<http://www.cincinnatichildrens.org>

Patient-centered contraceptive counseling

What is contraceptive counseling?

- An interactive process designed to:
 - educate patients about their contraceptive options
 - discuss current and future contraceptive needs
 - select a contraceptive method, if desired

What is patient-centered care?

- Care that is "respectful of, and responsive to, individual patient preferences, needs, and values" (National Academy of Medicine)



Patient-centered
contraceptive
counseling
improves...



Contraceptive
knowledge



Patient
experience



Contraceptive
satisfaction and
continuation

References

Chen, 2019
Dehlendorf, 2019
Gavin, et al. 2017
Pazol, 2018
Downey, 2017
Dehlendorf, 2016
Weisman, 2002



Joselle

16 years old, she/her/hers

- Had a Nexplanon placed last month
- Has been bleeding “every day since”
- Wants to schedule a removal



a

Remind Joselle that irregular bleeding is common with the implant and not usually cause for alarm.

b

Offer options to help manage the bleeding and encourage her to stick it out a little longer to see if the bleeding improves.

c

Say, “Could you tell me a bit more about how the bleeding is a problem so I can see how I can help?”

d

Say, “It sounds like this has been really frustrating for you. We can absolutely remove your implant today.”

Goals for the Discussion

- Empathize and Reassure
- Normalize
- Offer Information and a Range of Options
- Make a Plan and Leave the Door Open

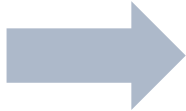
What are the *patient's goals* for the discussion?

Empathize and Reassure

Normalize

Offer Information and Options

Make a Plan & Leave the Door Open



Shared Decision-Making



Patient-Centered Care

Empathize and Reassure

- Show care and concern
- Express empathy
- Assure patient that their wishes will be respected

Normalize

- Validate concerns
- Invite patient to share more about their concerns
- Reassure patient that side effects are common and usually not cause for alarm
- Provide anticipatory guidance around bleeding changes and side effects

POLL

What percentage of Nexplanon users experience *irregular bleeding*?

