



Contraceptive Counseling: *The Counseling Session*

content:	Contraceptive Counseling Script in English
----------	--

Overview

The contraceptive counseling script is a tool used to make contraceptive counseling as comprehensive and efficient as possible; it also ensures that all patients have similar experiences. It is useful for counselors to have this document readily available for reference during counseling sessions.

Welcome to your contraceptive counseling session. The purpose of our discussion today is to make sure that you are aware of all your birth control options, and to discuss the possible advantages and disadvantages of each method. We will present the most common reversible methods in order of most effective to least effective.

[Long-Acting Reversible Contraception; LARC]

The three most effective reversible methods of contraception available today are the two intrauterine devices, or IUDs, and the implant. The two IUDs are the hormonal IUD, which is known as the Mirena, and the non-hormonal copper IUD, known as the Paragard. The implant is called Implanon or Nexplanon.

All three of these methods are over 99% effective and are just as effective as getting your tubes tied or sterilization, but reversible so that if you did want to become pregnant you could just have the device removed and your fertility will return.

HORMONAL IUD

The hormonal IUD is a five-year contraceptive method that is inserted into your uterus by a clinician. Although it lasts for five years, you can have it removed sooner. As you can see, it is T-shaped and releases the hormone progestin primarily into your uterus.

Some women have irregular bleeding and cramping after the hormonal IUD is inserted. The irregular bleeding is greatest in the first 3-6 months, but usually improves. After this period of time, your period is typically much lighter and shorter. Twenty percent of women stop having their periods altogether after the first year.

There are strings connected to the hormonal IUD that become soft and usually do not cause any discomfort to you or your partner during sex.

A woman may choose the hormonal IUD because it is highly effective, convenient, safe, and long lasting. She would understand that irregular bleeding may occur, especially within the first six months after insertion, but eventually her periods may become shorter, lighter and may even stop altogether. She would know that this method does not protect against sexually transmitted infections.



NON-HORMONAL COPPER IUD

The non-hormonal IUD is a 10-year contraceptive method that is inserted into your uterus by a clinician. Although it lasts for ten years, you can have it removed sooner. As you can see, it is T-shaped and made of plastic and copper.

Some women have spotting for the first few months after the copper IUD is inserted. In some women, periods may be heavier or crampier, especially within the first 3-6 months after insertion, although this may get better over time.

There are strings connected to the non-hormonal copper IUD that become soft and usually do not cause discomfort to you or your partner during sex.

A woman may choose the copper IUD because it is highly effective, safe, convenient and long-lasting. She may desire a form of birth control that contains no hormones and may want to have her period. She would understand that her periods may become heavier and crampier, although this may get better over time. She would also know that the copper IUD does not protect her from sexually transmitted infections.

Both of these IUDs are inserted in essentially the same way. First, the clinician will perform a pelvic exam to determine the size and position of your uterus. Next, he or she will insert a speculum like when you have a pap smear and wash off your cervix. The clinician will then place the IUD through the cervix and into the uterus.

The insertion of an IUD can be crampy, but usually it takes less than five minutes. You can take ibuprofen or other medications to help with the cramping.

IMPLANT

The implant is the other most effective method of contraception and it lasts for 3 years. Like the IUDs, it is also more than 99% effective. Although the implant lasts for three years, you can have it removed sooner. It is a small rod that is placed under the skin of your arm between your bicep and tricep. You can feel it but you usually can't see it.

The implant releases the hormone progestin, which can cause irregular bleeding. Some women have irregular bleeding for a month, six months, a year, or even the entire three years. Some women using the implant have no bleeding at all.

The implant is inserted easily. The clinician will wash off your arm, inject some numbing medicine, and then place the implant under your skin. You will need to wear a bandage on your arm for 24 hours.

A woman may choose the implant because it is highly effective, safe, convenient and long lasting. She would understand that irregular bleeding is the most common complaint among women using the implant and that this is normal. She would also know that this method does not protect her from sexually transmitted infections.



BIRTH CONTROL SHOT

The birth control shot, which is also known as Depo or Depo-Provera, is another very effective method. It is an injection of the hormone progestin. The shot is 94% effective, which means that typically 6 out of 100 women will become pregnant using this method in the first year.

The shot is given every 3 months. This means you will need to return to your provider on a regular basis to get your shot.

The shot can cause some irregular bleeding and spotting which usually improves over time. After a year, almost half of all women using this method stop having their period altogether.

Some women are concerned that the use of the shot may lead to weight gain. You can help control weight gain by being aware of your food choices and keeping an exercise routine.

