



## Meet Them Where They Are: Family Planning and Opioid Use Disorder

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# Overview

- Family Planning Best Practices
  - Scheduling tips
  - Method eligibility
  - Counseling
- Check Your Bias
  - What patients bring to clinic
  - Clinical vignettes
- Q&A



# Key Take Aways

- AVOID COERCIVE COUNSELING
- Check your biases
- Support them in what they need
  - i.e. prenatal, contraception, adoption, abortion



# Scheduling Tips

- Meet them where they're at!
  - Ideal World
    - Open/Walk In
    - Same day inserts
    - Available Supplies
  - Real World
    - After Hours
    - Weekends
    - Reschedule/No Show's



# Method Eligibility

Use CDC Medical Eligibility Criteria



MENU CDC Contraception 2016

KEY

Smoking

b. Age  $\geq 35$  years

ii.  $\geq 15$  cigarettes/day

Method	Category		Clarification Evidence Comment SPR Info
	Init.	Cont.	
Cu-IUD	1		>
LNG-IUD	1		>
Implants	1		>
DMPA	1		>
POP	1		>
CHCs	4		>

Emergency Contraception Additional Methods

< HISTORY



# Timing of Method Initiation

- CDC Selected Practice Recommendations
- Quick Start Methods



MENU

CDC Contraception 2016

## SPR: LNG-IUD

Initiation



Exams and Tests



Provision of Medications to Ease IUD  
Insertion



Provision of Prophylactic Antibiotics at  
the Time of IUD Insertion



Routine Follow-Up



Bleeding Irregularities



Management of the IUD When a Cu-IUD  
or an LNG-IUD User is Found to Have PID



Management of the IUD When a Cu-IUD  
or an LNG-IUD User is Found to be  
Pregnant



HISTORY



# Special Considerations

- Co-morbidities
  - Cigarette smoking
  - Mental health conditions
  - Viral hepatitis
  - HIV positivity



# Viral hepatitis and cirrhosis

- Viral hepatitis
  - Acute flare: avoid estrogen-containing methods
  - Chronic or carrier: no restrictions
- Cirrhosis
  - Mild: no restrictions
  - Severe compensated or decompensated
    - Avoid estrogen
    - Progestin-only methods, controversy, likely OK
    - Copper and LNG IUD, barrier methods





# HIV Positive

- May use a range of methods
- Drug interactions with some HAART
- IUDs are SAFE
  - No need for antibiotics with insertion
  - Evidence that they are protective against PID



# Special Considerations

- Drug-drug interactions
  - Opioids
  - Anti-epileptics
  - Anti-psychotics

# Anti-epileptic Drugs

Strong inducers:	Weak inducers:	Non-inducers:
-Carbamazepine	-Clobazam	-Clonazepam
-Oxcarbazepine	-Eslicarbazepine	-Ethosuximide
-Perampanel	-Felbamate	-Gabapentin
-Phenobarbital	-Lamotrigine*	-Lacosamide
-Phenytoin	-Rufinamide	-Levetiracetam
-Primidone	-Topiramate	-Pregabalin
		-Tiagabine
		-Valproate
		-Vigabatrin
		-Zonisamide

\*Lamotrigine: decreased progestin but not estrogen, estrogen decreases drug level



# Anti-psychotic drugs

- Amitriptyline/nortriptyline (TCAs), monoamine oxidase inhibitors (MAOIs)
  - May decrease systemic contraceptive efficacy
- IUDs, depo, barrier methods preferred



# Eligibility Take Home

- Few limitations in common co-morbidities
- Be aware of drug-drug interactions



# Counseling

What are best practices in a contraceptive visit?

*Use the annotation feature on zoom to type your answer to form a word cloud!*



# Counseling

- Building Relationships
- Use your words
  - Avoid stigmatizing vocabulary



# Counseling

- Meet them where they're at:
  - Methods
  - Lack of method
  - Motivational Interviewing
  - Consent





# Counseling

- Be Prepared!
- Get your referral list in check
  - MAT Treatment
  - Counseling/Therapy
  - Groups
  - Supports



# Counseling Take Home

- AVOID COERCIVE COUNSELING
- Build the relationship
- Referral Ready

# Check Your Bias

*Interactive Vignettes*





# The Patient Perspective

- Fears/worries they bring to clinic
- Stigma



# Ground Rules

- We recognize that examining our own biases is difficult. We respect your experience and values and ask you to engage in an open, non-judgmental discussion with us and the other participants in today's talk.
- We will be using polling that will be anonymous, but encourage you to share your perspective.
- These vignettes are intended to stimulate further self-reflection on your values and biases around patients with OUD and reproductive care.



# Values Clarification

- Examined: personal and outside influences, patient experiences
- What did you learn from the pre-workshop questions?

# Vignette #1

- A 24 year old comes to your clinic seeking contraception. She is an active heroin (injection) and meth (smoking) user. She is not interested in starting maintenance therapy.
- What is your **first instinct** for type of contraception to recommend?



# Vignette #2

- The following 3 patients come to clinic in the first trimester requesting prenatal care. Indicate your **first reaction** to each patient becoming a parent.
- 1 = very comfortable to 5 = very uncomfortable.





