Thank you for choosing our session.
Please sign in before the session starts!

Contraceptive Best Practices: Complex Adolescent Care

Contraceptive Best Practices: Complex Adolescent Care

Nishant Shah, MD, MPH *(he/him)*

©2024 The Regents of the University of California. All rights reserved.

A program of the
Bixby Center for Global
Reproductive Health at the
University of California,
San Francisco (UCSF)
School of Medicine

beyondthepill.ucsf.edu

©2024 The Regents of the University of California. All rights reserved.

Bixby Center for Global Reproductive Health | UCSF University of California San Francisco

Planning committee and disclosures

Speakers:

- **Nishant Shah,** MD, MPH, has the following disclosure:
  - Organon Nexplanon trainer*

Planning committee:

- **Cynthia Harper, PhD** – no disclosures
- **Nishant Shah, MD, MPH** – disclosure*
- **Connie Folse, MPH** – no disclosures
- **Stephanie Andaya, CCMA** – no disclosures
- **Suzan Goodman, MD, MPH** – no disclosures
- **Erica Somerson, MSc –** no disclosures

Training developed by UCSF, funded by foundations.

We will be discussing off-label indications.

©2024 The Regents of the University of California. All rights reserved.

©2024 The Regents of the University of California. All rights reserved.

UCSF University of California San Francisco

Expert Reviewers

Andrea Shore, MPH
Senior Vice President of Programs, School-Based Health Alliance

Lela Bachrach, MD, MS
Health Sciences Clinical Professor, University of California, San Francisco School of Medicine Department of Pediatrics

Marissa Raymond-Flesch, MD, MPH
Associate Professor of Clinical Pediatrics, University of California, San Francisco School of Medicine Department of Pediatrics

©2024 The Regents of the University of California. All rights reserved.

Bixby Center for Global Reproductive Health

UCSF University of California San Francisco

Objectives

Objective 1	Identify best practices regarding patient-centered provision of contraception for adolescent populations
Objective 2	Review updated evidence for common contraceptive questions
Objective 3	List two CDC resources to help guide the provision of evidence-based care

©2024 The Regents of the University of California. All rights reserved.

Where do *you* start with patients?

©2024 The Regents of the University of California. All rights reserved.

UCSF
University of California
San Francisco

Also for EC!

Hormonal IUDs

Implant

Injection

Progestin-only

POP

ECP

Combined

COC

Patches

Rings

Copper IUD

Also for EC!

Sterilization

Fertility awareness

Condoms

Spermicides and Barriers

pH Modulating Gel

Withdrawal

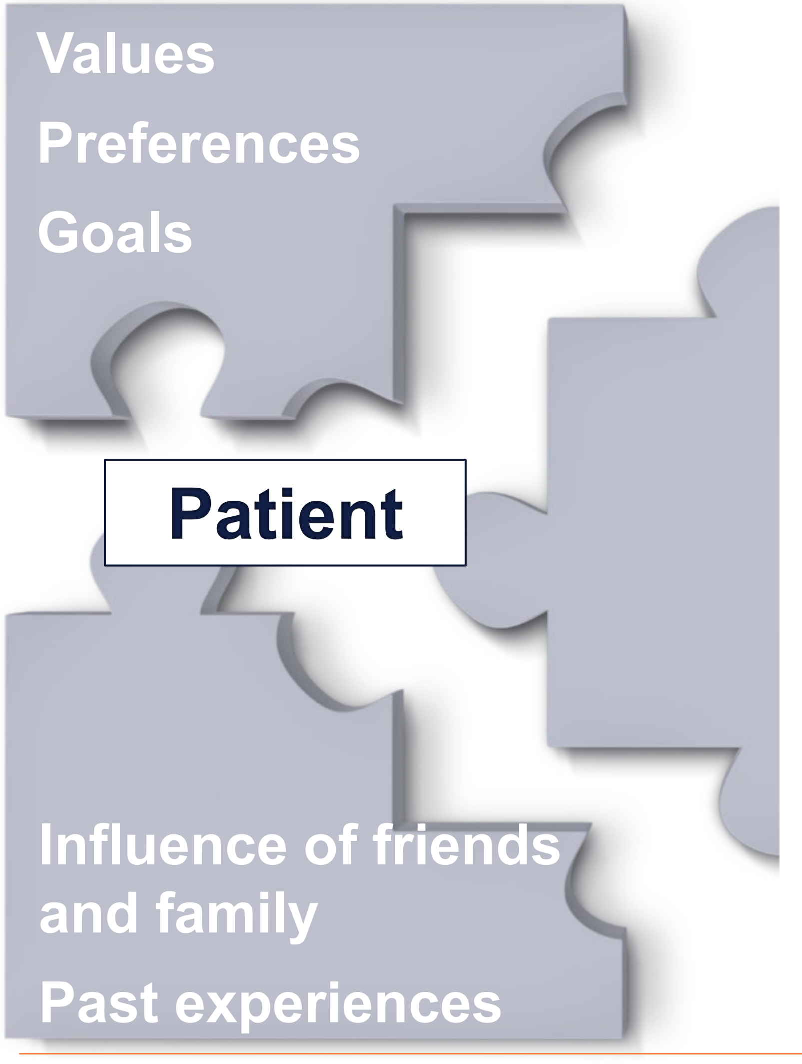
©2024 The Regents of the University of California. All rights reserved.

Shared Decision-Making

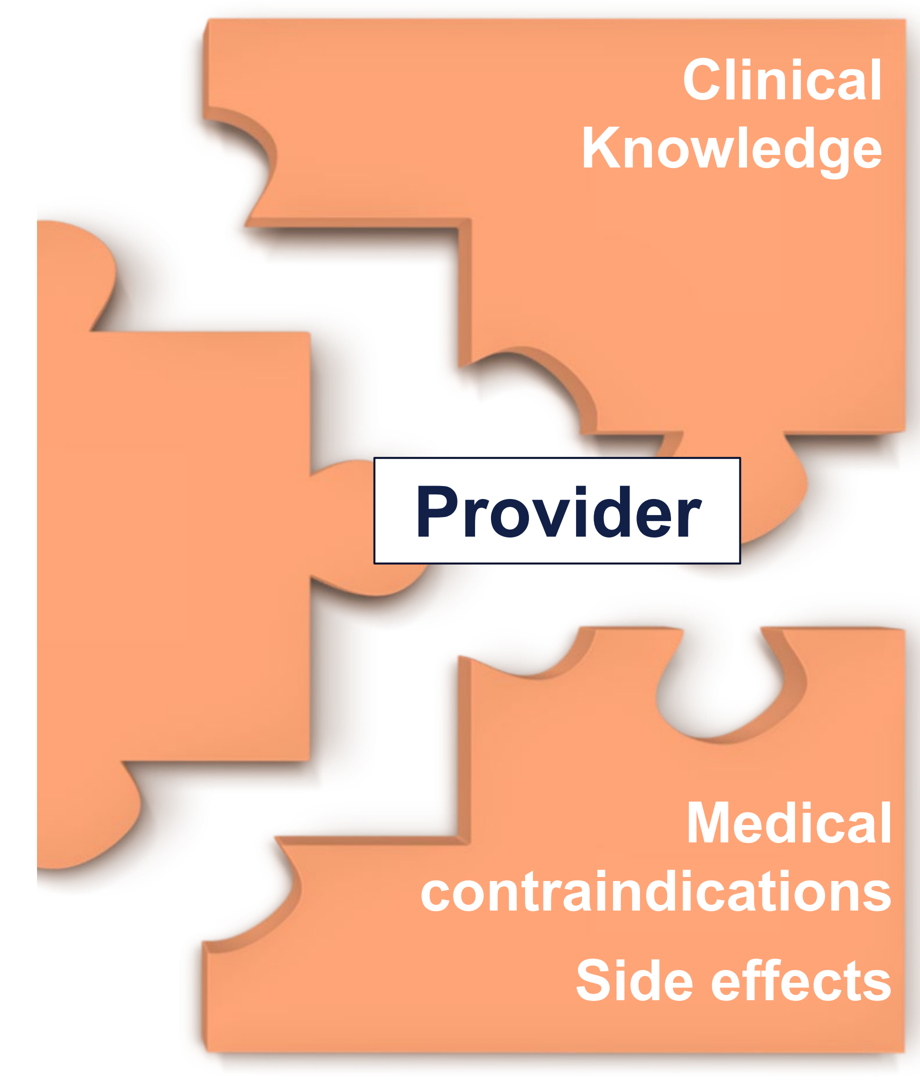
Help the youth integrate clinical information into their personal perspective to choose a method…

