

**La Clínica**<sup>SM</sup>

a california **health+** center

# LARC Doula Training

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La Clínica de La Raza



A LARC doula is...

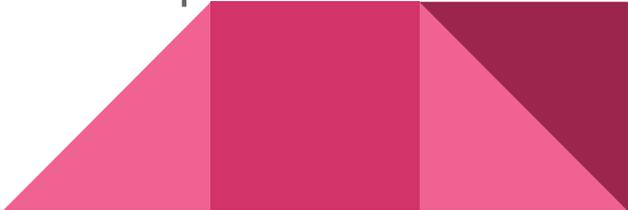
someone who is trained to provide emotional, physical, and informational support before, during and after a LARC procedure.



# A model of care for adolescent-friendly procedures

A LARC doula focuses on supporting the patient both emotionally and physically. A doula's work is focused entirely about the well-being and experience of the patient, paying attention only to their comfort, as well as their *sense of control*, participation, and understanding.

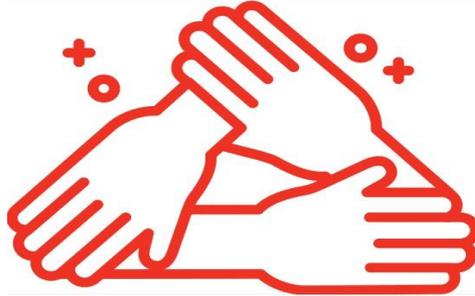
Retaining a patient's sense of control is key. Helping patients to gain control during their LARC procedure can empower them to have a shared role in the procedure – that this is not done “to” the patient but “with” the patient.



# Goals of the LARC Doula



**Informative**



**Collaborative**



**Supportive**





POLICY STATEMENT

# Contraception for Adolescents

abstract



COMMITTEE ON ADOLESCENCE

KEY WORDS

# ACOG COMMITTEE OPINION

Number 735 • May 2018

(Replaces Committee Opinion Number 539, October 2012)

## Committee on Adolescent Health Care Long-Acting Reversible Contraception Work Group

*This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Adolescent Health Care and the Long-Acting Reversible Contraception Work Group in collaboration with Committee member Ashlyn H. Savage, MD and Sarah F. Lindsay, MD, on behalf of the Long-Acting Reversible Contraception Work Group.*

## Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices

**ABSTRACT:** The phenomenon of adolescent childbearing is complex and far reaching, affecting not only the adolescents but also their children and their community. The prevalence and public health effect of adolescent pregnancy reflect complex structural social problems and an unmet need for acceptable and effective contra-

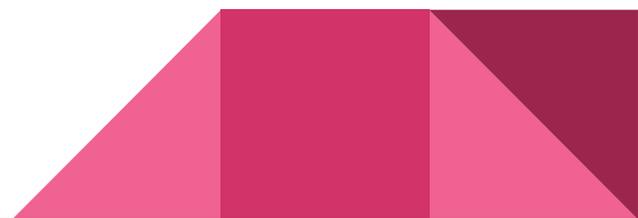
### RECOMMENDATIONS

1. Pediatricians should counsel about and ensure access to a broad range of contraceptive services for their adolescent patients. This includes educating patients about all contraceptive methods that are safe and appropriate for them and describing the most effective methods first.
2. Pediatricians should be able to educate adolescent patients about LARC methods, including the progestin implant and IUDs. **Given the efficacy, safety, and ease of use, LARC methods should be considered first-line contraceptive choices for adolescents.** Some pediatricians may choose to acquire the skills to provide these methods to adolescents. Those who do not should identify health care providers in their communities to whom patients can be referred.
3. Despite increased attention to adverse effects, DMPA and the contraceptive patch are highly effective methods of contraception that are much safer than pregnancy. Pedia-

# The Contraceptive CHOICE project (2012), ages 14-25

Method	Continuation rate	Very Satisfied
LNG IUD	80.60%	65.70%
Copper IUD	75.60%	56%
Implant	82.20%	54%
DMPA	47.30%	37.30%
OCPs	46.70%	33.10%
Patch	40.90%	30%
Ring	31%	29.10%

Rosenstock et al., 2012



## LARC Recommended as First Line Contraception for Teens

Long-acting reversible contraceptives (LARC) have higher efficacy, higher continuation rates, and higher satisfaction rates compared with short-acting contraceptives among adolescents who choose to use them.

