Providing Contraceptive Care Post-Roe

Angeline Ti, MD MPH FAAFP

Pronouns: she/her

GAFP Annual Meeting, November 11, 2023

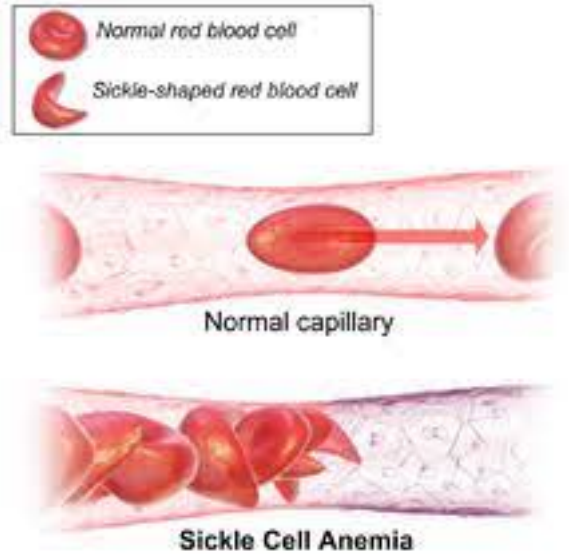
Reproductive Justice is the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.

SisterSong Women of Color Reproductive Justice Coalition (https://www.sistersong.net/reproductive-justice)
Image credit: Repeal Hyde Art Project.

Objectives

- Describe the current legal landscape for abortion care in Georgia
- Identify evidence-based ways to reduce barriers to contraception in primary care

Avery



- 17 yo with sickle cell presented to the emergency department with severe L leg pain, MRI showing bone infarction. Also found to have positive urine pregnancy test. Admission to family medicine for vaso-occlusive crisis and pregnancy.
  - Ultrasound showing intrauterine pregnancy measuring 8 weeks.
  - They report recent cramping and bleeding, which is resolving, so thought they were experiencing an early pregnancy loss (miscarriage). They are visibly surprised by these results. You offer options counseling. What are the options?

"All the News That's Fit to Print"

The New York Times

Late Edition
Today, mostly sunny, a warm afternoon, light breeze, high 88. **Tonight,** clear skies, low 71. **Tomorrow,** mostly sunny skies, very warm, humid, high 89. Weather map, Page C8.

VOL. CLXXI ... No. 59,465 © 2022 The New York Times Company NEW YORK, SATURDAY, JUNE 25, 2022 $3.00

ROE OVERTURNED

A 6-to-3 Ruling Ends 50 Years of Federal Abortion Rights

SHURAN HUANG FOR THE NEW YORK TIMES

ANTI-ABORTION VICTORY Outside the Supreme Court on Friday. The ripple was felt across the country, with state bans taking effect.

'We therefore hold that the Constitution does not confer a right to abortion. Roe and Casey must be overruled, and the authority to regulate abortion must be returned to the people and their elected representatives.'

Justice Samuel A. Alito Jr., in the majority opinion

By ADAM LIPTAK

WASHINGTON — The Supreme Court on Friday overturned Roe v. Wade, eliminating the constitutional right to abortion after almost 50 years in a decision that will transform American life, reshape the nation's politics and lead to all but total bans on the procedure in about half of the states.

"Roe was egregiously wrong from the start," Justice Samuel A. Alito Jr. wrote for the majority in the 6-to-3 decision, one of the most momentous from the court in decades.

Bans in at least eight states swiftly took effect after they enacted laws meant to be enforced immediately after Roe fell. More states are expected to follow in the coming days, reflecting the main holding in the decision, that states are free to end the practice if they choose to do so.

The decision, which closely

country on Friday evening. Outside the Supreme Court, thousands of abortion rights supporters demonstrated alongside small groups of celebrating anti-abortion activists, who blew bubbles. Throngs spilled into the streets in large cities like Los Angeles, Chicago and Philadelphia, and smaller crowds gathered in places like Louisville, Ky., and Tallahassee, Fla.

Speakers at some rallies exhorted abortion rights supporters to take their anger to the polls during the midterm elections in November, a point echoed by President Biden, who said the court's decision would jeopardize the health of millions of women.

"It is the realization of extreme ideology and a tragic error by the Supreme Court," Mr. Biden said.

The ruling will test the legitimacy of the court and vindicate a decades-long Republican project of

Pregnancy options unchanged (just more complicated)

- Continue pregnancy
  - Chose parenting
  - Chose adoption
- End pregnancy
  - Medical abortion
  - Procedural abortion

Pregnancy options unchanged (just more complicated)

