



PRECONCEPTION HEALTH

Bianca Tamayo, she/her/hers
Sexuality Educator
NYC Health + Hospitals/Harlem



BIRTH CONTROL

Guiding Principle: Voluntary informed choice of contraceptive methods and contraceptive counseling, when applicable, might be an important contributor to the successful use of contraceptive methods



REFRAME DIALOGUE

- **Before:** Repeat the disclosure of non-clinical role and explain our Health Educator status
- **During:** Treat every method equally i.e. time, be mindful to cancel out pre-existing biases and present only factual information
- **After:** Women, Men and/or couples need to consider elements of safety, effectiveness, availability, accessibility and affordability



CONTRACEPTIVE COUNSELING

- Remember that contraceptive counseling is offered in most Adolescent Health Centers/Community Based Health Centers
- Birth Control related questions will be validated and there will be a review including a comprehension check
- Re-education may take place, inclusive of visual aids and a method demonstration if necessary



RESOURCE

Efficient Questions for Client-Centered Contraceptive Counseling

Asking about Parenthood/Pregnancy Attitude, Timing, and How Important is pregnancy prevention (PATH) is an efficient approach for engaging clients in a conversation to help clarify their reproductive goals and needs.



CLARIFY YOUR CLIENT'S REPRODUCTIVE GOALS AND NEEDS, ASK THEM:

"Do you think you might like to have (more) children at some point?"

"When do you think that might be?"

"How important is it to you to prevent pregnancy (until then)?"



IF YOUR CLIENT IS INTERESTED IN PREGNANCY PREVENTION, ASK THEM:

"Do you have a sense of what is important to you about your birth control method?"

"Some methods of birth control _____. How important is that to you?"

"In addition to preventing pregnancy, there are birth control methods that _____. Would you like to know more about that?"

"I hear you saying that you are interested in a method that is _____. Do you have a sense of what else is important to you?"

Learn more about PATH at envisionsrh.com
Find more resources at [FPNTC.org](https://fpntc.org)



Efficient Questions for Client-Centered Contraceptive Counseling (cont.)



QUESTIONS TO ASK ALL YOUR CLIENTS...

"Since you've said _____, would you like to talk about ways to be prepared for a healthy pregnancy?"

"What questions do you have about _____?"

"We covered a lot of information. What do we need to go over again?"



TRY THESE FACILITATION SKILLS...

Start with "YES" (agreement, empathy, or validation) before offering clarifying information:

"YES, you're absolutely right, AND..."

"Wow! I think most people would find that hard to deal with AND..."

"YES, I can absolutely see how you would think that, AND..."

Uncover misconceptions with:

"Many of my clients say _____. Is that something you think about?"

Offer follow-up questions after giving a piece of relevant information:

"How would that be for you?"

"Has that ever happened to you before?"

"How do you see yourself managing this?"

Learn more about PATH at envisionsrh.com
Find more resources at [FPNTC.org](https://fpntc.org)





OTHER SAFER SEX OPTIONS

DENTAL DAMS

- Stops fluid exchanges to reduce risk of oral Sexually Transmitted Infections such Chlamydia, Gonorrhoea, Syphilis, Hepatitis and HIV but it may not prevent the sharing of infections or conditions swapped through skin-to-skin contact such HPV, Herpes and Pubic Lice

FINGER COTS

- Used on finger(s) with lubricant for vagina or anus to reduce risk of Human Papilloma Virus (HPV) and acts as a barrier on small sex toys to prevent fomite infection





PRECONCEPTION BASICS

Definition

Services

Importance





DEFINITION

- Preconception health refers to the health of women and men during their reproductive years. The term preconception describes any time that a woman of reproductive potential is not pregnant but at risk for becoming pregnant, or when a man is at risk for getting someone pregnant.





SERVICES

- For women aim to identify and modify biomedical, behavioral, and social risks to a woman's health or pregnancy outcomes through prevention and management.





IMPORTANCE

- Preconception health contribute to improvement of women's and men's health, and can also influence an individual's ability to conceive or to reduce pregnancy-related adverse outcomes such as low birth weight, premature birth, and infant mortality and have a healthy birth outcome.





REPRODUCTIVE LIFE PLAN

Definition

Questions





DEFINITION

- A reproductive life plan outlines personal goals about becoming pregnant. For clients whose initial reason for coming to the service site was not related to preventing or achieving pregnancy, adding questions about reproductive life plan may help identify unmet reproductive health care needs. Identifying a need for contraceptive services may be particularly important given the high rate of unintended pregnancy







QUESTIONS

Preconception Counseling Checklist



The goal of preconception (or prepregnancy) care is to optimize health outcomes by providing education and addressing modifiable risk factors. Any visit with a client who has reproductive potential is an opportunity for preconception counseling. After a discussion of the client’s reproductive goals, a preconception counseling conversation can be introduced with: “Since you said _____, would you like to talk about ways to be prepared for a healthy pregnancy?”¹



To help clients be prepared for a healthy pregnancy, the American College of Obstetricians and Gynecologists (ACOG) recommends that providers assess for:²



Pregnancy intention

Timing of desired pregnancy—“Would you like to have (more) children? When do you think that might be?”³

Recommend the client seek medical care before attempting to become pregnant (or soon after a positive pregnancy test) to facilitate correct dating and management of medical conditions.