Based on *their* values, goals, preferences

References
Dehlendorf, *et al. Contraception*. 2017
Geist, *et al. Contraception*. 2019



Shared Decision-Making



References
Dehlendorf, *et al. Contraception*. 2017
Geist, *et al. Contraception*. 2019

References
Chen, 2019; Dehlendorf, 2019
Pazol, 2018; Downey, 2017
Dehlendorf, 2016;
Weisman, 2002

©2024 The Regents of the University of California. All rights reserved.

Person-Centered Contraceptive Counseling

- Center the patient's values and priorities
- Consider medical history
- Discuss side effects, risks, and benefits
- Use shared decision-making to ensure that contraceptive counseling is focused on individual patient priorities

Interpersonal Connection

Adequate Information

Decision Support

References
Edelman A, et al. Up to Date, 2020
Dehlendorf, et al. *Contraception*, 2021

©2024 The Regents of the University of California. All rights reserved.

Respect Diverse Priorities, Concerns, Experiences

- Control over method
- Personal and community experiences
- Desire for non-contraceptive benefits
- Route and/or frequency of administration
- Effect on breast/chest feeding
- Concerns about side effects
- Convenience
- Return to fertility
- Efficacy
- Privacy*

©2024 The Regents of the University of California. All rights reserved.

BIRTH CONTROL: WHAT'S IMPORTANT TO YOU?

Look inside to learn about your options.

Privacy | Start + Stop | Side Effects | Bleeding | Effectiveness | Fertility | EC

WHAT'S IMPORTANT TO ME ABOUT MY BIRTH CONTROL?

You might already know what's important right now, or not, and what's important to you may change over time. These common questions about birth control can help you find a method that works for you.

Go to Bedsider.org for details on all the methods, how to get them, and how to use them.

PRIVACY — CAN ANYONE TELL IF I'M USING BIRTH CONTROL?
- Some birth control methods are easier to keep private than others.
- Think about who you want to keep your birth control private from and how they might discover it.

START + STOP — CAN I START & STOP BIRTH CONTROL ON MY OWN?
- Some birth control methods require a health care provider to start or stop, others don't.
- Think about how that would work for you.

SIDE EFFECTS — WHAT ARE THE SIDE EFFECTS OF BIRTH CONTROL?
- Many common side effects are from birth control hormones.
- Think about what side effects are okay for you.

BLEEDING — HOW WILL BIRTH CONTROL CHANGE MY PERIOD?
- Some birth control methods can change how much bleeding you have or how often. These changes are safe.
- Think about what bleeding changes would be okay for you.

EFFECTIVENESS — HOW WELL DOES BIRTH CONTROL WORK?
- Some birth control methods are better than others at preventing pregnancy.
- Think about how important it is to you to prevent pregnancy right now.

FERTILITY — HOW SOON CAN I GET PREGNANT AFTER STOPPING BIRTH CONTROL?
- After stopping birth control, your chance of getting pregnant returns to whatever is normal for you, but it's not immediate with all methods.
- Think about if you want to be pregnant and when that might be.

EC — WHAT IS EMERGENCY CONTRACEPTION (EC)?
- Emergency contraception (EC) pills and some IUDs can prevent pregnancy when used up to 5 days after sex.
- Think about if you need it now or in the future.

© 2024 UCSF School of Medicine and Power to Decide

©2024 The Regents of the University of California. All rights reserved.

UCSF University of California San Francisco

WHAT ARE THE SIDE EFFECTS OF BIRTH CONTROL?

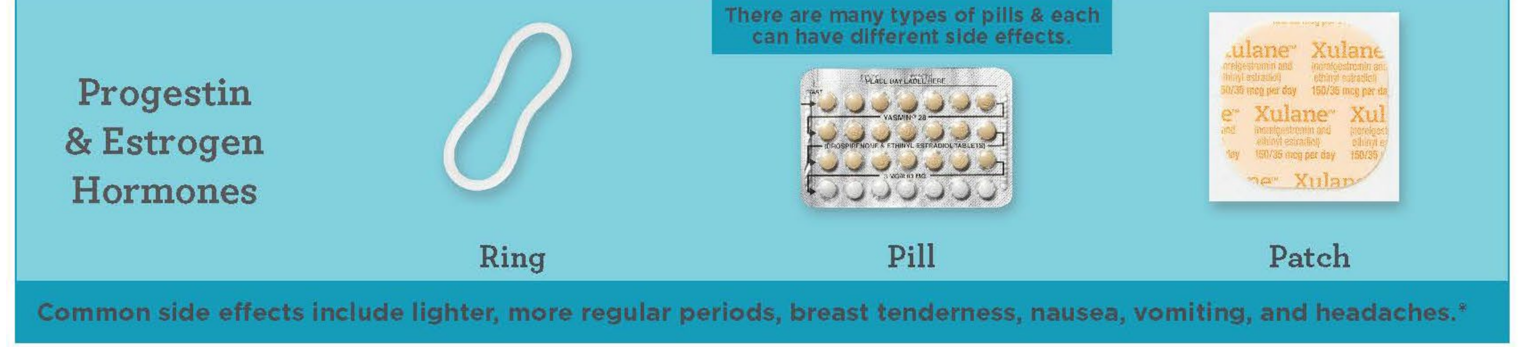
Most common side effects are from birth control hormones.

No hormones means these methods won't cause hormone-related side effects.

Some people experience side effects from birth control, others don't.

Common side effects include lighter, irregular periods, bloating, mood changes, and reduced sex drive.*

Talk to a health care provider if you have side effects you don't like. They may be able to help.



Common side effects include lighter, more regular periods, breast tenderness, nausea, vomiting, and headaches.*

Not every method is a good match for everyone. Ask a health care provider about the possible risks and benefits for you.

*These are not all the possible side effects for everyone, go to Bedsider.org or talk with a health care provider to learn more.

© 2023 UCSF School of Medicine and Power to Decide

Will birth control make me gain weight?

©2024 The Regents of the University of California. All rights reserved.

Birth Control and Weight Gain

- No causal association for weight gain for combined hormonal contraception.
- Little evidence of weight gain with progestin-only contraception (DMPA the exception).
  - Overall, the quality of data is low

References
Gallo et al., *Cochrane Database Syst Rev*, 2014
Lopez, et al. *Cochrane Database Syst Rev*, 2016
Silva Dos Santos, et al. *Braz J Med Biol Res*, 2018
Vickery, et al., *Contraception*, 2013

©2024 The Regents of the University of California. All rights reserved.

DMPA and weight changes

- More consistent evidence of weight gain for DMPA.
- DMPA may contribute to **increases** in body fat and **decreases** in lean body mass.
- Increased appetite and eating patterns do not sufficiently explain weight gain.

References
Gallo et al., *Cochrane Database Syst Rev*, 2014
Lopez, et al. *Cochrane Database Syst Rev*, 2016
Silva Dos Santos, et al. *Braz J Med Biol Res*, 2018
Vickery, et al., *Contraception*, 2013

©2024 The Regents of the University of California. All rights reserved.

