Bixby Center for Global Reproductive Health

UCSF University of California San Francisco

Addressing challenges of persistence without undermining autonomy

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Disclosures

None.

Objectives

- Review history of long-acting reversible contraception, United States
- Describe lessons learned & future directions for family planning
- Discuss potential implications for HIV prevention

Long-acting reversible contraception (LARC): a public health panacea?

- Highly effective
- Don't require daily/weekly/monthly maintenance →near-perfect adherence
- Acceptable, sometimes desirable, side effect profile
- Reversible
- Cost effective

Ross & Solinger, Reproductive Justice

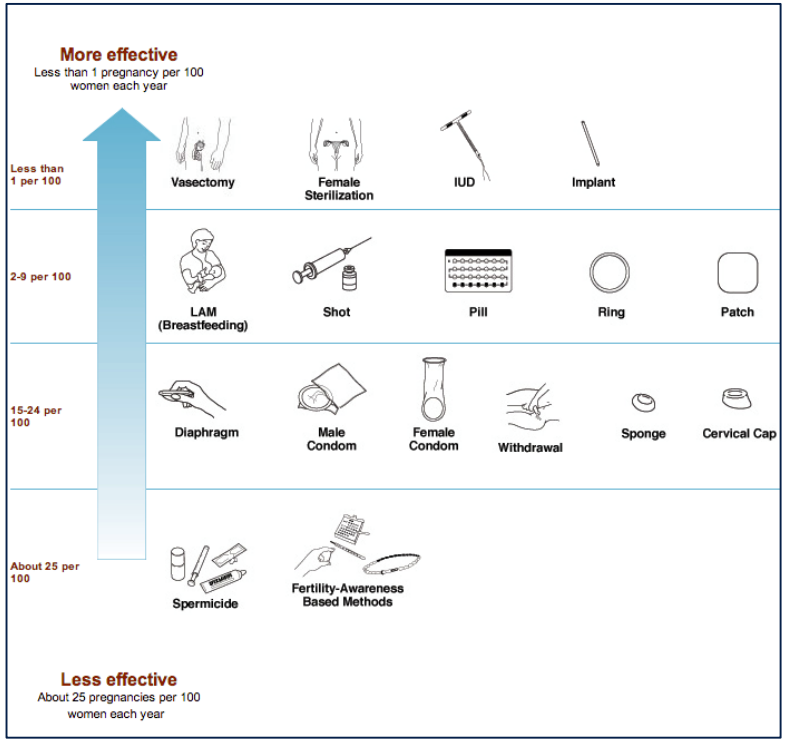
Barriers to LARC access

- Provider training
- Cost / insurance coverage
- Multi-day visits for consent and placement
- Consent laws; confidentiality concerns
- Provider bias / misinformation
    - youth
    - people without a prior birth
    - people with multiple sex partners
    - people with a history of STI(s)
    - people living with HIV
- Lack of community awareness & community misinformation

Kumar, Brown. J Adolescent Health 2016.

LARC campaigns

Tiered effectiveness counseling



Pressured LARC use: placement

- Providers recommend LARC more frequently to poor women of color than to poor white women and to poor white women more than middle-class women



- Young women more likely to report providers expressed a preference about contraceptive methods; perceived provider preference associated with decreased method satisfaction

- Qualitative studies: young Black and Hispanic women perceive subtle provider preferences, negatively affecting contraceptive use & future interactions with providers

Dehlendorf, Contraception 2017. Gomez, Contraception, 2017. Dehlendorf, AJOG, 2010.

Pressured LARC use: refusing removal

My provider was really hesitant to remove the ParaGard [IUD]. She kept telling me, "Well, we should wait 3 months and see if your symptoms have worsened." And I waited 3 months and she's like "Well, you should wait some more." And I'm like "No. So take it out or I'm going to a different doctor."

I don't know if it makes them [providers] look bad if you have an IUD removed … I don't know if they have some chart somewhere, like a contest board in the breakroom…

Higgins AJPH 2016.

LARC & young people

American Academy of Pediatrics, 2014: LARC should be considered “first line contraception” for adolescents and young adults.

Rebuttal: “poverty is *the context* for adolescent birth, not the result of it.”

- prioritizes individual-level behaviors & does not recognize structural injustices, perpetuating inequality
- Does not acknowledge the preferences and priorities of the young person

Unintended consequences of implicit pressure: dissatisfaction with method, discontinuation, & negative impact on future healthcare interactions

Gubrium, AJPH, 2016; Walker et al J Adolescent Health 2018.