20%

50%

80%

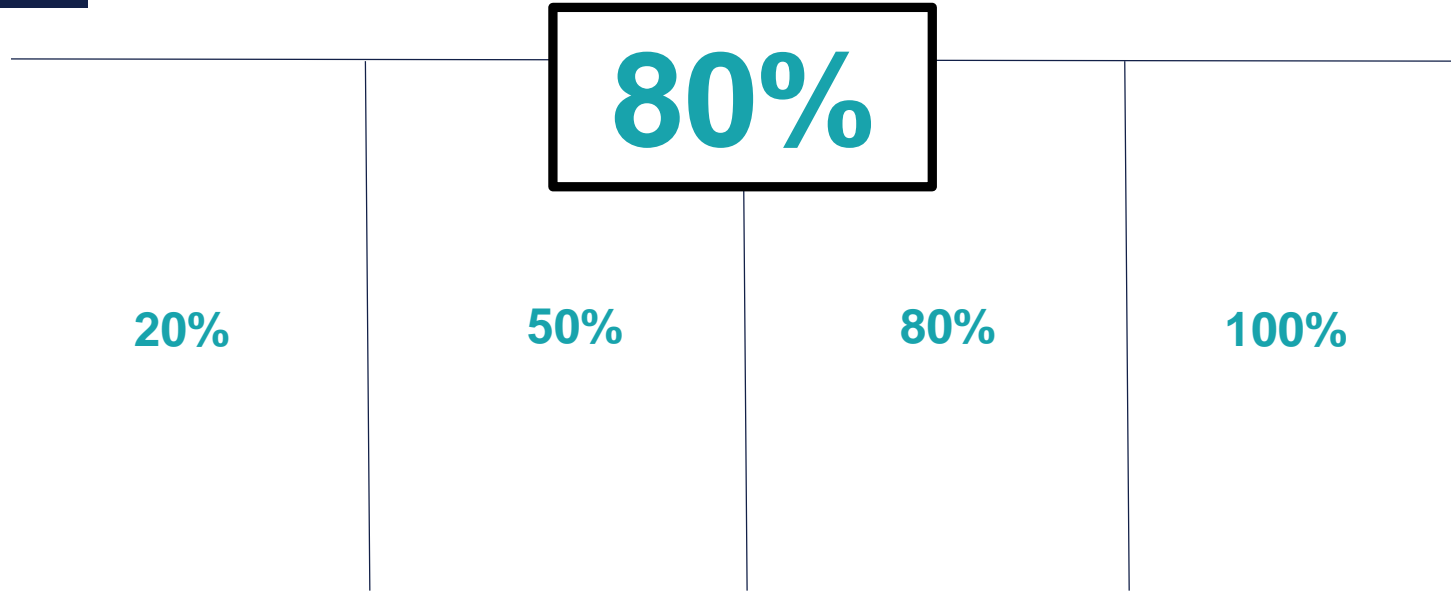
100%

References

Mansour, 2008

POLL

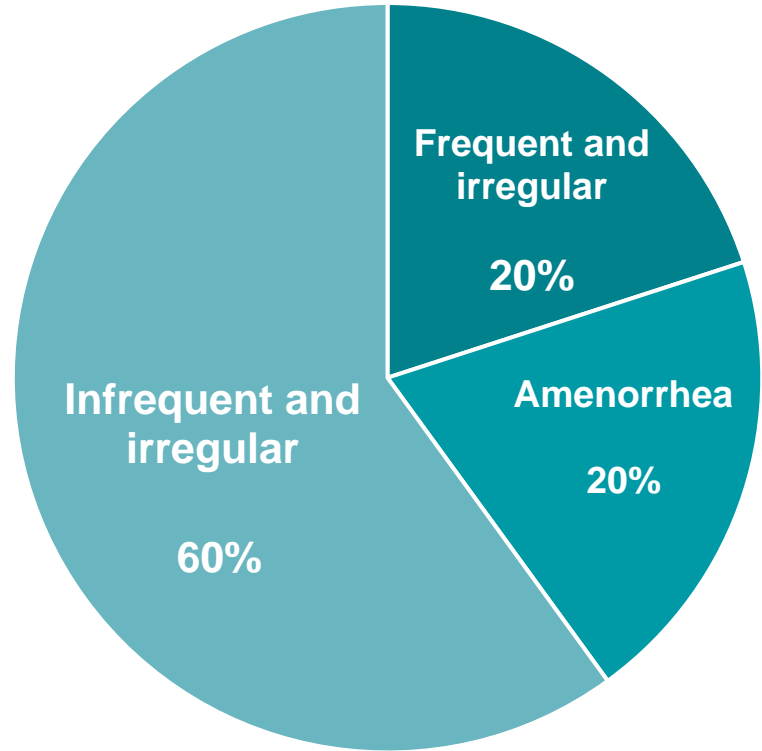
What percentage of Nexplanon users experience *irregular bleeding*?



References

Mansour, 2008

What percentage of Nexplanon users experience irregular bleeding?



References

Mansour, 2008; Grunloh, 2013 ; Merck, 2018

POLL

For what percentage of patients like Joselle do bleeding patterns improve?

20%

50%

80%

100%

References

Mansour, 2008

POLL

For what percentage of patients like Joselle do bleeding patterns improve?



References

Mansour, 2008



Before we give Joselle a bunch of information –

How do we assess Joselle's interest in learning more about her options to manage bleeding?

Offer Information and a Range of Options

- Offer patient the range of available options.
- Offer information about the different options, and, if needed, provide referrals.

“It sounds like this bleeding has been very bothersome for you. We can remove your implant today, and I am happy to do that .

“It sounds like this bleeding has been very bothersome for you. We can remove your implant today, and I am happy to do that . Empathize and Reassure

“It sounds like this bleeding has been very bothersome for you. We can remove your implant today, and I am happy to do that . Empathize and Reassure

This does happen for many people who use the implant.