Folic acid

400 mcg of folic acid daily for at least one month before and during pregnancy (4 mg daily if history of seizure disorder or infant with neural tube defects)

Recommend folic acid every day if there is a chance the client may become pregnant.



QUESTIONS CONT'D



Medical conditions

Diabetes mellitus, chronic hypertension, hypothyroidism, bariatric surgery, mood disorders

Refer to primary and/or specialty care provider to make changes to treatment if needed and manage the condition before pregnancy.



Family history

Genetic disorders, birth defects, cystic fibrosis, Fragile X, hemoglobinopathies, and if of Ashkenazi descent: Tay-Sachs, Canavan, familial dysautonomia, etc.

Refer for genetic counseling as needed.



Use of teratogenic medications

ACE I, ARB, androgens, carbamazepine, lithium, methimazole, methotrexate, minoxidil, misoprostol, mycophenolate mofetil, phenytoin, trimethadione, paramethadione, retinoids, sulfa, tetracycline, thalidomide, valproic acid, vitamin A, warfarin, etc.

Caution that some nonprescription medicines, supplements, and herbal products are unsafe during pregnancy.

Refer to a primary and/or specialty care provider to adjust medications if needed.

FACILITATORS GUIDE

How to overlay information
in Evidence Based Programs
in add-on Anatomy &
Reproduction session and
Birth Control module

- Insert into Anatomy & Reproduction lesson when discussing system and its function also during the Menstruation segment and add the future body's ability to avoid or plan pregnancy
- At the end of Birth Control lesson when processing maybe ask rhetorical Preconception Health questions will trigger critical thinking
- Helpful for private discussions to help navigate overwhelmed, confused or concerned student through their decision making



SCREENING TOOL

Client-Centered Reproductive Goals & Counseling Flow Chart



The PATH questions are one client-centered approach to assess **P**arenthood/**P**regnancy **A**ttitude, **T**iming, and **H**ow important is pregnancy prevention. PATH can be used with clients of any gender, sexual orientation, or age. PATH is designed to facilitate listening and efficient client-centered conversations about preconception care, contraception, and fertility as appropriate.



QUESTION 1

Do you think you might like to have (more) children at some point?



