Pearls in Contraceptive Counseling:

Prioritizing Patient Values and Comfort in Reproductive Care

Komal Soin, MD, MPH, FFAFP
Associate Professor
Director of Maternal Child Health and Women's Health
John A. Burns School of Medicine
Honolulu, HI

CONTINUING EDUCATION COMPANY

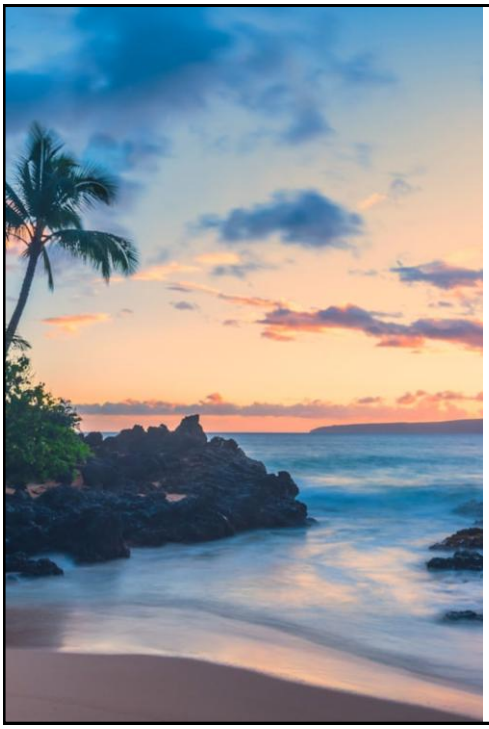
1

Disclosure

I have no financial interests or relationships to disclose.

CONTINUING EDUCATION COMPANY

2



Learning Objectives

1. Reframe counseling to prioritize patient values
2. Describe evidence-based natural family planning methods and summarize digital technologies
3. Review recent advancements in contraceptive methods and technologies
4. Review contraceptive methods and management in medically complex patients.
5. Discuss strategies to reduce discomfort and manage side effects

3

Your Role in Contraceptive Care

Poll Question: Which Statement Best Reflects Your Current Role in Contraceptive Care? Select the One That Best Applies:

Full-Spectrum Provider

Including all procedures and complex family planning.

Implant & Short Term Methods

Focuses on implants, pills, patches, and emergency contraception.

Prescribing Comfort

Comfortable with prescribing all methods, but no procedures.

Discussion & Referral

Engages in discussion but refers out for prescriptions and procedures.

4

Let's Start with You

What's the one question or topic about contraception or family planning that you feel least confident addressing?

Take a moment to reflect and share

5

The Patient-Centered Approach

Start with Open-Ended Questions

Listen First, Present Options Second

Integrate Social Context

6

A Paradigm Shift in Contraceptive Counseling

From:
"What method should I recommend?"

To:
"What are your goals and concerns?"

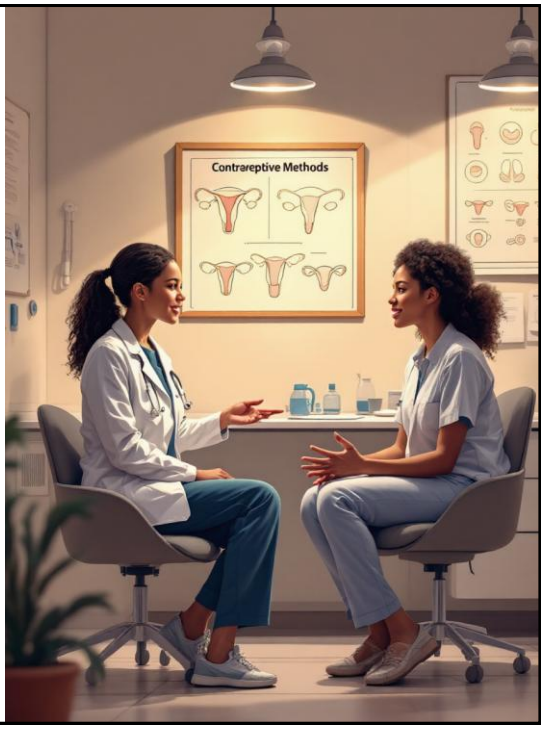
Understand your biases

Same day access and removal

7

Method Selection Journey

Exploring Contraceptive Options Together



8

Natural Family Planning

Calendar Method

Basal Body Temperature (BBT)

Cervical Mucus Method

Withdrawal Method

9

What Are Your Patients Using for Natural Family Planning?