DMPA and Bone Mineral Density (BMD)

- Many organizations support both short- and long-term DMPA safety (ACOG, SAHM, CDC, WHO)
- Offer adolescents a range of options, including methods that do not affect BMD
  - Use **shared decision-making** to review risks and benefits
- Evidence demonstrates **no** need to limit the duration of DMPA use
  - Losses in BMD are temporary
  - Limited data suggest that DMPA shows no increase in the short- or long-term risk of fracture

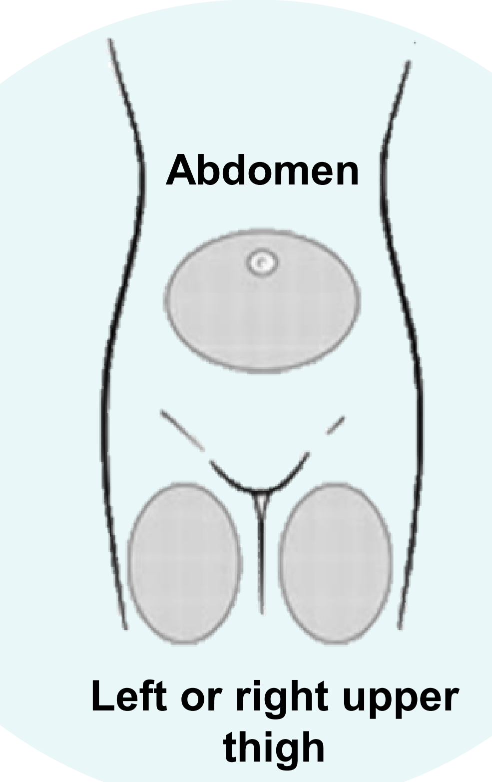
References
Kaunitz - Up to Date, 2022
ACOG , Committee Opinion Number 602 2023

©2022 The Regents of the University of California. All rights reserved.

Bixby Center for Global Reproductive Health | UCSF University of California San Francisco

Subcutaneous DMPA (DMPA-SQ)

- Can prescribe/teach via telemedicine
- May improve continuation, access, autonomy
  - One study showed 15% increased continuation
  - 37% of patients showed interest in SQ DMPA
  - 21% successfully initiated via telehealth
- Most SQ users:
  - Found self-admin very or somewhat easy (97%)
  - would recommend to a friend (87%)



References
Comfort et al. *Contraception* 2023.
Katz et al. *Contraception* 2020
Kohn et al. *Contraception* 2018
Kennedy et al. *BMJ Glob Health* 2019

©2024 The Regents of the University of California. All rights reserved.

New OTC Progestin-Only Pill

- “Opill® ” 0.075mg oral Norgestrel tablet
- Typical use pregnancy rate: **7%**
- Estimated cost without insurance - $15 - $20/pack
  - Cost-assistance program available for uninsured users at or below 200% federal poverty level

Image credit: Power to Decide

References
Glasier, et al. *Contraception*, 2022
Opill FDA Label, 2017

Guidance for Contraceptive Care

US SPR

Selected Practice Recommendations for Contraceptive Use, 2016

2016

How to use for health care workers

US MEC

US Medical Eligibility Criteria for Contraceptive Use, 2016

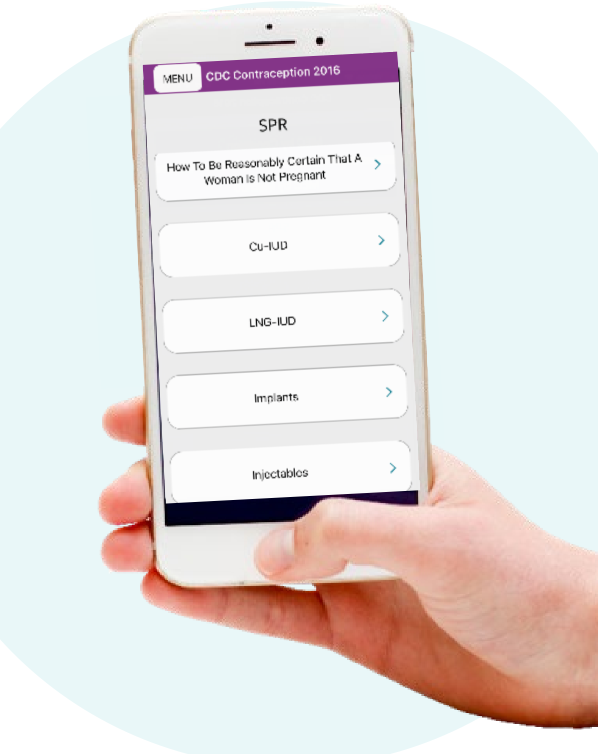
2016/2020

Who can safely use a method?

©2024 The Regents of the University of California. All rights reserved.

US SPR

- Special considerations – explains recommendations in MEC
- When to start / Quickstart
- How long to use backup
- Missed or late doses
- Management of unscheduled/prolonged bleeding
- Guidance around EC provision



References

US SPR, 2016

©2024 The Regents of the University of California. All rights reserved.

Bixby Center for Global Reproductive Health
UCSF University of California San Francisco

Case Study: Monica (*she/her*)

16 years old, she/her

- Monica walks into clinic asking for "Plan B"
- Had unprotected sex 3 days ago
- BMI 31
- No medical conditions

Is LNG-ECP Monica's only option?

©2024 The Regents of the University of California. All rights reserved.

Emergency Contraception (EC)

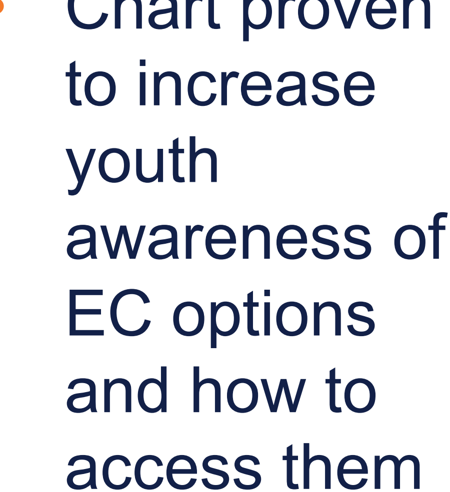
Unprotected / Under-protected intercourse	Additional option to prevent pregnancy
Method use error / Method failure	Delays in EC access increase pregnancy risk
Sexual assault / Non-consensual sex	Those experiencing sexual assault need EC ASAP without interference

©2024 The Regents of the University of California. All rights reserved.

WHAT IS EMERGENCY CONTRACEPTION (EC)?

EC is birth control to use after sex to prevent pregnancy before it starts.

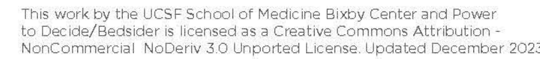
Types of EC	When can I use EC?	How do I get EC?	What about next time?
Over-the-counter EC pills	**ASAP** works best within 3 days but may work up to 5 days May be less effective over 165 pounds.	No prescription needed Find it at a pharmacy, clinic, or online.	Take it every time you need EC You can get extra EC for next time.
Prescription EC pills	**ASAP** but can work up to 5 days Most effective EC pill. May be less effective over 195 pounds.	Need a prescription Talk to a health care provider online or in person.	Take it every time you need EC Ask about a refill so you can have it for next time.
IUDs	Anytime up to 5 days Nearly 100% effective for any weight.	Visit a health care provider to have an IUD placed Say it's for EC so you are scheduled quickly.	Keeps working as birth control You can have it removed at any time.