A woman may choose the birth control shot because it is very effective, safe, easy to use, and may improve menstrual symptoms. She would understand that irregular bleeding may occur with the shot but eventually her periods may stop altogether. She would be willing to go to a clinic or doctor every 3 months. She would also know that this method does not protect against sexually transmitted infections.

[Combined Hormonal Contraception]

The pill, the patch, and the vaginal ring are all effective methods that contain the hormones estrogen and progestin. These methods are 91% effective with typical use, meaning up to 9 out of 100 women will become pregnant within the first year of use. All of these methods require the user to 'do' something on a daily, weekly, or monthly basis.

Women usually will have regular, lighter, and shorter periods with these methods. Some women may experience irregular bleeding or spotting, nausea, bloating or breast tenderness during the first few months after starting these methods, but these side effects will usually get better.

BIRTH CONTROL PILL

The birth control pill needs to be taken every day and should be taken at the same time to make it effective.

PATCH

The patch is an adhesive that you place on the skin. It needs to be changed once a week for three weeks, and then during the fourth week you leave it off and have your period.

VAGINAL RING

The ring is a plastic ring that you insert yourself into your vagina. It needs to be changed every 4 weeks. Most women leave the ring in for three weeks and then take it out for the fourth week to have a period.



There is no perfect way to insert the ring; you just place it into your vagina to where you can no longer feel it. The ring is supposed to be comfortable for both partners during sex.

A woman may choose birth control pills because they are safe, may improve menstrual symptoms, may help control irregular bleeding, and may improve acne. She also may want to predict when she will have her period. She would need to remember to take her pill every day. A woman may choose the patch or the ring because they are safe, comfortable and may help regulate a woman's menstrual cycle. The woman would need to remember to change the patch every week or the ring every month. The patch and the ring may offer the same general health benefits as those offered by the birth control pill. She would also know that none of these methods protect against sexually transmitted infections.

PROGESTIN ONLY PILLS (POPs)

There are also pills with no estrogen called progestin-only pills, minipills, or POPs. Some women with medical problems such as high blood pressure or migraine headaches should avoid estrogen. These pills are 91% effective with typical use, meaning that up to 9 out of 100 women will become pregnant using this method in the first year.

With the progestin-only pills, women take an active pill every day of the month. Women using progestin-only pills may experience irregular bleeding, spotting, or no period at all.

POPs must be taken every day at the same time. If you are 3 or more hours late taking your pill, you must use a back-up method, such as condoms for 48 hours.

A woman may choose progestin-only pills because they are safe and she may want to avoid using a method that contains estrogen. She would need to remember to take a pill at the same time every day. She would also know that this method does not protect her from sexually transmitted infections.

CONDOMS

Condoms, when used alone, are 82% effective at preventing pregnancy. Typically, 18 out of 100 women using just condoms become pregnant in one year. However, when used with another method, condoms can further decrease your risk for pregnancy.

Condoms are the only method that protect against sexually transmitted infections. Some women use condoms and another birth control method together to prevent infections and pregnancy.

There are a few things you should always remember when using a condom:

- Always check for an air pocket in the condom's packaging. If you can't squeeze an air pocket, then the condom could be damaged and you should throw it away.
- Also, look for an expiration date. An expired condom should never be used, just throw it away.
- Only use water-based lubrication with latex condoms.
- Store condoms in a cool, dry place out of direct sunlight.



- A new condom should be used for each act of sexual intercourse—including oral, anal or vaginal. Never use the same condom twice.

A woman may use condoms because she is concerned about reducing her risk for sexually transmitted infections and pregnancy.

EMERGENCY CONTRACEPTION

Emergency contraception can be used after unprotected sex to decrease the risk of pregnancy. Emergency contraception includes pills such as Plan B, Next Choice, and EllaOne, as well as the non-hormonal copper IUD.

Emergency contraceptive pills can be taken up to 5 days after unprotected sex, although the sooner you take them the more effective they can be. The copper IUD can be placed up to 5 days after unprotected sex and is 99% effective at preventing pregnancy.

Women who are 17 years or older can purchase Plan B or Next Choice without a prescription at their local pharmacy.

A woman may use emergency contraception because she had unprotected sex, the condom broke, she missed her birth control pills, or was late for her birth control shot. She would know that emergency contraceptive pills may not be as effective as other forms of birth control and should not be used as a primary method. She would understand that the copper IUD is the most effective form of emergency contraception, and if she chose this, she could continue to use it to provide highly effective contraception. She would also know that emergency contraception does not protect her from sexually transmitted infections.

What questions do you have about any of these methods?

What birth control method sounds like a good choice for you?

What do you like about this method?

How will you protect yourself against sexually transmitted infections?

We hope that this information has helped you choose a birth control method that's right for you. Please ask your healthcare provider if you have any further questions.