Fertility Tracking Apps

Natural Cycles, Kindara, Cervitude, Euki, Flo, Ovia, etc

Log BBT, cervical mucus, and cycle dates

Wearable Devices

Oura Ring, Femometer ring, Tempdrop, Ava bracelet

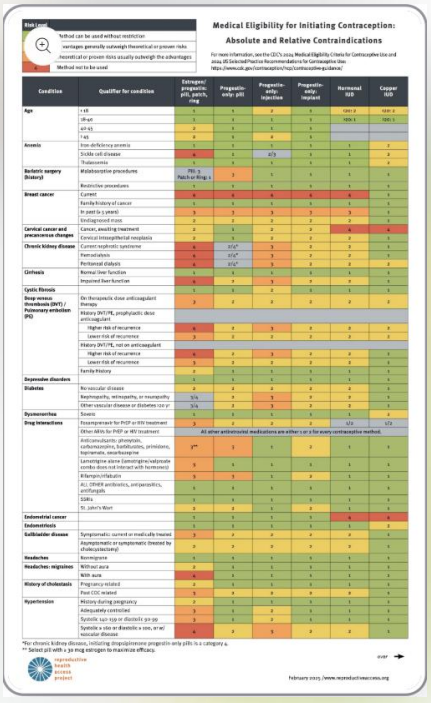
Collect physiological data for enhanced, passive tracking

Ovulation Predictor Kits

Home urine tests: Detect the LH surge

Mira fertility tracker: measures 4 hormone levels.

10



Medical Eligibility for Initiating Contraception:
Absolute and Relative Contraindications

Condition	Qualifier for condition	Estrogen/ progestin: pill, patch, ring	Progestin-only: pill	Progestin-only: injection	Progestin-only: implant	Hormonal IUD	Copper IUD
Age	<18	1	1	2	1	1(a) 2	1(a) 2
	18–40	1	1	1	1	1(b) 1	1(b) 1
	40–45	2	1	1	1		
	>45	3	1	2	1		
Anemia	Iron deficiency anemia	1	1	1	1	1	2
	Sickle cell disease	1	2	2(3)	1	1	2
	Thalassemia	1	1	1	1	1	2
Bariatric surgery (history)	Malabsorptive procedures	1(b) 3 Patch or Ring 4	3	1	1	1	1
	Restrictive procedures	1	1	1	1	1	1
Breast cancer	Current	4	4	4	4	4	4
	Family history of cancer	1	1	1	1	1	1
	In past (≥ 5 years)	3	3	3	3	3	3
	Undiagnosed mass	2	2	2	2	2	2
Cervical cancer and precancerous changes	Cancer, awaiting treatment	2	1	2	2	4	4
	Cervical intraepithelial neoplasia	2	1	2	2	2	1
Chronic kidney disease	Current nephrotic syndrome	4	2(4)*	3	2	3	1
	Hemodialysis	4	2(4)*	3	2	2	1
	Peritoneal dialysis	4	2(4)*	3	2	2	2
Cirrhosis	Normal liver function	1	1	1	1	1	1
	Impaired liver function	4	2	3	2	2	2
Cystic fibrosis		1	1	2	1	1	1
Deep venous thrombosis (DVT) / Pulmonary embolism (PE)	On therapeutic dose anticoagulant therapy	3	2	2	2	2	2
	History DVT/PE, prophylactic dose anticoagulant						
	Higher risk of recurrence	4	2	3	2	2	2
	Lower risk of recurrence	3	2	2	2	2	2
	History DVT/PE, not on anticoagulant						
	Higher risk of recurrence	4	2	3	2	2	2
	Lower risk of recurrence	3	2	2	2	2	2
	Family history	2	1	1	1	1	1
Depressive disorders		1	1	1	1	1	1
Diabetes	No vascular disease	2	2	2	2	2	1
	Nephropathy, retinopathy, or neuropathy	3/4	2	3	2	2	1
	Other vascular disease or diabetes >20 yr	3/4	2	3	2	2	1
Dysmenorrhea	Severe	1	1	1	1	1	2
Drug interactions	Enzyme-inducer for PrEP or HIV treatment	3	2	2	1	1/2	1/2
	Other ARVs for PrEP or HIV treatment	At other antiretroviral medications are either 1 or 2 for every contraceptive method.					
	Anticonvulsants: phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine	3**	3	1	2	1	1
	Lamotrigine alone (lamotrigine/valproate combo does not interact with hormones)	1	1	1	1	1	1
	Rifampin/rifabutin	3	3	1	2	1	1
	ALL OTHER antibiotics, antiparasitics, antifungals	1	1	1	1	1	1
	SSRIs	1	1	1	1	1	1
	St. John's Wort	1	1	1	1	1	1
Endometrial cancer		1	1	1	1	4	4
Endometriosis		1	1	1	1	1	2
Gallbladder disease	Symptomatic: current or medically treated	2	2	2	2	2	2
	Asymptomatic or symptomatic (treated by cholecystectomy)	2	2	2	2	2	1
Headaches	Nonmigraine	1	1	1	1	1	1
Headaches: migraines	Without aura	2	1	1	1	1	1
	With aura	4	2	2	2	2	1
History of cholestasis	Pregnancy-related	2	1	1	1	1	1
	Past COC related	3	2	2	2	2	1
Hypertension	History during pregnancy	2	1	1	1	1	1
	Adequately controlled	3	1	2	1	1	1
	Systolic 140–159 or diastolic 90–99	3	1	2	1	1	1
	Systolic ≥ 160 or diastolic ≥ 100, or vascular disease	4	2	3	2	2	1