- Chart proven to increase youth awareness of EC options and how to access them

References

Harper et al. *J Adolesc Health, 2023*


This work by the UCSF School of Medicine Bixby Center and Power to Decide/Bedsider is licensed as a Creative Commons Attribution - NonCommercial NoDeriv 3.0 Unported License. Updated December 2023.

Emergency Contraception Pills

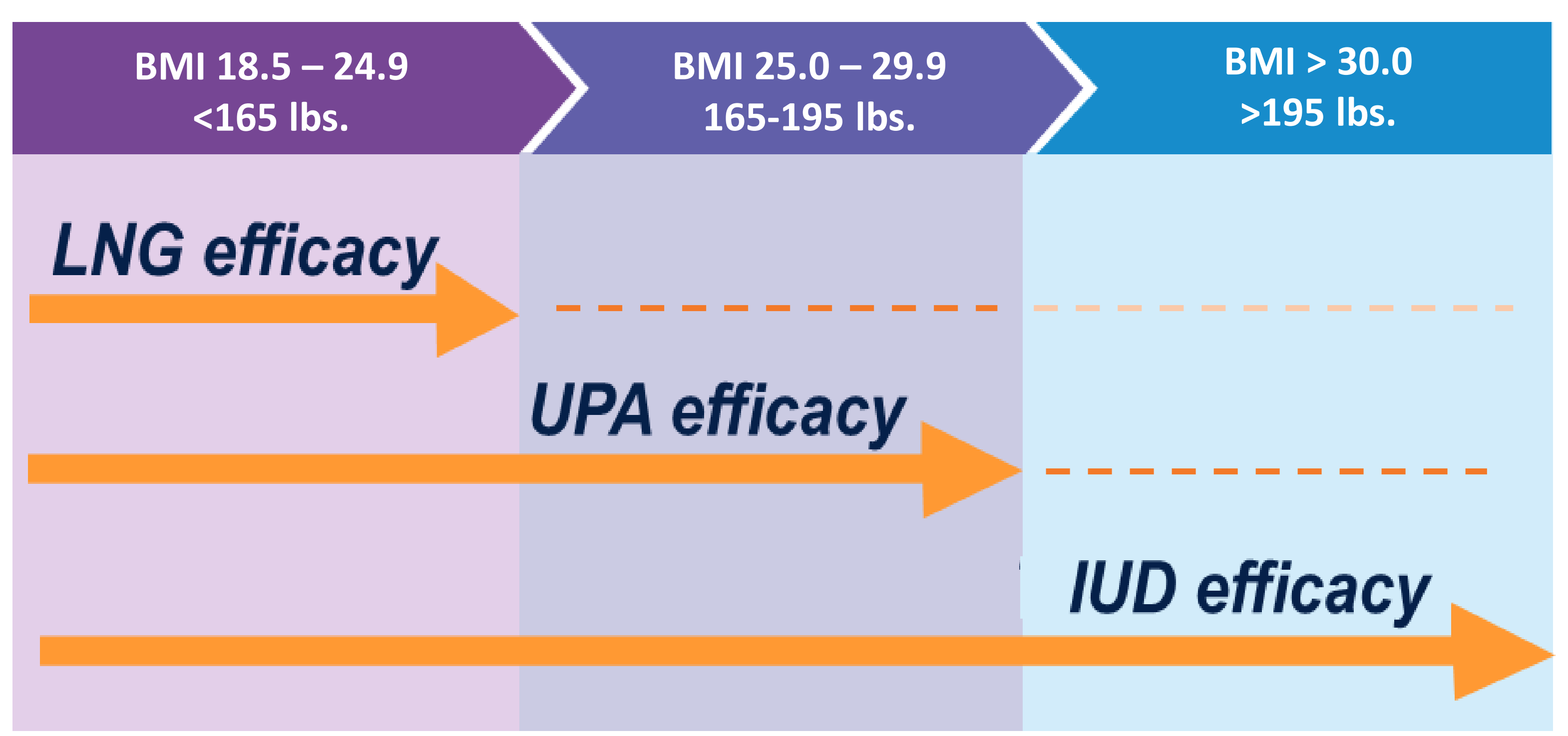
- *When it's available*, UPA should be the first-line EC pill option for all patients.
- UPA is more effective than LNG ECP, *regardless of body size*, because it works closer to the time of ovulation.

Offer advance prescription or provision of UPA or LNG ECP.

References
Castleberry, et al. *Contraception*, 2020
Shigesato, et al. *Contraception*, 2018

©2024 The Regents of the University of California. All rights reserved.

ECP May Lose Efficacy with Increased BMI



IUDs nearly 100% effective for all patients

References
ASEC, 2022
Festin, et al. *Contraception.* 2017
Glasier, et al. *Contraception*, 2011
Turok, et al. *NEJM.* 2021

©2024 The Regents of the University of California. All rights reserved.

Bixby Center for Global Reproductive Health
UCSF University of California San Francisco

EC Practices to Improve Access

References

Pagano, et al. *Women's Health Issues*, 2021

©2024 The Regents of the University of California. All rights reserved.

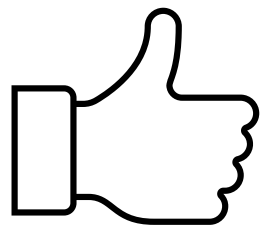
Case Study: Monica (*she/her*)

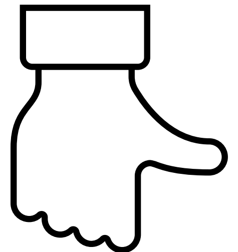
- Wants UPA
- Asks about starting the patch

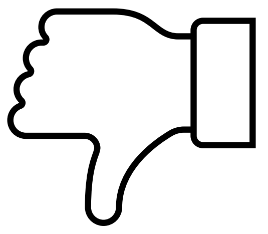
©2024 The Regents of the University of California. All rights reserved.

What do you think?!

Would you feel comfortable prescribing the patch to Monica?







1. Hormonal contraception after UPA
2. Safety? Efficacy? of patch for Monica

©2024 The Regents of the University of California. All rights reserved.

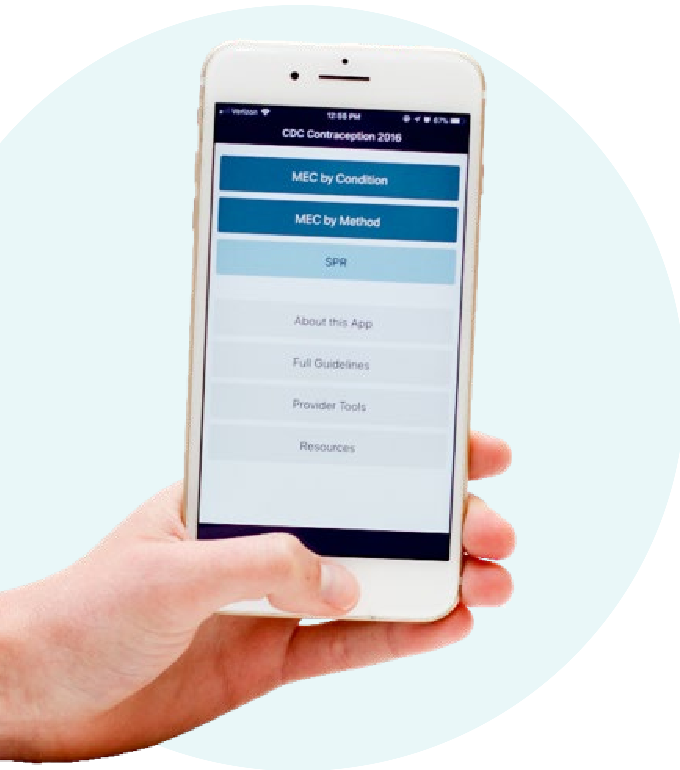
UPA and initiation of hormonal contraception

- Because subsequent administration of progestin-containing contraception can reduce the effectiveness of UPA in delaying ovulation, **patients should be counseled to delay initiation of hormonal contraception for 5 days.**
  - Use back-up method for additional 7 days

References
Salcedo, et al. *Contraception*, 2023

©2021 The Regents of the University of California. All rights reserved.

