

# #StayWell



## Adolescent Well Visit Training Modules

### Module 8

LARC for the Teen Primary Care Provider  
Samantha Hill, MD Adolescent Medicine

June 25, 2018

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# Disclosure

**Samantha Hill, MD, FAAP:**

- **Does not intend to discuss any commercial products or services**
- **Does not intend to discuss non-FDA approved uses of products/providers of services**
- **Does not have a relevant financial relationship with any commercial interests.**

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# Objectives

- **Understand LARC is first-line recommendation for contraceptives in adolescents**
- **Be able to recommend the implant, estronorgestrel IUD, and copper IUD**
- **Explain the benefits of LARC use**

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# Objectives

- Explain the risks and side effect profile of LARC
- Recognize patients with contraindications to LARC use
- Become better aware of barriers surrounding LARC use

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# Before You Start?

- Make sure you have the following app
- This app can help you figure out what conditions are contraindicated for each type of contraceptive method

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## US MEC

US MEDICAL ELIGIBILITY CRITERIA  
FOR CONTRACEPTIVE USE, 2016

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Center for Disease Control and Prevention  
1600 Clifton Road, NE Atlanta, GA 30333

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# Case 1

- **14yo presents for routine physical. In private, patient's mother informs you that she is concerned that her daughter may be having sex. While talking with the patient in private, she informs you that she is thinking of having sex with her boyfriend and that she is interested in birth control.**
- **What questions should you ask?**
- **What are your recommendations to her?**

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# How to Take a Great Sexual History

- **5 P's**
  - **Partners**
    - Gender(s), Number (three months, lifetime)
  - **Prevention of pregnancy**
    - Contraception, Emergency Contraception use
  - **Protection from STIs**
    - Condom use
  - **Practices**
    - Types of sex: anal, vaginal , oral
  - **Past History of STIs**

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# Additional Questions

- **When was menarche?**
- **Last menstrual period**
- **Regularity of cycles: including presence of clots, cramps**
- **Is there a PMH of bleeding or clotting disorders, hypertension, hepatobiliary disease or migraines with aura?**
- **Is there a personal or family history of uterine/cervical/breast/ovarian cancer**

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# Why is it Important to ask about...?

- **Menarche**

- You need to make sure the patient is progressing normally prior to start of contraception
- If you feel that they are not→
  - Initiate workup yourself
  - Refer to a specialist

- **Regularity of cycles**

- May help you identify a pre-existing menstrual problem
- Helps you give appropriate recommendations regarding contraceptive options

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# More Questions

- What are her goals (current, after high school etc.)?
- Does she plan on getting pregnant while in high school?
- How is she with taking a medication daily?

Don't forget your **MOTIVATIONAL INTERVIEWING** training!

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# Newest Recommendations Regarding LARC

- **LARC is the first line option for contraception in adolescents and young adults, including those who are nulliparous**
  - **American College of Obstetrics and Gynecology 2012**
  - **American Academy of Pediatrics 2014**

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# HOW WELL DOES BIRTH CONTROL WORK?

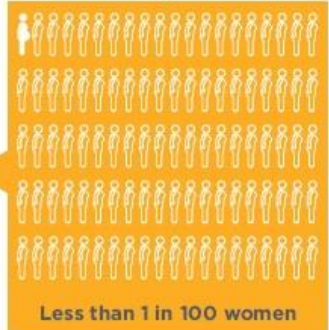
What is your chance of getting pregnant?

★★★★★  
Really, really well

				
The Implant	IUD	IUD	IUD	Sterilization, for men and women
3 years	3 years	5 years	12 years	Forever

*No hormones*

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



★★★  
Okay

			
The Pill	The Patch	The Ring	The Shot
Every. Single. Day.	Every week	Every month	Every 3 months

For it to work best, use it...

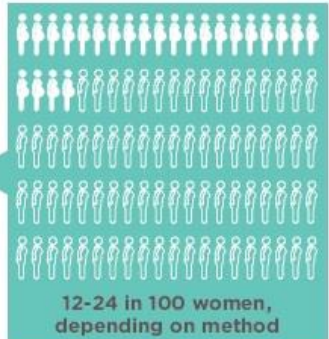


★  
Not so well

			
Withdrawal	Diaphragm	Fertility Awareness	Condoms, for men and women

*Needed for STI 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.



FYI, without birth control,  
over 90 in 100 young women  
get pregnant in a year.

# Types of LARC

- **Subdermal (Etonorgestrel) implant**
- **IUDs**
  - **Copper containing**
  - **Progesterone (levonoregestrel) containing**

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# Benefits of LARC

- **Most effective methods of preventing pregnancy**
  - User independent
- **Does not require daily dosing**
- **Lasts for 3-10 years**
- **Great continuation rates at 1 year**
- **Possibility of amenorrhea**

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# What Would You Recommend?

