Intrapartum Reversible Contraception & Oral Contraceptive Prescriptions Via Teladoc

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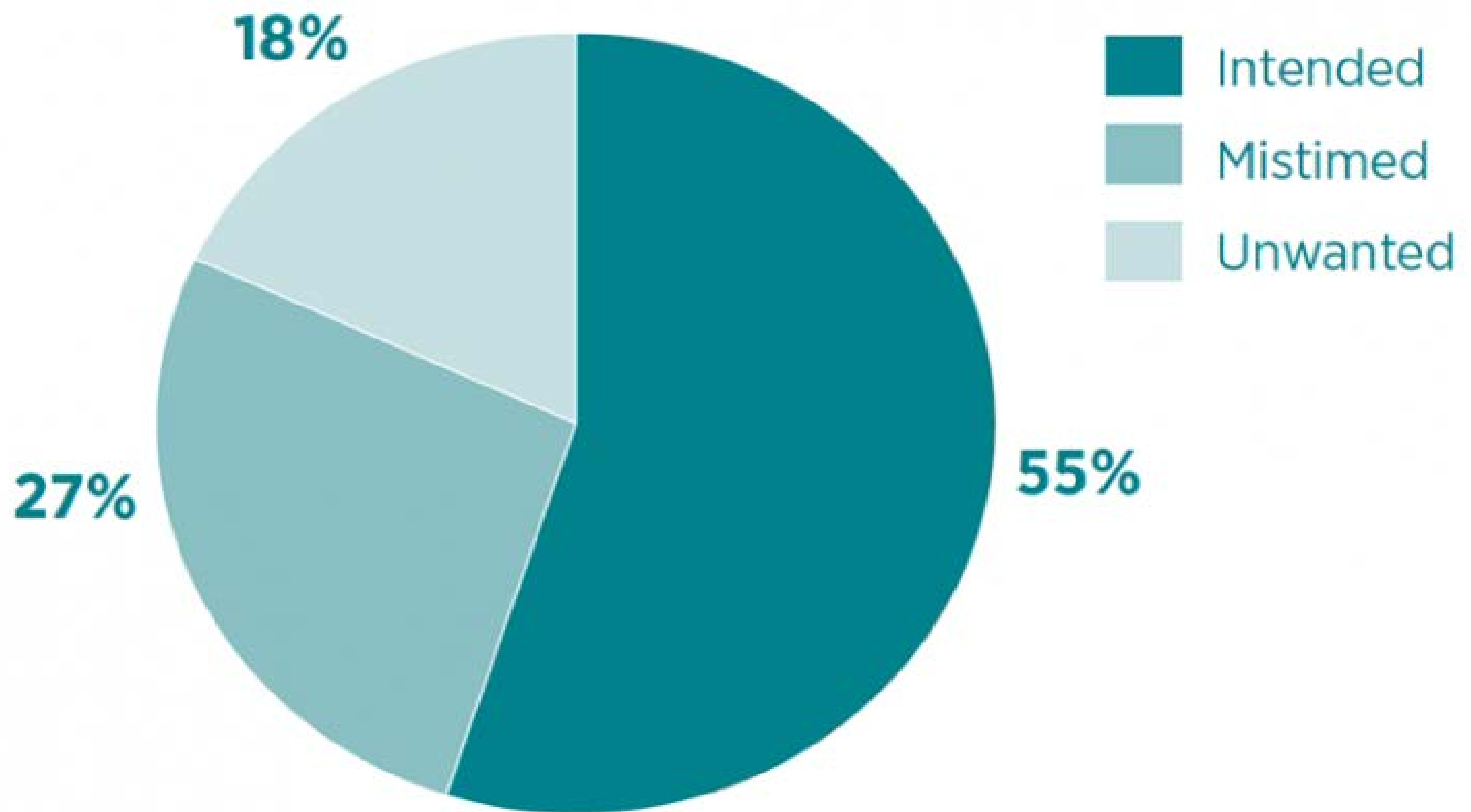
PREGNANCIES BY INTENTION STATUS

Nearly half of U.S. pregnancies were unintended in 2011.



