



GOVERNMENT OF THE DISTRICT OF COLUMBIA

Counseling Patients about Family Planning and Contraception

DC | **HEALTH**

Milken Institute School
of Public Health

THE GEORGE WASHINGTON UNIVERSITY



GEORGETOWN UNIVERSITY



More resources available at the
DC Center for Rational Prescribing

dchealth.dc.gov/dcrx

DC | **HEALTH**

COURSE FACULTY

- Adriane Fugh-Berman, MD
- Mark Hathaway, MD, MPH
- Jamila Perritt, MD, MPH
- Susan Wood, PhD

CONFLICTS OF INTEREST

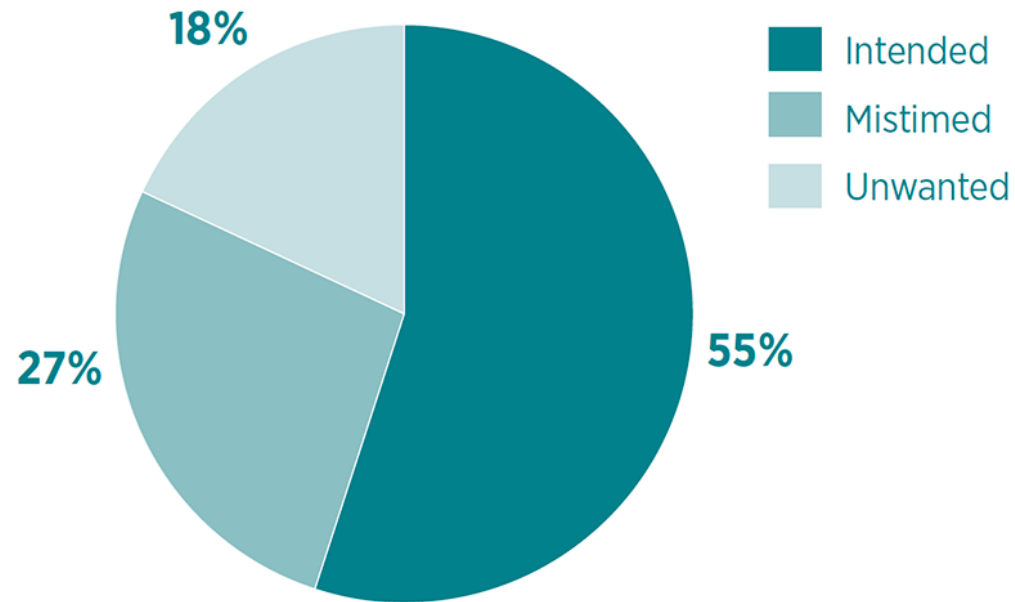
- Dr. Adriane Fugh-Berman is a paid expert witness at the request of plaintiffs in litigation regarding pharmaceutical marketing practices.
- Dr. Mark Hathaway is a paid trainer for Nexplanon birth control implant on behalf of Merck and is a paid member of the Clinical Advisory Boards for Afaxys and ContraMed.

COURSE OBJECTIVES

1. Describe patient-centered care in the context of family planning.
2. Assess who should be counseled for family planning services.
3. Address potential provider barriers and biases for quality family planning.
4. Discuss short acting and long acting contraception options.

UNINTENDED PREGNANCY

Pregnancies in the US by Intention

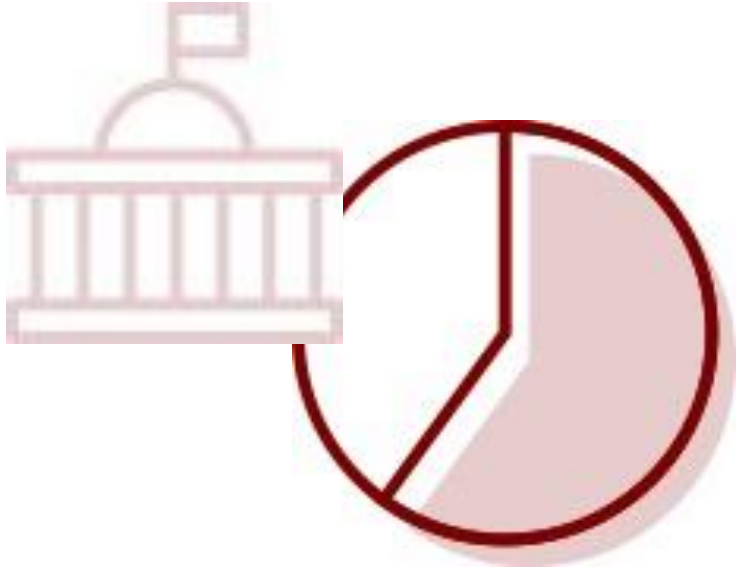


45% of pregnancies in the US were unintended (mistimed or unwanted) in 2011

Kost 2015

www.guttmacher.org

UNINTENDED PREGNANCY IN DC



62% of pregnancies were considered unintended in DC in 2010.

44,910 women in DC needed publicly supported contraceptive services and supplies in 2014.

9,100 unintended pregnancies in 2014 were averted through publicly funded family planning services, which would have resulted in 4,400 unplanned births and 3,300 abortions.

Guttmacher 2017

UNINTENDED PREGNANCY

- Births resulting from unintended or closely spaced pregnancies may be associated with adverse maternal and child health outcomes and negative physical and mental health effects for children.
- Planning, delaying, and spacing births may help women achieve their education and career goals.

Sonfield 2013

PATIENT-CENTERED CARE

“Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.”