CDC Medical Eligibility Criteria



CDC Medical Eligibility for Initiating Contraception	
Method can be used without restriction	1
Advantages generally outweigh risks	2
Method not recommended unless more appropriate methods not acceptable	3
Absolute contraindication, avoid use	4

Search: “CDC Contraception”

©2024 The Regents of the University of California. All rights reserved.

Safety of Contraception

US Medical Eligibility Criteria for Contraceptive Use							
Condition		Copper IUD	LNG-IUS	Implant	DMPA	POP	Pill, patch, ring
Obesity	BMI > 30 kg/m2	1	1	1	1	1	2
	Menarche to <18 years and BMI > 30 kg/m2	1	1	1	2	1	2

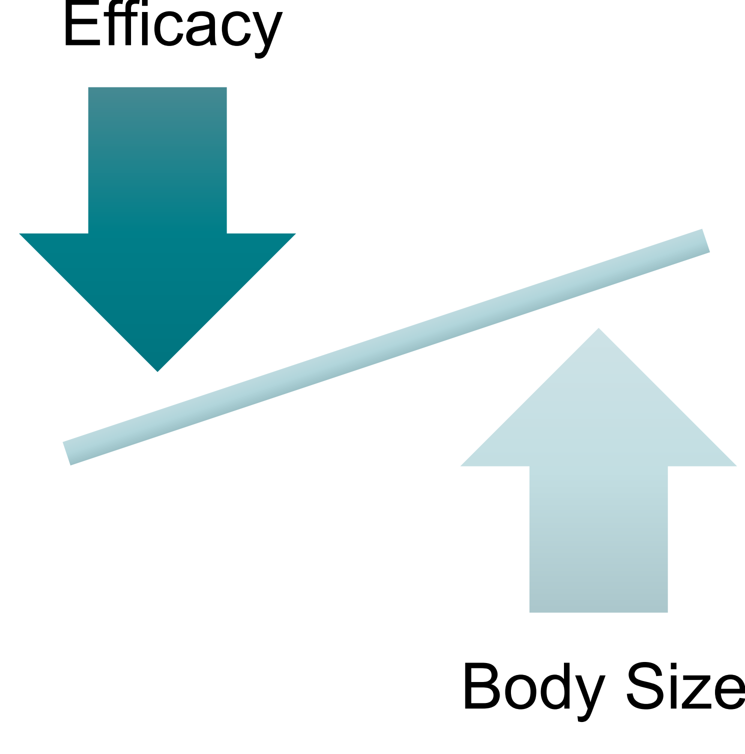
References

Centers for Disease Control. *MMWR.* 2016

©2024 The Regents of the University of California. All rights reserved.

Patches: BMI and Efficacy

- In Phase 3 clinical trials for the ethinyl estradiol/levonorgestrel patch (EE/LNG), effectiveness trended downward as body size increased



References
Edelman A, et al. Counseling for Females with Obesity. Up to Date, 2020
Nelson A, et al. *Contraception*, 2021

©2024 The Regents of the University of California. All rights reserved.

UCSF University of California San Francisco

Contraindications – It's all relative (BMI ≥ 30)

	Xulane®/Zafemy®	Twirla®
FDA label	**Contraindication** for BMI ≥ 30 **Why?** • Increased VTE risk	**Contraindication** for BMI ≥ 30 **Why?** • Increased VTE risk • Reduced efficacy
MEC	**2**	**2**
VTE Risk	Increased, but still low **Not a reason to restrict use**	Increased, but still low - *comparable to COCs* **Not a reason to restrict use**

Body size alone is not a reason to restrict access to *any* method of contraception.

A small risk times a small risk is still a small risk.

CHC Contraindications (MEC 4)

CDC Medical Eligibility for Initiating Contraception	
Absolute contraindication, avoid use	**4**

- Clotting disorders
  - History of deep vein thrombosis or pulmonary embolism
- Headaches with focal neurologic symptoms
  - Example: migraine with aura
- Uncontrolled hypertension
- Ischemic heart disease
- Active liver disease

Reference
Centers for Disease Control.
MMWR. 2016

©2024 The Regents of the University of California. All rights reserved.

Shared Decision-Making with Monica…

- **Monica**: That sounds scary. Is it really ok for me to use the patch? Should I use something else?

- **Provider***:*
  - Even though the risk is *greater,* it doesn't mean that it's a *big* risk. It is still a small risk. But I can't decide for you how important that small increase in risk is for *you.*
  - What I can tell is that you have the right to choose any method of contraception that is safe for you to use, and that the patch falls in that category.

©2024 The Regents of the University of California. All rights reserved.

Bixby Center for Global Reproductive Health

UCSF University of California San Francisco

Monica

- Monica will take UPA today and wait 5 days to start the patch
- She plans to use a back-up method for 7 days after starting the patch
- Takes condoms for pregnancy and STI prevention

©2024 The Regents of the University of California. All rights reserved.

Bixby Center for Global Reproductive Health
UCSF University of California San Francisco

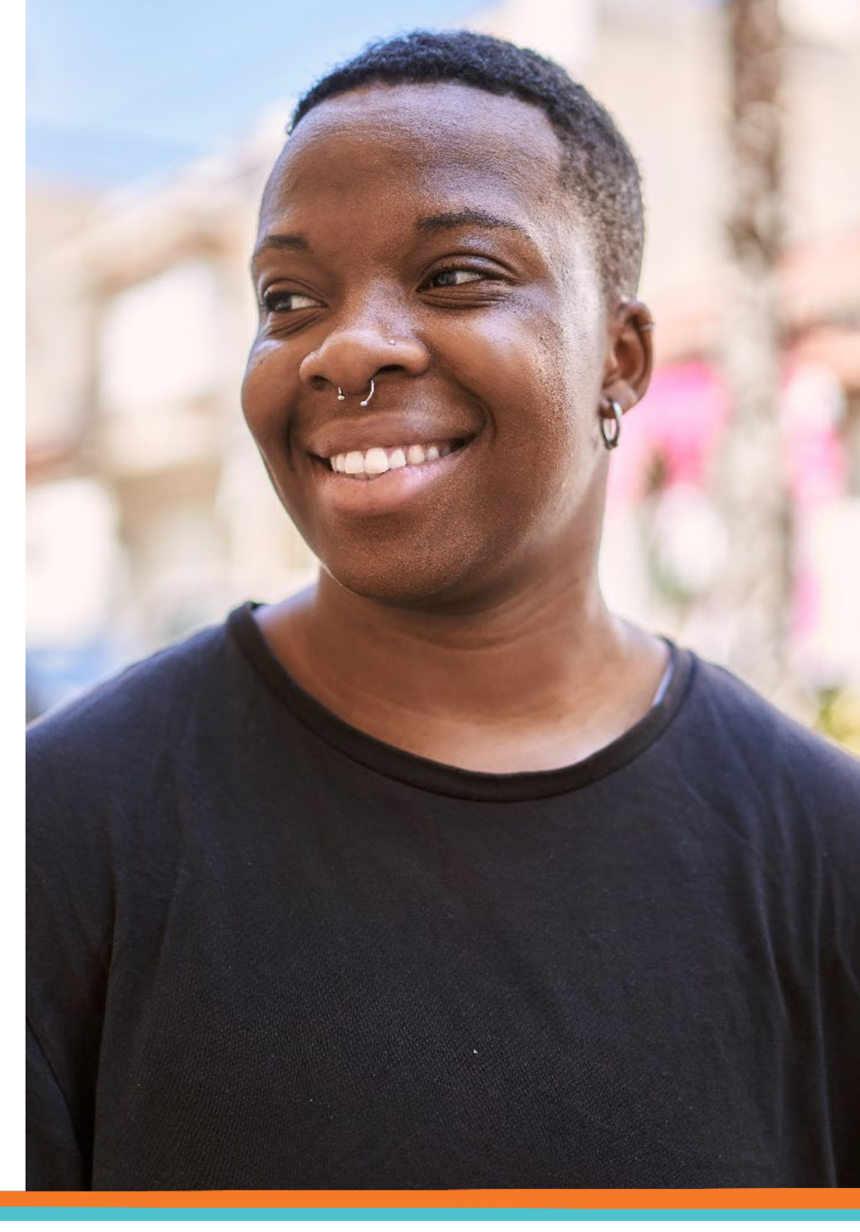
Contraception for Transgender and Gender Diverse Youth

©2024 The Regents of the University of California. All rights reserved.