# Reproductive Coercion in the U.S.

- One cannot discuss LARC promotion without first acknowledging how these methods have been used to control fertility of particular communities over the past decades.
  - African American, Latinx, indigenous, and disabled persons have experienced **reproductive coercion** around both LARC device placement and removal.
  - In the 1990s, court judges offered Norplant (precursor to nexplanon) in exchange for lighter sentencing or to avoid federal prison terms
  - In California, additional public benefits were offered to women on public assistance if they agreed to have Norplant inserted.
  - Current practices promote same-day LARC insertions, but require multiple visits for LARC removal.
- 



## Joint Statement of Reproductive Justice Guiding Principles

- Patients have the right to choose any method of birth control (or to choose not to use birth control), free of persuasion.
- Patients have the right to prompt removal of an IUD or implant for any reason, without judgement or resistance from their provider.
- Patients should receive medically accurate, unbiased, and culturally relevant information about (and access to) the full range of contraceptive methods.
- Contraception as part of a healthy sex life beyond fear of pregnancy, recognizing noncontraceptive reasons individuals may seek methods

Partial list - Source:

<https://www.nwhn.org/wp-content/uploads/2017/02LARCStatementofPrinciples.pdf>

# Implementing a Reproductive Justice Approach

- Uphold patient autonomy. “You are in charge of your reproductive health and I am here to support that decision.”
- Recognize that the adolescent is the expert in their own life
- Avoid a biased presentation of options and one-size-fits all approach; elicit context & priorities from the patient
- It’s not about you (or what *you* think is best for the patient)
- Dispel myths with accurate information and without ostracizing or condescending - recognize the context of mistrust
- Discontinue a method for a patient whenever they want; and explain to them during counseling that they have full control to decide when that is

# nexplanon

## FACT SHEET : PROGESTIN IMPLANT

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



### HOW DOES THE IMPLANT WORK?

- The progestin implant is a thin plastic tube about the size of a paper matchstick. A clinician inserts it under the skin of your upper arm.
- The implant releases progestin, a hormone like the ones your body makes. It works by making the mucus in your cervix too thick for sperm to pass through. If sperm cannot reach the egg, you cannot get pregnant.
- Each implant lasts up to 5 years.
- No method of birth control is 100% effective. The implant is over 99% effective.

### HOW DO I USE THE IMPLANT?

- After numbing your skin, a clinician inserts the implant under the skin of your upper arm. This takes a few minutes. It is done in the office or clinic.
- You should keep the wound clean and dry for at least 24 hours after you had the implant inserted.
- You should **use condoms as back-up during the first 7 days** after you get the implant.

### HOW DOES THE IMPLANT HELP ME?

- The implant is safe and effective birth control. Once you have it, it works on its own – you don't have to do anything.
- You can use the implant while breastfeeding.
- The implant is a great option for people who prefer to avoid estrogen-containing methods.
- You can use one implant for 5 years. If you want to use it longer, you can get a new implant after 5 years. If you don't like it or you decide to get pregnant, your clinician can remove the implant before 5 years have passed.

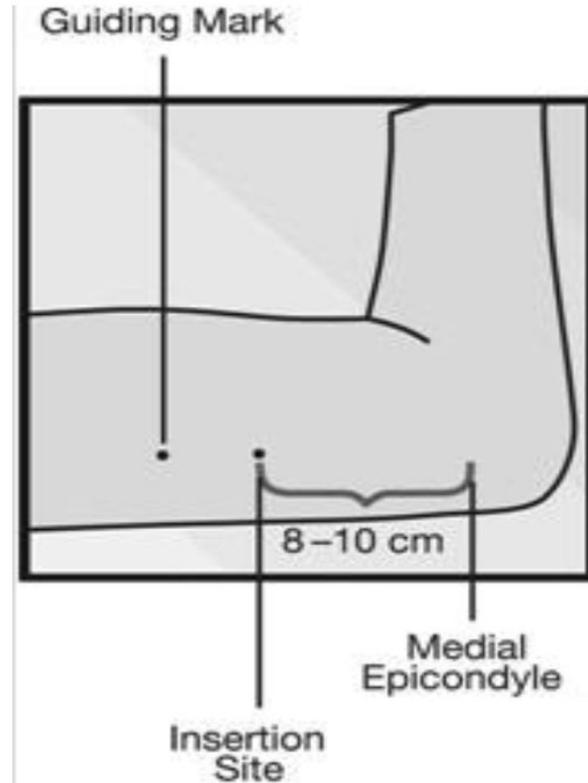
### HOW WILL I FEEL USING THE IMPLANT?