“It sounds like this bleeding has been very bothersome for you. We can remove your implant today, and I am happy to do that . Empathize and Reassure

This does happen for many people who use the implant. Normalize

“It sounds like this bleeding has been very bothersome for you. We can remove your implant today, and I am happy to do that . Empathize and Reassure

This does happen for many people who use the implant. Normalize

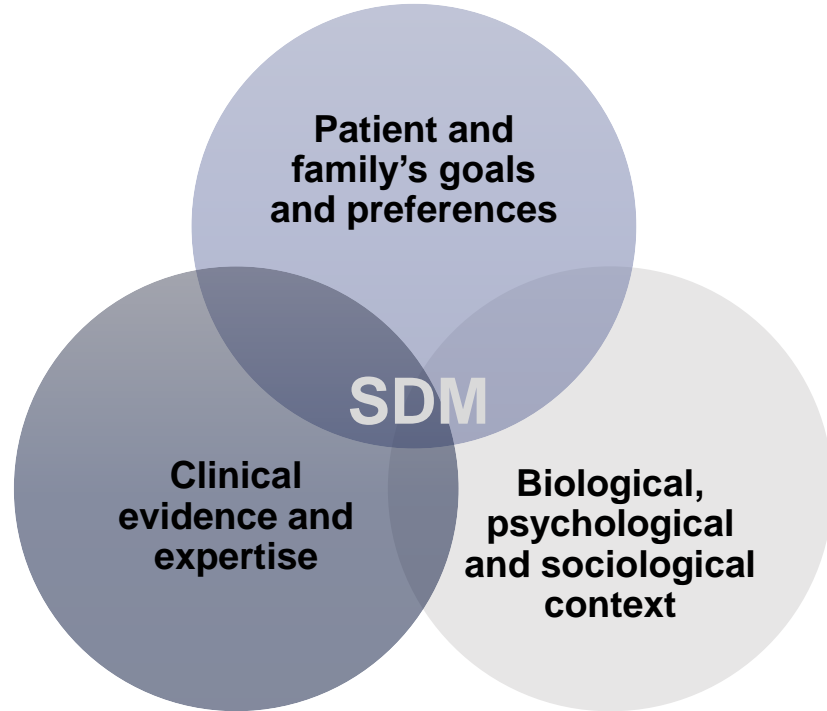
We can talk about some options that would allow you to keep your implant but could make the bleeding better. (offer info and options). Or we can go ahead with removal. What would you like to do?”

“It sounds like this bleeding has been very bothersome for you. We can remove your implant today, and I am happy to do that . Empathize and Reassure

This does happen for many people who use the implant. Normalize

We can talk about some options that would allow you to keep your implant but could make the bleeding better. (offer info and options). Or we can go ahead with removal. What would you like to do?” Offer info & options

Now back to Joselle!



Assess for non-implant-related causes of bleeding

- Pregnancy
- Infection (vaginitis, STIs)
- Thyroid disorders
- Adenomyosis



Evidence-based interventions for implant-related bleeding

- NSAIDs
- Oral contraceptives
- Doxycycline

References

Phaliwong, 2004; Diaz, 199; Guiahi, 2015; Hou, 2016; Weisberg, 2009



Evidence-based Interventions for implant-related bleeding

NSAIDs	• Mefenamic acid 500 mg BID x 5 days
	• Ibuprofen 800 mg TID x 5 days
Oral Contraceptives	1 cycle of monophasic COCs
Doxycycline	100 mg BID x 5 days
Tamoxifen	10 mg BID x 7 days
Ulipristal acetate	15 mg QD x 7 days
<p>https://www.ajog.org/article/S0002-9378(16)33176-3/abstract Ziglier R, McNicholas C. Unscheduled vaginal bleeding with progestin-only contraceptive use. AJOG May 2017. 216(5): 443-450.</p>	

Joselle

- Joselle decides to keep her implant.
- She takes a pack of OCPs home with her to help manage her bleeding.
- Her GC/CT test comes back negative.