Reproductive justice

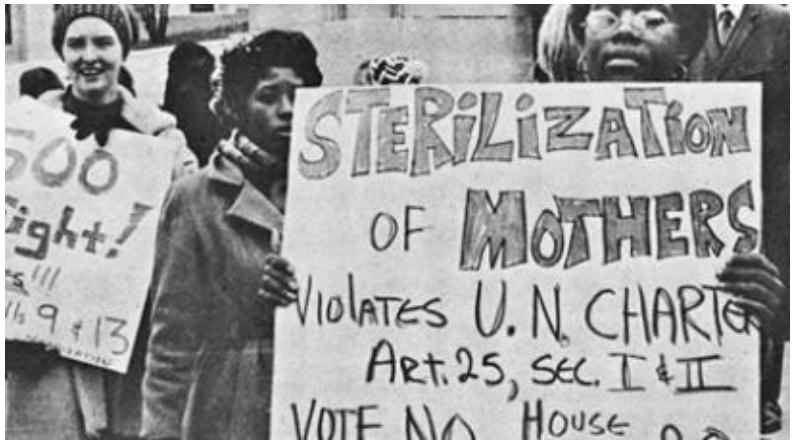
The human right to maintain personal bodily autonomy, have children, not have children, and parent in safe and sustainable communities - *SisterSong*

Image credit: Repeal Hyde Art Project

(Long) history of reproductive injustices, United States

Use of contraception for population control, promoting "stratified reproduction"

- Nonconsensual sterilization of poor women and women of color, 1900s
- 150 incarcerated women in California coercively sterilized, 2006-2010
- Administration of LARC in lieu of prison sentences for reproductive age women, 2017



A reproductive justice lens applied to LARC

- Acknowledge the historical & social context of healthcare visits
- Acknowledge individuals' lived experience
- Eliminate barriers to LARC access
- Describe what LARCs are: a highly effective, long term, reversible contraceptive option that does not require daily maintenance
- Make methods readily available to those who want them
- Respect the decision of those who chose not to use them
- Respect the decision of those who chose to have them removed
- Maintain focus on whether the method meets the individual's needs, rather than a public health goal.

Gubrium, AJPH, 2016; Ross & Solinger, 2017.

Focus on individual preferences, priorities & experiences for decision-making.

