

The Copper IUD as Emergency Contraception (EC)

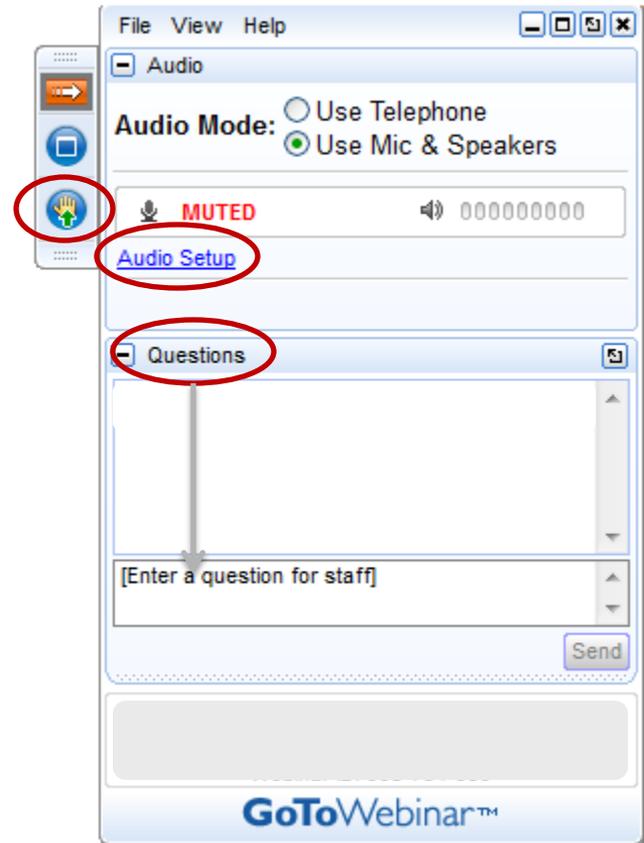
A presentation of the
New York State Center of Excellence
for Family Planning and Reproductive Health
Services

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Logistics

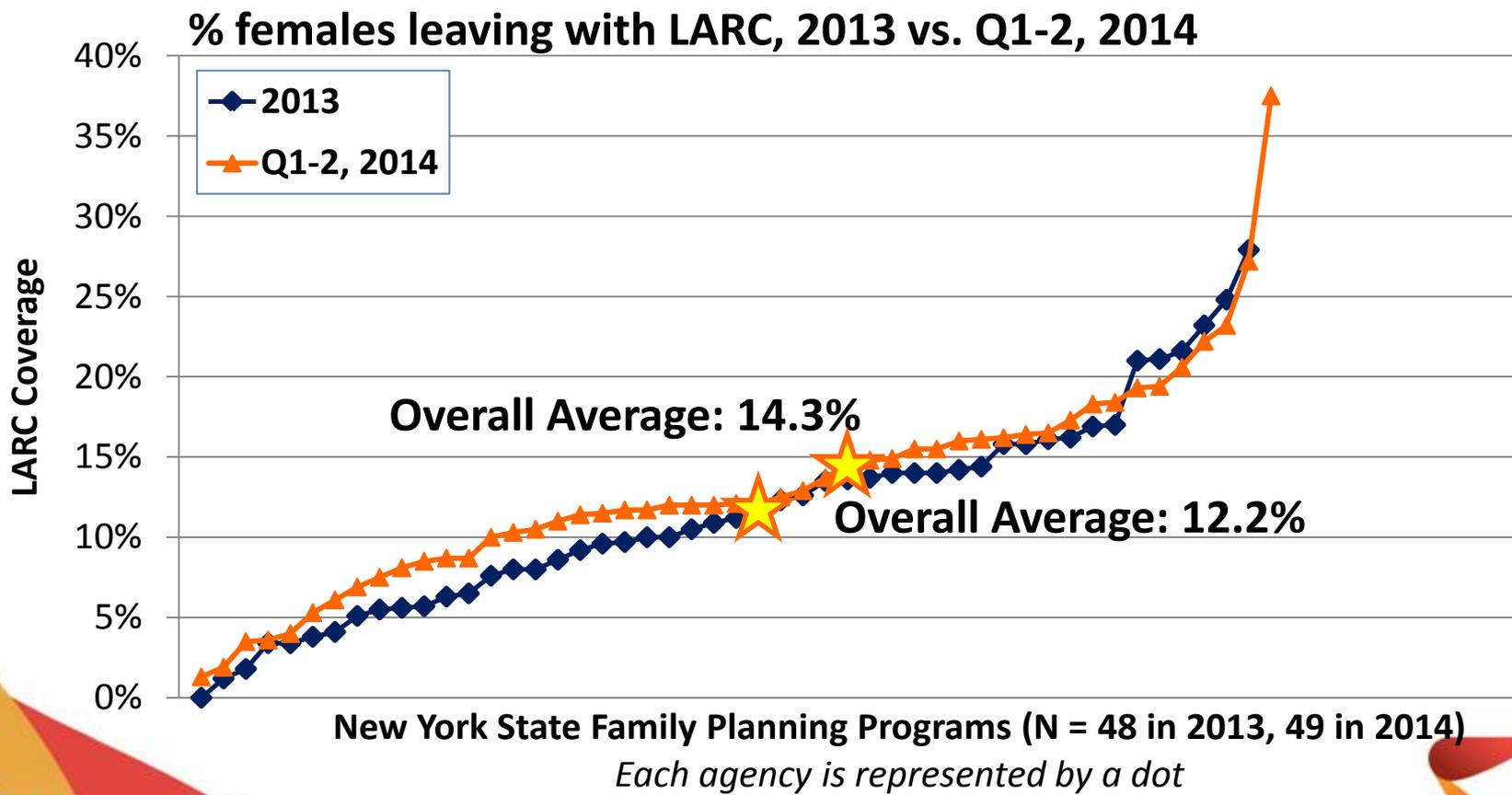
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NYS Family Planning Providers' LARC Coverage, 2013 vs. 2014