www.guttmacher.org

Unintended Pregnancy Rates, by State, in 2008

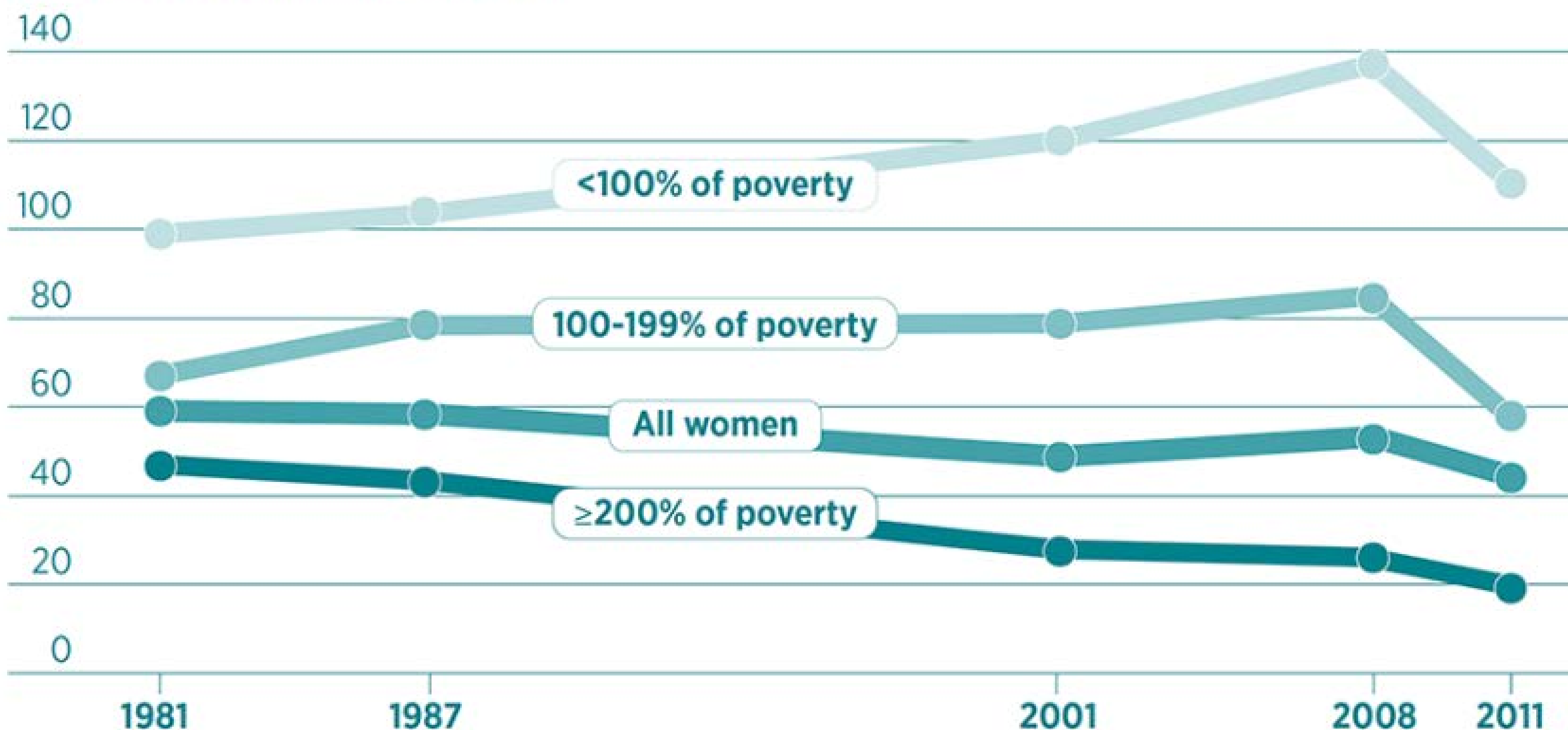
Unintended pregnancy rate

*Rates for Arizona, Indiana, Kansas, Montana, Nevada, New Hampshire, North Dakota and South Dakota estimated by multiple regression.

UNINTENDED PREGNANCY RATES

Between 1981 and 2011, unintended pregnancy has become increasingly concentrated among poor and low-income women.