- Remember the new guidelines
- Use motivational interviewing to guide your discussion
- Ideally your discussion should occur in this order:
  - IUD/implant
  - Progesterone-injection/combined pills/patch/ring
- Practice reversing the order of your previous contraceptive “pitch”

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# Case 2

- A 16yo obese female comes into your clinic requesting the implant for birth control. She tells you that she is sexually active with males and females and that she intermittently uses condoms. She thinks she last had sex 1 week ago and doesn't remember using a condom. This will be her first time using birth control.
  - Vitals: BMI 38, HR 90, BP 140/89
  - Physical exam is notable for an obese female, with a hyperpigmented rash encircling her neck

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# Sexual History

- **5 P's**
  - **Partners**
    - Gender(s), Number (three months, lifetime)
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# Additional Questions

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# More Questions

- **What are her goals (current, after high school etc.)?**
- **Does she plan of getting pregnant while in high school?**
- **How is she with taking a medication daily?**

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# Are there any factors to consider regarding her use of the subdermal implant?

- **Obesity**
  - Use caution in women  $>130\%$  of ideal body weight
- **Hypertension**
  - Use with caution
  - Monitor blood pressure
  - Consider removing if blood pressure worsens or doesn't improve with antihypertensive therapy

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# What are the side effects of the Implant?

- Irregular bleeding- MOST COMMON S/E
  - Spotting
  - Breakthrough bleeding
  - Prolonged bleeding
  - Amenorrhea
- Increase appetite
- Possible mood changes
- Acne

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# What are the side effects of the Implant?

- Headache
- Breast pain
- Vaginitis
- Possible ectopic pregnancy
- Very small risk of thromboembolism

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# What to do if patient complains of bleeding irregularities?

- **Bleeding patterns to normalize over a 6-7 month period**
  - **EXTREMELY IMPORTANT IN PRE-INSERTION COUNSELING**
- **Trial of NSAIDs**

# Tips on how to counsel about potential weight gain

- Weight gain is not the same as on the progesterone injection
  - Progesterone is an appetite stimulant, so there may be some weight gain
    - ~2.8lb after 1 year
    - ~3.7lb after 2 years
  - 6-12% of users gain weight
- Use this time to discuss healthy ways of eating and exercising.

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# Contraindications of the implant

- **Current breast cancer**
- **Pregnancy**
- **History of DVT**
- **Hepatic tumor/active liver disease**

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# More of Case 2

- **You have provided appropriate counseling for the implant. You have the ability in your office to insert the implant today. What do you do?**

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# How to determine a patient's risk of pregnancy

- You can reasonably exclude pregnancy if:
  - Start of period was less than/equal to 7 days ago
  - Has not had sex since the start of last period
  - Has been using contraception correctly and consistently
  - Has had an abortion less than/equal to 7 days ago

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# How to determine a patient's risk of pregnancy

- Is 4 weeks postpartum or less
- Is breastfeeding for >85% of feeds
  - Or breastfeeding and amenorrheic
  - Or breastfeeding and <6mo post partum
- Don't forget your urine pregnancy test

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# How do I describe the procedure to a patient?

- Insertion
  - Mark the area
  - Clean the area with iodine solution
  - Inject lidocaine to numb area (some providers will also use EMLA)
  - Slide the implant in using a special device
  - Place small bandage over insertion site
  - Wrap arm in bandage that stays on for 24 hours
  - Can use arm after insertion



# Additional Info

- **Some people may require extra pressure to stop bleeding**
  - Most people have minimal bleeding
- **Can have a reaction to the iodine solution**
- **Can have a reaction at the site of insertion**

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- **Removal**

- **Use a small scalpel and make a vertical incision perpendicular to the implant**
- **Push the implant towards the incision**
- **Pull the implant out**

- **Remember the implant has been approved for 3 years**

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# Should I recommend use of a BACKUP method?

- **Yes UNLESS...**
  - They are switching directly from 1 method to another
  - Menses started within 5 days
  - Immediately postpartum
- **Need to use a back up method for at least 7 days**

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# What if she had chosen an IUD?

- **Contraindications**
  - **Current or history of PID**
  - **Current untreated mucopurulent cervicitis, gonorrhea, or chlamydia**
  - **Post abortion/partum infection in past 3 mo.**
  - **Current or suspected pregnancy**
  - **Anatomically distorted uterine cavity**

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# What if she had chosen an IUD?

