Innovations and advancements in reproductive health

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Which of the following has been updated in the last 2 years:

A. Gonorrhea treatment guidelines

B. Certain cervical cancer screening guidelines

C. FDA-approved duration of use for certain IUDs

D. Recommendations for contraception for gender minority pts

E. All of the above

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Objectives

By the end of this lecture, you will be able to

- Discuss new guidelines for cervical cancer screening
- Apply new CDC treatment guidelines for gonorrhea infections
- Counsel patients on IUD duration and self-removal
- Manage undesired bleeding for patients with etonogestrel implant (Nexplanon)
- Refer patients interested in medication abortion to Gynuity Telabortion Project

Patient-centered reproductive care

- Engaging with patients around their individual values, needs and priorities

- How?
  - ASK!
  - LISTEN!
  - Be mindful of our own values, preferences and prejudices so we can check them
  - Let the patient's values direct management

Patient-doctor communication innovations

Exploring patient preferences

PATH questions:

1. Do you think you might like to have (more) children at some point?

2. When do you think that might be? (if patients are considering future parenthood)

3. How important is it to you to prevent pregnancy (until then)?

Exploring patient preferences

PATH questions:

1. Do you think you might like to have (more) children at some point? (Pregnancy Attitudes)
2. When do you think that might be? (if patients are considering future parenthood) (Timing)
3. How important is it to you to prevent pregnancy (until then)?

Patient-doctor communication innovations

Frame contraception counseling around the patient's priorities

What have you heard about birth control?

For you, what's the most important thing when it comes to your birth control?

Some birth control methods cause your period to be unpredictable or even go away completely. How would you feel about that?

Cervical cancer screening

Cervical cancer screening

- American Cancer Society released new recs in July 2020
  - Initiate screening starting at age 25
  - Primary HPV testing q5 years is preferred method
  - Can stop screening if:
    - older than 65,
    - adequate, normal screening in 10 years prior, *and*
    - at least 25 years since treatment (e.g. LEEP) of CIN 2 or higher lesion

- ACOG and USPSTF have not yet changed their screening recs

Cervical cancer screening comparison

Age	ACS	ACOG	USPSTF
<21	Not recommended	Not recommended	Not recommended
21-29	Start at 25 years Primary HPV testing alone q 5 years (preferred) OR Co-testing q 5 years OR Cytology alone q 3 years	Start at 21 years Cytology alone q 3 years	Start at 21 years Cytology alone q 3 years
30-65	Same as above	Co-testing q 5 years (preferred) OR Cytology alone q 3 years OR, less preferred Primary HPV testing q 5 years	Co-testing q 5 years OR Cytology alone q 3 years OR, less preferred Primary HPV testing q 5 years
>65	Until 25 years since CIN2 *and* 10 years of negative screening	Until 10 years of negative screening	Until 10 years of negative screening

Primary HPV screening

Pros	Cons
• More sensitive in detecting high grade lesion • 60-70% greater protection from invasive carcinomas (vs. cytology) • Opens the door to self-swabbing(!)	• Higher false positive rate = more unnecessary testing, leading to… • ...risk of psychological morbidity, and • ...increased health care cost (system? and individual)

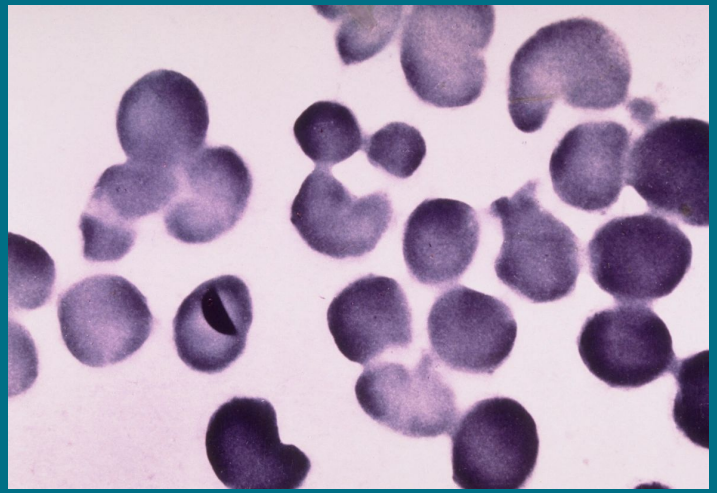
Gonorrhea treatment updates

Case

Samuel is a 24yo cis-male who presents for new onset penile discharge. He reports painful urination and whitish discharge for the last week. He engages in vaginal and insertive oral sex with cis-female partners, sometimes without barrier protection.