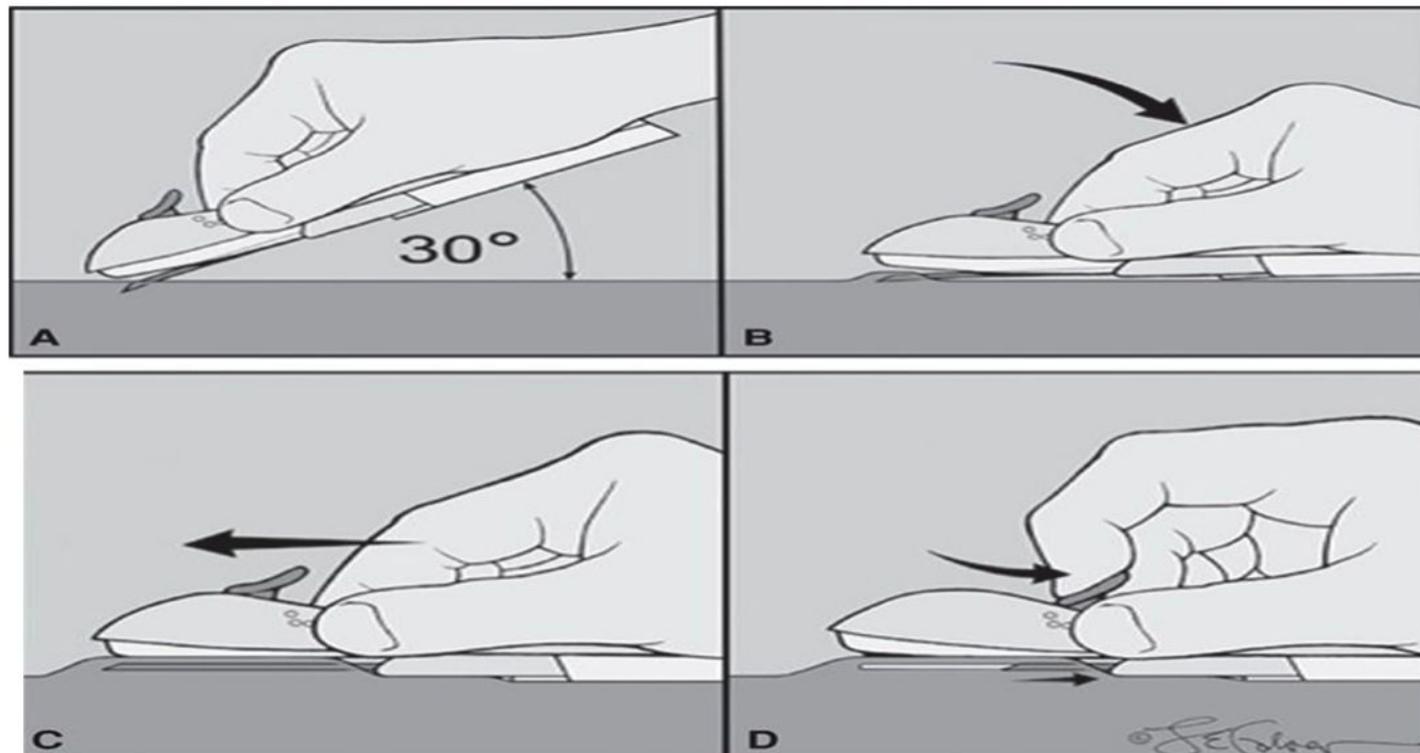
- The implant causes periods to change. **Most** people have off-and-on spotting. Spotting may last until you have the implant removed. This is normal.
- A **few** people have: mood changes, weight gain, headache, acne, and/or skin changes in the upper arm.
- Most side effects go away when you have the implant removed.

### CAN PEOPLE SEE THE IMPLANT IN MY ARM?

- Most implants cannot be seen, but you can feel it if you touch the skin over

- Measure 8-10cm above the medial epicondyle
- Mark that spot, then place a guiding mark 4 cm proximal
- Inject lidocaine with epi along track between spots





## Nexplanon (progestin implant) take-home sheet

- The implant starts working in 7 days to prevent pregnancy.
- You should use a back-up method for the first 7 days after implant placement unless your period started less than 5 days ago. If your period started less than 5 days ago, the implant starts working right away, and you do not need a backup method.
- The implant can remain under your skin for 5 years.
- Removal date: \_\_\_\_\_ (5 years from today)

### Things to know:

- Common side effects include: **Irregular** bleeding. Your periods may change. You may have more bleeding, less bleeding, or no bleeding, and periods may last longer than usual.
- Bruising and swelling at site are common in the first 24 hours. Keep the dressing on for 24 hours. After 24 hours, you can remove the dressing and take a shower or bath.
- You can check the implant by pressing your fingertips over the skin where the implant was inserted. You should feel a small rod. If you do not feel your implant, call your clinician.

You may return to school or work after your visit.

The implant does **NOT** protect against sexually transmitted infections (STIs). You should use latex condoms and/or dental dams to prevent STIs. Most people should get tested for STIs once a year.

### Warning Signs:

#### Within First Week

- Redness, warmth, or drainage from insertion site

#### At Any Time

- Feeling pregnant (breast pain, nausea)