Learning Objectives

As a result of this Webinar, participants will be able to:

1. Identify who is an appropriate candidate for a Copper IUD as emergency contraception (EC)
2. Summarize counseling strategies for candidates for the Copper IUD as EC for immediate and long-term use
3. Examine strategies used by one family planning provider to integrate the provision of the Copper IUD as EC into clinic flow
4. Assess opportunities for promoting the use of the Copper IUD as EC at their own agency

Faculty & Facilitators

Laura Churchill, MS FNP-BC
Deputy Director of Public Health
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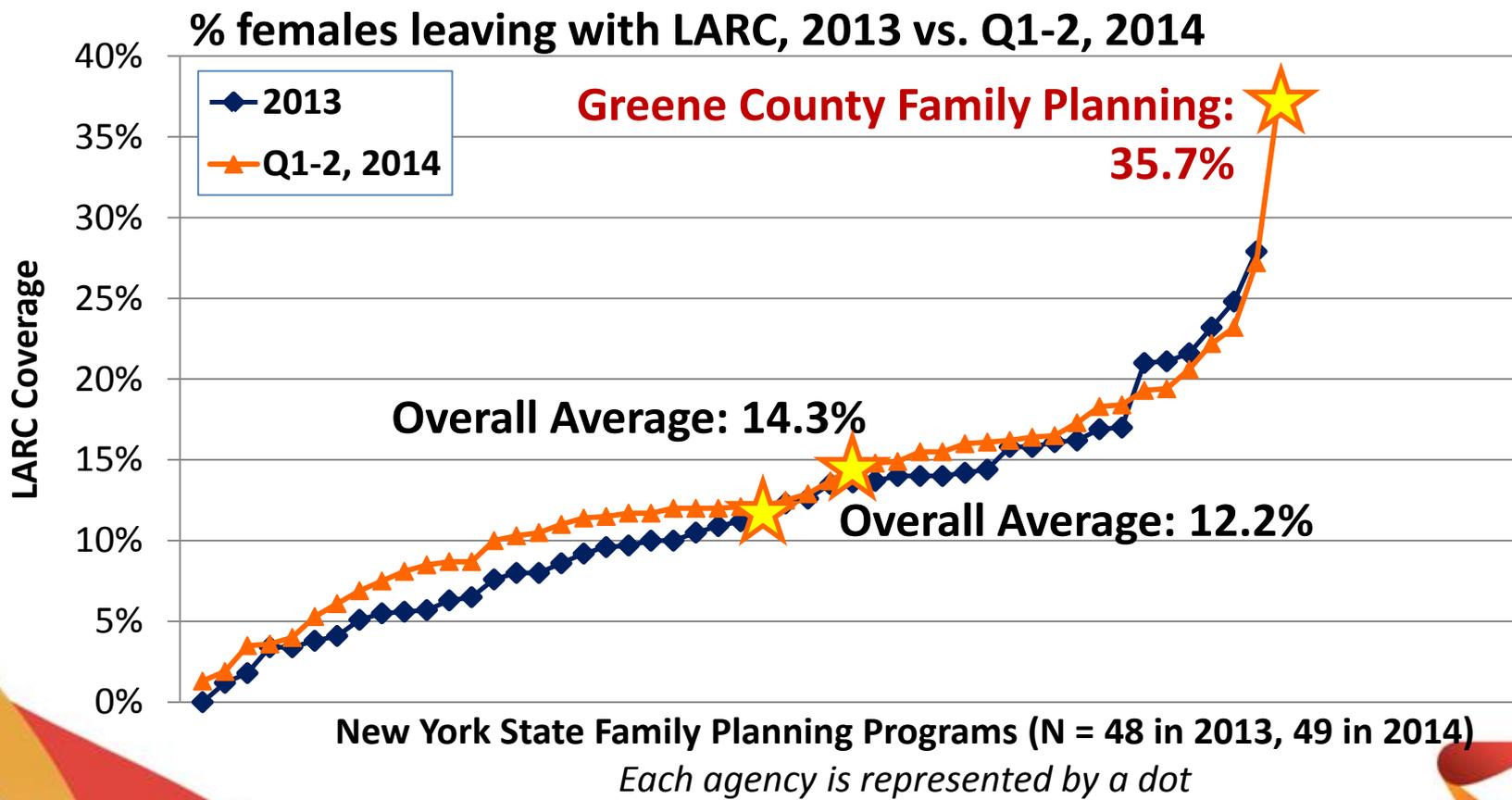
Elizabeth Jones, MPA