—*Institute of Medicine*

PATIENT-CENTERED CONVERSATIONS



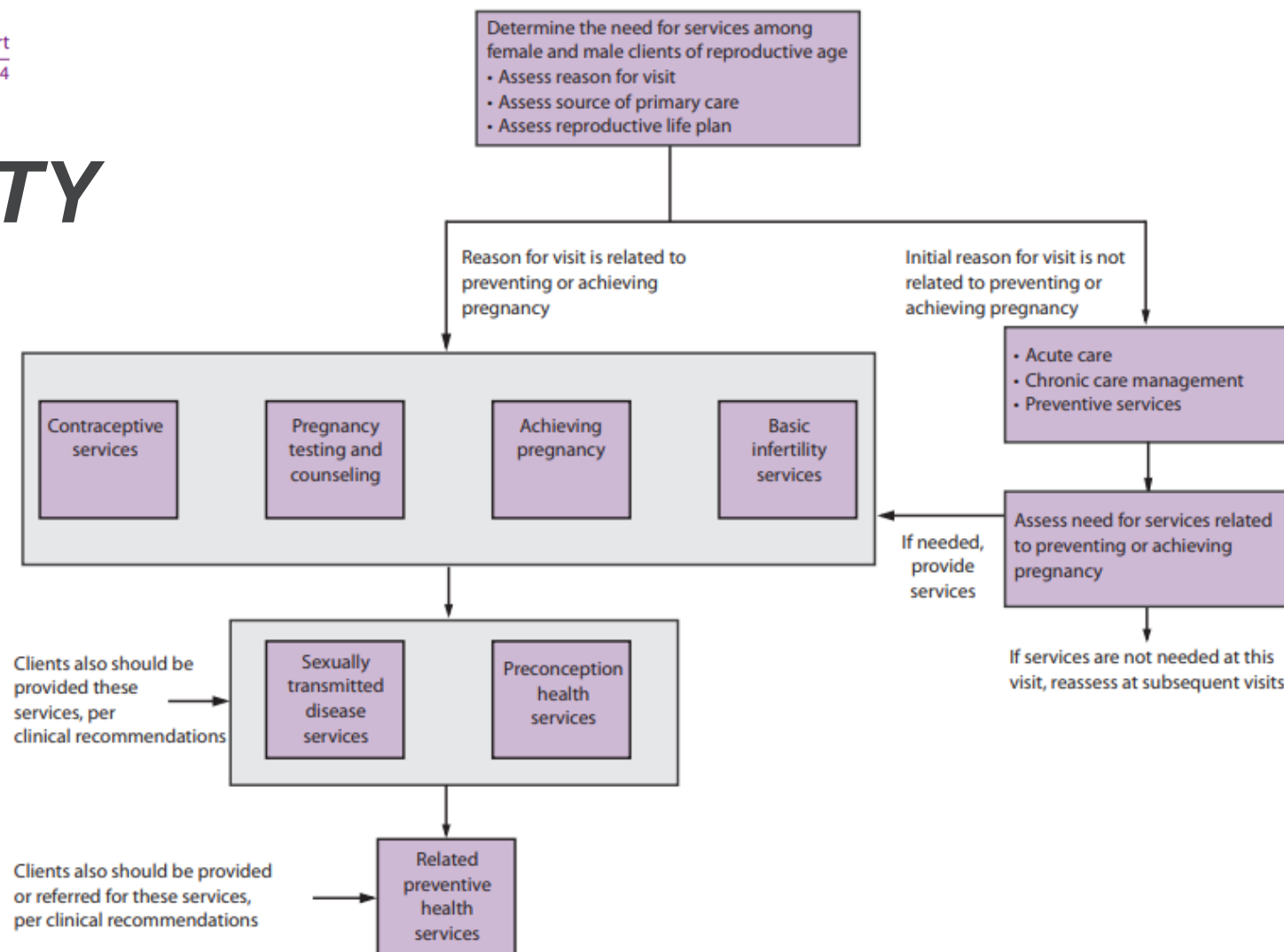
ROLE OF THE PROVIDER

- Guide, not direct, the conversation
- Respectfully correct misperceptions
- “The options we’ve discussed fit your preferences. What do you think about these?”
 - Example: “All of these options are non-hormonal and don’t cause changes to your period. What do you think about these?”



PROVIDING QUALITY FAMILY PLANNING SERVICES

Recommendations from the CDC and the US Office of Population Affairs



PRINCIPLES OF QUALITY COUNSELING



WHO SHOULD BE COUNSELED

- All patients of reproductive age (regardless of gender) should be screened for pregnancy intention.
- The ultimate goal is to determine, respect, and meet the needs of each patient.
- Offer a full range of FDA-approved or FDA-cleared* contraceptive methods.

**Some contraceptive devices are “cleared” instead of “approved” by the FDA because they are substantially equivalent to an existing device.*



ONE KEY QUESTION

“Would you like to become pregnant in the next year?”

If yes



Begin preconception counseling

If no



Begin discussion on available contraceptive methods and safe sex practices

**POWER
TO DECIDE**

the campaign to prevent unplanned pregnancy

DC | **HEALTH**

One Key Question®
powertodecide.org

Addressing ambivalence



**“How would you feel if
you got pregnant in the
next year?”**

PRECONCEPTION COUNSELING



Patients who are seeking pregnancy, are at risk for unintended pregnancy, or are ambivalent about pregnancy intention should be offered preconception health services

PATIENT-CENTERED CARE FOR FAMILY PLANNING

- Treat each person as a unique individual
- Provide accurate, easy-to-understand information based on the patient's needs and goals
- Ask questions, listen thoughtfully (don't interrupt), and respond appropriately
- Offer the support that the individual patient wants as they select contraception that matches their preferences and needs



PROVIDER BIASES FOR SPECIFIC METHODS

- Some providers may emphasize—or avoid—discussing certain methods.
- Ask yourself:
 - Are there methods you would hesitate to discuss?
 - Are there methods you discuss more than others? Why?
 - What do you do if you think the client is making the “wrong” choice?
- Recognize that everyone has assumptions and biases. Being aware of them is the best way to avoid imposing beliefs on patients.



“WHAT IS IMPORTANT TO YOU ABOUT YOUR BIRTH CONTROL METHOD?”

Sample answers:

- How it is used
- How often it is used
- Effectiveness
- Harms
- Detectability, discretion
- Whether it can be used while breast-feeding
- Menstrual effects
- Other effects

POTENTIAL BARRIERS FOR PROVIDERS

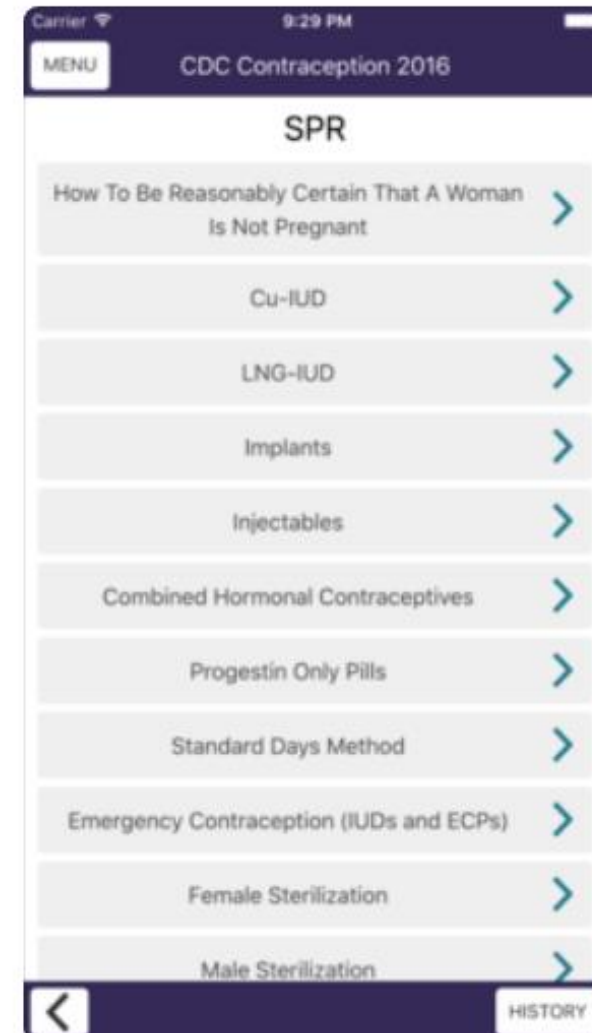
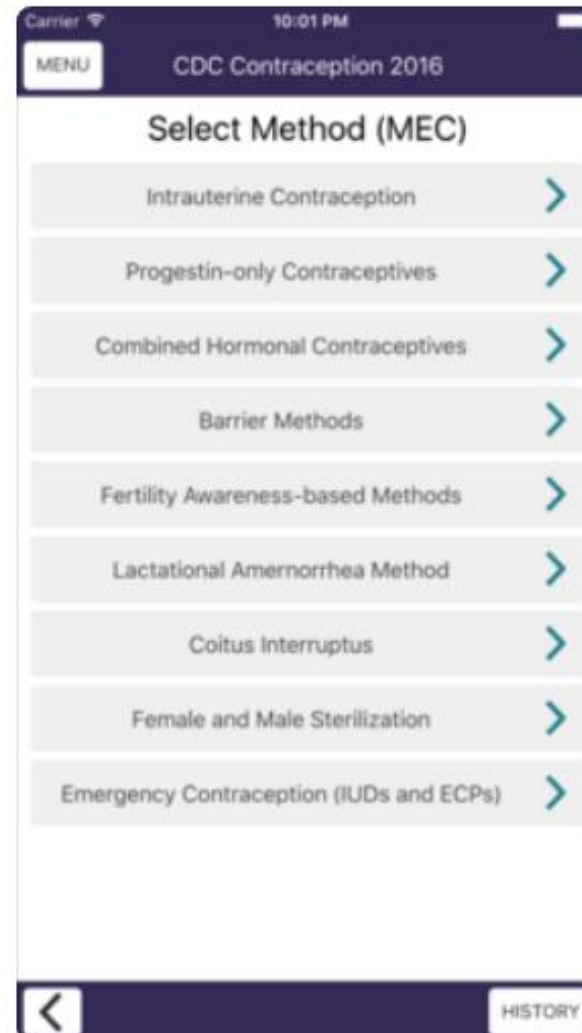
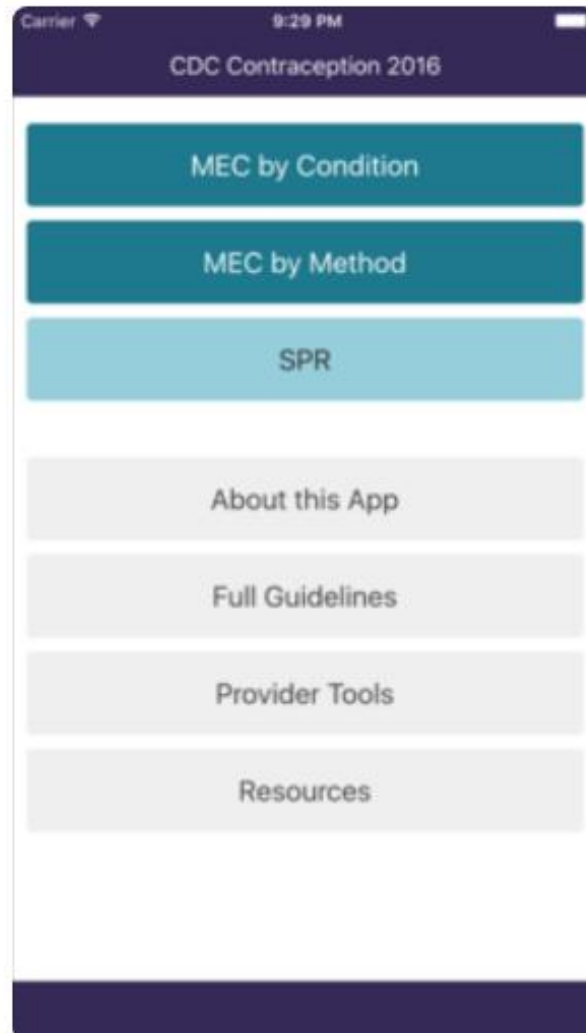
- Scheduling enough time to provide counseling
- Inadequate training
- Stocking methods
- Misconceptions about methods