Urine NAAT is positive for gonococcal bacteria.

Gonorrhea treatment updates



Getty

~~250 mg IM ceftriaxone~~ → 500 mg IM ceftriaxone

For patients weighing >150 kg, give CTX 1 g

If unable to rule out chlamydia, use doxycycline:

~~1g azithro once~~ → 100 mg doxy BID x 7 days

If pregnant can still use azithro 1g once

IUD advancements

Case

Shané is a 22yo G0 cis-female who presents for contraceptive counseling. She has done a lot of reading online about IUDs and brings questions to your appointment. She asks, “I’ve seen some people say there’s an IUD for people who haven’t given birth before. Is that true?”

She states she’s leaning toward a hormone IUD, but envisions starting a family around age 25 and “I don’t want to be locked in to the IUD for 5 years.”

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IUDs

- In the US, there are currently 4 hormonal IUDs and 1 copper IUD available
- There may be different indications for copper vs. hormone
  - Copper IUD:
    - pt preference to avoid hormones,
    - pt preference to continue having a period, and
    - within 5 days of intercourse for emergency contraception
- Hormonal IUDs differ in cost and length of use
  - New non-inferiority data supporting use for emergency contraception up to 5 days

Hormonal IUD comparison

	LNG-20 (Mirena)	LNG-18.6 (Liletta)	LNG-19.5 (Kyleena)	LNG-13.5 (Skyla)
FDA-approved duration of use	6 years	6 years	5 years	3 years
Evidence-proven duration of use	7 years	7 years	--	--

IUDs are not just for parous patients

- CDC, AAFP, ACOG and AAP all agree: IUDs are appropriate for nulliparous pts
- 2015 study of 1,177 women aged 13-24, 59% of whom were nulliparous, revealed a 95.5% placement success on first attempt
- Routine use of misoprostol is not recommended
- LNG 13.5 (Skyla) and LNG 19.5 (Kyleena) are 1mm smaller in diameter - not a clinically different experience to place for provider or patient

IUD self-removal

- Patient-centered management option
- Studies suggest this is safe!

Begin lying or sitting down. Bear down and with clean hands, feel for your cervix, which often feels like the tip of your nose. Feel for thin strings that feel like fishing line and use your index and middle finger to grasp the strings. Wrap them around your fingers and gently pull towards the opening of the vagina. Once the IUD is out, look at it to make sure the T is intact. Some light spotting and/or cramping is normal, but if you experience severe pain, cramping, or bleeding, or cannot remove the device, get to a provider as soon as you can.

IUD self-removal

Practice tips

- Counsel patients about self-removal before placement
- Cut strings longer (3 cm)
- Encourage patients to come in even after removal!
  - Do they want to discuss another contraceptive method?
  - In need of preconception counseling?

Sexual & gender minority patients

Case

Alex is a 27yo transmale patient who presents to you to discuss contraception. He has a new partner who identifies as cis-male and wants to make sure he's doing everything he can to prevent pregnancy. He has not had a period since shortly after starting testosterone therapy 2 years ago. In the past, he has used combined oral contraceptives but now wants to avoid anything with estrogen.

How do you counsel Alex?

Gender minority family planning

- Ask about reproductive goals and contraceptive needs!
- Gender-affirming testosterone therapy (often called T therapy) doesn't prevent pregnancy, even if a patient is amenorrheic
- Contraception options are the same as for cis patients
- Unknown whether estrogen or progesterone affects T therapy
- Reasonable to assume estrogen-containing products may mediate some T effects, but estrogen is safe
- Many gender minority patients desiring contraception prefer progestin-only or non-hormonal options

Nexplanon updates

Case

Tania is a 31yo G2P2 cis-female who presents two months after placement of a Nexplanon device to discuss irregular bleeding. She reports bleeding or spotting most days of the week for the last month.