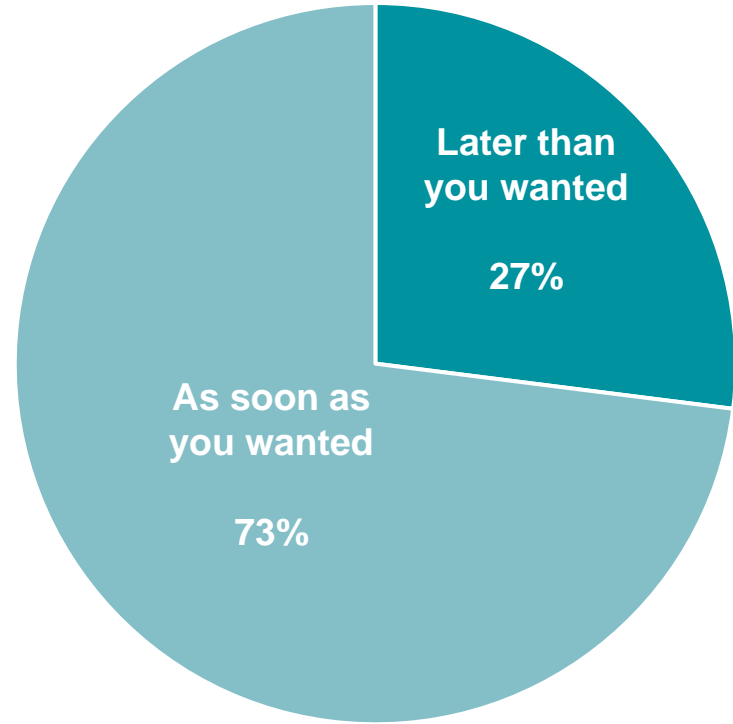


Make a Plan and Leave the Door Open

- Provide patient with resources and information so they can decide how they would like to move forward.
- Let the patient know they can always come back if they have any questions or concerns.

Why is it important that we reassure Joselle upfront that she can have her implant removed that day?