CDC CONTRACEPTION APP

- An easy-to-use reference that provides information on best contraceptive choices in patients with specific medical conditions
- Available for iOS in the Apple Store or Android in the Google Play Store





REFERRALS



If your practice does not place LARCs, consider setting up a relationship with a partner clinic or office.

SPECIAL CONCERNS FOR ADOLESCENTS



- Provide comprehensive information about how to prevent pregnancy and STIs.
- Reassure them that family planning services are confidential.
- Refer pregnant/parenting adolescents to support programs and resources.
- Encourage adolescents to discuss sexual and reproductive health with their parents, guardians, or other trusted adults.
- Display materials that include young people.

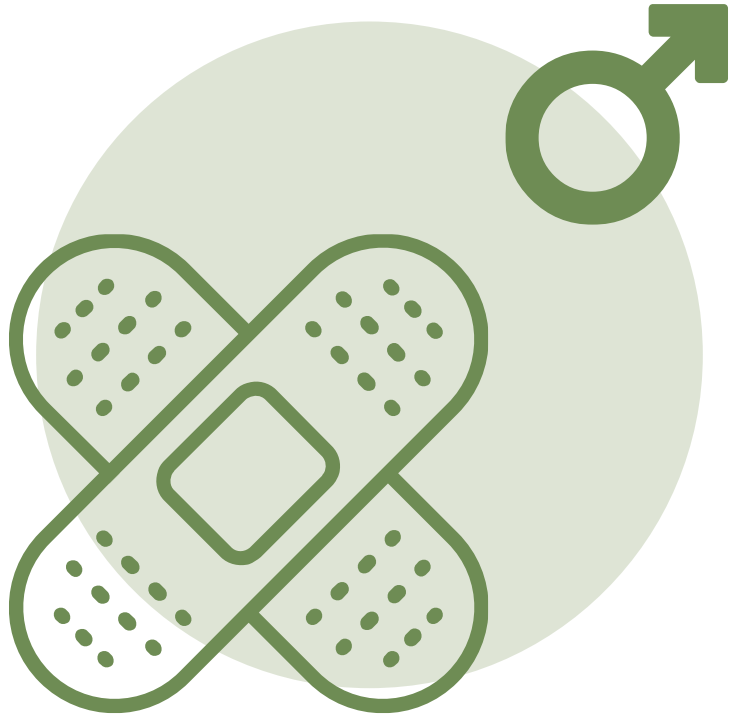
COUNSELING METHODS

Present information about available contraceptive methods in a way that prioritizes patient preferences

Examples of Ways to Categorize Methods

- Tiered Approach
 - Offering methods in order of effectiveness
- Barrier vs. non-barrier methods
- Hormonal vs. non-hormonal methods
- Long-acting vs. short-acting

MALE STERILIZATION (VASECTOMY)



- Surgical procedure (outpatient)
- More than 99% effective
- Permanent
- Risks
 - Transient pain or bleeding
 - Infection, other surgical complications

FEMALE STERILIZATION (TUBAL LIGATION)



- Surgical procedure
- More than 99% effective
- Permanent
- Risks
 - Transient pain or bleeding
 - Infection, other surgical complications

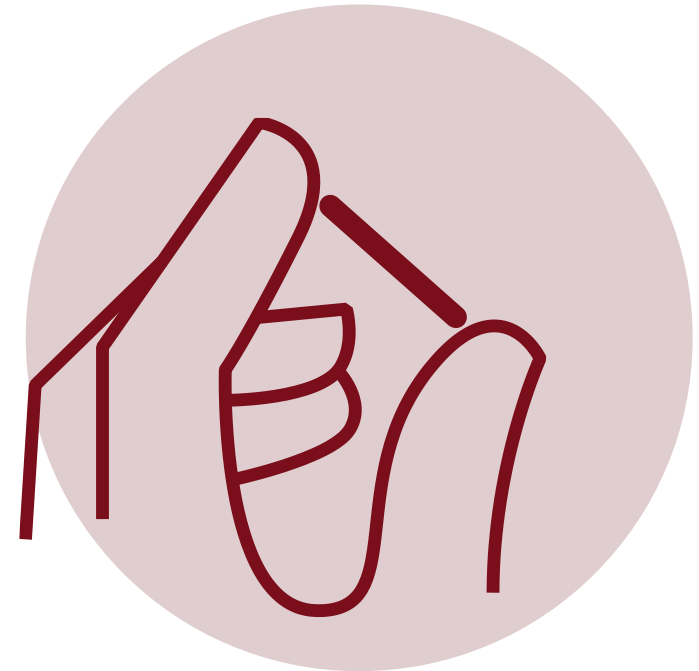
TYPES OF LONG-ACTING REVERSIBLE CONTRACEPTION (LARCS)

Generic	Brand	Reservoir
T380A Copper IUD	ParaGard	380 mm ²
Etonogestrel implant	Nexplanon	68 mg ENG
LNG IUD 20 mcg/24 hr	Mirena	52 mg LNG
LNG IUD 14 mcg/24hr	Skyla	13.5 mg LNG
LNG IUD 18.6 mcg/24hr	Liletta	52 mg LNG
LNG IUD 17.5 mcg/24hr	Kyleena	19.5 mg LNG