Rate (per 1,000 women aged 15–44)



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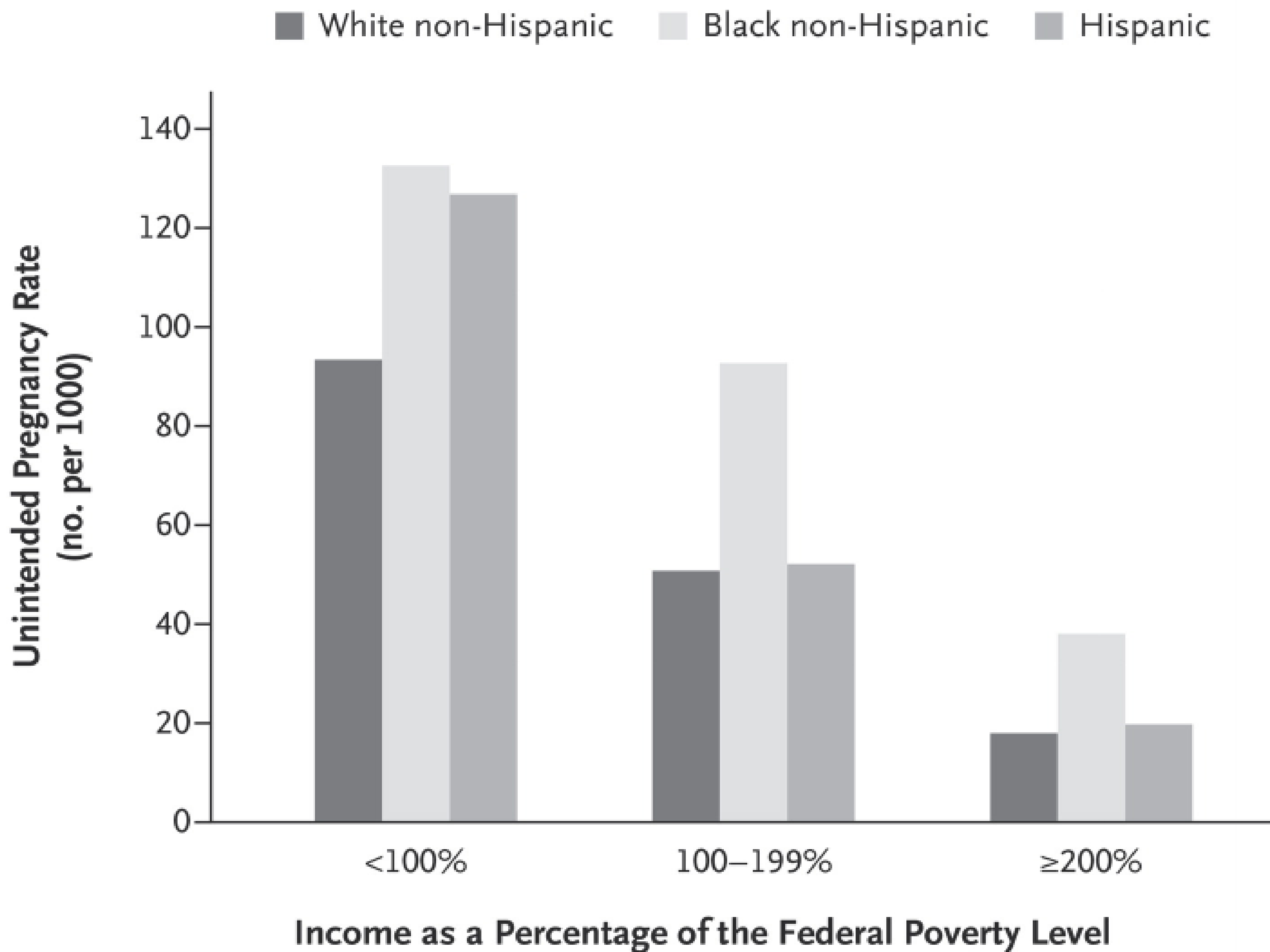
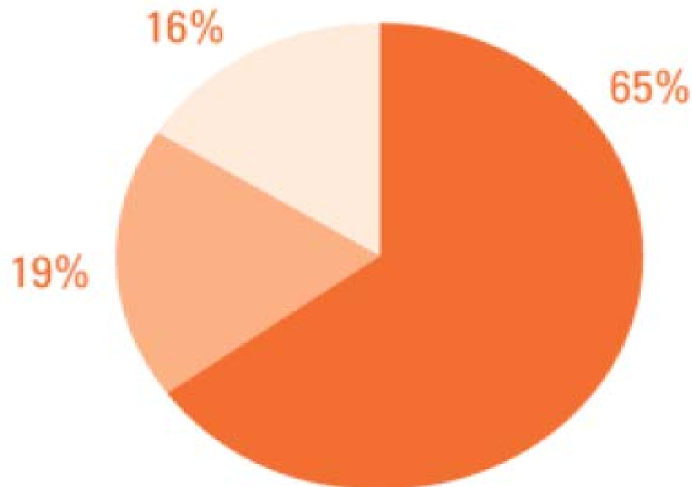