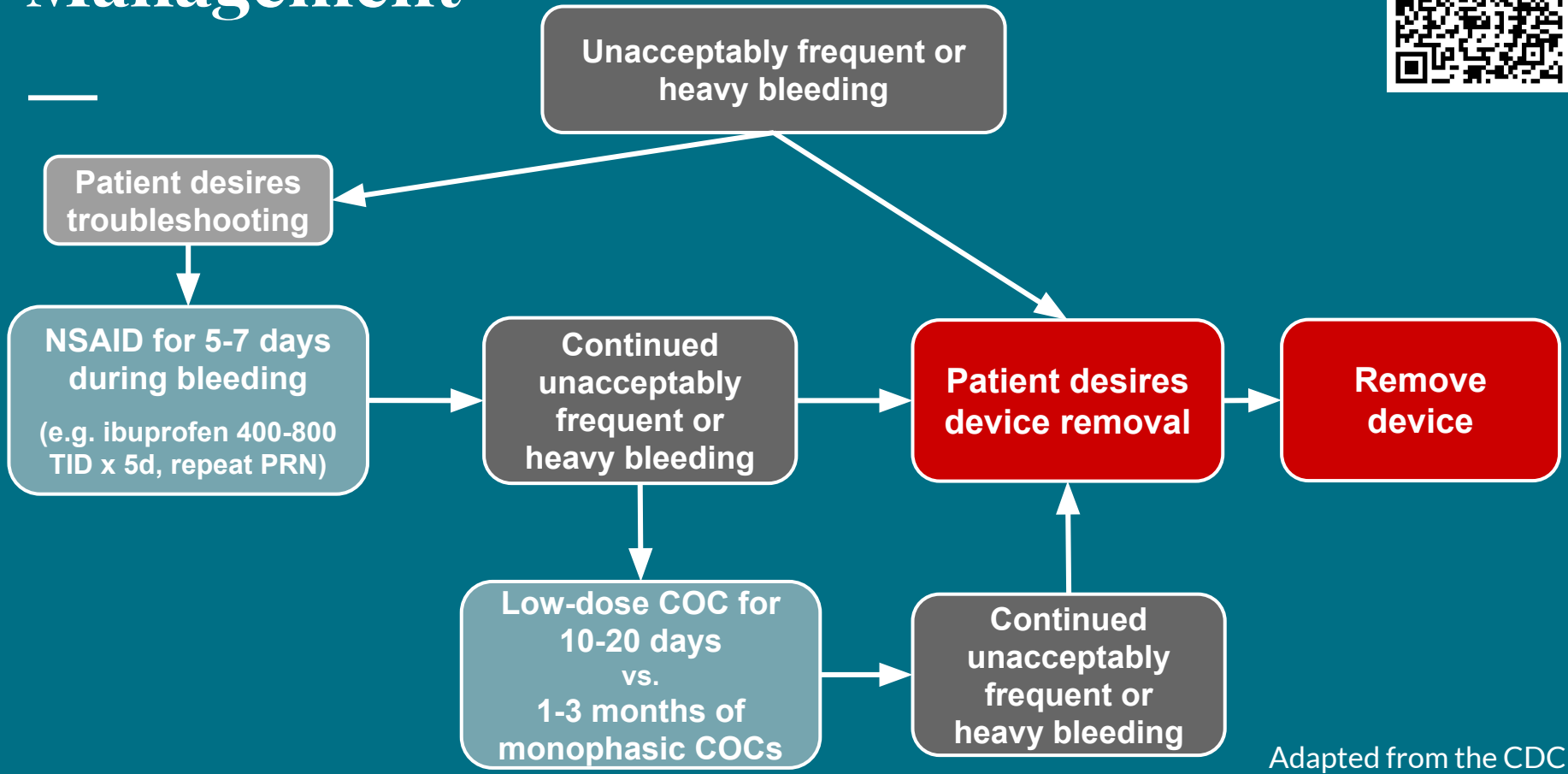
She tells you, “I know you warned me it might be irregular, but I’m seriously considering taking it out.”