ENG=etonogestrel; LNG=levonorgestrel

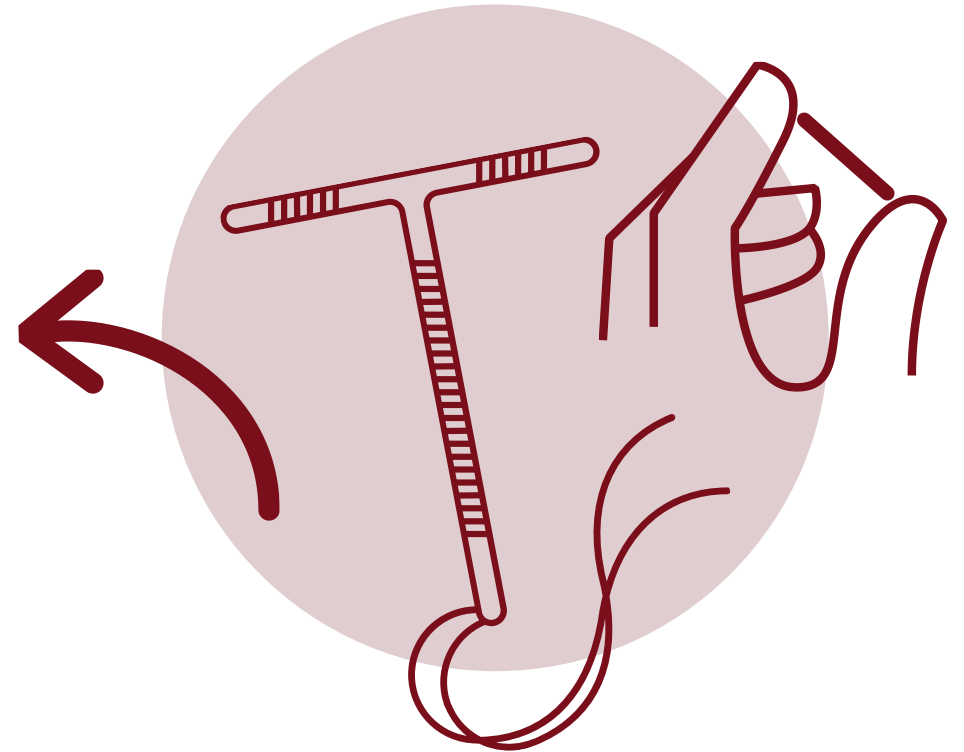
HORMONAL IMPLANT

- Inserted in the upper arm by a healthcare provider
- More than 99% effective
- Lasts up to 3 years
- Risks
 - Menstrual changes
 - Weight gain
 - Acne
 - Mood swings or depressed mood
 - Headache



COUNSELING ABOUT LARCs

- Insurance coverage is important to discuss with patients
 - Device and insertion
 - Follow-up visits
 - Removal
- Remind patients that LARCs can be removed at any time
- Create a system within your practice so patients can get same-day LARCs if desired



5 TYPES OF INTRAUTERINE DEVICES (IUDS)

ParaGard
(copper)

Skyla

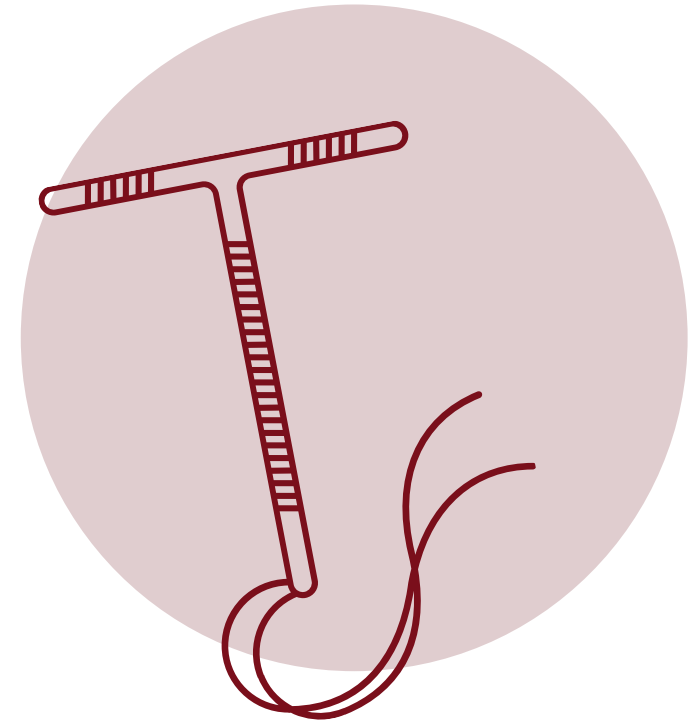
Kyleena

Mirena

Liletta

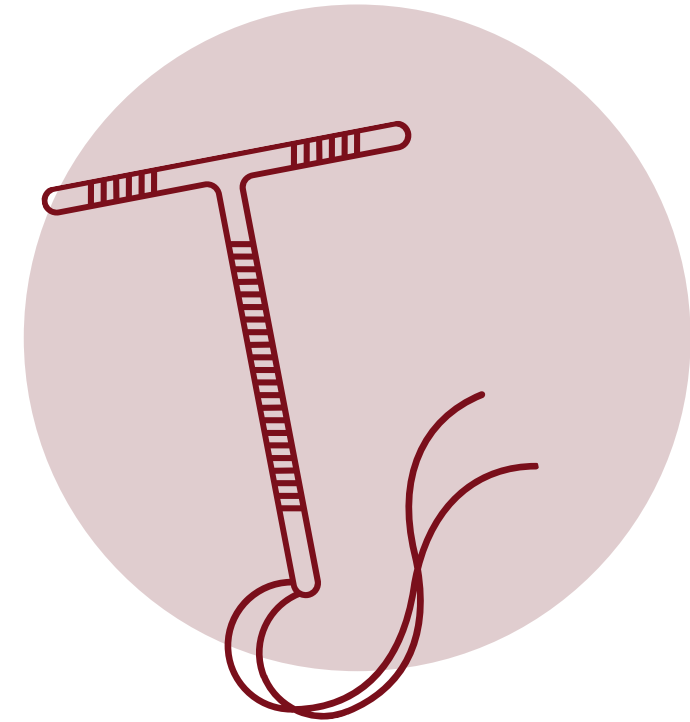
COPPER IUD

- Inserted by a healthcare provider
- Duration of effectiveness
 - Copper IUD: up to 10 years (up to 12 years)
- Possible side effects:
 - Cramps, longer/heavier menses, spotting between periods, allergic reaction
- Risk of pregnancy
 - More than 99% effective


















HORMONAL IUDS

- Inserted by a healthcare provider
- Duration of effectiveness
 - Hormonal IUD: 3-5 years (depending on type)
- Possible side effects:
 - Irregular bleeding, amenorrhea, abdominal/pelvic pain
- Risk of pregnancy
 - More than 99% effective



BIRTH CONTROL METHODS

	Most Effective									Least Effective					
															
Risk of pregnancy*	.5 out of 100	.15 out of 100	LNG: .2 out of 100 CopperT: .8 out of 100	.05 out of 100	4 out of 100	8 out of 100	9 out of 100		12 out of 100	13 out of 100	21 out of 100	20 out of 100	12–24 out of 100	24 out of 100	28 out of 100
How the method is used	Surgical procedure		Placement inside uterus	Placement into upper arm	Shot in arm, hip or under the skin	Take a pill	Put a patch on skin	Put a ring in vagina	Use with spermicide and put in vagina	Put over penis	Put inside vagina	Pull penis out of the vagina before ejaculation	Put inside vagina	Monitor fertility signs. Abstain or use condoms on fertile days.	Put inside vagina
How often the method is used	Permanent		Lasts up to 3–12 years	Lasts up to 3 years	Every 3 months	Every day at the same time	Each week	Each month	Every time you have sex					Daily	Every time you have sex
Menstrual side effects	None		LNG: Spotting, lighter or no periods CopperT: Heavier periods	Spotting, lighter or no periods	Spotting, lighter or no periods	Can cause spotting for the first few months. Periods may become lighter.			None						
Other possible side effects to discuss	Pain, bleeding, infection		Some pain with placement		May cause appetite increase/weight gain	May have nausea and breast tenderness for the first few months.			Allergic reaction, irritation			None	Allergic reaction, irritation	None	Allergic reaction, irritation
Other considerations	Provides permanent protection against an unintended pregnancy.		LNG: No estrogen. May reduce cramps. CopperT: No hormones. May cause more cramps.	No estrogen	No estrogen. May reduce menstrual cramps.	Some client's may report improvement in acne. May reduce menstrual cramps and anemia. Lowers risk of ovarian and uterine cancer.			No hormones	No hormones. No prescription necessary.		No hormones. Nothing to buy.	No hormones. No prescription necessary.	No hormones. Can increase awareness and understanding of a woman's fertility signs.	No hormones. No prescription necessary.
Counsel all clients about the use of condoms to reduce the risk of STDs, including HIV infection.															