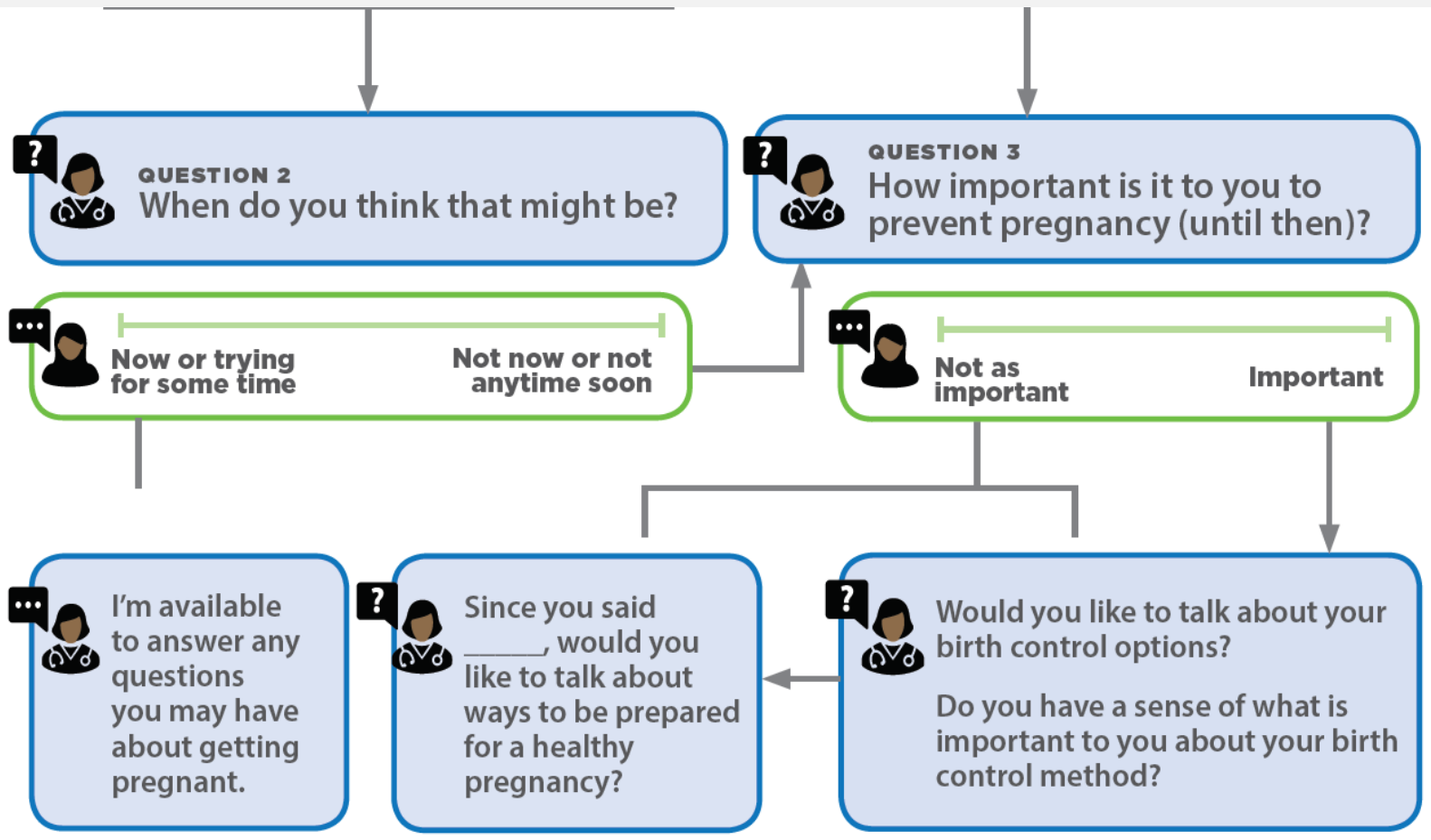
YES

NOT SURE

NO



SCREENING TOOL CONT'D




SCREENING TOOL CONT'D

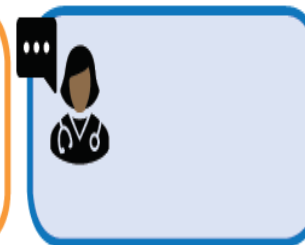
 I'm available to answer any questions you may have about getting pregnant.



 Since you said _____, would you like to talk about ways to be prepared for a healthy pregnancy?



 Would you like to talk about your birth control options?
Do you have a sense of what is important to you about your birth control method?





HOW TO USE RESOURCES

Affirm decision, discuss uncertainty and explain choices



COUNSELING SKILL BUILDING

Client-Centered Reproductive Goals Counseling Skills

TRY THIS

Start with small talk about the client's life to build rapport and learn about the client's goals.

Ask open-ended questions about what a client wants from their contraceptive method, rather than asking what contraceptive methods they are interested in.

Ask probing questions to explore client preferences about method characteristics such as side effects; bleeding pattern; control over removal; ability to conceal; non-contraceptive benefits, etc.

Find something the client says to agree with, empathize with, or validate before giving additional clarifying information. Instead of "No" or "But," try to start with "Yes! And ___".

IT SOUNDS LIKE THIS

"It sounds like you are incredibly busy with work and school. I can see how it could be challenging to make it into the clinic every 3 months for your shot."

"Do you have a sense of what is important to you about your birth control method?" (Pause to allow the client to consider.)

*"How would that be for you?"
"Has that happened to you?"
"How do you see yourself managing this?"
"Do you have a sense of what else is important to you?"*

*Agreement: "Yes, you're absolutely right, AND..."
Display of empathy: "I can see this is concerning to you, AND..."
Validation: "Yes, many of my clients say that, AND..."*

COUNSELING SKILL BUILDING CONT'D

Point out health-supporting behaviors or knowledge.

Acknowledge as many positives as possible.

"That is a really great question."

"I wish all of my patients knew that!"

"You are clearly interested in protecting yourself."

Paraphrase what the client says so they know you have heard them, they can correct or confirm, and you can redirect the conversation in a client-centered way.

"It sounds like on the one hand you are saying _____, yet on the other hand you are saying _____, do I have that right?"

Use natural frequencies instead of percentages, and use common denominators when comparing effectiveness or risk.

"If 100 women have unprotected sex for a year, 85 of them will get pregnant, as compared to maybe 0 or 1 out of 100 using an IUD."

Make sure the client knows that they can always come in to have an IUD or implant removed for any reason, you can help manage side effects, and return to fertility is immediate.

*"This implant is good for **up to** 3 years, but if you want to get pregnant before then, or would like it removed for any reason, we will remove it any time you want. Your ability to get pregnant will return to whatever is normal for you, immediately."*

Reflect and validate feelings. Let clients know that you heard them and that their feelings are normal.

"Wow, I think most people would find that really hard to deal with."

Confirm the client's understanding by asking them to phrase information in their own words. Phrase the request so the provider takes the responsibility for needing clarification.

"We have discussed many different things today, I would like to be sure I was clear. Can you tell me what you will be doing to manage heavy periods with your copper IUD?"

WRAP UP

Any questions, comment or concerns?