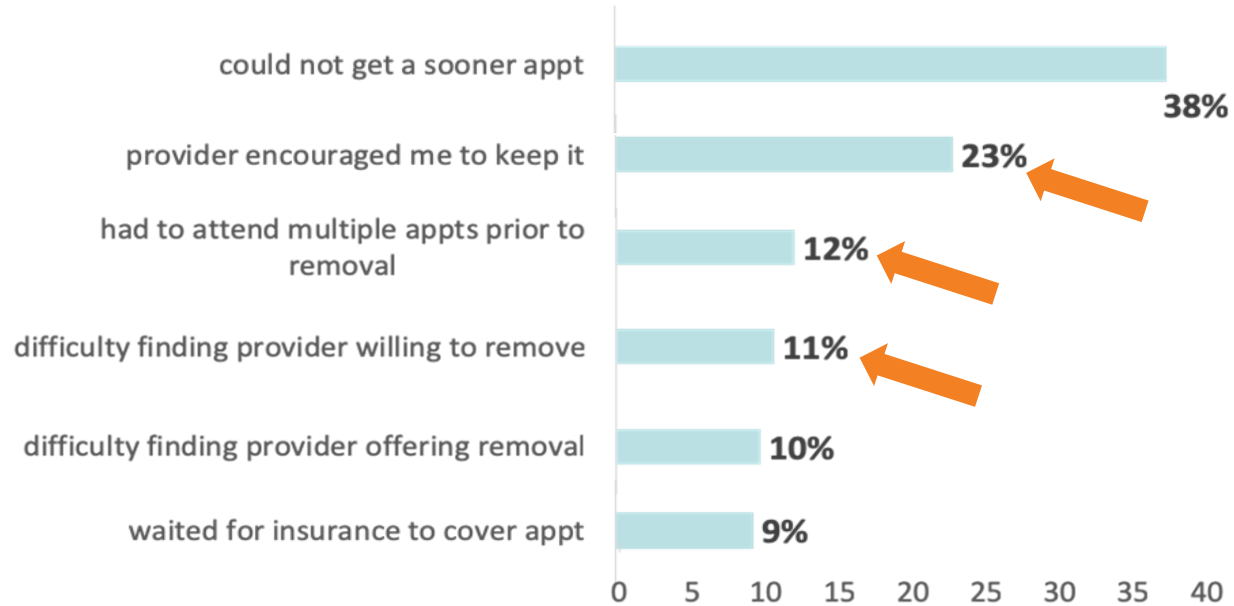
Did you get your LARC removed –



References

Fuentes, 2018

Why was your LARC removed later than you wanted



References

Fuentes, 2018; Higgins, 2016; Amico, 2017

Jayde

15 years old, they/them/theirs

- Interested in a highly effective contraceptive method
- *“My best friend told me that the Mirena makes people gain weight.”*

Image reference

The Gender Spectrum Collection



What questions will you ask Jayde to better understand their experiences and priorities?

What questions will you ask Jayde to better understand their experiences and priorities?

- What information/experiences did your friend share with you?
- What side effects are acceptable to you? Which are unacceptable?
- Do you have a sense of if/when you might *want* to become pregnant/parent?
- Tell me about your weight goals. How would it be for you to gain weight?
- What questions or concerns do you have?

Jayde



“I gained a lot of weight when I used the shot, and it took me a long time to lose it.

I don’t want that to happen again.

If I get the Mirena will I gain weight?”

Image reference

The Gender Spectrum Collection

POLL

Will the Mirena make Jayde gain weight?

Yes

Not sure

No

What does the science show?

- Little evidence of weight gain on LNG IUD.
- *However, many people do report weight gain on hormonal contraceptives, including the LNG-IUS.*
- Overall quality of studies low.



References

Lopez, 2016; Silva Dos Santos, 2017



How do other methods compare?

- No causal association for weight gain for combined hormonal contraception.
- Studies have mixed results for implant.
- More consistent evidence of weight gain for DMPA.

References

Vickery, 2013; Gallo, 2014; Gallo 2016; Lopez, 2016; Silva Dos Santos, 2017

Empathize and reassure	
Normalize	
Offer information and options	
Make a plan/leave the door open	

Empathize and reassure	It sounds like your concern about weight gain is really influencing your decisions today. So I'm really glad you brought this up.
Normalize	
Offer information and options	
Make a plan/leave the door open	

Empathize and reassure	It sounds like your concern about weight gain is really influencing your decisions today. So I'm really glad you brought this up.
Normalize	Many of my patients also have weight-related concerns when it comes to birth control, so you're certainly not alone in that!
Offer information and options	
Make a plan/leave the door open	

Empathize and reassure	It sounds like your concern about weight gain is really influencing your decisions today. So I'm really glad you brought this up.
Normalize	Many of my patients also have weight-related concerns when it comes to birth control, so you're certainly not alone in that!
Offer information and options	A number of studies have looked at this question. In most studies, having a Mirena doesn't make people more likely to gain weight than using an IUD without hormones. But weight gain is common overall, over time.
Make a plan/leave the door open	

<p>Empathize and reassure</p>	<p>It sounds like your concern about weight gain is really influencing your decisions today. So I'm really glad you brought this up.</p>
<p>Normalize</p>	<p>Many of my patients also have weight-related concerns when it comes to birth control, so you're certainly not alone in that!</p>
<p>Offer information and options</p>	<p>A number of studies have looked at this question. In most studies, having a Mirena doesn't make people more likely to gain weight than using an IUD without hormones. But weight gain is common overall, over time.</p>
<p>Make a plan/leave the door open</p>	<p>What questions do you have about that?</p> <p>Weight is very personal, and I am here to work with you to a method of contraception that feels like a good fit for you given your concerns about weight. Is that something you'd like to talk more about?</p>

Jayde



- Not sure Mirena is right for them.
- Plans to use condoms.
- Leaves with emergency contraception to have on hand.

Image reference

The Gender Spectrum Collection

©2020 The Regents of the University of California. All rights reserved.

Make a Plan and Leave the Door Open

- Provide patient with resources and information so they can decide if / how they would like to move forward.
 - [Bedsider.org](https://bedsider.org)
- Let the patient know they can always come back if they have any questions or concerns.