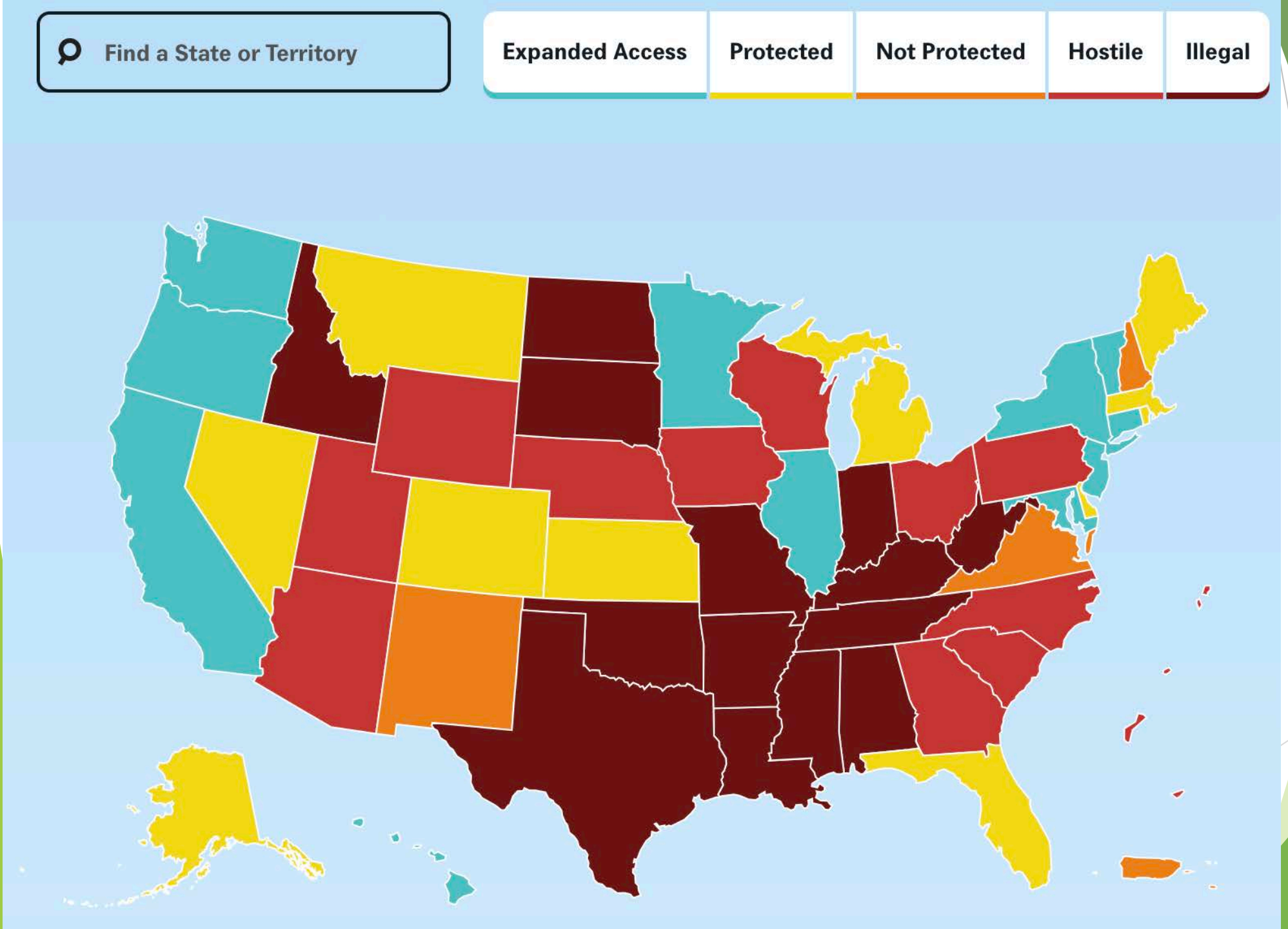
- Sample "dotphrase" language

If you would like to continue this pregnancy, please set up your prenatal care soon. You can do this at our clinic or with your ob-gyn if you have one.

If you would like to seek further pregnancy options:
- For abortion options: visit abortionfinder.org. or ineedanA.com

- For funding support: call the National Abortion Federation at 1-800-772-9100 or ARC Southeast at 855-277-2475.

- For adoption options: call Families First at 404-853-2800 or reach out to your county Department of Family & Children Services.



From Center for Reproductive Rights

Abortion: General Review

- 1 in 4 will have an abortion[1]
- Risk of dying from 1st trimester abortion **0.6/100,000** procedures
- Risk of dying from full term pregnancy 14x higher[2]
- Maternal mortality will increase by 21%, with increases as high as 33% for black women[3]
- States w/ more abortion restrictions have higher maternal mortality rates[4]
  - GA maternal mortality rate 30.2/100,000 live births

1Berer M. Abortion Law and Policy Around the World: In Search of Decriminalization. *Health Hum Rights* 2017; **19**(1): 13-27.
2Raymond EG, Grimes DA. The comparative safety of legal induced abortion and childbirth in the United States. *Obstet Gynecol* 2012; **119**(2 Pt 1): 215-9.
3Stevenson AJ. The Pregnancy-Related Mortality Impact of a Total Abortion Ban in the United States: A Research Note on Increased Deaths Due to Remaining Pregnant. *Demography* 2021; **58**(6): 2019-28.
4Addante A et al. The association between state-level abortion restrictions and maternal mortality in the United States, 1995-2017. Contraception . 2021 Nov;104(5):496-501.