HOW WELL DOES BIRTH CONTROL WORK?

What is your chance of getting pregnant?



Really, really well



The Implant
(Nexplanon)



IUD
(Skyla)



IUD
(Mirena)



IUD
(ParaGard)

No
hormones



Sterilization,
for men and women

Works, hassle-free, for up to...

3 years

3 years

5 years

12 years

Forever



Less than 1 in 100 women



O.K.



The Pill



The Patch



The Ring



The Shot
(Depo-Provera)

For it to work best, use it...

Every. Single. Day.

Every week

Every month

Every 3 months



6-9 in 100 women,
depending on method



Not as well



Pulling Out



Fertility
Awareness



Diaphragm



Condoms,
for men or women

Needed
for STD
protection!

Use with
any other
method

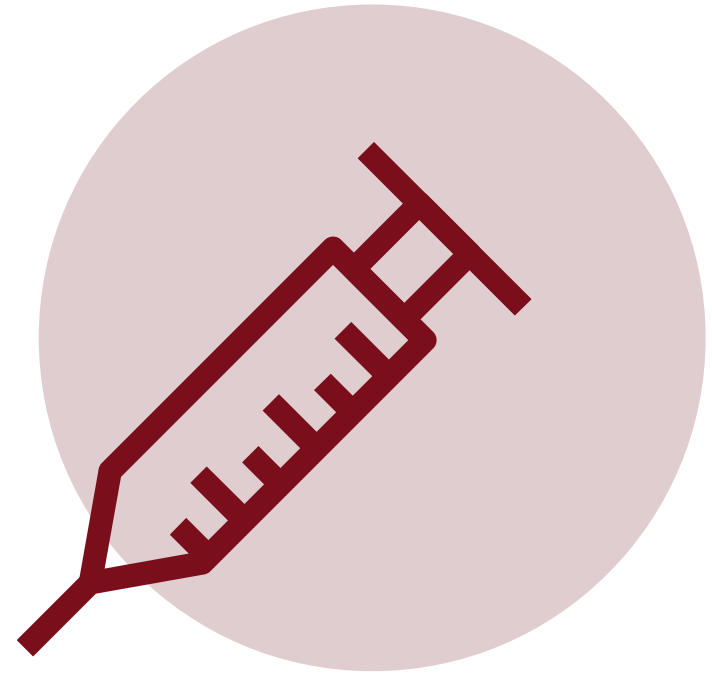
For each of these methods to work, you or your partner have to use it every single time you have sex.



12-24 in 100 women,
depending on method

INJECTABLE

- Depot injection of progestin into the arm or hip every three months
 - Subsequent injections can be administered as early as 10 weeks and as late as 15 weeks after the preceding injection
- Effectiveness
 - More than 99% effective when injections taken on time every three months
 - Efficacy declines as time between shots increases



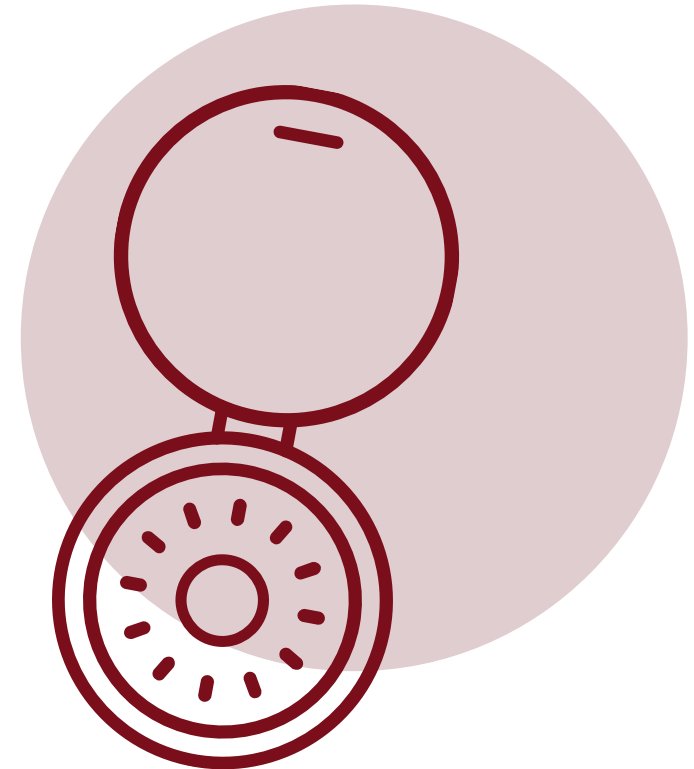
INJECTABLE

- Potential risks and adverse events
 - Bone density loss
 - Irregular bleeding, spotting, or no periods
 - Headaches
 - Weight gain
 - Nervousness
- It may take up to 10 months after stopping shots to become pregnant.



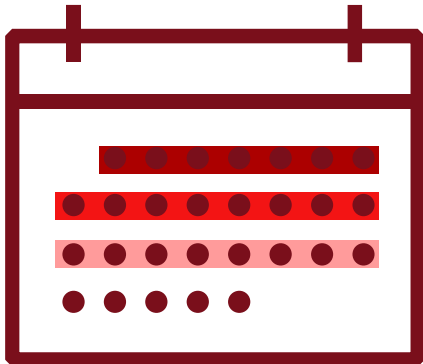
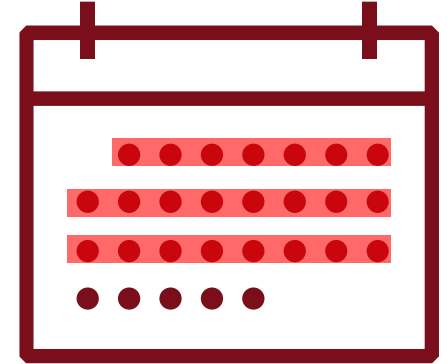
ORAL CONTRACEPTION (“THE PILL”)

- Combined estrogen/progestin pills
 - A pill must be taken every day near the same time
- Progestin-only pills (“Minipill”)
 - Used during breastfeeding or in women at high risk of blood clots, rarely used otherwise
- Possible side effects
 - Irregular bleeding, spotting, lighter or absent periods
 - Headaches
 - Breast tenderness
- Effectiveness
 - 99% effective with perfect use (one pill per day, within a few hours of the same time)
 - ❖ Combination pills are 91% effective with imperfect use
 - All pills are more effective when taken within a few hours of the same time every day.
 - ❖ Particularly important for minipill effectiveness



MONOPHASIC VS. BI- AND TRIPHASIC PILLS

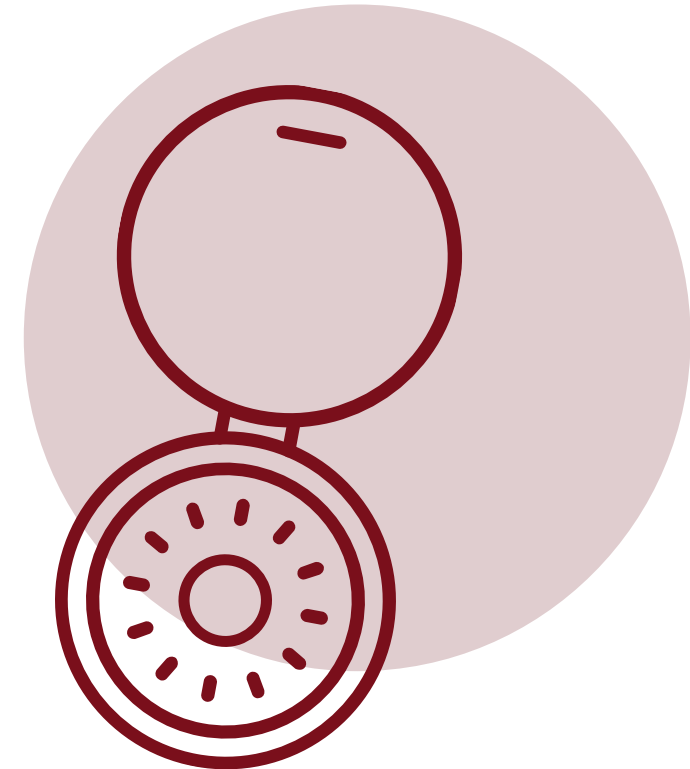
- Monophasic pills: estrogen and progestin levels stay consistent throughout the three weeks of active pills
 - Can be associated with fewer side effects due to a steady hormone dose