Nexplanon and irregular bleeding

- Unscheduled bleeding or amenorrhea is generally not harmful
- 50+% of patients report infrequent spotting or amenorrhea
- About 25% report frequent or prolonged bleeding
- About 13% discontinue due to “bleeding pattern changes”

US MEC
US SPR
CDC

Management



Adapted from the CDC

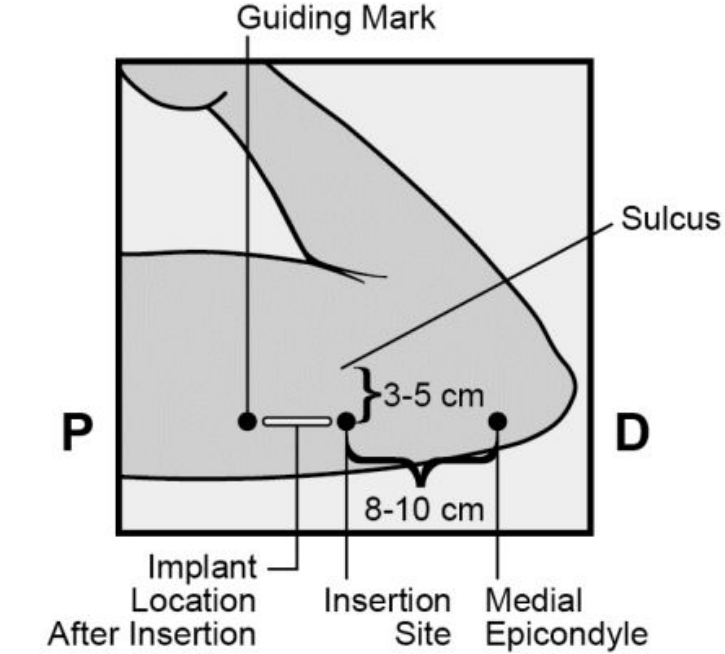
Nexplanon update

- Providers who initially completed Merck Nexplanon training prior to Oct 15 2018 need to complete updated training

nexplanontraining.com

- 25 min video

Updates


Guiding Mark
Sulcus
3-5 cm
P
D
8-10 cm
Implant
Location
After Insertion
Insertion
Site
Medial
Epicondyle

FDA

Gynuity Telabortion Study

What is Telabortion?

- Study started in 2016 that aims to evaluate use of abortion medications received through the mail
- Same meds as would be provided in an in-office medication abortion
- This study is unaffected by Jan 2021 Supreme Court decision requiring in-clinic medication dispensing
- Interim studies demonstrate safety, effectiveness and patient satisfaction

How to refer

- Participating site in New Mexico: Planned Parenthood of the Rocky Mntns
- Eligibility criteria:
  - Be over 18 and speak English
  - Have access to the internet, webcam and microphone
  - Have a gestation age <10 week by best estimate
  - Be in NM or CO for the videoconference and have a NM or CO mailing address to receive meds
- Visit telabortion.org for referral form and contact info for pts

TelAbortion
Safe. Effective. Private. Convenient.

Planned Parenthood® of the Rocky Mountains

TELABORTION REFERRAL FORM

PATIENT INFORMATION

Name:	
Date of birth:	First day of last menstrual period, if known:

The patient will need the following tests before receiving TelAbortion medications. Check the ones the patient has already had prior to this referral.

- ☐ Ultrasound showing an intrauterine pregnancy with a gestational age <70 days (10 weeks)
- ☐ Documentation of Rh type (may include a blood donor card); patient self-report allowed if Rh negative
- ☐ Hemoglobin or hematocrit if signs or symptoms of anemia are present

Note: If the tests have not been done at the time of referral, they can be done after referral.

Key Points

- Consider Primary HPV testing for cervical cancer screening starting at age 25
- Higher CTX dose and no more automatic double coverage with azithro when treating gonorrhea
- Current evidence supports using Liletta and Mirena IUDs for 7 years (FDA = 6 years)
- Consider counseling around and planning for IUD self-removal
- For gender minority patients, amenorrhea ≠ inability to conceive
- NSAIDs and OCPs to manage irregular bleeding with etonogestrel implant
- Telabortion.org for info on how to refer patients to the study

Contact

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