Georgia's 6-Week Abortion Ban Begins Immediately After Court Ruling

A federal appeals court said the law, which was signed in 2019 but quickly halted for violating Roe v. Wade, could go into effect.

Georgia's 6-week abortion ban stays for now, state Supreme Court rules

By Kim Bellware and Anumita Kaur

October 24, 2023 at 5:55 p.m. EDT

Georgia Supreme Court sends abortion law challenge back to lower court, leaving access unchanged

By FOX 5 Atlanta Digital Team | **Published** October 24, 2023 12:29AM | **Updated** 9:21AM | Georgia | Associated Press |

HB 481 in Georgia

- Six(ish)-week abortion ban – criminalizes abortions once fetal cardiac activity is detected except in cases of reported rape or incest, severe fetal anomaly incompatible with life
- "The flickering that we're seeing on the ultrasound that early in the development of the pregnancy is actually electrical activity, and the sound that you 'hear' is actually manufactured by the ultrasound machine." - ACOG fellow Nisha Verma MD, MPH
- DOES NOT criminalize assisting someone attempting to access abortion in our state or another state
  - Sickle cell and pregnancy: increased rates of maternal mortality, obstetric and fetal complications

HB 481: No Change

Management of:

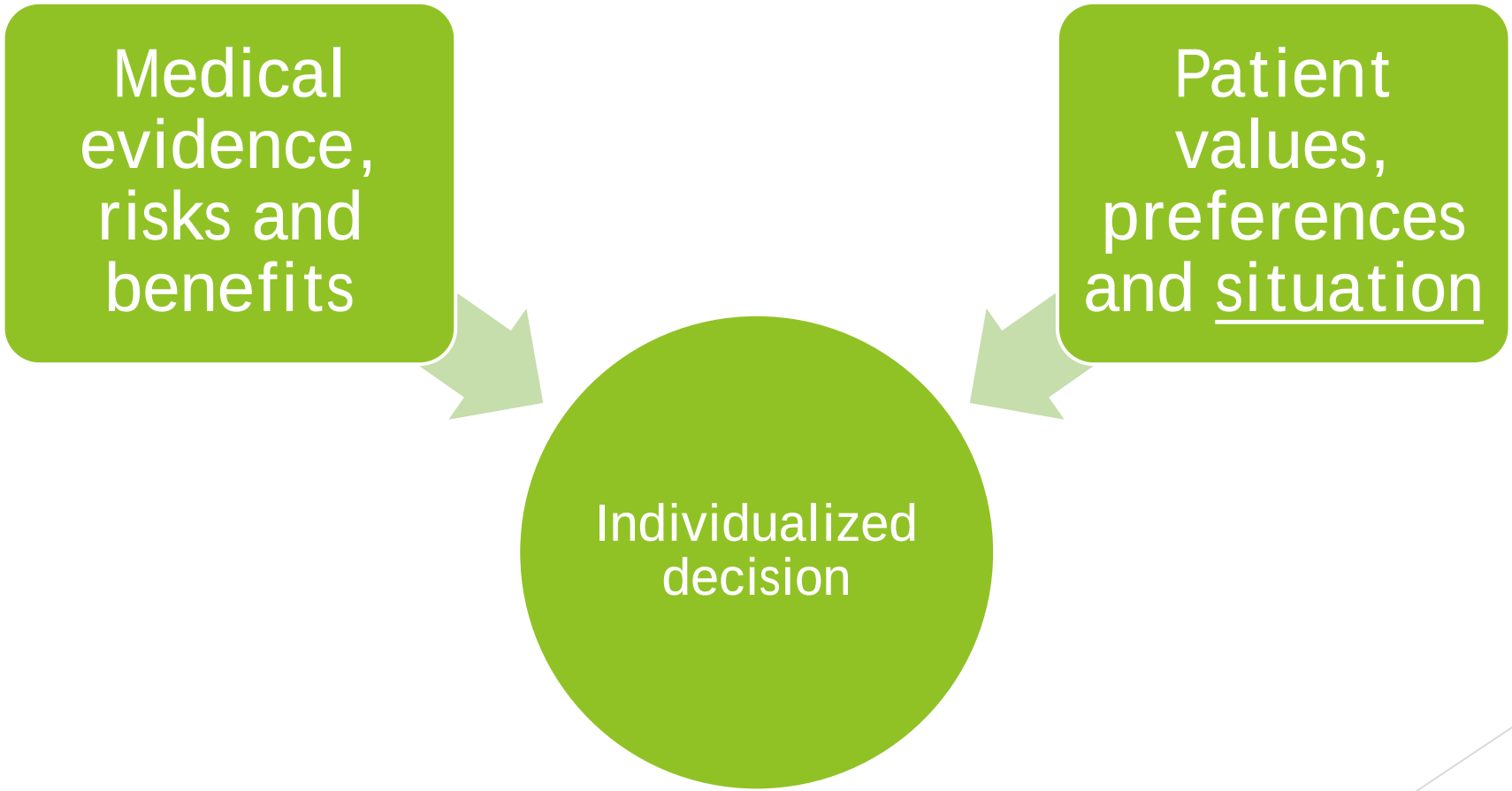
- Ectopic pregnancy
- Pregnancy of unknown location
- Early pregnancy loss without cardiac activity
- Emergency care
  - **EMTALA still applies**
- Post-abortion complications, including self-managed
  - **No mandatory reporting**
  - **HIPAA still applies**
- Pregnancy options counseling
- Contraception and emergency contraception
- In vitro fertilization