# intrauterine device

## Copper IUD

ParaGard™



<http://www.viewpoints.com/ParaGard-Copper-IUD-Birth-Control-reviews>

## Levonorgestrel IUDs

Skyla™

Kyleena™

Mirena™

Liletta™



<http://www.womenshealthspecialists.org/our-services/birth-control/IUD>



<http://pipeline.ctiexchange.org/products/liletta-levonorgestrel-iud>

# Which IUD is right for me?

	<b>Copper IUD</b> 	<b>Progestin IUDs</b> 	<b>Progestin IUDs</b> 
<b>Brand names</b>	ParaGard®	Mirena®, Liletta®	Kyleena®, Skyla®
<b>When does the IUD start working?</b>	The copper IUD starts working right away.	These progestin IUDs start working right away.	These progestin IUDs start working 7 days after insertion. Use condoms or another back-up method of birth control for the first 7 days after the IUD is inserted to prevent pregnancy.
<b>How do you use it?</b>	It must be placed in the uterus by a clinician. It's usually removed by a clinician. It can be removed at any time.	It must be placed in the uterus by a clinician. It's usually removed by a clinician. It can be removed at any time.	It must be placed in the uterus by a clinician. It's usually removed by a clinician. It can be removed at any time.
<b>How long does it last?</b>	The copper IUD works for 12 years.	Mirena and Liletta work for 7 years.	Skyla works for 3 years. Kyleena works for 5 years.
<b>Does it contain hormones?</b>	No.	Yes. There is a low dose of progestin but no estrogen. Some people who take testosterone prefer to avoid methods that contain estrogen.	Yes. There is a low dose of progestin but no estrogen. Some people who take testosterone prefer to avoid methods that contain estrogen.
<b>Effects on bleeding and cramps</b>	Heavier periods Cramps for a few months after insertion Stronger cramps with your period Longer periods	Spotting Cramps for a few months after insertion Lighter periods or no periods after a few months – this is safe.	Spotting Cramps for a few months after insertion Lighter periods or no periods after a few months – this is safe.
<b>Things to know</b>	May lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS) Can be used as emergency contraception: prevents pregnancy when inserted up to 5	May lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS) Can be used as emergency contraception: prevents pregnancy when inserted up to 5 days after unprotected sex	May lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS)

## IUD Insertion Consent Form

\_\_\_ I request a (circle one): Mirena / Skyla / Liletta / Kyleena / Paragard IUD

### I understand:

\_\_\_ I will have a pregnancy test before the IUD is inserted. If I had unprotected sex within the past 7 days the pregnancy test may read negative when an early pregnancy is starting.

\_\_\_ Mirena, Liletta, or Paragard IUDs may be used as Emergency Contraception for up to 5 days of after unprotected sex.

\_\_\_ The Mirena and Liletta protect against pregnancy for 7 years. The Kyleena protects against pregnancy for 5 years. The Skyla protects against pregnancy for 3 years. The Paragard protects against pregnancy for 12 years.

\_\_\_ The possible risks of IUD placement include infection, bleeding, allergic reaction, perforation of (poking a hole in) the uterus, and expulsion (falling out) of the IUD.

\_\_\_ I may have irregular bleeding and cramping for the first 3 months after the IUD is inserted. Ibuprofen, naproxen, or a heating pad may help with these symptoms.

\_\_\_ The IUD does not protect against sexually transmitted infections (STIs). I should use condoms to protect myself against STIs

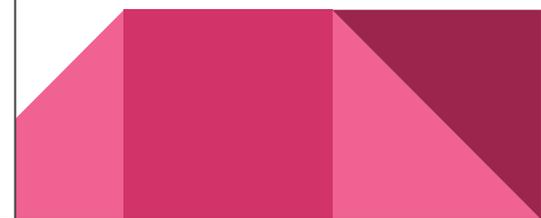
\_\_\_ With the Mirena, Skyla, Kyleena, and Liletta IUDs my periods may get lighter or go away. This is not dangerous.

\_\_\_ With the Paragard IUD my periods may get heavier or last longer.

\_\_\_ I know what to expect after the IUD is inserted.

\_\_\_ I consent that \_\_\_\_\_ insert the IUD for me.

**Signature of patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## IUD Take-Home Sheet

- [ ] **Copper-T IUD (Paragard®)**
  - It begins working now to prevent pregnancy.
  - It can stay inside you for 12 years.
  - Removal date \_\_\_\_\_(12 years from today)
- [ ] **Progestin IUD (Mirena®, Liletta®)**
  - It begins working now to prevent pregnancy.
  - It can stay inside you for 7 years.
  - Removal date \_\_\_\_\_(7 years from today)
- [ ] **Progestin IUD (Kyleena®)**
  - It begins working in 7 days to prevent pregnancy.
  - Use condoms to prevent pregnancy for the first 7 days after your IUD was inserted. If you have sex without using a condom, you can take emergency contraception as soon as possible to prevent pregnancy.
  - Kyleena® can stay inside you for 5 years.
  - Removal date \_\_\_\_\_ (5 years from today)
- [ ] **Progestin IUD (Skyla®)**
  - It begins working in 7 days to prevent pregnancy.
  - Use condoms to prevent pregnancy for the first 7 days after your IUD was inserted. If you have sex without using a condom, you can take emergency contraception as soon as possible to prevent pregnancy.
  - Skyla® can stay inside you for 3 years.
  - Removal date \_\_\_\_\_ (3 years from today)