The NEW ENGLAND JOURNAL of MEDICINE

Contraception Works

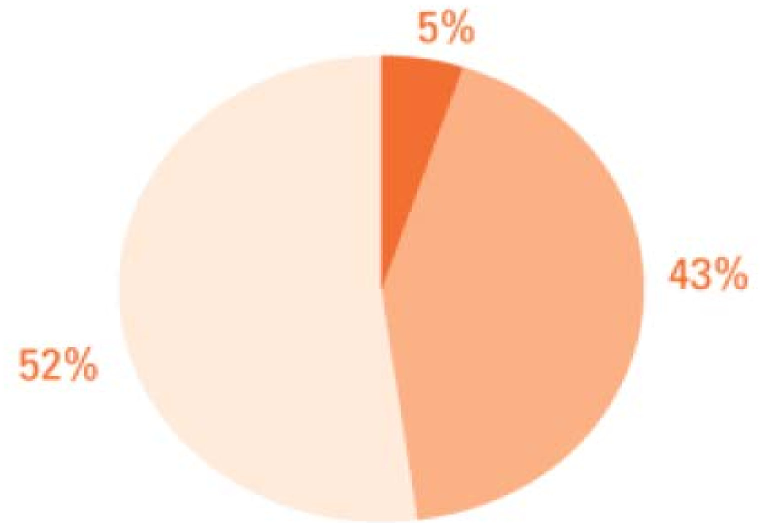
The two-thirds of U.S. women at risk of unintended pregnancy who practice contraception co[illegible]ntly and correctly account for only 5% of unintended pregn[illegible]

WOMEN AT RISK
(43 MILLION)