Avery (cont)

- They come to clinic 1 week later to follow up after hospital discharge. Pain has resolved and is following up with ortho. Reports that they had an aspiration abortion in North Carolina after discharge from the hospital. Interested in getting on birth control, but not sure what would be best.
  - What's the best birth control for Avery?

The “best” birth control is whatever the patient will use*

Shared decision-making unchanged (just more complicated)



Counseling Patients

- “What is important to you about your birth control method?”
  - E.g. effectiveness, frequency of using the method, how to take/use the method, return to fertility, specific side effects

- “What would it be like for you if you were to get pregnant right now?”

- “The laws in Georgia have changed, and most people who would choose to end an undesired pregnancy are no longer able to do so in this state.”

CDC contraceptive guidance

- US MEC: Safe use of contraceptive methods by patients with certain characteristics or medical conditions
  - More than 1800 recommendations for over 120 medical conditions and sub-conditions

- US SPR: Recommendations for contraceptive management questions
  - Guidance for common contraceptive management topics such as:
    - How to be reasonably certain that a woman is not pregnant
    - When to start contraception
    - Medically indicated exams and tests
    - Follow-up and management of certain problems

US MEC

US Medical Eligibility Criteria for Contraceptive Use, 2016

US SPR

US Selected Practice Recommendations for Contraceptive Use, 2016

Open up the CDC MEC/SPR

US MEC

US SPR

Download App below:

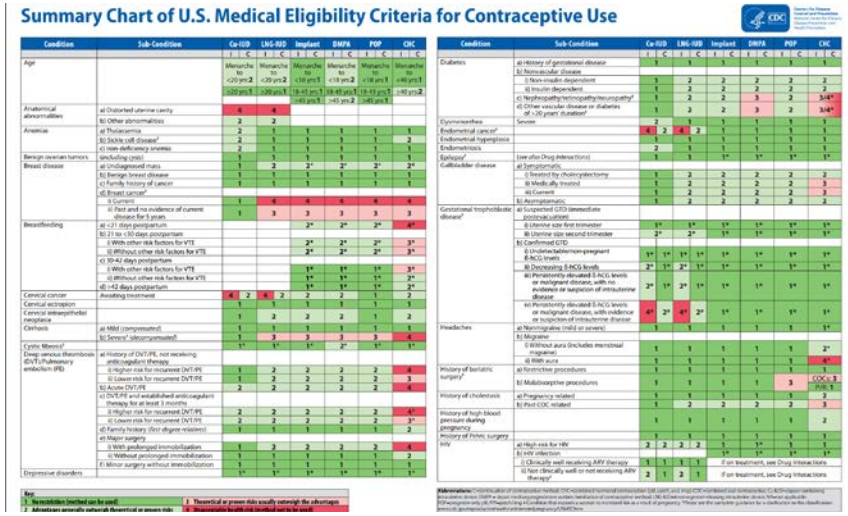
*App was updated in May 2021

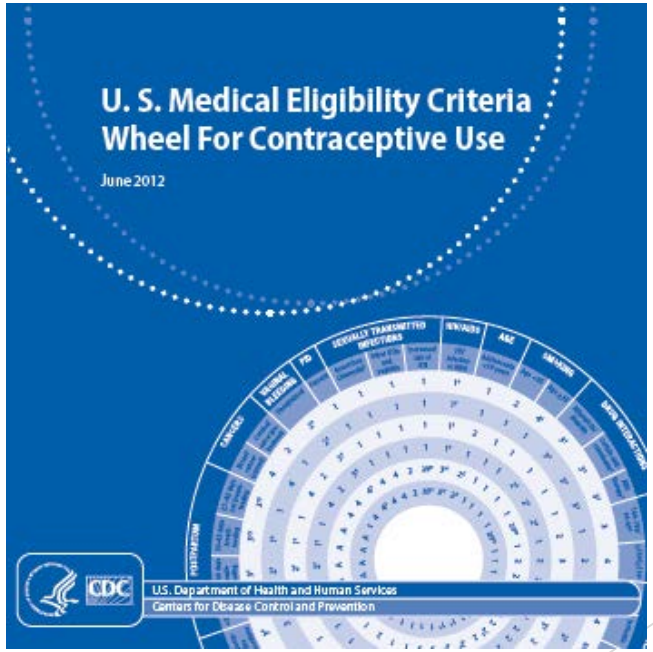
Download on the App Store

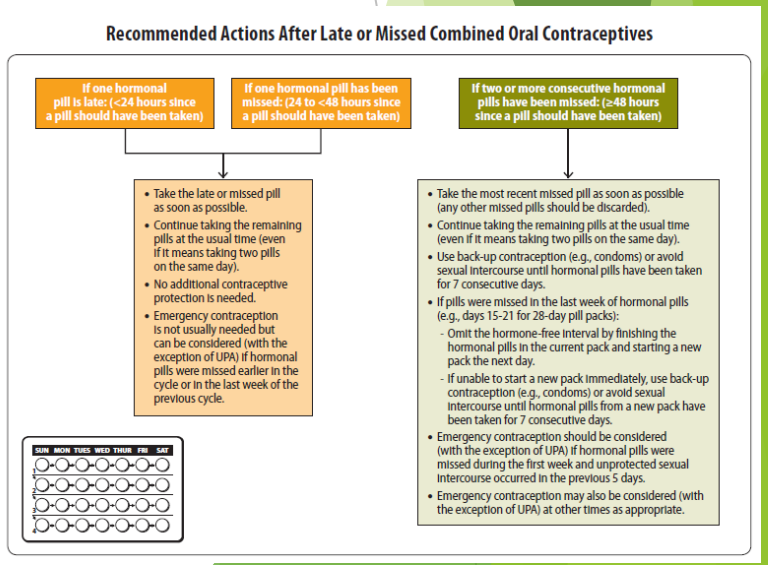
GET IT ON Google Play

CDC

- Download the app “CDC contraception”
- Go to the website: https://www.cdc.gov/reproductivehealth/contraception/contraception_guidance.htm
- Order or print the tables/algorithms







Avery

- According to the US MEC, what contraceptive methods are safe?

  - MEC -> Anemia, sickle cell disease

    -> Postabortion, first trimester abortion

1	No restriction for the use of the contraceptive method for a woman with that condition
2	Advantages of using the method generally outweigh the theoretical or proven risks
3	Theoretical or proven risks of the method usually outweigh the advantages – not usually recommended unless more appropriate methods are not available or acceptable
4	Unacceptable health risk if the contraceptive method is used by a woman with that condition

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Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Anemias	a) Thalassemia	2		1		1		1		1		1	
	b) Sickle cell disease‡	2		1		1		1		1		2	
	c) Iron-deficiency anemia	2		1		1		1		1		1	
Postabortion	a) First trimester	1*		1*		1*		1*		1*		1*	
	b) Second trimester	2*		2*		1*		1*		1*		1*	
	c) Immediate postseptic abortion	4		4		1*		1*		1*		1*	

Avery

- They like the idea of an LNG IUD or implant but are not ready to commit to a procedure right now. They'd like to think about it some more and discuss with their mom and sister before getting a procedure.
  - What can you offer in the meantime?

For those not ready to start a method…

- Don’t push it
- Give information: www.bedsider.org

Sample patient education dot phrase:

To learn more about your birth control options, go to www.bedsider.org

Return to clinic if you would like to discuss this further, start or change a method!

Bedsider.org

BEDSIDER
We've got you covered

Birth control | Abortion | Sex & relationships | Sexual health & wellness | Lifestyle & inspiration | Find health care | Search

From birth control info to sex tips, we've got you covered.

Check out your birth control options.

Find a method that fits your body and your life with our interactive method explorer.

explore birth control options

www.reproductiveaccess.org

FACT SHEET : HORMONAL IUD – MIRENA®, LILETTA®, SKYLA®, and others

Remember, the hormonal IUD **does not protect you from Sexually Transmitted Infections or HIV.** Always use condoms to protect yourself!

HOW DOES THE HORMONAL IUD WORK?

- The progestin IUD is a T-shaped plastic rod that stays in your uterus. It contains a hormone (levonorgestrel, a progestin) like the ones your body makes. The hormone blocks sperm from reaching the egg.
- No method of birth control is 100% effective. The hormonal IUD is over 99% effective.

AFTER THE HORMONAL IUD IS INSERTED, WHEN CAN I HAVE SEX?

- You must wait 24 hours after the IUD is placed before you can use tampons, take a bath, or have sex.

WHEN DOES THE HORMONAL IUD START WORKING?

- Skyla and Kyleena start to work 7 days after insertion. For 7 days after your IUD is inserted, **use condoms or continue your pills/patch/ring as back-up**.
- Mirena and Liletta start to work right away.

HOW LONG DOES THE HORMONAL IUD LAST?

- The hormonal IUD works for 3 to 8 years, depending on which IUD you choose.

IS THERE ANYTHING I NEED TO DO AFTER HAVING THE IUD INSERTED?

- Some people like to check their IUD's string after each period. To check, insert a finger into your vagina and feel for the cervix. (It feels like the tip of your nose.) You should feel the string near your cervix. **Do not** pull on the string.

WHAT DO I DO IF AND WHEN I DECIDE TO GET PREGNANT?

- When you are ready, your clinician can remove your IUD, or you can try to do it at home if you would prefer. Most people get pregnant soon after removal.