*For chronic kidney disease, initiating drospirenone progestin-only pills is a category 4.
** Select pill with ≥ 30 mcg estrogen to maximize efficacy.

over ➔

reproductive health access project

February 2025 /www.reproductiveaccess.org

Medical Eligibility Criteria

USMEC 4-Tier System

1: No restriction | 2: Benefits outweigh risks

3: Risks outweigh benefits | 4: Unacceptable risk

Key Scenarios

- Migraines with aura: CHCs = Category 4
- Hypertension: CHCs = Category 3-4
- VTE history: CHCs = Category 4

11

Counseling for Complex Medical Problems

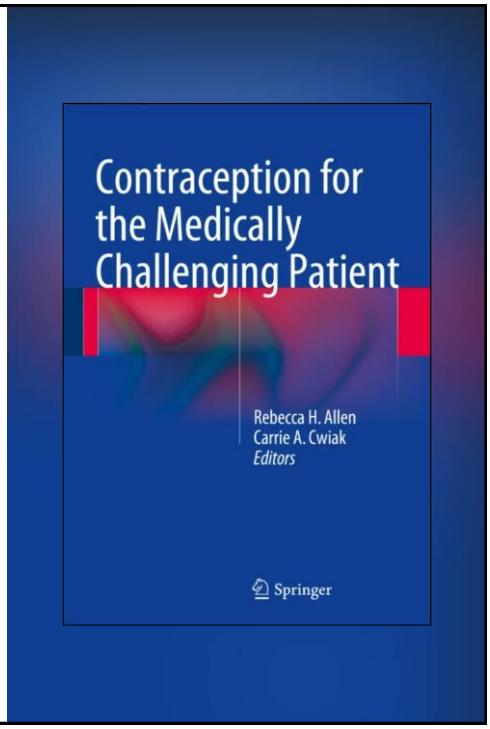
Build Confidence with Guidelines

- USMEC
- CDC

Collaborate with Specialists

- Complex FP
- Ob/Gyn
- Adolescent Health

Trust Your Capabilities



12

Updates in Contraception: What's New?