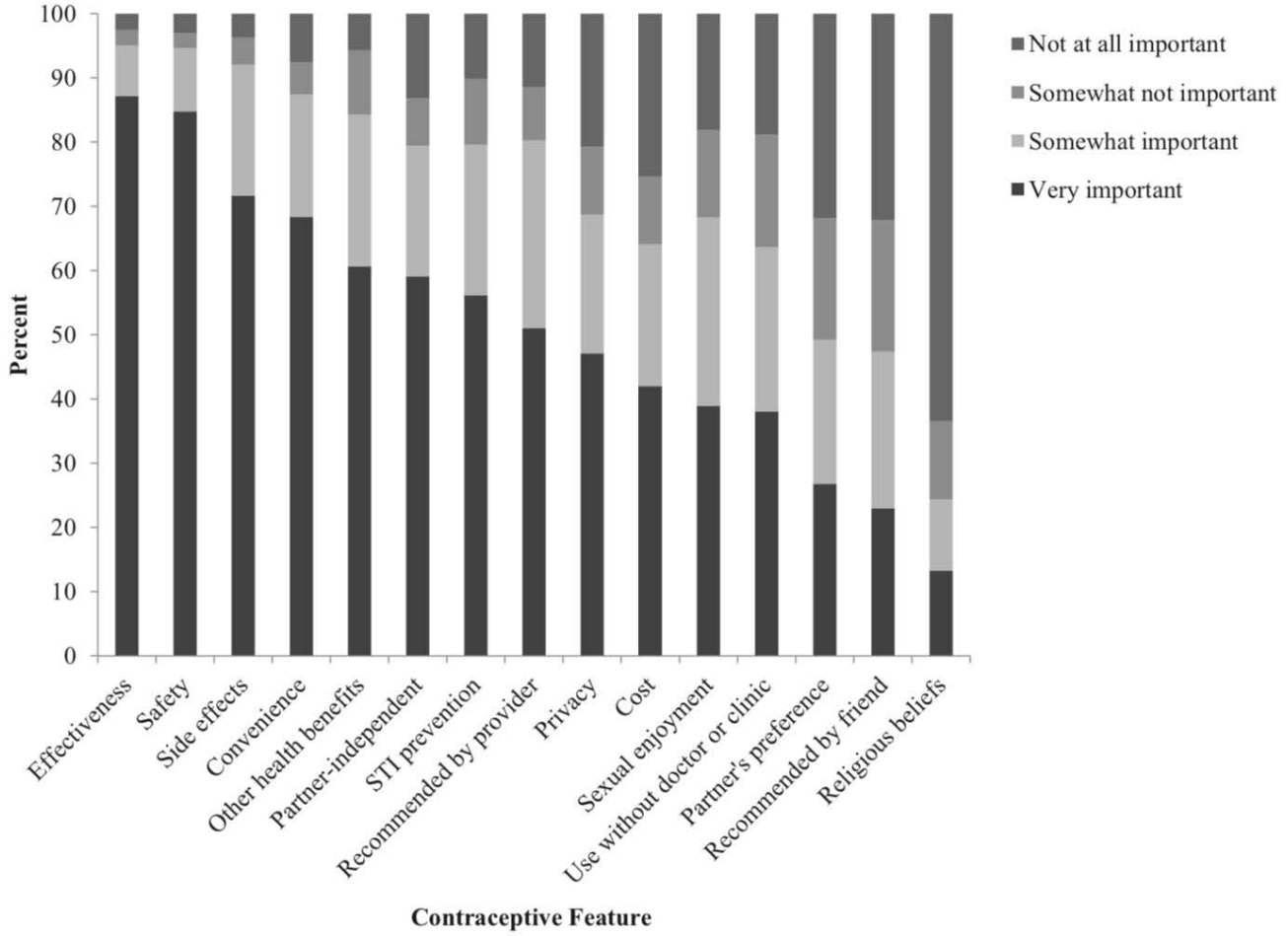


Figure 1. Contraceptive features by importance to adolescent and young women.

Walker et al. 2018.

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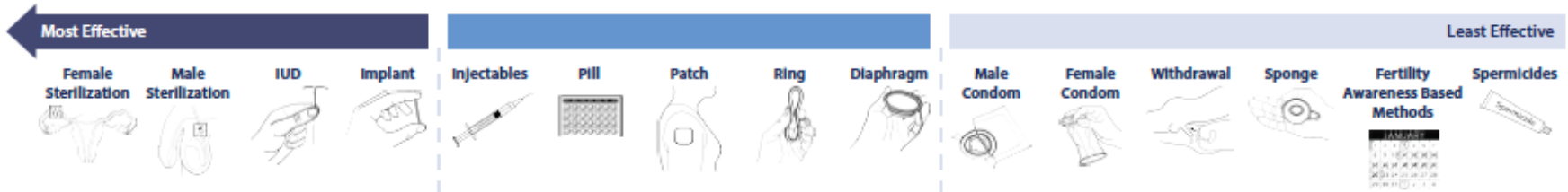
Person-centered job aid for family planning counseling

Birth Control Method Options



	Most Effective									Least Effective					
	Female Sterilization	Male Sterilization	IUD	Implant	Injectables	Pill	Patch	Ring	Diaphragm	Male Condom	Female Condom	Withdrawal	Sponge	Fertility Awareness Based Methods	Spermicides
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	6 out of 100	9 out of 100			12 out of 100	18 out of 100	21 out of 100	22 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.														

*The number of women out of every 100 who have an unintended pregnancy within the first year of typical use of each method.
Other Methods of Birth Control: (1) Lactational Amenorrhea Method (LAM) is a highly effective, temporary method of contraception; and (2) Emergency Contraception: emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy. Reference for effectiveness rates: Trussell J. Contraceptive failure in the United States. Contraception 2011; 83: 397-404. Other references available on www.fpntc.org.

ntc | qfp Quality Family Planning www.fpntc.org

May 2016

Ensuring our research reflects our values

How do we measure success?

- Pregnancies prevented?

- Contraceptive initiation?

- Contraceptive continuation / discontinuation?

Dehlendorf et al, Contraception 2018.

Person-centered family planning care

"The quality of contraceptive programs should be based not on how many LARC methods they distribute, how many adolescent pregnancies they prevent, or how much money taxpayers save, but by how many people feel **truly respected and cared for** when it comes to childbearing and family formation."

Gubrium, AJPH, 2016

Ensuring policies reflect our values: family planning performance measures

National Quality Forum recently endorsed 4 family planning measures:

- Use of highly or moderately effective methods among
  - women of reproductive age
  - postpartum women
- Use of LARC methods among
  - women of reproductive age
  - postpartum women

How the Measure Should be Used

A specific benchmark has **NOT** been set for the *Contraceptive Care - Most & Moderately Effective Methods* measure, and OPA does not expect it to reach 100%, as some women will make informed decisions to choose methods in the lower tier of efficacy even when offered the full range of methods. The goal of providing contraception should never be to promote any one method or class of methods over women's individuals choices.