Kyle (he/him)

18 years old

- Transmasculine
- Had unprotected sex 3 days ago
- In clinic for STI testing



©2024 The Regents of the University of California. All rights reserved.

Language is powerful

Using the correct name and pronouns in even just one setting for transgender and gender expansive youth led to:

- Fewer depressive symptoms
- Decrease in suicidal ideation
- Decrease in suicidal behavior **… by 56%!**

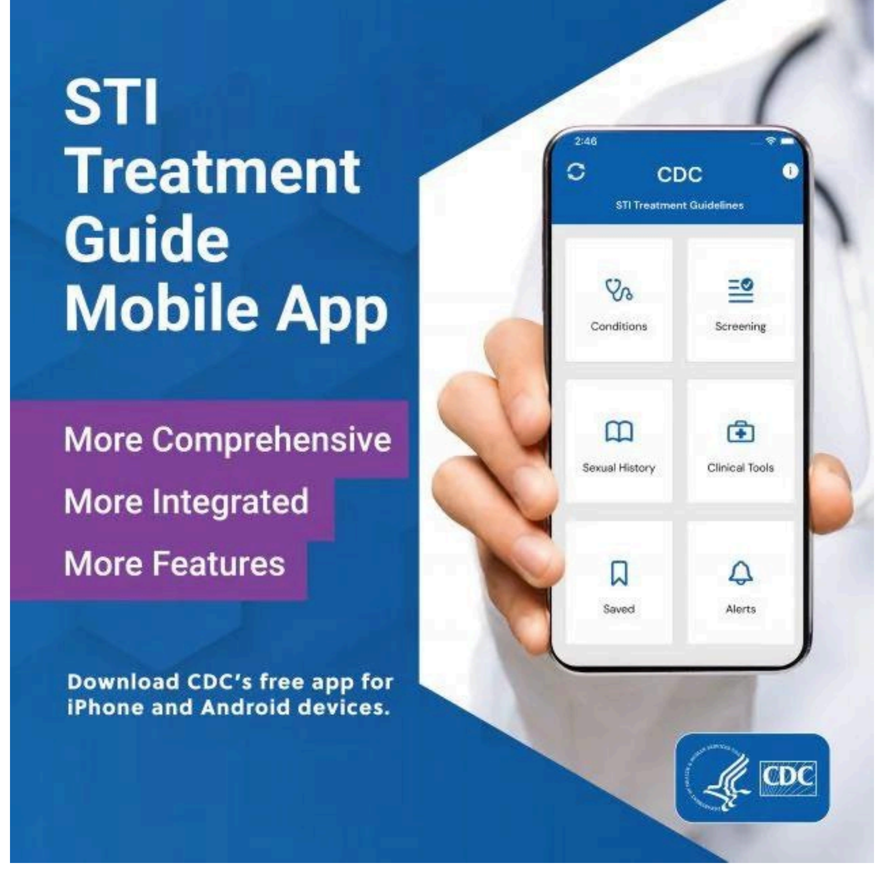
"We ask all our patients about their name and pronouns so everyone feels safe and welcome here."

References
Russell, et al. *Journal of Adolescent Health*, 2018
Moseson, et al. *Obstet Gynecol*, 2020

©2024 The Regents of the University of California. All rights reserved.

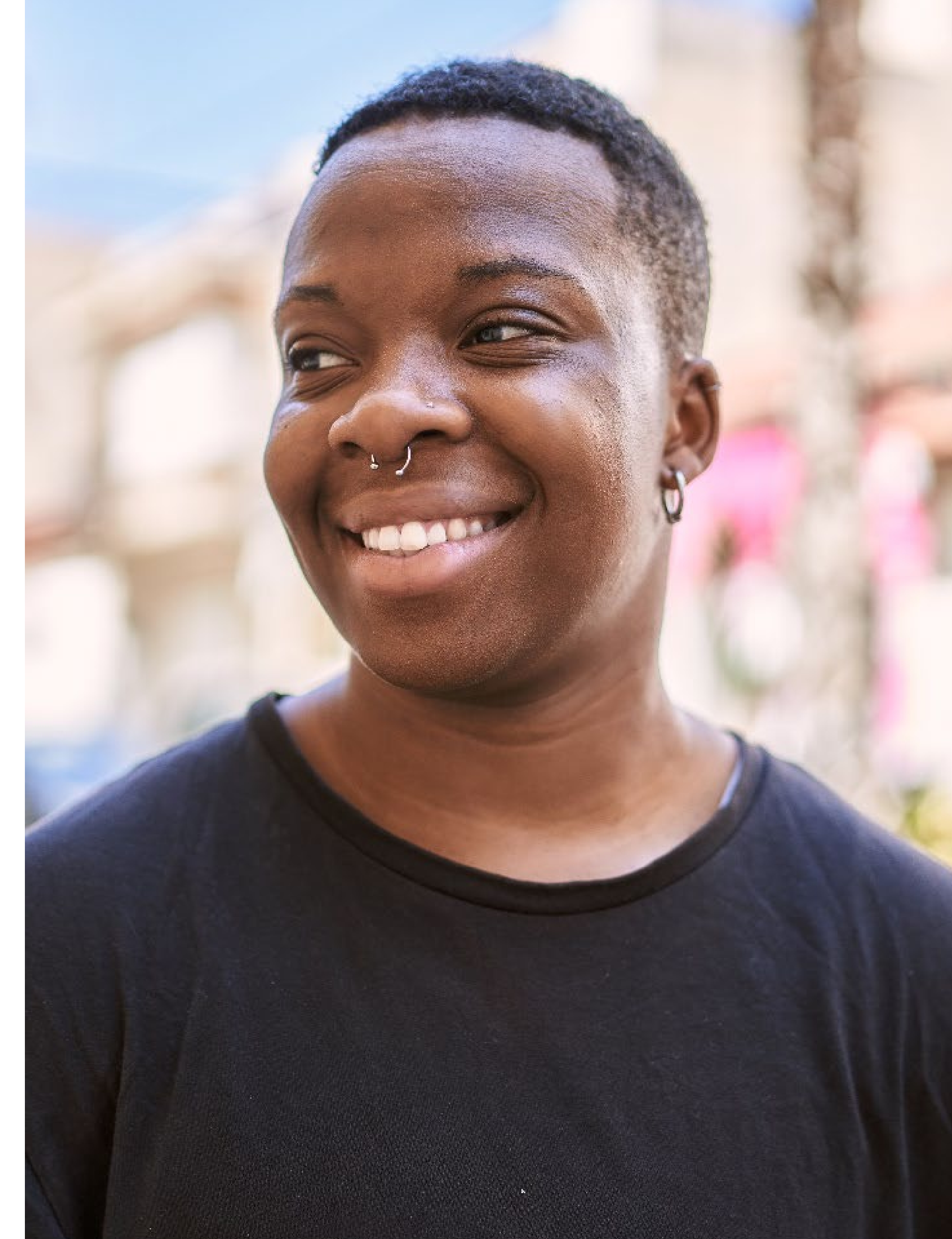
CDC – STI Treatment Guidelines, 2021

Sexually Transmitted Infections Treatment Guidelines, 2021



©2024 The Regents of the University of California. All rights reserved.