HOW DOES THE HORMONAL IUD HELP ME?

- You do not need to think about birth control before or during sex.
- You do not need refills (as you do for the pill).
- You can use the hormonal IUD while breastfeeding.
- You may have less cramping and bleeding with periods.
- The hormonal IUD costs less than most types of birth control.

For those not ready to start a method…

- Don't push it
- Give information:
  - www.bedsider.org
  - www.reproductiveaccess.org
- Offer a "just in case" prescription for emergency contraception
  - Ulipristal acetate (Ella) > Levonorgestrel (Plan B)
  - Advanced provision NOT associated with decreased use of contraception or increased rates of STIs
  - Dispense #1 with refills
- If unsure about LARC, offer a "bridge"

Avery

- They’re interested in getting DMPA as a bridge method while they think about LARC. (Bonus, it may decrease the frequency of sickle cell crises.)
  - US SPR: Can they start that today?

How to Be Reasonably Certain That a Woman is Not Pregnant

A health-care provider can be reasonably certain that a woman is not pregnant if she
f pregnancy and
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g or the vast
majority [≥85%] of feeds are breastfeeds), amenorrheic, and <6 months postpartum

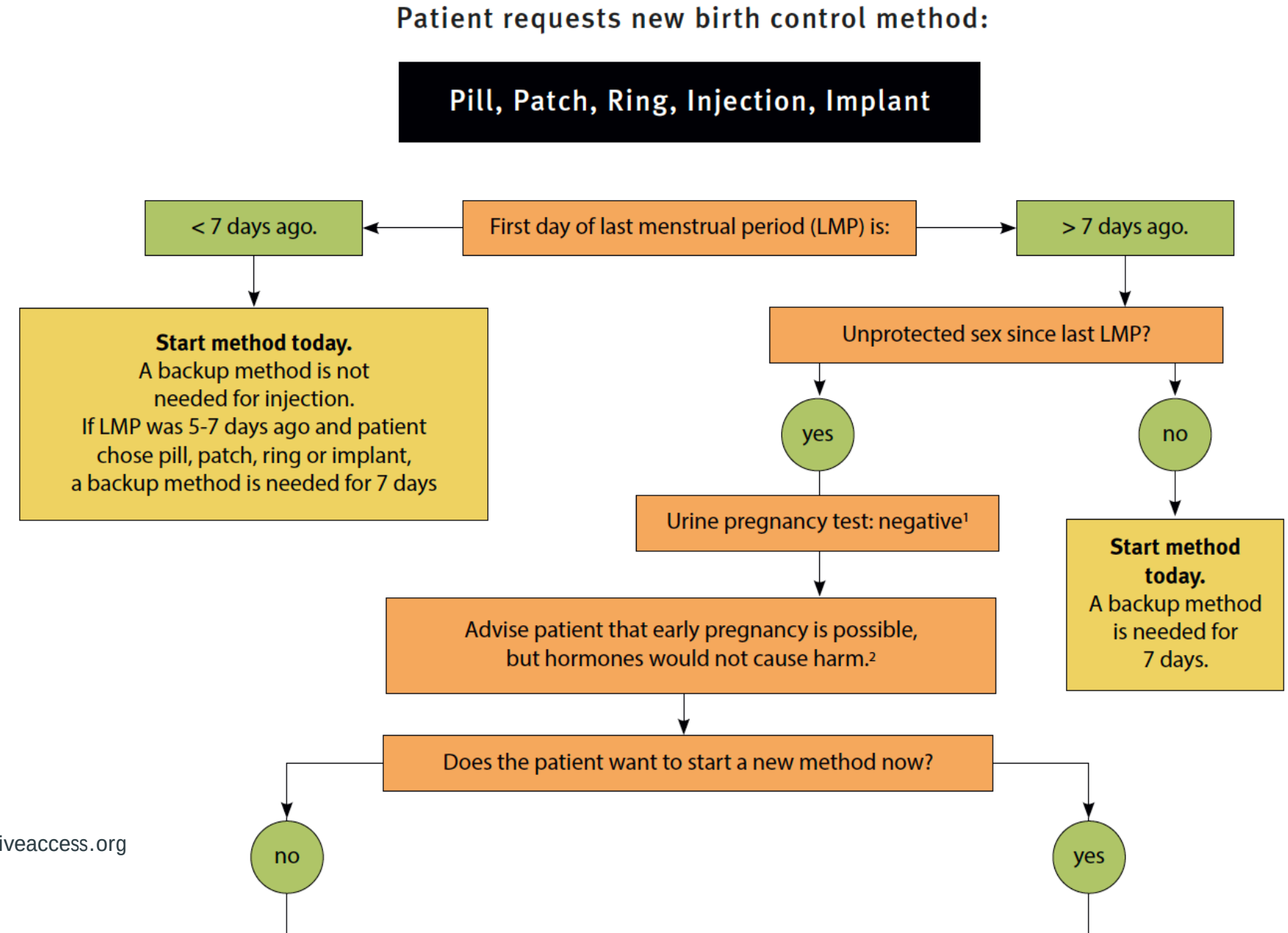
"In situations in which the health-care provider is uncertain whether the woman might be pregnant, the benefits of starting the implant, depot medroxyprogesterone acetate (DMPA), combined hormonal contraceptives and progestin-only pills likely exceed any risk; therefore, starting the method should be considered at any time, with a follow-up pregnancy test in 2-4 weeks."