- Acute liver disease or liver tumor
- Genital bleeding of unknown etiology
- Other: Uncommon issues for TEENS
  - Known cervical or uterine cancer
  - Known breast cancer
- Copper IUD ONLY- Wilson's disease

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# Common Side Effects of IUDs

- Irregular bleeding
- Amenorrhea
- Cramping
- Abdominal/pelvic pain
- Breast tenderness
- Discharge/Vaginitis
- Headache
- Ovarian cysts
- Other possible complications
  - Perforation (1/1000 )
  - Expulsion (2-12%)

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# Additional Considerations prior to IUD Placement

- In addition to ruling out a possibility of pregnancy...
  - Increased risk of ectopic pregnancy if pregnant while device is in place
- Screen for STIs either prior to or at time of insertion
  - Positive STI at that time would need to be treated
- Never place an IUD in anyone who is symptomatic from STIs

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# Case 3

- A 16yo female with a complex medical history including cerebral palsy, intellectual disability, seizure disorder, and behavioral problems comes in with her mother. Her mother says that she started her period 2 years ago and it comes monthly. However, her mother is concerned about the patient's ability to "keep herself clean," and wants to know if there is a way to permanently stop her periods.
- Her medication list is 2 pages long

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# What do you do? How do you approach this?

- This is likely a patient that you should refer to a specialist- i.e. adolescent medicine or pediatric adolescent gynecology
- **HOWEVER**, you can start the conversation
  - What questions would you ask?
- Recognize that sterilization is not legal in this country
  - But also remember that parents have their child's best interest in mind

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# So what are her options?

- IUD
  - Copper
  - Norgestrel
- Implant
- +/- injectable contraceptive
- What about combined hormonal contraceptives?

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# Don't forget

- Make sure you have the following app
- This app can help you figure out what conditions are contraindicated for each type of contraceptive method

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## US MEC

US MEDICAL ELIGIBILITY CRITERIA  
FOR CONTRACEPTIVE USE, 2016

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# So let's walk through it...

Condition	Sub-Condition	CHC		POP		Injection		Implant		LNG-IUD		Cu-IUD	
		I	C	I	C	I	C	I	C	I	C	I	C
Sexually Transmitted Infections (STI)	a) Current purulent cervicitis or chlamydial infection or gonorrhea	1		1		1		1		4	2*	4	2*
	b) Other STIs (excluding HIV and hepatitis)	1		1		1		1		2	2	2	2
	c) Vaginitis (including trichomonas vaginalis and bacterial vaginosis)	1		1		1		1		2	2	2	2
	d) Increased risk of STIs	1		1		1		1		2/3*	2	2/3*	2
Smoking	a) Age <35	2		1		1		1		1		1	
	b) Age ≥35, <15 cigarettes/day	3		1		1		1		1		1	
	c) Age ≥35, ≥15 cigarettes/day	4		1		1		1		1		1	
Solid organ transplantation <sup>†</sup>	a) Complicated	4		2		2		2		3	2	3	2
	b) Uncomplicated	2*		2		2		2		2		2	
Stroke <sup>†</sup>	History of cerebrovascular accident	4	2	3		3	2	3		2		2	1
Superficial venous thrombosis	a) Varicose veins	1		1		1		1		1		1	
	b) Superficial thrombophlebitis	2		1		1		1		1		1	
Systemic lupus erythematosus <sup>†</sup>	a) Positive (or unknown) antiphospholipid antibodies	4		3		3		3		3		1	1
	b) Severe thrombocytopenia	2		2		3	2	2		2*		3*	2*
	c) Immunosuppressive treatment	2		2		2	2	2		2		2	1
	d) None of the above	2		2		2	2	2		2		1	1
Thrombogenic mutations <sup>†</sup>		4*		2*		2*		2*		2*		1*	
Thyroid disorders	Simple goiter/hyperthyroid/hypothyroid	1		1		1		1		1		1	
Tuberculosis <sup>†</sup> (see also Drug Interactions)	a) Non-pelvic	1*		1*		1*		1*		1		1	
	b) Pelvic	1*		1*		1*		1*		4	3	4	3
Unexplained vaginal bleeding	(suspicious for serious condition) before evaluation	2*		2*		3*		3*		4*	2*	4*	2*
Uterine fibroids		1		1		1		1		2		2	
Valvular heart disease	a) Uncomplicated	2		1		1		1		1		1	
	b) Complicated <sup>†</sup>	4		1		1		1		1		1	
Vaginal bleeding patterns	a) Irregular pattern without heavy bleeding	1		2		2		2		1	1	1	
	b) Heavy or prolonged bleeding	1*		2*		2*		2*		1*	2*	2*	
Viral hepatitis	a) Acute or flare	3/4*	2	1		1		1		1		1	
	b) Carrier/Chronic	1	1	1		1		1		1		1	
<b>Drug Interactions</b>													
Antiretroviral therapy	a) Nucleoside reverse transcriptase inhibitors	1*		1		1		1		2/3*	2*	2/3*	2*
	b) Non-nucleoside reverse transcriptase inhibitors	2*		2*		1		2*		2/3*	2*	2/3*	2*
	c) Ritonavir-boosted protease inhibitors	3*		3*		1		2*		2/3*	2*	2/3*	2*
Anticonvulsant therapy	a) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)	3*		3*		1		2*		1		1	
	b) Lamotrigine	3*		1		1		1		1		1	
Antimicrobial therapy	a) Broad spectrum antibiotics	1		1		1		1		1		1	
	b) Antifungals	1		1		1		1		1		1	
	c) Antiparasitics	1		1		1		1		1		1	
	d) Rifampicin or rifabutin therapy	3*		3*		1		2*		1		1	