Opill: 1st OTC pill in the United States

LARCs: Extended Use & Improved Design
Levonorgestrel IUD: 8 years.
Implant: 5 years
Copper IUD: 12 years, improved design

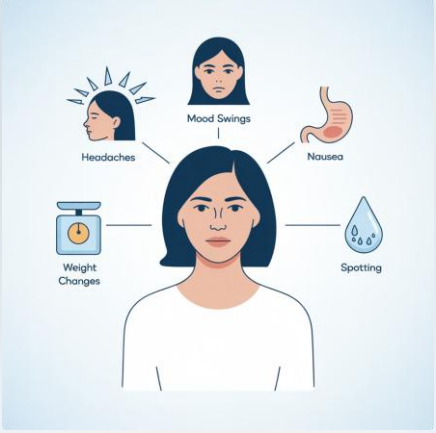
Newer Formulations
Drospirenone POP (Slynd)
Lower hormone options
SQ Depo, non-hormonal gels (Phexxi)

13

Short Acting Hormonal Methods

Oral Contraceptives, Patches, & Rings
Combined vs. progestin-only

Medroxyprogesterone
Subcutaneous vs Intramuscular route



14

Choosing Your Pill: Estrogen vs. Progestin

Estrogen

- Stabilizes Endometrial Lining
- Regulates Cycle
- Prevents LH surge & Inhibits Ovulation

Progestin

- Thickens Cervical Mucus
- Suppresses LH
- May Inhibit Ovulation

15

Progestin-Only Pills (POPs)

Mechanism of Action

Ideal Candidates

Common Side Effects

*** Ortho Micronor: Norethindrone, "mini pill"**
*** Slynd: Drospirenone**
*** Opill OTC: Norgestrel**

16

How to Choose a Combined Pill

Estrogen Dose Selection

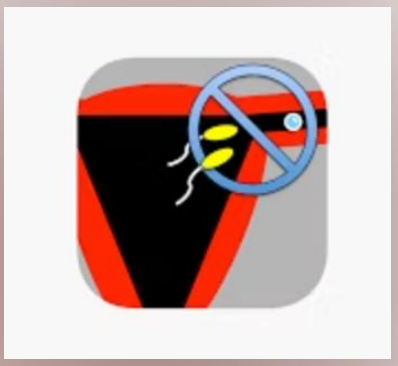
Low (20-25 mcg), Medium (30-35 mcg), High (50 mcg)

Progestin Androgenicity Assessment

Consider patient's acne and hirsutism history

Monophasic vs Multiphasic options

Prefer monophasic for consistent hormone levels and ease of use



Great App: Contraception Point of Care

17

Other Short-Acting Hormonal Methods

The Patch

- Xulane, Twirla
- Weekly application
- BMI <30 kg/m²

The Ring

- NuvaRing, EnilloRing
- Annovera
- Monthly use

Depo-Provera (DMPA)

- Every 3 months
- SubQ & IM formulations

18

Long-Acting Reversible Contraceptives (LARCS)

Types

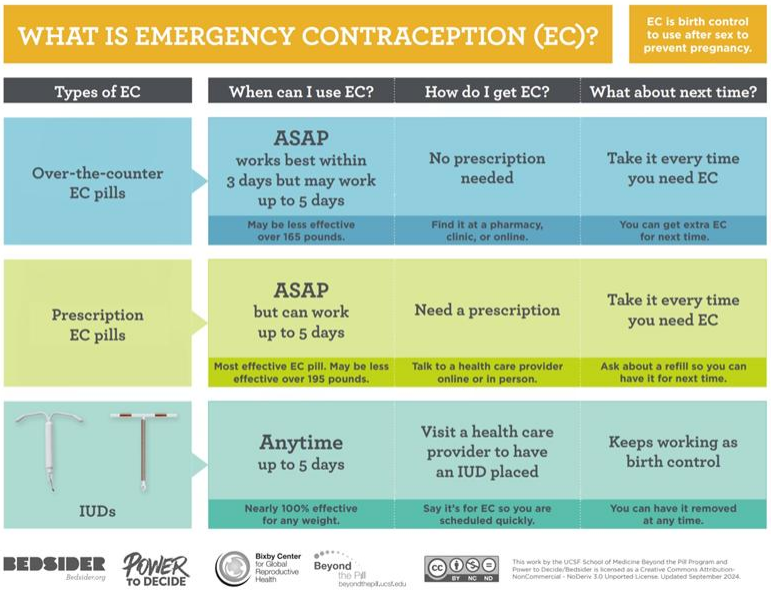
- Hormonal IUDs
- Copper IUD
- Subdermal implant