- Biphasic and triphasic pills: differing levels of estrogen and/or progestin throughout the three weeks of active pills. May be associated with heavier bleeding and other side effects.
 - Equally effective for pregnancy prevention
 - Deliver less total amount of hormone in the body

THE PILL AND RISK OF CANCERS

- The risk of breast and cervical cancers increases in women who use oral contraceptives.
- The risk of endometrial, ovarian, and colorectal cancers is decreases in women who use oral contraceptives.
- Most evidence about the link between oral contraceptives and cancer risk comes from observational studies.
 - Data from observational studies cannot establish that an exposure causes or prevents a disease.



NCI 2018

GENERIC ORAL CONTRACEPTIVE OPTIONS

60 different generic combination pills are available on the market.
Each active pill contains:

- An estrogen component:
 - Ethinyl estradiol
 - Mestranol
- A progestin component:
 - Levonorgestrel
 - Desogestrel
 - Norethindrone
 - Norgestrel
 - Drospirenone

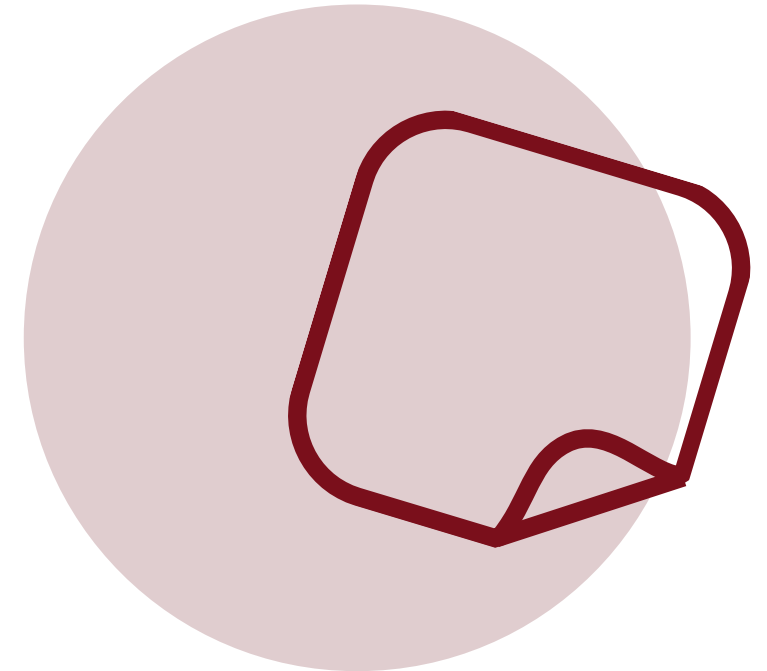
Product names include: Demulen, Genora, Loestrin, Microgestin, Necon, Estrostep, Ovcon, Ortho-Novum

Your patients may need to try different formulations to find the right generic for them.



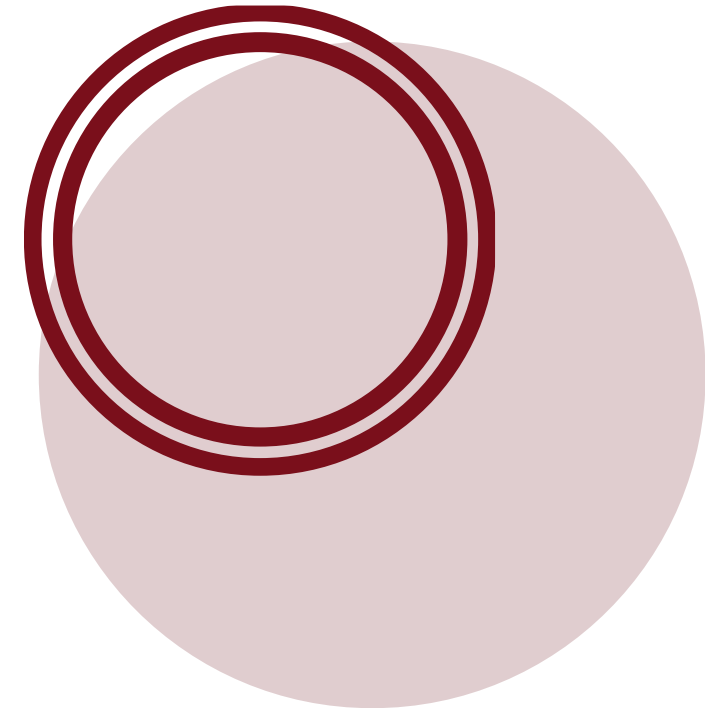
HORMONAL PATCH

- Placed on the skin each week
- 99% effective when patches replaced on time
 - 91% effective with imperfect use (patches not replaced on time, patches not replaced when misplaced)
- Risks
 - Irregular bleeding, spotting, or lighter periods
 - Headaches
 - Breast tenderness
 - Skin irritation at the site of the patch



HORMONAL VAGINAL RING

- Ring placed in the vagina every month
- Risks
 - Irregular bleeding, spotting, or lighter periods
 - Vaginal discharge
 - Headaches
 - Breast tenderness
 - Mood changes
- 99% effective when ring replaced each month on time
 - 91% effective with imperfect use (ring left out of vagina for more than two days, ring replaced irregularly)



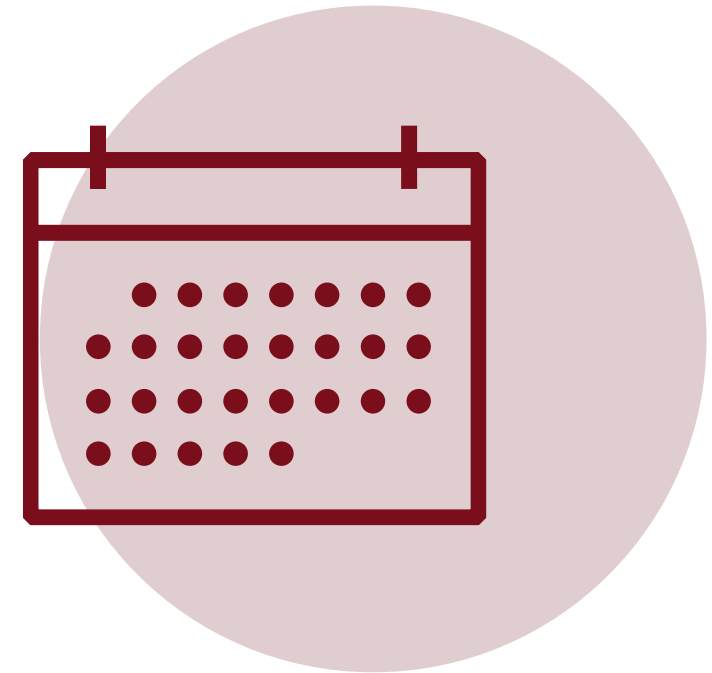
WITHDRAWAL METHOD

- “Pull-out method”
- The penis is pulled out of the vagina before ejaculation
- Can be difficult to do perfectly
 - 96% effective with perfect use
 - 78% effective with imperfect use
- No hormones, no side effects, nothing to buy
- Does not protect against STIs