# Summary

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# Newest Recommendations Regarding LARC

- **LARC is the first line option for contraception in adolescents and young adults, including those who are nulliparous**
  - **American College of Obstetrics and Gynecology 2012**
  - **American Academy of Pediatrics 2014**

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# Benefits of LARC

- **Most effective method of preventing pregnancy**
  - **User independent**
- **Does not require daily dosing**
- **Last for 3-10 years**
- **Great continuation rates at 1 year**
- **Possibility of amenorrhea**

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# Barriers

## Codes

### Barriers

#### Technical and logistical barriers

Maintaining technical/procedural competence with initially low LARC procedure volumes

Staffing and equipment needs

#### Expense and billing barriers

Billing systems

LARC device expense

Medicaid reimbursement

Private pay confidentiality issues

Training and staff support costs

#### Clinician skill, confidence, and training barriers

Emergency situations

Pain management

Clinician discomfort with procedures

#### Bias and negative attitudes about LARC

IUD infection risk

IUD perforation|risk

Teens too young for LARC

LARC inappropriate for nulliparous women

LARC inappropriate for teens

Teens unable to consent

### Facilitators

ACOG contraceptive updates

Clear communication strategies

Communication to parents

Communication to teens

Tips for parents and teens to talk about sex

Communication to parents

Communication to teens

Tips for parents and teens to talk about sex

Community partnerships

Funding

Training and staff support

Implementation support

Contraceptive counseling practice changes

Tiered counseling

General patient education

Patient education on pain management/adjustment period

Teen reactions to new contraceptive counseling information

Provider trainings

LARC attitude shifting trainings

Insertion trainings

On-site shadowing and training

Stakeholder engagement

The scientific evidence

Efficacy of LARC for teens

LARC safety evidence for nulliparous women and adolescents

Trusted information source for teens

Peers

Trusted adults

# Some Additional Resources

- American Academy of Pediatrics
  - [www.aap.org](http://www.aap.org)
  - Policy Statement: Contraception for Adolescents (2014). Pediatrics
- The Society for Adolescent Health and Medicine
  - [www.adolescenthealth.org](http://www.adolescenthealth.org)
- The North American Society for Pediatric and Adolescent Gynecology
  - [www.naspag.org](http://www.naspag.org)

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# Some Additional Resources

- The American College of Obstetrics and Gynecologists
  - [www.acog.org](http://www.acog.org)
- [Youngwomenshealth.org](http://Youngwomenshealth.org)
- [Bedsider.org](http://Bedsider.org)

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# References

- **Curtis KM, Tepper NK, Jatlaoui TC, et al. U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. MMWR Recomm Rep 2016;65(No. RR-3):1–104. DOI: <http://dx.doi.org/10.15585/mmwr.rr6503a1>.**
- **Curtis KM, Jatlaoui TC, Tepper NK, et al. U.S. Selected Practice Recommendations for Contraceptive Use, 2016. MMWR Recomm Rep 2016;65(No. RR-4):1–66. DOI: <http://dx.doi.org/10.15585/mmwr.rr6504a1>.**
- 

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# References

- Gilmore, et al. (2015) Providing Long-Acting Reversible Contraception Services in Seattle School-Based Health Centers: Key Themes for Facilitating Implementation. *Journal of Adolescent Health* 56(6): 658-665 DOI:[10.1016/j.jadohealth.2015.02.016](https://doi.org/10.1016/j.jadohealth.2015.02.016)
- Ott MA, Sucato GS. Policy Statement: Contraception for Adolescents 2014; 134(4) Curtis KM, Tepper NK, Jatlaoui TC, et al. U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. *MMWR Recomm Rep* 2016;65(No. RR-3):1–104. DOI: <http://dx.doi.org/10.15585/mmwr.rr6503a1>.

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**To complete the process for  
CME**

**please return to:  
“POST-TEST” and  
“EVALUATION”**

**on the ACHIA website for  
this module**

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