Taylor

18 years old, he/him/his

- Transmasculine (TM), assigned female at birth
- Had an abortion ~1 month ago and tells you:

“I don’t want to be pregnant again any time soon.”



Image reference
The Gender Spectrum Collection

Testosterone therapy and contraception

- Testosterone is **not** a contraceptive
 - 16-31% of TGD patients believed that it was
 - and many reported that a provider advised them that it was
- Any patient with ovaries and a uterus may ovulate during and after testosterone therapy, regardless of whether menstruating



References

Bonnington et al, 2020; Kattari SK, et al, 2016. Light A, 2018.
Image from The Gender Spectrum Collection

Provider assumptions about transgender & gender-diverse (TGD) patients impact care & comfort

Including assumptions about:

- Sexual partners and behaviors
- Need/desire for contraception
- Desire for future childbearing
- Desire to/stage of gender-affirming care (or “transition”)
- Use of gender-affirming therapy

References

Bonnington et al, 2020; Kattari SK, et al, 2016. Light A, 2018.

What questions will you ask Taylor to better understand his experiences and priorities?

- What contraceptive methods have you tried in the past (if any)?
 - What did you like / dislike?
- What side effects are acceptable to you? Which are unacceptable?
- Do you have a sense of if/when you might *want* to become pregnant/parent?
- What questions or concerns do you have?

Taylor



“Me and my boyfriend didn’t think I could get pregnant. I’ve been on T for like 6 months and I don’t really bleed anymore.”

“I used to do the shot before I started T. I liked it because I gained a little weight and my period basically stopped.”