What else could we offer Kyle?



©2024 The Regents of the University of California. All rights reserved.

Provider assumptions about transgender & gender-expansive patients negatively impact care & comfort

Including assumptions about:

- Sexual partners and behaviors
- Need/desire for contraception
- Desire for future childbearing
- Desire to/stage of gender-affirming care (or “transition”)
- Use of gender-affirming therapy and/or surgery

References
Bonnington et al. *Contraception*, 2020
Krempasky, et al. *AJOG*, 2019
Light A, *Contraception*, 2018

©2024 The Regents of the University of California. All rights reserved.

Taking an Inclusive Sexual History – the Ps

- **P**ronouns → He/him
- **P**arts → Ovaries, Uterus
- **P**artners → Sperm-producing
- **P**ractices (& **P**revention) → F
- **P**regnancy (**P**ractices & Intention) → d

"I talk to all of my patients about sex to help them get the care they need."

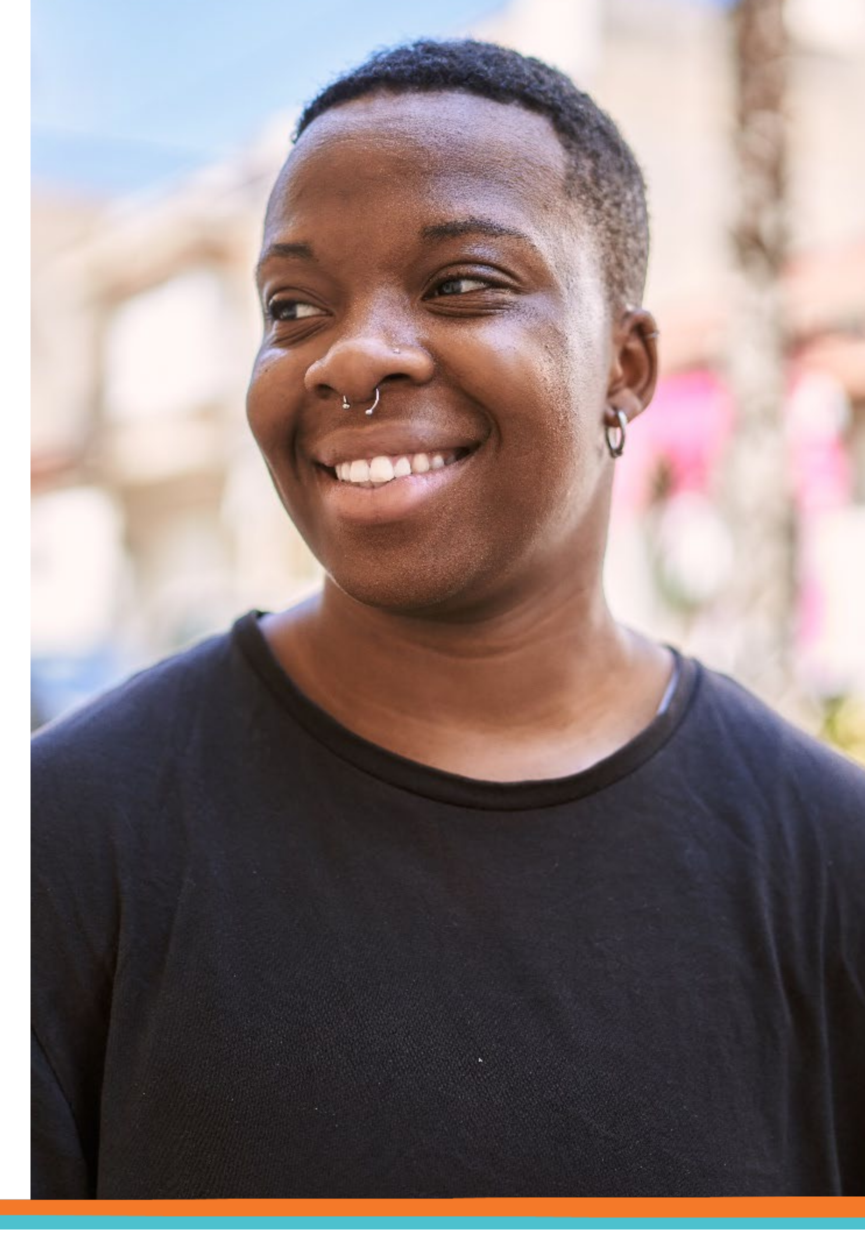
References
The National Coalition for Sexual Health
Roosevelt, et al. *The Journal of Perinatal & Neonatal Nursing*, 2021
Savoy, et al. *Am Fam* Physician, 2020
Bedsider.org

©2024 The Regents of the University of California. All rights reserved.

Kyle (he/him)

18 years old

- Transmasculine (TM), designated female at birth
  - Has ovaries, uterus
- Has been using testosterone (gender-affirming hormone therapy) for 2 years
- No longer menstruating
- Curious about contraception



©2024 The Regents of the University of California. All rights reserved.

Hormones and Contraception

- Testosterone is **not** a contraceptive
    - 16-31% of trans and gender expansive patients believed that it was, and many reported that a provider advised them that it was
- Any patient with ovaries and a uterus may ovulate during and after testosterone therapy, regardless of whether experiencing monthly bleeding
- Any patient with testes/penis may create active sperm while using estrogen therapy

References
Light A, *Contraception*, 2018
Taub, et al. *Am J Obstet Gynecol,* 2020
Mumford, et al. *Curr Obstet Gynecol*, 2023

©2024 The Regents of the University of California. All rights reserved.

Bixby Center for Global Reproductive Health
UCSF University of California San Francisco

Reversible Contraceptive Options for Patients Using Testosterone

Non-hormonal methods

Progestin-only methods

Progestin does not interact with testosterone.

Combined hormonal methods

Estrogen is not contraindicated, but some patients may prefer to avoid it.

Offer the full range of contraceptive options

References

Bonnington et al. *Contraception*, 2020

Krempasky, et al. *AJOG*, 2019

©2024 The Regents of the University of California. All rights reserved.

Person-Centered Contraceptive Counseling

- Reproductive desires
- Side effects
- Bleeding changes
- Is pelvic exam needed?
- Frequency of required office visits
- Route and frequency of administration

References
Abern, et al. *Journal of Midwifery and Women's Health*, 2021
Bonnington, *Contraception*, 2020
Dehlendorf, et al. *Contraception*, 2021
Light, et al. *Contraception,* 2018
Prine & Shah*. Am Fam Physician*. 2018
Todd, N. *BCMJ*, 2022

©2024 The Regents of the University of California. All rights reserved.

What questions can clarify Kyle's priorities?

- Do you have a sense of if/when you might *want* to become pregnant/parent?
- What contraceptive methods have you tried in the past (if any)?
  - What did you like / dislike about them?
- What side effects are acceptable to you? Which are unacceptable?
- What questions or concerns do you have?

©2024 The Regents of the University of California. All rights reserved.

Kyle

“I don't want to be a parent any time soon."

"I have a friend who got an IUD. They really like it. And I like the idea of not having to remember to do anything.”

©2024 The Regents of the University of California. All rights reserved.

Provide Anticipatory Guidance

- Discomfort/pain during pelvic exam and placement
  - Discuss pre-treatment with topical estrogen x 1 – 2 weeks
- Post IUD-placement spotting, cramping
- Possibility for chest tenderness (all hormonal methods)
  - Tissue growth for gender expansive patients (even post top-surgery)

References
Boudreau et al. *J of Midwifery & Wom Health,* 2019
Krempasky, et al. *AJOG*, 2019

©2024 The Regents of the University of California. All rights reserved.