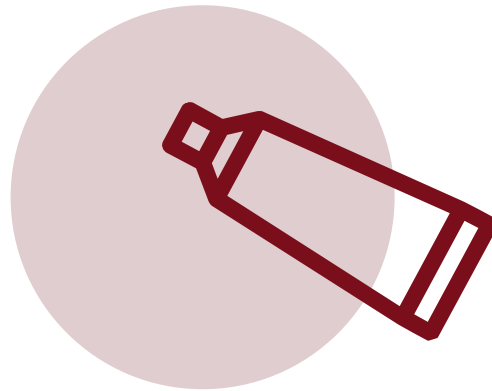
FERTILITY AWARENESS METHODS (FAMS)

- “Natural family planning” or “rhythm method”
- Requires monitoring of fertility signs
 - Temperature method
 - Cervical mucus method
 - Calendar method
- Abstain from intercourse or use a condom or other barrier method on fertile days
- 76-88% effective depending on method and diligence



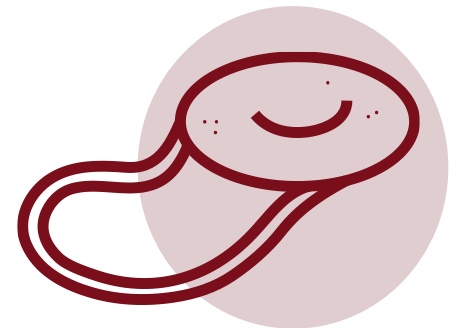
SPERMICIDE

- Must be used for every act of vaginal intercourse
- Risks
 - Irritation
 - Allergic reaction
- 82% effective with correct use
 - 71% effective with typical use
- No prescription necessary



SPERMICIDAL SPONGE

- Put in the vagina before sex
- Possible side effects:
 - Irritation
- 91% effective with perfect use for nulliparas
 - 88% effective with imperfect use
- 80% effective with perfect use for people who have given birth
 - 76% with imperfect use
- Provides some protection against STIs
- No prescription necessary



DIAPHRAGM OR CERVICAL CAP WITH SPERMICIDE

- Must be used with spermicide; placed in the vagina immediately before or several hours before sex.
- Must be left in place six hours after sex, should be removed before 24 hours.
- Risks
 - Irritation
 - Allergic reactions
- Diaphragm and spermicide: 94% effective with perfect use
 - 88% effective with imperfect use
- Cervical cap and spermicide: 86% effective for nulliparous people; 71% effective for people who have given birth
- Provides some protection against STIs
- Prescription and fitting necessary for most diaphragms
 - Fit-free diaphragms now available



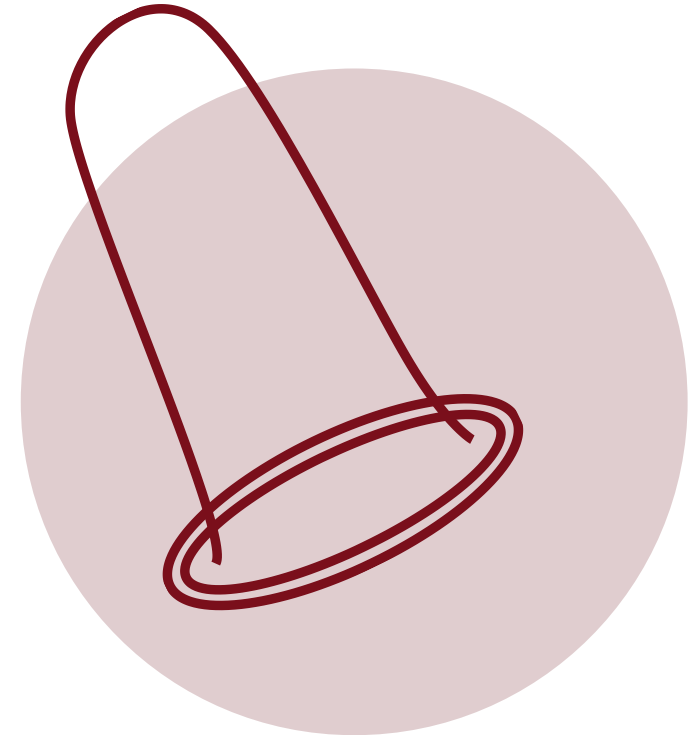
EXTERNAL (MALE) CONDOM

- Must be used for every act of intercourse
- 98% effective with perfect use
 - 85% effective with imperfect use
- Risks
 - Irritation
 - Allergic reaction to latex
- Best protection against STIs
- No prescription necessary



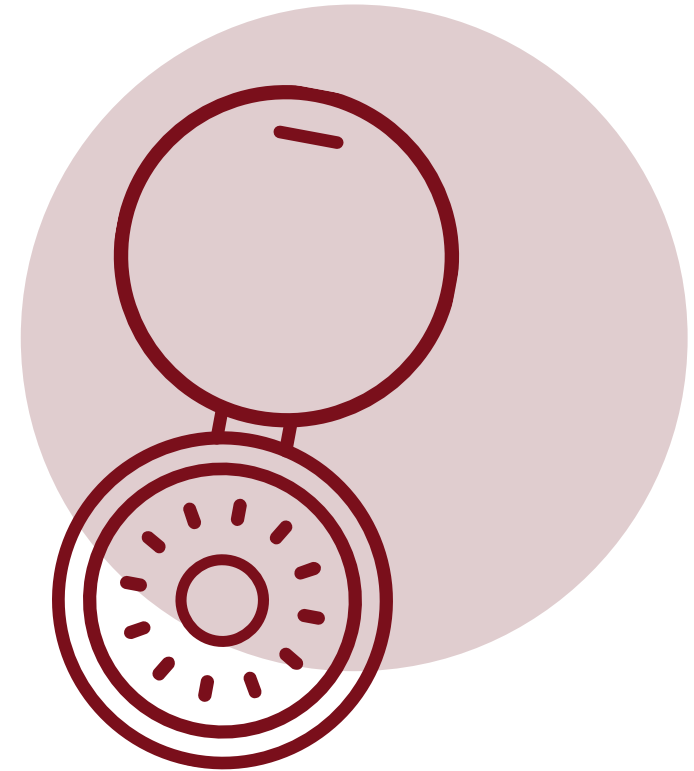
INTERNAL (FEMALE) CONDOM

- Put inside vagina or anus
- Must be used for every act of intercourse
- Risks
 - Irritation
 - Allergic reaction to latex
- 95% effective with perfect use
 - 79% effective with imperfect use
- Best protection against STIs
- No prescription necessary



EXTENDED-CYCLE BIRTH CONTROL

- Branded versions of extended-cycle birth control pill exist.
- However, any birth control pill can be used as an extended-cycle pill.
- Patients can skip placebo pills and start the next pack of active pills.



QUICK START (SAME-DAY CONTRACEPTION)

- Women with a negative urine pregnancy test can begin using the birth control pill, patch, or vaginal ring immediately after an office visit, at any point in the menstrual cycle.
- Pelvic exams, Pap smears, and STI screenings are not required for starting or continuing hormonal contraception.
- Women who initiate oral contraceptives between periods have no more disruption in menstrual patterns than those who wait until menses. *Westhoff 2003*
- Starting a contraceptive method the same day as an office visit improves adherence.
- Quick start algorithm: <https://www.reproductiveaccess.org/wp-content/uploads/2014/12/QuickstartAlgorithm.pdf>

OOPS! EMERGENCY CONTRACEPTION: BIRTH CONTROL THAT WORKS *AFTER* SEX

Types of emergency contraception	How well does it work?	How soon do I have to use it?	How do I use it?	Where can I get it?
 <p>ParaGard IUD</p>	<p>Almost 100% effective</p> 	<p>Within 5 days</p> 	<p>It's placed in the uterus by a doctor or nurse</p>  Keeps working as super effective birth control.	<p>From a doctor, nurse, or at a clinic</p>  Say it's for EC so you are scheduled quickly.
 <p>Ella</p>	 <p>Less effective if over 195 pounds. Try an IUD.</p> 	<p>ASAP</p>  Works better the sooner you take it, up to 5 days.	<p>Take the pill as soon as you get it</p>  Remember to use it every time you have unprotected sex.	<p>From a doctor, nurse, or at a clinic</p>  Get an extra pack for future emergencies.
 <p>Plan B One-Step or a generic</p>	 <p>Less effective if over 165 pounds. Try ella or an IUD.</p> 	<p>ASAP</p>  Works better the sooner you take it, up to 3 days.	<p>Take the pill as soon as you get it</p>  Remember to use it every time you have unprotected sex.	<p>At a pharmacy, no prescription needed</p>  Get an extra pack for future emergencies.