The *Contraceptive Care – Access to LARC* measure should be used to identify women who have very limited or no access to LARC methods, which are more commonly inaccessible than other methods. For example, reporting units with less than 1-2% use or rates well below the mean may signal the presence of barriers to LARC provision. The *Contraceptive Care – Access to LARC* measure should **NOT** be used to encourage high rates of use, as this could lead to coercive practices related to contraception and sterilization, especially practices targeting racial/ethnic minorities and low-income individuals. For this same reason, it is not appropriate to use the *Contraceptive Care – Access to LARC* measure in a pay-for-performance context.

https://www.hhs.gov/opa/performance-measures/index.html

Patient-reported performance measure in progress

Please rate the provider you saw with respect to:
Respecting me as a person
Letting me say what mattered to me about my birth control method
Taking my preferences about my birth control seriously
Giving me enough information to make the best decision about my birth control method

Acknowledgement

"Family planning and HIV prevention are not the same."
– Dr. Jared Baeten

- I agree! AND…

How can we use this historical perspective to advance equitable, person-centered, sexual and reproductive health?

Promoting sexual and reproductive justice

Broadening the reproductive justice framework to include sexual justice – the right to sexual health and well-being. –*SisterLove*

- Specifically includes HIV prevention & PrEP

Ross & Solinger, 2017.

A sexual & reproductive justice lens applied to PrEP

- Acknowledge historical & social context
- Acknowledge individuals' lived experience
- Eliminate barriers to access
- Describe what PrEP is (and what it is not)
- Make HIV prevention methods readily available to those who want them
- Respect the decision of those who chose not to use PrEP
- Respect the decision of those who chose to discontinue PrEP
- Maintain focus on whether an HIV prevention method meets the individual's needs, rather than a public health goal.

Focus on individual preferences, priorities & experiences

Table 4

Young women's preferences for STI prevention methods by race/ethnicity (N=790)

	Total	White (n=115)	Black (n=193)	Hispanic (n=329)	Asian (n=153)	p-value
Very important features	*N (%)*	*n (%)*	*n (%)*	*n (%)*	*n (%)*	
Efficacy	647 (84)	100 (87)	147 (76)	266 (81)	134 (88)	0.06
Safety	633 (83)	94 (82)	147 (76)	259 (79)	133 (87)	0.25
Has few or no side effects	552 (72)	76 (66)	139 (72)	229 (70)	108 (71)	0.22
Also prevents pregnancy	512 (67)	52 (45)	130 (67)	228 (69)	102 (67)	< 0.001
Convenience	498 (65)	69 (60)	120 (62)	203 (62)	106 (69)	0.12
Able to control use (do not have to rely on partner for use)	456 (61)	72 (63)	106 (55)	185 (56)	93 (61)	0.08
Privacy (no one can tell I'm using the method)	401 (54)	34 (30)	112 (58)	179 (54)	76 (50)	< 0.001
Comfortable discussing method with partner	396 (53)	42 (37)	106 (55)	173 (53)	75 (49)	0.001
Recommended by a doctor	401 (53)	50 (44)	97 (50)	172 (52)	82 (54)	0.01
Cost	372 (49)	50 (44)	84 (44)	157 (48)	81 (53)	0.21
Can use method without seeing a provider (does not require a clinic appointment)	339 (45)	30 (26)	97 (50)	147 (45)	65 (43)	< 0.001
Does not detract from sexual enjoyment	296 (40)	26 (23)	93 (48)	125 (38)	52 (34)	< 0.001
Partner's preference	230 (31)	13 (11)	77 (40)	100 (30)	40 (26)	< 0.001
Recommended by a friend	226 (30)	17 (15)	67 (35)	101 (31)	41 (27)	< 0.001

STI = sexually transmitted infections

p-values for overall racial/ethnic comparisons were calculated using chi-squared test

Cipres et al, J Adolescent Health, 2018.

Ensuring research reflects our values

- Expand the HIV prevention method mix to meet the needs of more people
  - ensure unique populations are included in research: pregnant & breastfeeding people, young people, transgender individuals
- Incorporate person-centered outcomes with uptake and continuation measures

Acknowledgements

Sexual & Reproductive Justice Organizations

Christine Dehlendorf

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