Image reference

The Gender Spectrum Collection

Uterine bleeding

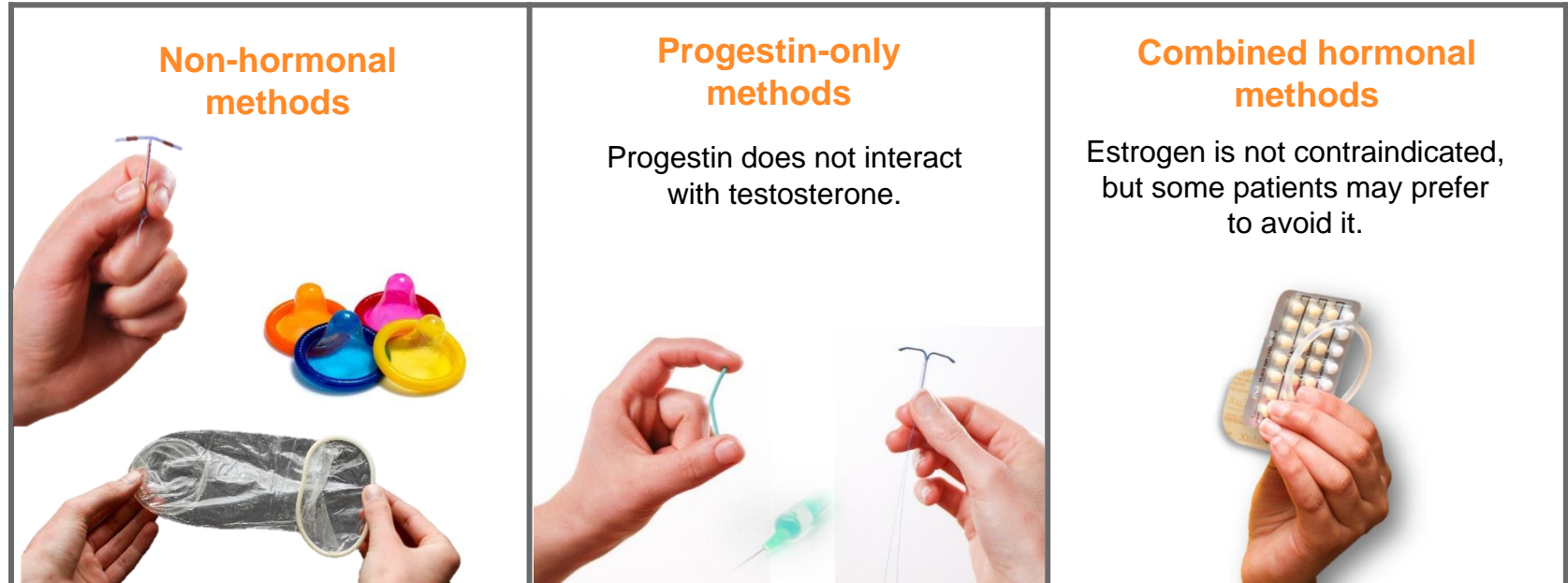


- Patients of **all** gender identities may use contraception primarily to manage abnormal uterine bleeding and/or achieve amenorrhea
- Provide anticipatory guidance:
 - If using testosterone and no longer experiencing monthly bleeding, regular or long-term menses, unlikely to return with any method, even with the copper IUD.

References

Boudreau et al, 2019; Krempasky C, et al, 2019.
Image from The Vulvani Gallery.

Reversible Contraceptive Options for TGD Patients



Offer the full range of contraceptive options

References

Bonnington et al, 2020; Kattari SK, et al, 2016. Light A, 2018.

Empathize and reassure	
Normalize	
Offer information and options	
Make a plan/leave the door open	



Empathize and reassure	It sounds like preventing a future pregnancy is important for you right now; we can definitely explore Depo and any other methods you may be interested in.
Normalize	
Offer information and options	
Make a plan/leave the door open	



Empathize and reassure	It sounds like preventing a future pregnancy is important for you right now; we can definitely explore Depo and any other methods you may be interested in.
Normalize	I've definitely had other patients who thought they wouldn't be able to get pregnant while on T, especially if their bleeding had stopped. That's a really common misconception.
Offer information and options	
Make a plan/leave the door open	



Empathize and reassure	It sounds like preventing a future pregnancy is important for you right now; we can definitely explore Depo and any other methods you may be interested in.
Normalize	I've definitely had other patients who thought they wouldn't be able to get pregnant while on T, especially if their bleeding had stopped. That's a really common misconception.
Offer information and options	<p>Testosterone won't take away your ability to get pregnant, and it's safe to continue while using a contraceptive method.</p> <p>It sounds like Depo worked for you in the past because it made your bleeding stop and helped you to gain some weight. If you'd like, you can even get your first injection today before you leave the clinic. We do have several other options that you could start today as well, if you're interested in learning about those.</p>
Make a plan/leave the door open	

<p>Empathize and reassure</p>	<p>It sounds like preventing a future pregnancy is important for you right now; we can definitely explore Depo and any other methods you may be interested in.</p>
<p>Normalize</p>	<p>I've definitely had other patients who thought they wouldn't be able to get pregnant while on T, especially if their bleeding had stopped. That's a really common misconception.</p>
<p>Offer information and options</p>	<p>Testosterone won't take away your ability to get pregnant, and it's safe to continue while using a contraceptive method.</p> <p>It sounds like Depo worked for you in the past because it made your bleeding stop and helped you to gain some weight. If you'd like, you can even get your first injection today before you leave the clinic. We do have several other options that you could start today as well, if you're interested in learning about those.</p>
<p>Make a plan/leave the door open</p>	<p>It is important to use a back up method of contraception for 7 days. Please feel free to call the clinic anytime if you have any questions or additional needs in the future.</p>

Taylor



- Taylor is able to start Depo today.
- Taylor takes home some information about the different IUD options and will call the clinic if he decides that he'd like to have one placed.

Image reference

The Gender Spectrum Collection

©2022 The Regents of the University of California. All rights reserved.