EMERGENCY CONTRACEPTION

Levonorgestrel (LNG)

- Available as LNG 1.5 mg (1 pill) or LNG 0.75 mg (2 pills)
- Can be purchased behind-the-counter, without a prescription

USAGE

Should be taken as soon as possible within 3 days after unprotected sex

- May be effective up to 5 days after unprotected sex
- Less effective the longer the patient waits to take it after unprotected sex

POSSIBLE SIDE EFFECTS

- Headache
- Abdominal pain
- Tiredness
- Breast pain
- Nausea or vomiting
- Menstrual changes
- Dizziness

EFFECTIVENESS

Risk of pregnancy: 7 out of every 8 women who would have gotten pregnant will not become pregnant after taking levonorgestrel

EMERGENCY CONTRACEPTION

Copper IUD

- Effective for patients regardless of weight

USAGE

Must be placed within 120 hours (5 days) after unprotected sex

TIMELINE

Will protect against pregnancy immediately and up to 10 years

EFFECTIVENESS

More than 99% effective

YUZPE METHOD – EMERGENCY CONTRACEPTION

- Patients can take birth control pills in two doses, 12 hours apart as emergency contraception.
- It only works with certain brands.
- Most effective within 72 hours after unprotected sex.
- More information:
<https://www.bedsider.org/features/88-the-yuzpe-method-effective-emergency-contraception-dating-back-to-the-70s>

Brand	1st dose (pills)	12 hours later (pills)
Aviane	5 orange	5 orange
Cryselle	4 white	4 white
Enpresse	4 orange	4 orange
Jolessa	4 pink	4 pink
Lessina	5 pink	5 pink
Levora	4 white	4 white
Lo/Ovral	4 white	4 white
LoSeasonique	5 orange	5 orange
Low-Ogestrel	4 white	4 white
Lutera	5 white	5 white
Lybrel	6 yellow	6 yellow
Nordette	4 light-orange	4 light-orange
Ogestrel	2 white	2 white
Portia	4 pink	4 pink
Quasense	4 white	4 white
Seasonale	4 pink	4 pink
Seasonique	4 light-blue-green	4 light-blue-green
Sronyx	5 white	5 white
Trivora	4 pink	4 pink

EMERGENCY CONTRACEPTION

- Available forms:
 - Copper IUD
 - LNG 1.5 mg (1 pill) or LNG 0.75 mg (2 pills)
 - Ulipristal acetate 30 mg (1 pill)
 - Combined oral contraceptives at a higher dose than usual can be used as emergency contraception (Yuzpe regimen)
- All types of emergency contraception pills are significantly less effective for individuals with higher BMIs.
- Physicians should advise patients with BMIs higher than 25 to consider copper IUDs, as they have more than 99% efficacy as emergency contraception regardless of a patient's BMI.

Case studies:

Discussing family planning in the
primary care setting

CASE STUDY #1:

Tara

- 17 yo, G0
- Mom said she is bad at taking a pill everyday
- Had pelvic inflammatory disease (PID) two years ago

**What questions
do you ask?**

**It is okay to ask a parent to
leave the room in order to foster
adolescent patient autonomy.**

CASE STUDY #1:

Tara

- 17 yo, G0
- Mom said she is bad at taking a pill everyday
- Had pelvic inflammatory disease (PID) two years ago

- Increased risk of PID with IUDs?
 - Slight increase for 20 days after placement, then the same as general population
 - Patients with a history of PID are eligible for IUDs.
 - Active PID is a contraindication.
- Patient would like to become pregnant at a later date. Do IUDs decrease future fertility?
 - IUDs do not decrease future fertility.

CASE STUDY #1:

Tara

- 17 yo, G0
- Mom said she is bad at taking a pill everyday
- Had pelvic inflammatory disease (PID) two years ago

- Is the patient currently sexually active?
- What are the patient's thoughts/feelings about birth control?
- What risk factors may be present?

CASE STUDY #2:

Claire

- 38 yo, G4 P3
- Miscarried 2 weeks ago
- Not ready for another child
- Low-grade pap
- BP: 165/100
- Occasional migraines

**What questions
do you ask?**

CASE STUDY #2:

Claire

- 38 yo, G4 P3
- Miscarried 2 weeks ago
- Not ready for another child
- Low-grade pap
- BP: 165/100
- Occasional migraines

Issues to consider:

- Address access to timely refill
 - Office system
 - Insurance
 - Address individual logistical problems
- False positive for pregnancy test
- Potentially switching to a new method

CASE STUDY #3:

Julie

- 36 yo, G3 P3
- High blood pressure, uses an ACE inhibitor
- Came in for a blood pressure check up

**What questions
do you ask?**

CASE STUDY #3:

Julie

- 36 yo, G3 P3
- High blood pressure, uses an ACE inhibitor
- Came in for a blood pressure check up

- Ask the patient if she is currently sexually active
- Inform the patient that ACE inhibitors can cause birth defects
- Offer validation about what the patient is already doing well
- Check back in if the patient chooses a method that contains estrogen

Insurance Coverage of Contraception and New DC Pharmacists Law

COVERAGE OF CONTRACEPTION UNDER THE ACA

- All commercial health insurance plans must cover contraceptive methods and counseling.
- Plans must cover these services without charging a copayment when provided in-network.

FDA-approved contraceptive methods prescribed by a woman's doctor are covered, including

- Barrier methods
 - ❖ Diaphragms, sponges, condoms
- Hormonal methods
 - ❖ Birth control pills, vaginal rings
- LARCs
- Emergency contraception
- Sterilization
- Patient education and counseling

NEW DC LAW

- DC Act 22-246. Defending Access to Women's Health Care Services Amendment Act of 2018.
 - Allows pharmacists to prescribe and dispense certain contraceptives
 - Requires that insurers authorize self-administered hormonal contraception (up to a 12-month supply) prescribed and dispensed by a pharmacist
- The act is expected to go into effect in January 2019.



BENEFITS OF A 1-YEAR SUPPLY OF CONTRACEPTION

- Women who received a 1-year supply of contraception compared to women who received a 1- or 3- month supply were:
 - 30% less likely to have a pregnancy
 - More likely to adhere to the method
- Dispensing a 1-year supply was associated with a 46% reduction in the odds of having an abortion.

Foster 2011

PHARMACIST-PRESCRIBED CONTRACEPTION

- Pharmacists will be required to complete a training about in order to prescribe and dispense self-administered hormonal contraceptives.
 - Pharmacists will provide the patient with written material, developed by the Board and the Department of Health, describing all FDA-approved or FDA-cleared contraceptives, including LARCs.
- Patients will use a self-screening tool (developed by the Board of Medicine) to identify risk factors.

REQUIREMENTS FOR PHARMACISTS

The pharmacist will provide appropriate counseling and information on the product furnished, including:

- Dosage
- Effectiveness
- Potential adverse effects
- Whether or not it protects against sexually transmitted infections
- The importance of receiving recommended preventive health screenings
 - ❖ Pharmacists will refer patients to a primary care provider or to a clinic.

OTHER REQUIREMENTS

- Pharmacies will be required to display in store and online a list of certified pharmacists' available hours to prescribe and dispense contraception.
- The Board of Pharmacy will be required to maintain a public list of all pharmacists certified to prescribe and dispense contraception, including their locations.

DCRx COURSES



Diabetes



HIV Prevention



Opioids



Rational Prescribing for
Older Adults

Medical Cannabis



Generic Drugs



and many more great topics!



More resources available at the
DC Center for Rational Prescribing

dchealth.dc.gov/dcrx

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