Benefits

- Highest effectiveness rates
- Extended duration
- "Set and forget" convenience

19

Emergency Contraception: Understanding Your Options

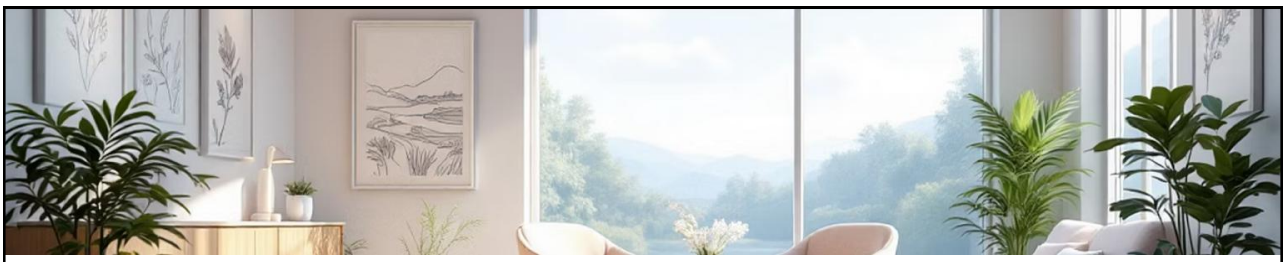


20

Implementation & Procedures

From Selection to Safe Practice

21

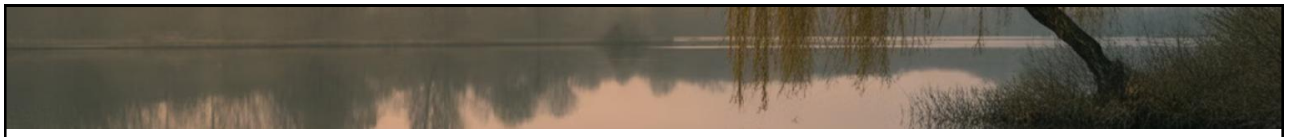


Reducing Discomfort

1. **Open Body Language**
2. **Offer Pain Management**

   Don't minimize pain. Validate patient experiences.
3. **Discuss Pain Proactively**

22



Pain Management Options

Pharmacological

- Pre-procedure NSAIDs
- Lidocaine cream and spray
- Paracervical, Intracervical lidocaine
- Anxiolytics, IV sedation when indicated

Non-Pharmacological

- Heating pads
- Music, verbicaine, ultrasound
- Breathing techniques
- Support person present

23

Managing Difficult IUD Insertions

Thorough Assessment & Preparation

- Consider Anatomy
- Speculum Choice
- Type of IUD and size

Optimizing Technique & Tools

- Tenaculum and traction
- Os finders and dilators
- Ultrasound guided
- Pain Control

Other Considerations

- Postpartum and breastfeeding
- Testosterone
- Misoprostol

24

Managing Difficult IUD Removals

Strings not visualized

- Cytobrush
- IUD hook
- Endocervical speculum

Imaging

- Ultrasound
- X Ray Abdomen/Pelvis

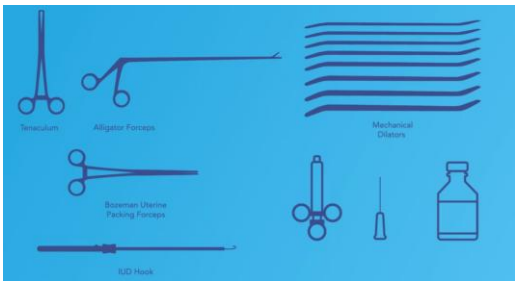
25

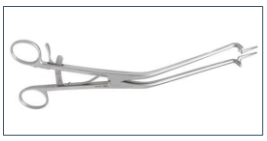
Managing Difficult IUD Removals

Attempt to retrieve IUD with instrumentation

When to Refer

- Repeated unsuccessful attempts
- Suspected embedded or fragmented IUD
- Need for hysteroscopic removal