# Patient #1

- Kristin is a 19 year old active heroin user with an unplanned first pregnancy. Her partner is 32 years old and is also an active heroin user. She plans to cut back, but isn't interested in maintenance therapy. They have unstable housing and are unemployed, but are planning to parent.
- Please rate your **first reaction** to this patient becoming a parent
  - 1 = very comfortable to 5 = very uncomfortable.



# Patient #2

- Maria is a 34 year old recovered opioid prescription pill user currently on methadone. She has been in remission for 11 years. She has a stable partner, job, and housing. This is a planned pregnancy and their third together.
- Please rate your **first reaction** to this patient becoming a parent
  - 1 = very comfortable to 5 = very uncomfortable.



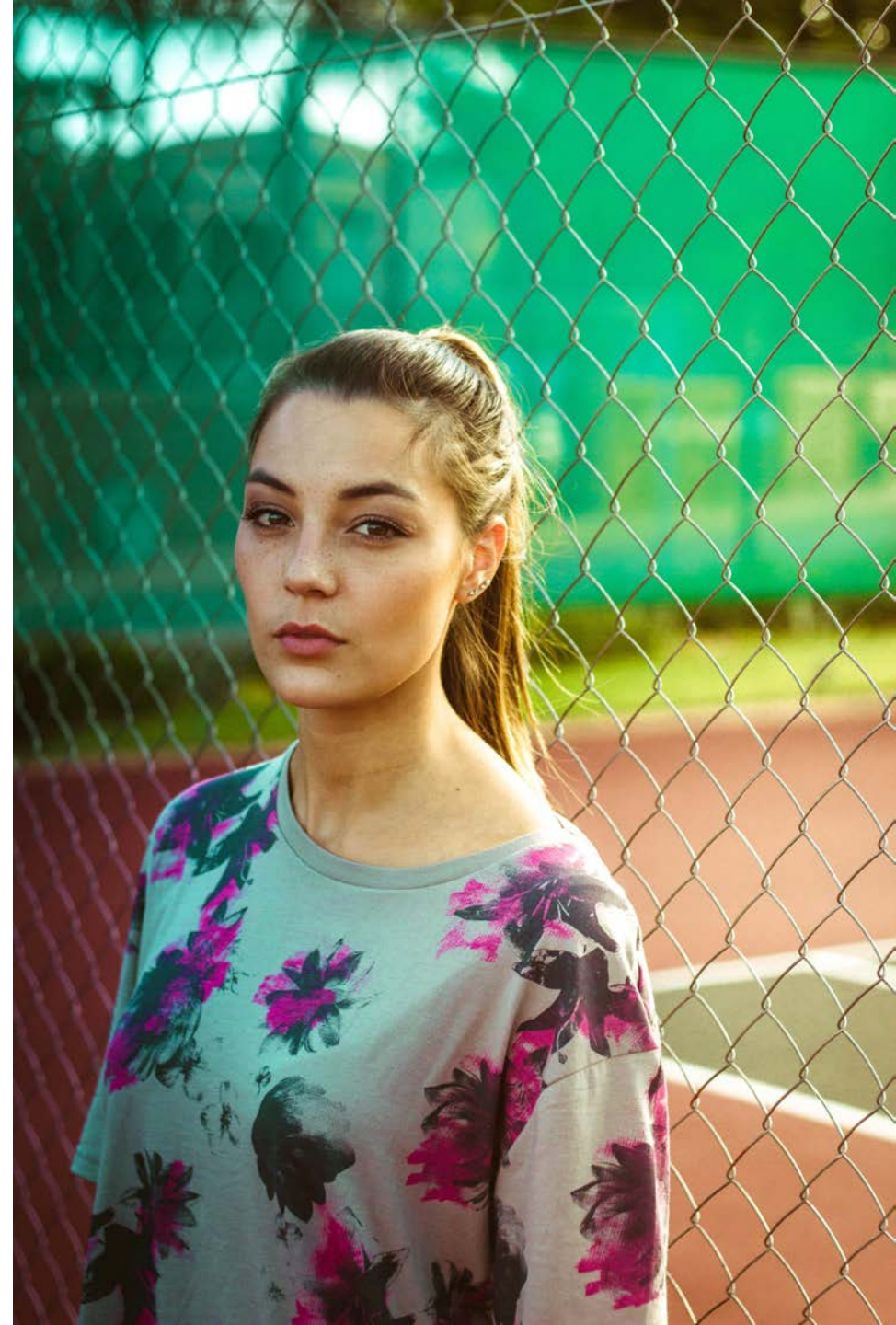
# Patient #3

- Kaiya is a 27 year old heroin user that has been on and off maintenance therapy over the past year. She has two children that are in foster care. This pregnancy was the result of reproductive coercion in which her partner sabotaged her birth control, but she is planning to parent. She's hoping this will help her stay on maintenance therapy.
- Please rate your **first reaction** to this patient becoming a parent
  - 1 = very comfortable to 5 = very uncomfortable.



# Vignette #3

- You are seeing a patient addicted to prescription opioid pills for contraceptive counseling. She saw one of your partners a month ago for contraception and was told that her only option was an IUD, which she doesn't want. She is here for a second opinion.
- Personally, what do you feel your professional obligations are to this patient?
  - Select all that apply





# Key Take Aways

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# Questions and Comments

*Thank you*

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