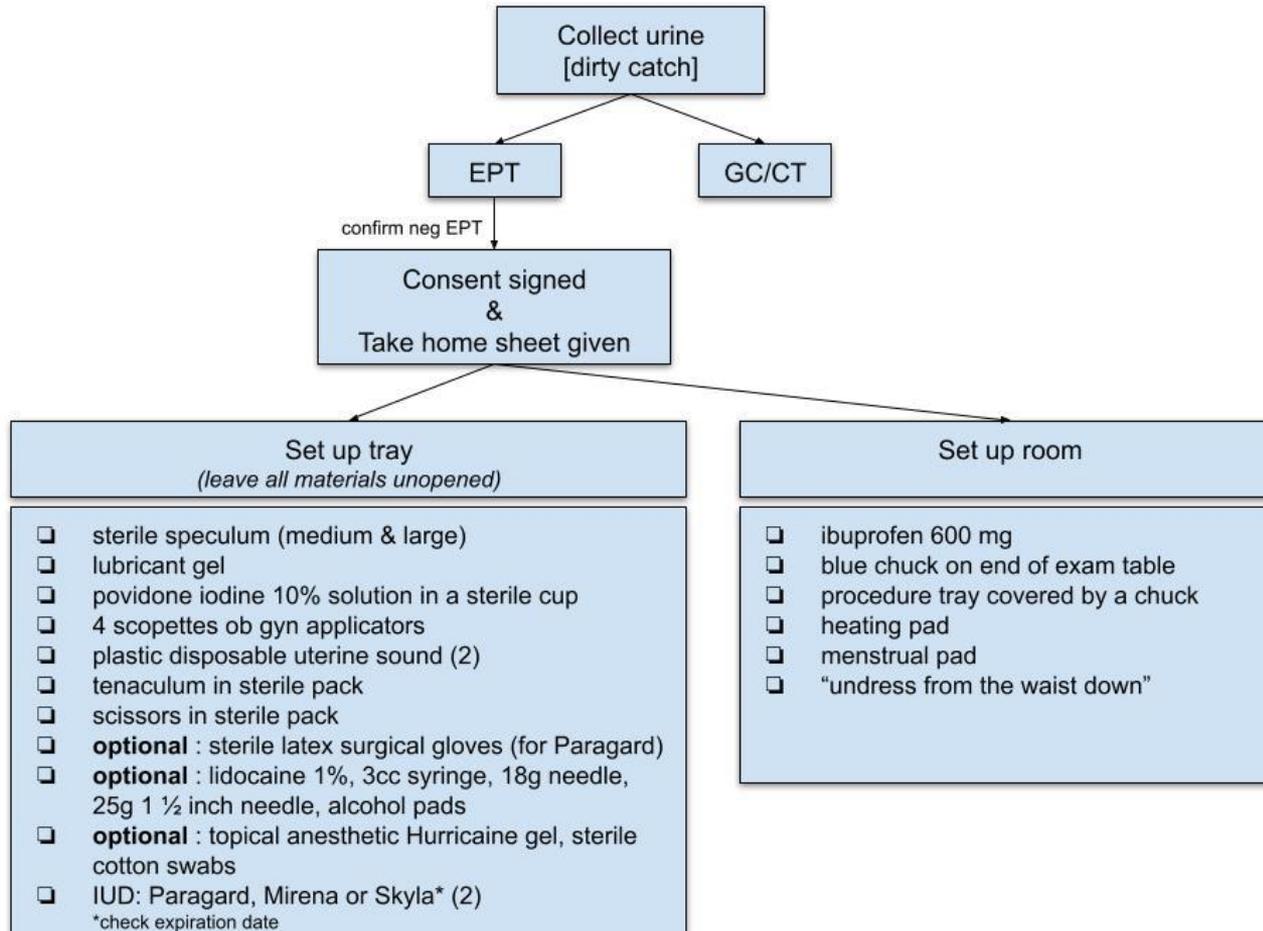
**Today** you may go back to school or work after your visit. **Wait 24 hours** after your IUD is put in before you can use tampons, take a bath, or have vaginal sex.

You may have more **cramps** or **heavier bleeding** with your periods, or spotting between your periods. This is normal. The cramping and bleeding can last for 3-6 months with the Mirena®, Liletta®, Kyleena®, and Skyla® (hormone) IUDs. After 6 months, the cramping and bleeding should get better. Many people will stop having periods after 1 or 2 years with the Mirena®, Liletta®, Kyleena®, and Skyla® (hormone) IUDs. If you have the Paragard® (copper) IUD, you may have more cramping and more bleeding with your periods as long as you have the IUD inside you.