26

Managing Side Effects

OCPs (pills)

Estrogen:
- Nausea
- Bloating/edema
- Irregular bleeding
- Mood changes

Progesterone:
- Acne, hirsutism
- Weight gain
- Mood changes

Implant
- Irregular bleeding
- Weight changes
- Mood effects

Intrauterine Device (IUD)
- Cramping
- Irregular bleeding
- Expulsion signs

DMPA (Depo-Provera)
- Irregular bleeding
- Weight gain
- Bone density
- Delayed return to fertility

27

Interactive Case Study

> A 35-year-old patient who vapes and has well-controlled hypertension on amlodipine wants to start an oral contraceptive.

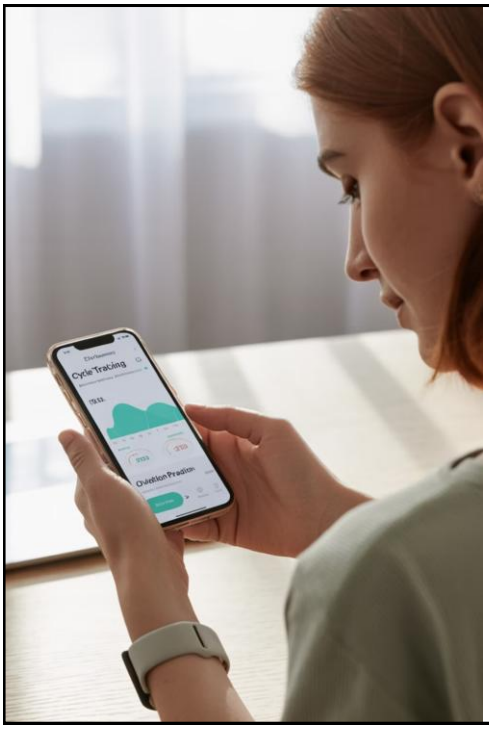
What is your initial clinical recommendation, and why?

28

Digital Health & Resources

Building Expertise and Support Networks

29



Digital Health in Contraception

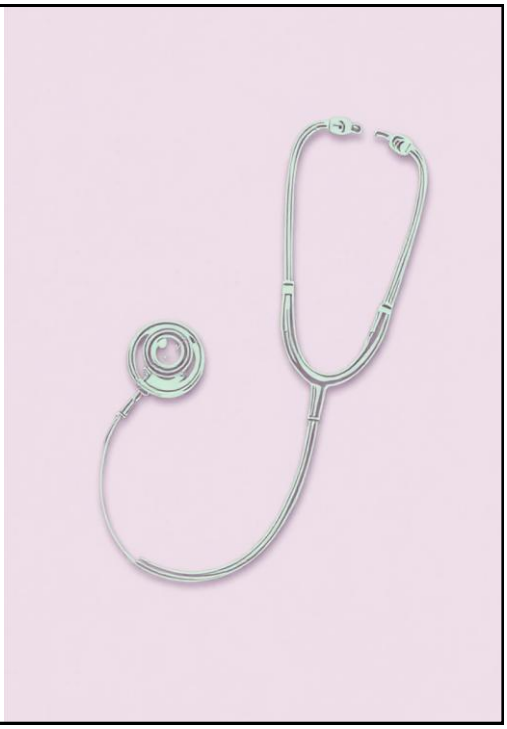
Key Considerations

- FDA-cleared apps vs. period trackers
- "Perfect use" vs. "typical use" rates
- Data privacy concerns
- Cost accessibility

30

When to Refer to a Specialist

- Complex Medical Conditions
- Persistent Complications/Failed Procedures
- Unusual Anatomy or History