Tepper et al, *Contraception*, 2012.

When to Start Using Specific Contraceptive Methods

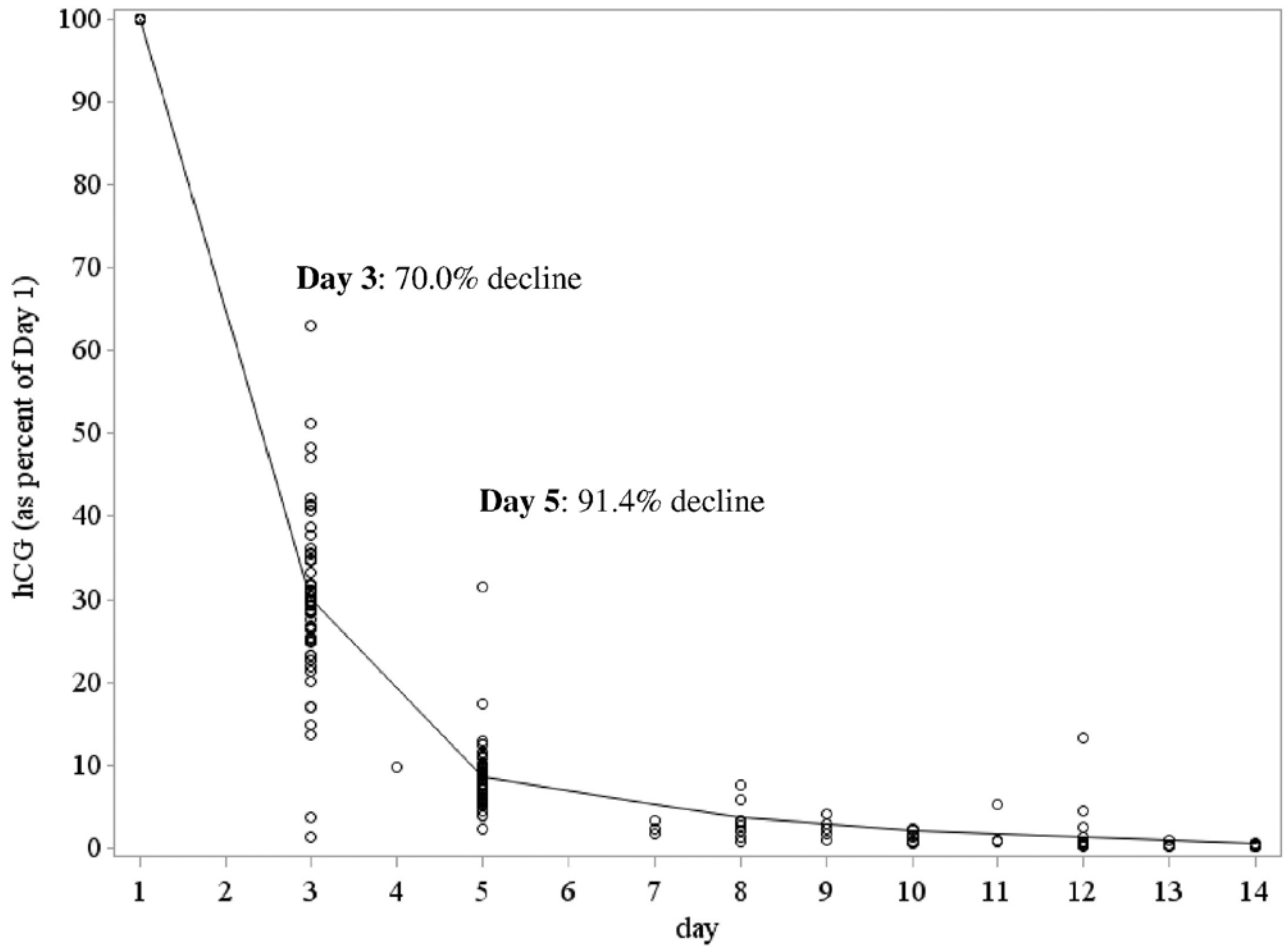
Contraceptive method	When to start (if the provider is reasonably certain that the woman is not pregnant)	Additional contraception (i.e., back up) needed	Examinations or tests needed before initiation[1]
Copper-containing IUD	Anytime	Not needed	Bimanual examination and cervical inspection[2]
Levonorgestrel-releasing IUD	Anytime	If >7 days after menses started, use back-up method or abstain for 7 days.	Bimanual examination and cervical inspection[2]
Implant	Anytime	If >5 days after menses started, use back-up method or abstain for 7 days.	None
Injectable	Anytime	If >7 days after menses started, use back-up method or abstain for 7 days.	None
Combined hormonal contraceptive	Anytime	If >5 days after menses started, use back-up method or abstain for 7 days.	Blood pressure measurement
Progestin-only pill	Anytime	If >5 days after menses started, use back-up method or abstain for 2 days.	None

Quick Start Algorithm for Hormonal Contraception[2]



Avery

- But wait! The UPT is a “faint positive.” Now what?