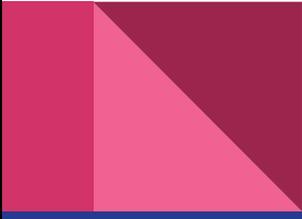
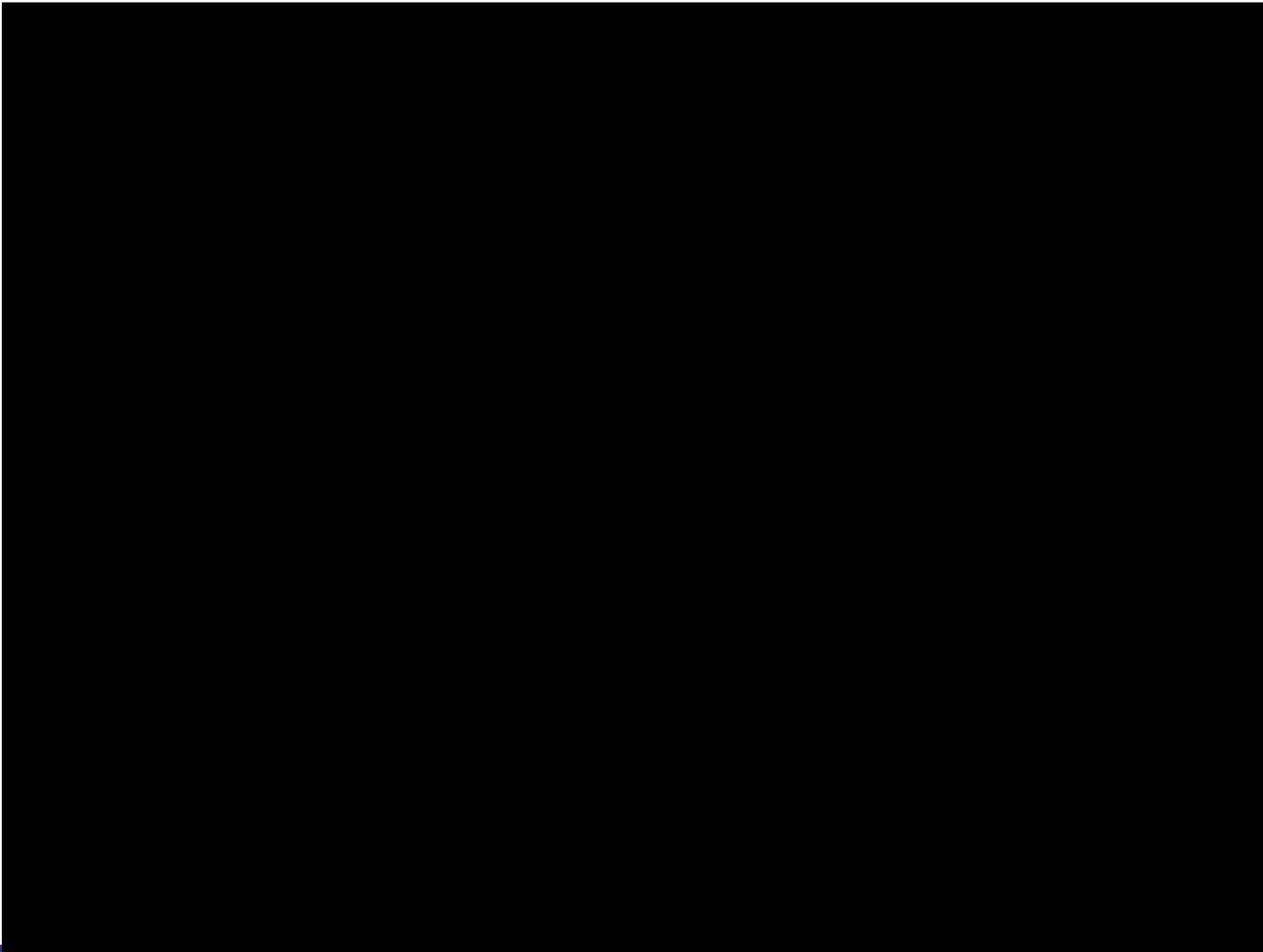
**Ibuprofen** (also called Advil® or Motrin®) helps decrease the bleeding and cramping. You can buy Ibuprofen at any drug store without a prescription. You can take as many as 4 pills (800 mg) of Ibuprofen every 8 hours with food (each pill contains 200 mg). To prevent cramping, start taking Ibuprofen as soon as your period starts and keep taking it every 8 hours for the first 2-3 days of your period. You can also put a hot water bottle on your belly if you have bad cramps.