Director, NYS Center of Excellence for Family Planning
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CAI



NYS Family Planning Providers' LARC Coverage, 2013 vs. 2014



Disclaimer

- The manufacturers of Paragard IUD do not list the use of a Copper IUD for emergency contraception in their labeling, as such the IUD will be referred to as the “Copper IUD”
- While this is off-label use, it is recommended and promoted as a method of emergency contraception by the CDC, WHO, OPA, ACOG, and various other health care organizations

Reducing Unintended Pregnancy

- 55% of all pregnancies (355,000) in New York State in 2010 were unintended
- A transition from contraceptive methods with lower adherence rates to long-acting reversible contraceptives (LARC) would markedly reduce unintended pregnancies
 - Offering the Copper IUD as EC can help accomplish this goal

Source: Kost K. *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002*. New York: Guttmacher Institute, 2015.

Why a Copper IUD?

- 99.2% effective at preventing pregnancy with typical use
- Provides long-acting contraception for 10-12 years
- Contains no hormones
- No weight dependence for its accuracy
- Very few contraindications
- Teens and women will choose it if they are offered

Source: Long-acting reversible contraception: implants and intrauterine devices. Practice Bulletin No. 121. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2011;118:184-96. 11

Polling Question #1

Does your health center site currently offer same-day IUD insertions?

- Yes
- No

Polling Question #2

Does your health center site currently offer the Copper IUD as EC?

- Yes
- No

Polling Question #3

In a *Contraception* editorial, Belden, et al., identified several barriers to health care providers offering the Copper IUD as EC, including:

- Providers lacking training on IUD insertion
- Offering the IUD as EC leads to longer appointments
- Limited funding to purchase devices
- Provider beliefs that women will not choose the IUD as EC
- Provider beliefs that IUDs are not appropriate for EC clients

What do you think is the most pertinent barrier?

Contraceptive Emergency

- Any woman or man at your health center site seeking emergency contraception is having a **contraceptive emergency**
 - Individuals who present with contraceptive emergencies self-identify as not having a reliable form of primary contraception
 - This is an excellent opportunity to educate and promote the **most effective method of emergency contraception** and **long-term contraception**

Emergency Contraceptive Options

	Plan B	Ulipristal	Copper IUD
Failure rates	0.6 - 3.1%	0.9 - 2.1%	< 0.1%
BMI-related failure rates	5.8% failure with BMI > 30	2.6% failure with BMI > 30	Not weight-related
Drug interactions	Reduced effectiveness with rifampin, anticonvulsants	Reduced effectiveness with rifampin, anticonvulsants	No drug interactions
Accessibility	Over-the-counter	By prescription	Office visit only

Source: Cleland K, Raymond E, Trussel J. Emergency Contraception Review: Evidence based Recommendations for Clinicians. *Obstet Gynecol.* 2014; 4:741-750.