Sofia

17 years old, she/her/hers

- Pregnancy test - the result is negative, patient seems disappointed.
- Has used EC twice in the last 3 months
- When asked if she would like to discuss birth control options, she says *“I mean, it’s probably better that I’m not pregnant right now, but I don’t know about birth control.”*



Complex feelings about pregnancy

“Another pregnancy is definitely not the right path for me and I’m being very careful with birth control. But if I somehow ended up pregnant would I embrace it and think it’s for the best? Absolutely.” (Aiken, 2015)

“Like we're not trying, but we're not not trying either. You're not taking steps to get pregnant, but you're not taking steps not to get pregnant either.” (Arteaga, 2019)

What questions will you ask Sofia to better understand her experiences and priorities?

- How do you think you might feel if your test today had been positive?
- Do you have a sense of if/when you might *want* to become pregnant/parent?
- How important is it to you to prevent pregnancy until...?
- Would you like to discuss your options for birth control?
- Would you like to discuss ways to be prepared for a healthy pregnancy?
- What questions or concerns do you have?

**Empathize and
reassure**

Normalize

**Offer information
and options**

**Make a plan/leave
the door open**

Empathize and reassure	It's very common to have feelings come up when receiving the results of a pregnancy test.
Normalize	
Offer information and options	
Make a plan/leave the door open	

Empathize and reassure	It's very common to have feelings come up when receiving the results of a pregnancy test.
Normalize	<p>Some people feel happy, some people feel sad, and many people aren't sure exactly how they feel! It's also very normal to have a number of mixed emotions at the same time.</p> <p>Could you tell me a little more about what feelings are coming up for you when you see the negative pregnancy test result? Were you hoping for a different result or are you not entirely sure how you feel about the result?</p>
Offer information and options	
Make a plan/leave the door open	

Empathize and reassure	It's very common to have feelings come up when receiving the results of a pregnancy test.
Normalize	<p>Some people feel happy, some people feel sad, and many people aren't sure exactly how they feel! It's also very normal to have a number of mixed emotions at the same time.</p> <p>Could you tell me a little more about what feelings are coming up for you when you see the negative pregnancy test result? Were you hoping for a different result or are you not entirely sure how you feel about the result?</p>
Offer information and options	We can discuss a few different things today. If you want, we can discuss ways to prepare for a healthy pregnancy. We could also talk about birth control options if you like, but it sounds like maybe birth control may not be something you're interested in right now? There's no pressure to make any decisions or have any answers today; I want to support you wherever you are.
Make a plan/leave the door open	

<p>Empathize and reassure</p>	<p>It's very common to have feelings come up when receiving the results of a pregnancy test.</p>
<p>Normalize</p>	<p>Some people feel happy, some people feel sad, and many people aren't sure exactly how they feel! It's also very normal to have a number of mixed emotions at the same time.</p> <p>Could you tell me a little more about what feelings are coming up for you when you see the negative pregnancy test result? Were you hoping for a different result or are you not entirely sure how you feel about the result?</p>
<p>Offer information and options</p>	<p>We can discuss a few different things today. If you want, we can discuss ways to prepare for a healthy pregnancy. We could also talk about birth control options if you like, but it sounds like maybe birth control may not be something you're interested in right now? There's no pressure to make any decisions or have any answers today; I want to support you wherever you are.</p>
<p>Make a plan/leave the door open</p>	<p>If you'd like some more time to think about your options I can give you some materials to review. If you want to schedule your follow-up appointment, our front desk staff would be happy to help you with that too. What questions do you have for me?</p>

Sofia



- Sofia decides to take information home with her about planning for a healthy pregnancy as well as information on birth control options.
- Sofia leaves with condoms.
- She also asks you if she can have some ECPs in case she needs to use them in the future.

How do we define “success”?

- Did we help Sofia obtain the information and resources they requested?
- Do we feel like Sofia left the encounter feeling respected?
- And that she was about to make an informed and autonomous decision without pressure?

Summary points

Patient-centered counseling improves the patient experience as well as clinical outcomes related to contraception.

Shared decision-making is a framework to honor the patient's goals and preferences while reviewing clinical evidence and expertise.

Investing in the patient's experience rather than in any specific method or outcome can help you to remain patient-centered in challenging encounters.



One thing you learned



One thing you felt



One thing you will do after today

Session name:
Sharing the Science

b.link/btpwebinar

Thank you!