Bixby Center for Global Reproductive Health
UCSF University of California San Francisco

Same-Visit IUD Placement

- STI screening at time of placement – no need to wait for results unless concern for current STI or PID
- Place **any time** during the menstrual cycle with negative UPT*

*LNG 52 mg IUD, Copper IUD only

References
ACOG Practice Bulletin. *Obstet Gynecol.* 2011
MacIsaac L and Espey E. *Obstet Gynecol Clin N Am.* 2007
Sufrin C et al. *Obstet Gynecol.* 2012

©2024 The Regents of the University of California. All rights reserved.

Bixby Center for Global Reproductive Health
UCSF University of California San Francisco

Trauma-Informed IUD Placement

- Seek consent before (*and throughout*) the procedure.
- Keep the patient's body covered
- Use smallest appropriate speculum with lubricant, and offer self-insertion
- Offer options for exam positioning

Clinician Guide for Trauma-Informed Care

A guide for clinical services providers performing physical examinations in sexual and reproductive health settings.

What Is Trauma?

Trauma refers to experiences that cause intense physical and psychological stress reactions. It results from events or circumstances that are experienced by an individual as physically and/or emotionally harmful or threatening and can include:

- Adverse childhood experiences
- Medical maltreatment or invasive procedures
- Personal experience of, or exposure to substance use disorder
- Physical, sexual, and emotional violence
- Poverty
- Racism, discrimination, and oppression
- Separation from, or loss of, a loved one
- Community violence, exposure to war or terrorism
- Sex and gender-based violence, including marginalization

Trauma is experienced by everyone differently. Trauma can have lasting adverse effects on an individual's functioning; physical, social, emotional, spiritual wellbeing; and long-term health.

Importance of Addressing Trauma in Clinical Settings

Adopting a trauma informed approach in a clinical setting can:

- Help healthcare providers deliver comprehensive care to their patients by having a complete picture of a patient's life—past and present.
- Improve patient engagement, shared decision making, and health outcomes.
- Assure patients they can share their concerns fully with their provider, who will work in partnership with them to decrease the effects of trauma or work to prevent re-traumatization.
- Avoid causing additional harm to patients who may have experienced trauma.

Re-Traumatization

This occurs when a person re-experiences a previously traumatic event—either consciously or unconsciously. Common activators of the stress response, or triggers, can include:

- Imagery
- Lighting
- Memory
- Physical space
- Sensations
- Smells
- Thoughts, words, or feelings

Key Principles

SAMHSA's six principles to guide a trauma informed approach:

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice, and Choice
- Cultural, Historical, and Gender Issues

SAMHSA's Four Rs of Trauma-Informed Care

- **Realizes** the impact of trauma and potential for recovery
- **Recognizes** signs of trauma
- **Responds** by integrating knowledge of trauma into policies, procedures, and practices
- **Resists** re-traumatization

References
National Clinical Training Center for Family Planning, 2022
Owens, et al. *Am J Obstet Gynecol*, 2022
Feminist Midwife

Bridging IUDs and implants with QuickStart

If unable to place IUD at your clinic today:

Offer to start patient on alternative method until patient can access their preferred method at a referral site.

Quick start can help prevent an undesired pregnancy that may occur while your patient accesses the referral.

References

http://www.reproductiveaccess.org/resource/quick-start-algorithm/

©2022 The Regents of the University of California. All rights reserved.

Kyle

- Pregnancy test is negative
- LNG-52 MG IUD placed and takes LNG ECP today
- Kyle screened for STIs today & takes condoms home

References
Abern, et al. *Journal of Midwifery and Women's Health*, 2021
Bonnington et al. *Contraception*, 2020
Light, et al. *Contraception*, 2018
Prine & Shah. *Am Fam Physician,* 2018

©2024 The Regents of the University of California. All rights reserved.

Summary

1. Use the MEC to assess patient eligibility for methods and the SPR for guidance on method initiation and management

2. Provide routine education on **all** EC methods and advance provision of EC pills

3. Body size alone is not a reason to restrict contraceptive method choice

4. Testosterone use is not a contraindication to the use of any form of birth control -- offer all methods

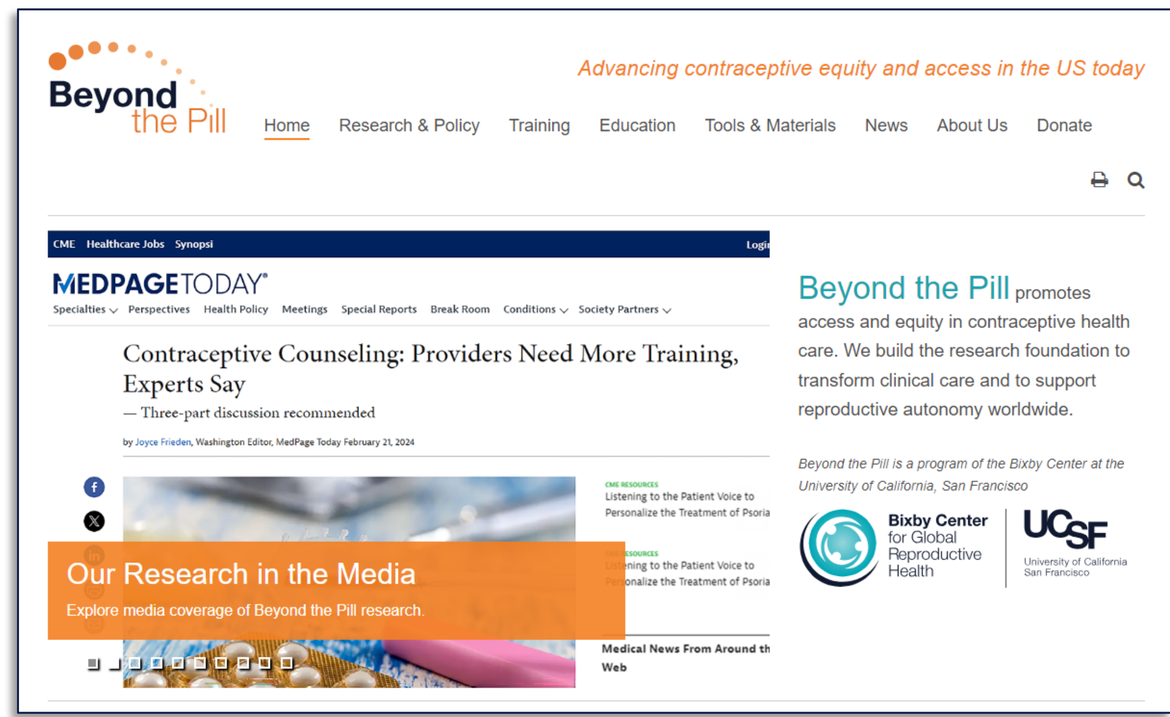
©2024 The Regents of the University of California. All rights reserved.

Bixby Center for Global Reproductive Health
UCSF University of California San Francisco

questions?

©2024 The Regents of the University of California. All rights reserved.

More Resources from Beyond the Pill



beyondthepill.ucsf.edu

On our website:

- Upcoming live trainings and asynchronous learning options
- Tools & Materials (including a pre-order form for our new birth control flip charts)
- Research news and publications

©2022 The Regents of the University of California. All rights reserved.

Bixby Center for Global Reproductive Health | UCSF University of California San Francisco

b.link/btpwebinar

Session name:

Adolescent Care

Thank you!

©2024 The Regents of the University of California. All rights reserved.

Bixby Center for Global Reproductive Health

UCSF University of California San Francisco