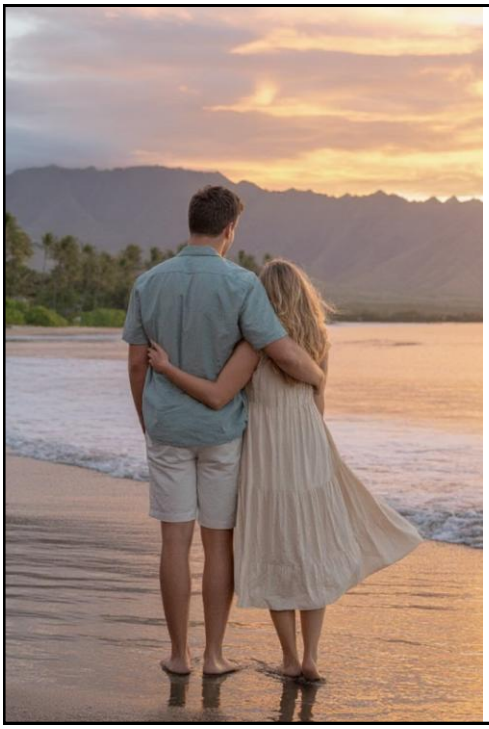


31

Resources for Contraceptive Care

- Bedsider.org
- Reproductive Health Access Project (RHAP)
- Planned Parenthood
- CDC: Contraception
- Reproductive Health Hotline
- Beyond the Pill UCSF

32



Preconception Health: The "Hidden" Visit

Every Visit Opportunity
Integrate into routine annual exams

Immunizations
Review rubella, varicella, Tdap

Folic Acid
400-800 mcg daily

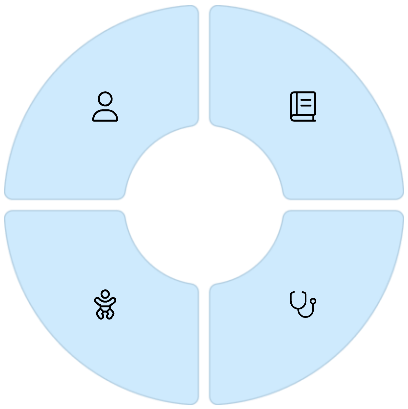
Chronic Disease
Optimize conditions before pregnancy

33

Summary & Takeaways

Patient-Focused
Not method-focused
Pain control

Preconception
Integrate into routine care



Stay Current
New methods & technology

Use USMEC
For complex medical issues

34

References

ACOG Clinical Consensus No. 13: Pain Management for In-Office Uterine and Cervical Procedures. Obstet Gynecol. 2025;145(5):e89-e102. Available at: https://www.acog.org/clinical/clinical-consensus/articles/2025/05/pain-management-for-in-office-uterine-and-cervical-procedures

Allen AZN, et al. U.S. Medical Eligibility Criteria for Contraceptive Use, 2024. MMWR Recomm Rep. 2024;73(4):1-84.

Beyond the Pill. What is Emergency Contraception (EC)? University of California, San Francisco. Available at: https://beyondthepill.ucsf.edu/resource/what-is-emergency-contraception-ec/

Contemporary OB/GYN Associates. Trends in Birth Control Options: What's New in 2024. Available at: https://www.contemporaryobgynassoc.com/trends-in-birth-control-options-whats-new-in-2024.html

Contraceptive Technology. What's New in Contraception. Available at: https://contraceptivetechnology.org/whats-new-in-contraception/

Healthline. The 10 Best Fertility and Ovulation Apps of 2024. Available at: https://www.healthline.com/health/pregnancy/fertility-apps#comparison

TEACH. TEACH Abortion Training Curriculum. teachtraining.org. 2025.

The Procedure Guide. IUD (Intrauterine Device) Removal: Technique and Overview. Available at: https://theprocedureguide.com/iud-intrauterine-device-removal-te...

Ti A, et al. Contraceptive values and preferences of adolescents and young adults: a systematic review. Int J Gynaecol Obstet. 2021;154(2):233-241.