Your IUD may come out by itself in the first three months. If you can feel the strings, the IUD is in the right place. If your IUD comes out, you can become pregnant immediately. If you are not sure how to check the strings, we can help you. (Our phone

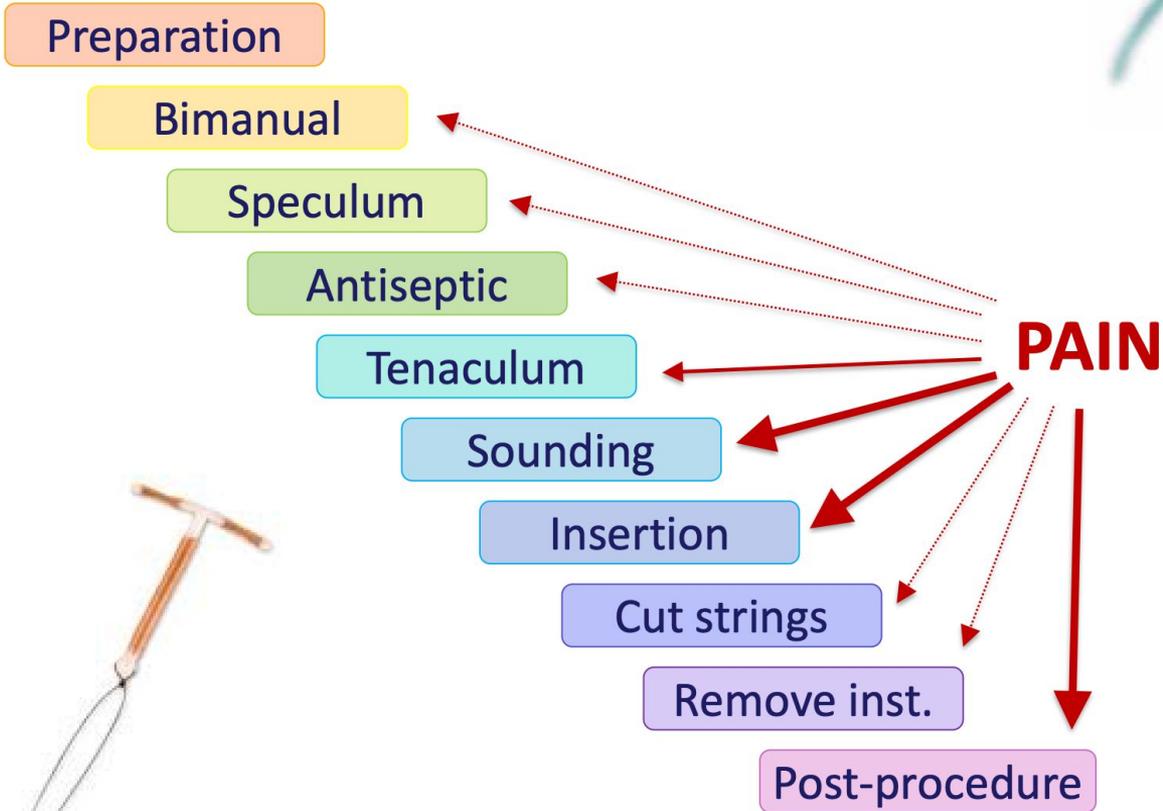
# Flowchart for IUD insertion







# IUD Insertion Steps



a. cost

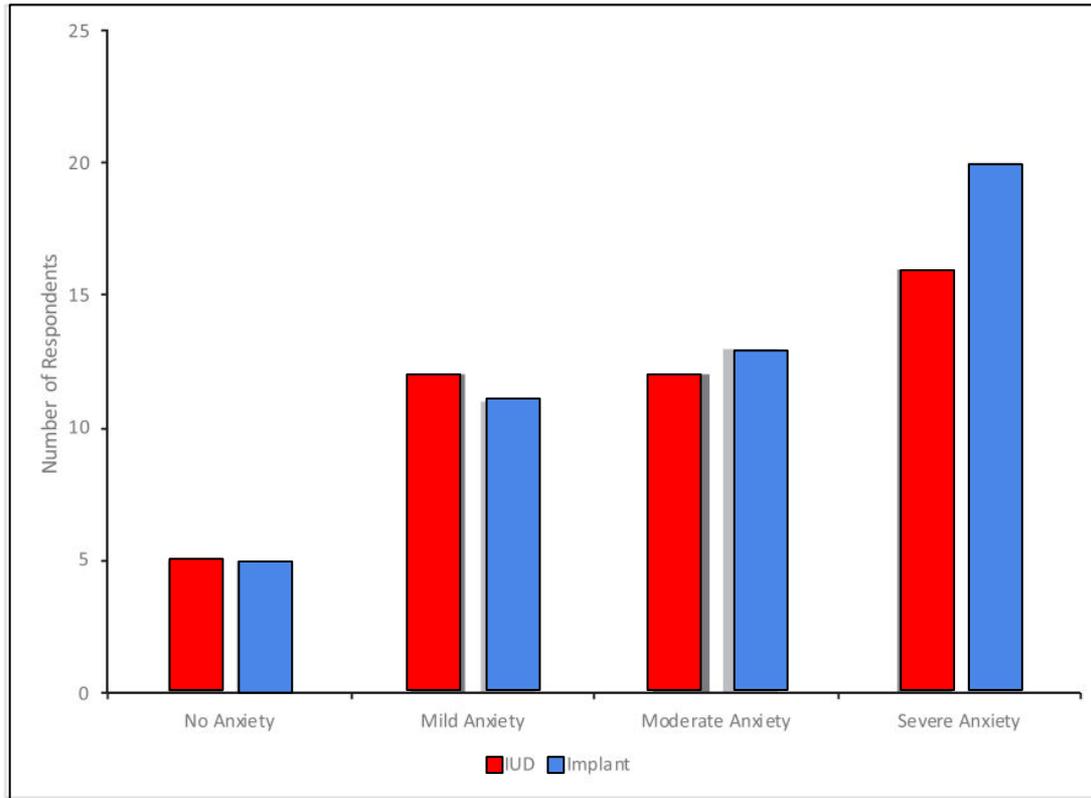
b. fear that an IUD or implant will lead to reproductive problems in the future