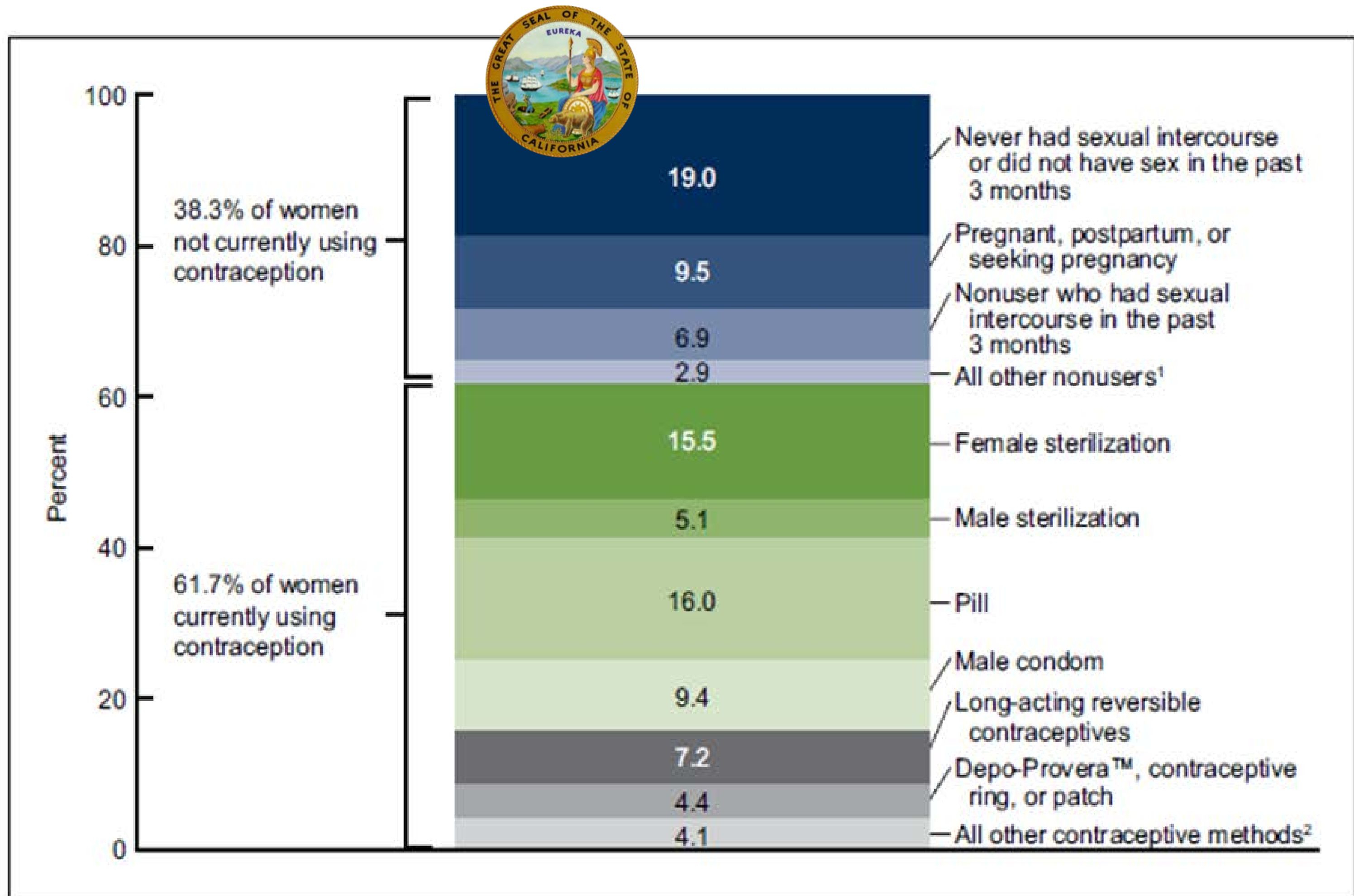
By consistency of method use all year

UNINTENDED PREGNANCIES
(3.1 MILLION)



By consistency of method use during month of conception

CDC Percent Distribution of Women Aged 15-44, by Current Contraceptives Status: United States, 2011-2013



[1]Additional reasons for nonuse, such as nonsurgical sterility, are shown in the accompanying data table.
[2]Other methods grouped in this category, such as withdrawal and natural family planning, are shown in the accompanying data table.
NOTES: Percentages may not add to 100 due to rounding. Women currently using more than one method were classified according to the most effective method they were using. Long-acting reversible contraceptives include contraceptive implants and intrauterine devices. Access data table for Figure 2 at: http://www.cdc.gov/nchs/data/databriefs/db173_table.pdf#2.
SOURCE: CDC/NCHS, National Survey of Family Growth, 2011–2013.

Intrapartum Long-Acting Reversible Contraception

- **Intrauterine devices (IUD) and contraceptive implants, also called long-acting reversible contraceptives (LARC), are the most effective reversible contraceptive methods.**

- **Use of LARC has increased during the past decade from 2.4% in 2002 to 11.6% in 2012.**

- **The American College of Obstetricians and Gynecologists supports immediate postpartum (intrapartum) LARC insertion as a best practice, recognizing its role in preventing rapid repeat and unintended pregnancy.**

- **Immediate postpartum IUD insertion (within 10 minutes after placental delivery in vaginal and cesarean births) and immediate postpartum initiation of the contraceptive implant (insertion before hospital discharge) should be offered routinely as a safe and effective option for postpartum conception.**

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Intrapartum Long-Acting Reversible Contraception

- The immediate postpartum period is favorable for IUD or implant insertion.
    - Women who have recently given birth often are highly motivated to use contraception.
    - Hospital setting offers convenience for the patient and healthcare provider.
    - Women are at risk of an unintended pregnancy in the period immediately after delivery as ovulation may resume shortly after delivery.