CDC US Selected Practice Recommendations

- Copper IUDs can be inserted within 5 days of the first act of unprotected sexual intercourse as an emergency contraceptive
- When the day of ovulation can be estimated, the Copper IUD can be inserted beyond 5 days after sexual intercourse, as long as insertion does not occur more than 5 days after ovulation

Source: CDC. US selected practice recommendations for contraceptive use, 2013: adapted from the World Health Organization selected practice Recommendations for Contraceptive use, 2nd edition. *MMWR*. 62:1-46, 59-59.

Rates of Pregnancy:

Oral LNG (Plan B) vs. Copper IUD

- 542 women in Utah family planning clinic presenting for EC offered the Copper IUD vs. oral LNG
 - 327 chose oral LNG
 - 215 chose Copper IUD
- One year later:
 - LNG Pregnancy Rates: 12.2%
 - Copper IUD Pregnancy Rates: 6.5%
 - And... 64% of IUD users had IUD one year later

Source: Turok D, et al. Emergency contraception with a copper IUD or oral levonorgestrel: an observational study of 1-year pregnancy rates. *Contraception* 2014;89, 222-228.

Medical Contraindications to Use

- Pregnancy known
 - *You can be reasonably certain a woman is not pregnant if she meets any of the following criteria:*
 - Is ≤ 7 days after the start of normal menses
 - Has not had sexual intercourse since the start of her last normal menses
 - Has been correctly and consistently using a reliable method until this contraceptive failure
 - Is ≤ 7 days after spontaneous or induced abortion
 - Is within 4 weeks postpartum
 - Is fully or nearly fully breastfeeding (exclusively breastfeeding or the vast majority [$\geq 85\%$] of feeds are breastfeeds), amenorrheic, and < 6 months postpartum

Medical Contraindications to Use

- Pregnancy known
- Current pelvic inflammatory disease (PID)
- Current purulent cervicitis
- Active gonorrhea or chlamydia
- Allergy to copper or Wilson's disease
- Uterus depth less than 6 cm

But what about...?

- Teens?
- Nulliparous women?
- Women with multiple sexual partners?
- Women with a history of PID or STIs?
- Women who are just looking for a short-term method?

Case Study: Greene County

- Greene County Family Planning received a \$12,500 grant from NFPRHA to pilot the use of the Copper IUD as EC from October 2013 to April 2014
 - Prior to 2013, this EC option was not offered
- Marketing efforts included:
 - Advertising “Plan C” on billboards, a Facebook page, and YouTube video
 - The Health Educator promoted it in schools and at community presentations

Billboard Ad

ACCIDENTS HAPPEN



PLAN C
99%
effective

available at
**GREENE
COUNTY
FAMILY
PLANNING**

www.facebook.com/PlanC4me

GreeneCountyFamilyPlanning.com

“Plan C” Facebook Page

Search Facebook

Laura Home Find Friends

“I had an OOPs.....”

“I forgot to take my birth control pill”

“The condom broke”

“I don’t know what happened”

“I was sexually assaulted”

PLAN C

Plan C Community

Liked Following Message

Timeline **About** Photos Likes More

About Plan C

Page Info

PAGE INFO

Short Description

Get Smart about Emergency Contraception. Learn more about the Copper T IUD. Call Greene County Family Planning at 518-719-3580 to make an appointment.

New Screening Questionnaire

- Changed front desk questionnaire to reflect multiple EC options
 - Listed most-effective to least-effective EC options with effectiveness rates
 - Clients advised of long-term contraceptive benefits
- Same-day appointment offered
- All clients seeking EC screened for eligibility

Results from Pilot Study

- 24% of women seeking EC (17 of 71) chose a Copper IUD
 - Advertising led to a 54% increase in women choosing the copper IUD as their contraceptive method (non-EC)
- Continue to offer this EC option
- Continuation rate currently is 65% (2013-2014)

Best Practices: Staff

- All staff need to be on-board, from the receptionist to clinicians:
 - Staff training on this most effective EC option
 - Scripts and tools to support staff
- Changed clinic policies:
 - Added availability of Copper IUD as EC
 - Developed new screening questionnaire
 - Concurrently removed barriers to same-day insertion within policies

Best Practices: Staff

- Be consistent with “most effective method” messaging
 - Inform clients about all EC options, but stratify by levels of effectiveness
- Clinician buy-in is a must!
 - Goes back to the mission and goals of the Title X program

Best Practices: Financing

- Family Planning Benefit Program:
 - Presumptive eligibility utilized for all clients that screen as eligible
- Insurance Prior Authorizations:
 - Have several staff trained to call for insurance prior approval
- Adequate supply:
 - Be sure to stock enough devices to meet demand

Best Practices: Scheduling

- Flexible scheduling is a must
 - No-shows provide windows of opportunity to meet the needs of the client currently in the office
 - Make clients aware they might have to wait, but they will be seen
 - Remember: Clients may return anytime within that 5-day window

Polling Question #4

On a scale of 1 to 5, with 1 being “not well at all” and 5 being “very well,” how well does your health center site accommodate walk-ins?