2 months later

Hi doc,

I can’t make my next appointment for the IUD and would rather stick with the shot anyway. Is there a way for me to get this without coming into clinic? Thanks!

-Avery

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Morbidity and Mortality Weekly Report (*MMWR*)

CDC

Update to U.S. Selected Practice Recommendations for Contraceptive Use: Self-Administration of Subcutaneous Depot Medroxyprogesterone Acetate

Weekly / May 21, 2021 / 70(20);739–743

FACT SHEET : HOME SHOT/DEPO-PROVERA SUB-Q

Remember, Depo does not protect you from Sexually Transmitted Infections or HIV. **Always use condoms to protect yourself!**

HOW DOES DEPO WORK?

- Depo contains a hormone like the ones your body makes. This hormone stops your ovaries from releasing eggs. Without an egg, you cannot get pregnant.
- No method of birth control works 100%. Depo is 94% effective.

HOW DO I USE DEPO?

- Give yourself a Depo shot in the belly or thigh.
- **Use condoms as back-up for 7 days** after your *first* shot of Depo.
- Get a shot every 3 months (every 13 weeks).
- You can store Depo at room temperature.

WHAT IF I AM LATE FOR THE NEXT SHOT?

- Depo works best if you get a new shot every 13 weeks.
- If your shot is more than 2 weeks late, take a pregnancy test. If the test is negative, take the next shot. Use condoms for the next 7 days. Repeat a pregnancy test in 2 weeks.

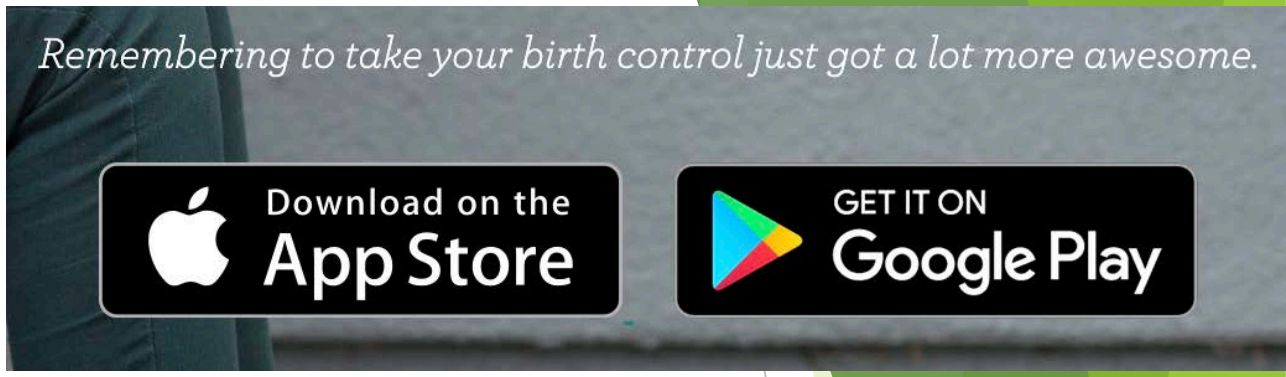
WHAT IF I AM LATE GETTING A SHOT AND HAD UNPROTECTED SEX?

- If your last shot was more than 15 weeks ago, take Emergency Contraception (EC) right after unprotected sex to prevent pregnancy. EC can prevent pregnancy up to 5 days after sex, and it works better the sooner you take it.
- Contact your clinician if you have questions.

HOW DOES DEPO HELP ME?

- Depo is safe and effective. It prevents pregnancy for 3 months.
- The shot lowers your risk of cancer of the uterus.
- You can breastfeed while on Depo.

Bedsider reminders app



Additional considerations for practice

- Offer contraceptive counseling at all annual visits
- Offer UPTs for people with irregular or missed menses
- Provide 1-year prescriptions for pills, patches, or rings
  - 3-month supply (84 pills/9 patches/3 rings) + 4 refills
- Virtual/phone visits for contraception
  - Non-office BP is supported by CDC!
- Quick-start whenever possible
- EC for everybody
- If you don't provide certain methods, know your resources!

Take home points

- Anchor your contraceptive care in reproductive justice and shared decision-making
- Use CDC guidance as a starting point to assess the safety of contraceptive methods and logistics for starting
- Our reproductive health landscape is changing; remove unnecessary barriers to contraception for your patients

Resources

- Bedsider patient information: www.bedsider.org
  - Bedsider reminder app
- CDC contraception guidance: www.cdc.gov/contraception
- Reproductive health access project, patient and provider information on contraception, miscarriage and abortion: www.reproductiveaccess.org
- Reproductive Health National Training Center, toolkits and CME: https://rhntc.org

Questions?

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