

How I Practice: Contraception



WPSI

Women's Preventive Services Initiative

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No conflicts of Interests to Disclose

Contraception

- Effects of COVID-19 on access to contraception:
 - Challenges in access to effective contraception for women due to stay-at-home orders.
 - Reduced outpatient services.
 - Reduced access to full range of contraceptives.
- 1 in 3 women reported that because of the pandemic, they had to delay or cancel visiting a clinician for SRH care, or had trouble getting their birth control.
- Half of all pregnancies in the US are unintended due to lack of contraception or incorrect use of contraception.



WPSI Well-Woman Chart

PREVENTION SERVICES	AGE (Years)						
	13-17 ^a	18-21 ^a	22-39	40-49	50-64	65-75	>75
♥ GENERAL HEALTH							
Alcohol use screening & counseling	●	●	●	●	●	●	●
Anxiety screening	●	●	●	●	●	●	●
Aspirin to prevent CVD & CRC ¹					○ 50-59		
Blood pressure screening	●	●	●	●	●	●	●
Contraceptive counseling & methods	●	●	●	●	○		
Depression screening	●	●	●	●	●	●	●
Diabetes screening ²	○	○	○	○	○	○	○
Folic acid supplementation ³	○	●	●	●	○		
Healthy diet & activity counseling ⁴	○	○	○	○	○	○	○
Interpersonal violence screening	●	●	●	●	●	●	●
Lipid screening ⁵	○	●	○	●	●	●	
Obesity screening & counseling	●	●	●	●	●	●	●
Osteoporosis screening ⁶					○	●	●
Fall prevention						●	●
Statin use to prevent CVD ⁷				○	○	○	
Substance use assessment	●	●					
Tobacco screening & counseling	●	●	●	●	●	●	●
Urinary incontinence screening ⁸	○	●	●	●	●	●	●

*Women's' Preventive Services Initiative: Well-Woman Chart. Available at:
<https://www.womenspreventivehealth.org/wellwomanchart/>

WPSI Recommendation for Contraception

Contraceptive care should include:



Contraceptive counseling



Initiation of contraceptive
use



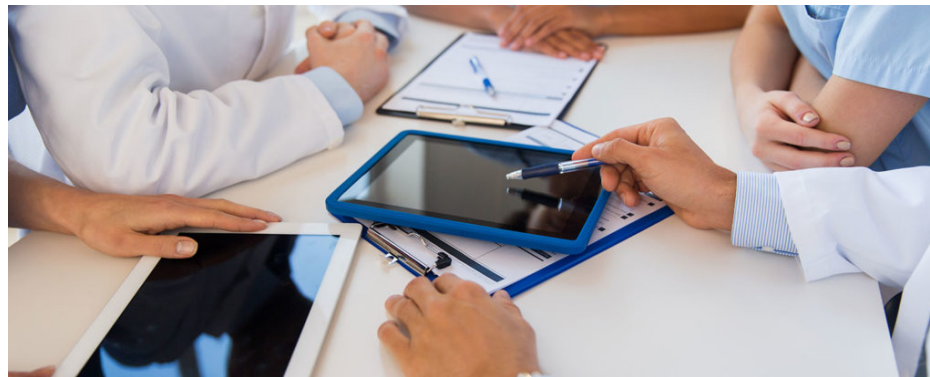
Follow-up Care

Contraception: How I Practice

- Establish a procedure to schedule and carry out virtual and in-person visits, as indicated.
- Schedule initial telehealth visit to assess patient needs.
 - Contraceptive methods including the pill, the patch, and ring, as well as emergency contraception can all be ordered for a patient without an in-person visit
- In-person visits for contraceptives that require a procedure can serve several purposes including:
 - Ensure the patient selects the best method for them.
 - Optimize the scheduling of the procedure
 - Reduce the length of time of the in-person visit.

How I Practice: Coding

- The telehealth visit should be coded in the same way as in-person contraceptive counseling visits, following local guidance from your practice/institution.
 - The procedure can be coded once the patient comes in-person to the clinic.



How I Practice: Shared Decision Making



Shared decision making is essential to preventive care.

New WPSI
#WellWoman Chart



- **Shared decision making** is an approach in which a patient's preferences and values are considered in addition to the scientific evidence about a particular method and the decision is made jointly by the clinician and patient.

Decide + Be Ready

Run-through of Decide + Be Ready App



Useful Resources

- www.bedsider.org – Bedsider Birth Control Support Network (for patients and providers)
- Planned Parenthood Telehealth Resources:
<https://www.plannedparenthood.org/get-care/get-care-online>
- Contraceptive Care During COVID-19:
<https://beyondthepill.ucsf.edu/contraceptive-care-during-covid-19>
- Decide + Be Ready can be found using a number of search terms: “Decide + Be Ready”; “birth control”, “decide be ready” etc. It is also available at iTunes and Android app stores.