c. fear of a painful procedure

d. concerns about changes in their menstrual cycle

# Preprocedural Anxiety in Adolescents



Source: DG Callahan et al. / J Pediatr Adolesc Gynecol 32 (2019) 615-621



DOES IT HURT?

“It’s different for everyone.”

“Let me tell you about some of the things we do at our clinic to help you manage any discomfort.”

# Music

Music should be under 80 beats/minute, non-lyrical.

Music is for everyone in the room. Start the music before the procedure begins.



3 HOURS Relaxing Music "Evening Meditation" Background for Yoga, Massage, Spa

102,912,061 views • Aug 14, 2014



# Diaphragmatic breathing

While the provider is preparing the procedure...

“Can I show you some deep breathing that can be helpful? Close your eyes. Place your hand on your belly and slowly inhale through your nose. Now exhale through your mouth for a count of 5. When you inhale deeply, your belly rises. When you exhale deeply, your belly lowers. Let’s try it again together.”

This focused breathing can be helpful during any uncomfortable parts of the procedure - the speculum exam, sounding the uterus, and placing the IUD.

# Talk/touch therapy: distraction and the two finger squeeze

Ask the patient about their studies, hobbies, dreams about post-pandemic life. Showing the patient that you are interested in them comforts them and creates a safe space before, during, and after the procedure.

Touch. “Some people find it comforting to squeeze someone’s hand. My two fingers are here for you if at any point you need them.”

# Aromatherapy



Ask first if the patient has any allergies or aversion to lavender.

Offer an eye pillow, which also has the added benefit of blocking out harsh clinic lights.



# Heat

An instant hot compress on the patient's lower belly can relieve cramping during and after the procedure.



# Hypnotic language/ special place imagery

“Imagine being in your favorite place - maybe it’s a beach or the woods or your room - somewhere where you feel relaxed, comfortable, and in control. Notice everything about it - the way it looks, sounds, smells and feels. I invite you to stay in this place where you are relaxed. If you start to leave this place, I invite you to come right back to it. You can listen to what I’m saying and, at the same time, tune out and go to a place where you feel relaxed, comfortable, and in control.”



# Temperature Regulation

Sometimes there will be a lot of people in the room or a procedure takes longer than expected. If a patient (or a provider!) is perspiring, a hand held electric fan can be therapeutic.

# A note about vasovagal reactions

Be alert for signs and symptoms that precede the reaction

- Sweating
- Lightheadedness
- Blurred/spotty vision
- Face looks pale
- A sudden need to urinate

One simple step to prevent a vasovagal reaction

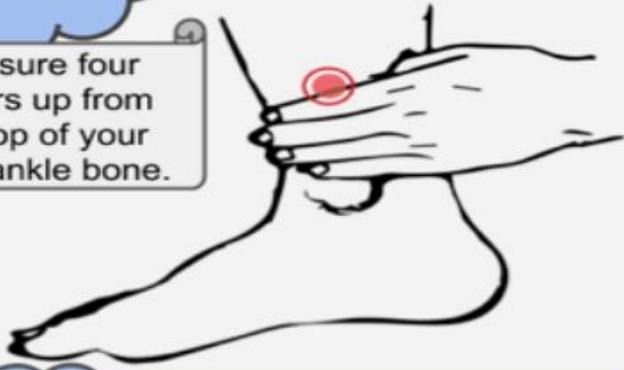
- “Tense the muscles in your hands, arm, feet and legs very, very tightly while releasing the muscles of the belly, bottom and chest. Keep breathing and squeezing your muscles really hard, and take a break every thirty seconds or so.”

# Acupressure Point - Spleen 6 (san yin jiao)

## Pain After IUD Insertion? Use Acupressure on Spleen 6!

Where?

Measure four fingers up from the top of your inner ankle bone.



How?

Press for two minutes on each side. You can do one side, then the other.



When?

Repeat as often as needed. You can start right after your procedure to prevent pain, or once you start having pain.



**\*CAUTION:** Do not do this if you are pregnant. It can induce preterm labor.



Questions?

# Now we practice!

Find a partner. Take turns being the LARC doula and the patient. Choose a nexplanon insertion or an IUD insertion.

- Explain the procedure
- Introduce your role as a LARC doula
- Ask the patient permission to walk through some comfort techniques.
- Practice each comfort measure.