Best Practices: Patient Flow

- Train your staff to operate at the highest level of their education
 - Registered nurses, licensed practical nurses, and med techs can provide counseling support, set-up insertion materials, and help make the client comfortable
 - Advanced practice clinicians and physicians are freed-up to focus on side effects counseling and management and the insertion itself

Framing the Message

- Long-term use of method is promoted
- Non-hormonal is desirable to many clients
- Discuss side effects of the Copper IUD
- Assure clients that you will work with them to manage the side effects, if needed
- For teens whose parents monitor their menses, a Copper IUD is a good choice

Tips for Same-day Insertion

- Make the client feel as comfortable as possible:
 - Encourage the client to bring a friend or support person into the room, if possible
 - Offer snack bar or juice
 - Administer 600 mg of ibuprofen
 - Use a calm, reassuring manner
 - Work on breathing techniques
 - *Staff support is essential here*

Counseling About Normal Side Effects

- Clients do better if they know what to expect
- Heavier menses typical in the first few months
- Increased cramping may occur initially
- Advise taking NSAIDS at onset of menses every 6-8 hours with food for several cycles
- Check for chlamydia and rule out pregnancy if irregular bleeding or no bleeding occur

Counseling About Abnormal Side Effects

- Bleeding that occurs for more than 10 days per cycle and is new
- Post-coital bleeding
- Pain with intercourse
- Fever, vaginal discharge, and pelvic pain
- Bleeding heavier than one pad per hour for more than 8 hours

Management of Complications

- Phone triage by staff
- Pelvic and bi-manual exam
- STI cultures
- Pelvic ultrasound with transvaginal views
- *Consider and counsel for another method or LARC method if side effects are not tolerated*
 - Greene County Family Planning had “Plan C”-to-Mirena client due to menorrhagia (coded and paid) with good results

Polling Question #5

Do you plan to pilot the Copper IUD as EC at one health center site within your agency in the next 3 months?

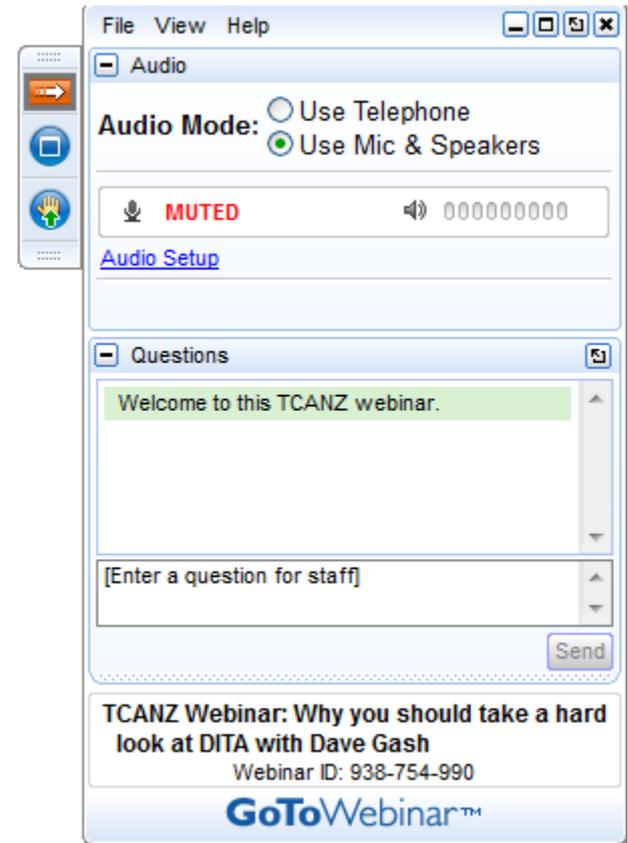
- Yes
- No
- We're already doing it!

Conclusion

- The Copper IUD is a highly effective method of EC
- Promoting awareness of it and offering it as an option is a **game changer**
- Be brave!

Questions & Answers

- Please chat in your questions or raise your hand to ask your questions over the line
- We'd also love to hear strategies that have worked for your agency if you are implementing the Copper IUD as EC!



Thank You

This work could not have been accomplished without the dedicated and caring staff of Greene County Family Planning, for whom I am very privileged to work with!

Laura Churchill

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