- Optimally counseling should occur prenatally and should include a discussion of the advantages and disadvantages of immediate postpartum insertion.

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Oral Contraceptive Prescriptions Via Teladoc

Barriers to Oral Contraceptives

Pelvic Examinations and Access to Oral Hormonal Contraception

Abstract

Requiring a pelvic examination before prescribing oral contraception poses an unnecessary barrier to contraceptive access. Medical guidelines have outlined the safety of oral contraception provision without a pelvic examination, yet little is known about the practices of clinicians providing reproductive health care. Our purpose was to investigate clinicians' requirements for pelvic examination and what may account for practice differences. We administered a mailed survey to a national probability sample of obstetrician-gynecologists (ob-gyns), family medicine physicians, and advanced practice nurses specializing in obstetrics and gynecology and women's health or family medicine in 2008-2009 (N=1,196), with a response rate of 65.3%. Nearly one third of ob-gyns and family medicine physicians reported always requiring a pelvic examination when prescribing oral contraception (ob-gyns 29%; family medicine 33%). A higher proportion of advanced practice nurses in primary care (45%) and a markedly lower percentage of advanced practice nurses in reproductive health (17%) reported always requiring the examination. In adjusted analyses, older clinicians were more likely to require the pelvic examination (odds ratio [OR] 1.03, $P<.01$) and clinicians serving a higher proportion of Medicaid patients more likely (OR 1.62, $P<.05$). Providers in private practice were more than twice as likely as those working in family-planning or community clinics to require pelvic examinations (OR 2.30, $P<.01$). One third of clinicians we surveyed require pelvic examinations before provision of oral contraceptives, despite guidelines indicating they are unnecessary and research suggesting they can pose a barrier to contraceptive access.

ResearchGate

BEST PRACTICES IN GYNECOLOGY – RECOMMENDATIONS FROM THE CHOOSING WISELY CAMPAIGN

RECOMMENDATION	*SPONSORING ORGANIZATION*
Do not require a pelvic exam or other physical exam to prescribe oral contraceptive medications.	American Academy of Family Physicians

NOTE: *Hormonal contraceptives are safe, effective, and well tolerated for most women. Data do not support the necessity of performing a pelvic or breast examination to prescribe oral contraceptive medications. Hormonal contraception can be safely provided on the basis of medical history and blood pressure measurement.*

Source: For more information on the Choosing Wisely Campaign, see http://www.choosingwisely.org. For supporting citations and to search Choosing Wisely recommendations relevant to primary care, see http://www.aafp.org/afp/recommendations/search.htm.

Telemedicine Concept

Focus group members were asked to rate their interest in using telemedicine services

	Very Interested	Somewhat Interested	Not Very Interested	Not at All Interested
CHN SFCCC	E E E E E E E E E E S S S S	E E		E
Brown & Toland/Hill	E E E E E E S S S	E	E E	E
UCSF	E E E E E E E E	E E E	E	E
SHN SFDPH	E E E E E E E S S S S S S S S S C C C C C C C C	E E E C C C C	E	
CCHCA	C C C C C C C C C	C C C		
NEMS	C C C C C C C C C C C C			

E = English
S = Spanish
C = Chinese

Oral Contraceptive Prescriptions via Teladoc

- SFHP has partnered with **Teladoc** to provide telemedicine access for members.
- **Teladoc** currently provides video and telephonic visits with a doctor, with an average wait time of 8 minutes.
- Currently, 48% of **Teladoc** visits result in a prescription.
- **Teladoc** will add OCP prescriptions to their scope of practice starting in 2018.
- **Teladoc** is specifically beneficial to at-risk populations
  - Homeless members who have cell phones
  - Individuals who have been victims of abuse and are disinclined to receive a pelvic exam.
- **Teladoc** will not replace a member's PCP or OBGYN, but rather adds and additional touch point, and improves access to care.