
Person-Centered Contraception Counseling for Family PACT Clients

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GoToWebinar Housekeeping: Set Up Audio

The image displays two overlapping windows from the GoToWebinar interface. The top window is titled "Liz's Monthly Demo" and shows the event details: "Friday, January 27, 2017 3:00 PM Pacific Standard Time". Below this, it prompts the user to "Choose an audio option" with two choices: "Computer audio" (represented by a headset icon) and "Phone call" (represented by a telephone handset icon). A "Switch to phone call" button is visible on the right side of this window. The bottom window shows the system audio settings, including a volume slider, a "Transmit (Plantronics Savi..." dropdown menu, and a "Realtek High Definition A..." dropdown menu. It also displays "You will join in listen-only mode" and a "Continue" button. A "Remember my choice" checkbox and a language dropdown set to "English" are at the bottom.

GoToWebinar Housekeeping: What Attendees See

The screenshot displays a GoToWebinar interface. The main content area shows a slide titled "Webinar Housekeeping" with the following text:

Webinar Housekeeping

Organizer: Liz Davis | Presenter: Liz Davis

Audio: Use your microphone and speakers (VoIP) or call in using your telephone.

United States: +1 (951) 384-3421
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The right-hand control panel includes:

- Audio settings: "Computer audio" selected, "Phone call" unselected, "MUTED" status, and microphone/speaker selection (Plantronics Savi 7xx-M).
- Questions section: "Talking: Liz Davis", a "Questions" dropdown, and an input field with the placeholder "[Enter a question for staff]" and a "Send" button.
- Webinar information: "Webinar Housekeeping" and "Webinar ID: 608-865-371".
- GoToWebinar logo.

The Windows taskbar at the bottom shows icons for Internet Explorer, File Explorer, Google Chrome, and the GoToWebinar application.

GoToWebinar Housekeeping: Attendee Participation

Expand/Collapse Control



The screenshot shows the GoToWebinar interface with two panels highlighted by a red border. The top panel is the 'Audio' panel, which includes a 'Sound Check' indicator, radio buttons for 'Computer audio' (selected) and 'Phone call', a 'MUTED' status with a microphone icon, and dropdown menus for 'Transmit (Plantronics Savi 7xx-M)' and 'Receive (Plantronics Savi 7xx-M)'. Below the audio panel is the 'Questions' panel, which contains a text input field with the placeholder '[Enter a question for staff]' and a 'Send' button. At the bottom of the interface, the text 'Webinar Housekeeping' and 'Webinar ID: 608-865-371' is visible, along with the GoToWebinar logo.

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Submit Comments & Questions



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Consultant



Thank you!



All questions related to the webinar will be addressed by our speakers at the end. For questions unrelated to the webinar, such as FFACT policy and billing, please email familyfact@dhcs.ca.gov.

PERSON-CENTERED CONTRACEPTIVE COUNSELING

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Learning Objectives

- Demonstrate skillful, efficient, person-centered questioning for contraceptive care visits
- Discuss reproductive desires with clients of any gender and sexual orientation
- Identify 3 examples of plain language to explain characteristics of contraceptive methods
- Demonstrate Affirm-Share-Ask cycles for person-centered communication

Efficient Questions for Client-Centered Contraceptive Counseling

Asking about Parenthood/Pregnancy Attitude, Timing, and How important is pregnancy prevention (PATH) is an efficient approach for engaging clients in a conversation to help clarify their reproductive goals and needs.



CLARIFY YOUR CLIENT'S REPRODUCTIVE GOALS AND NEEDS, ASK THEM:

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

"When do you think that might be?"

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



IF YOUR CLIENT IS INTERESTED IN PREGNANCY PREVENTION, ASK THEM:

"Do you have a sense of what is important to you about your birth control method?"

"Some methods of birth control _____. How important is that to you?"

"In addition to preventing pregnancy, there are birth control methods that _____. Would you like to know more about that?"

"I hear you saying that you are interested in a method that is _____. Do you have a sense of what else is important to you?"

Learn more about PATH at envisionrh.com
Find more resources at FPNTC.org



Efficient Questions for Client-Centered Contraceptive Counseling (cont.)



QUESTIONS TO ASK ALL YOUR CLIENTS...

"Since you've said _____, would you like to talk about ways to be prepared for a healthy pregnancy?"

"What questions do you have about _____?"

"We covered a lot of information. What do we need to go over again?"



TRY THESE FACILITATION SKILLS...

Start with "YES" (agreement, empathy, or validation) before offering clarifying information:

"YES, you're absolutely right, AND..."

"Wow! I think most people would find that hard to deal with AND..."

"YES, I can absolutely see how you would think that, AND..."

Uncover misconceptions with:

"Many of my clients say _____. Is that something you think about?"

Offer follow-up questions after giving a piece of relevant information:

"How would that be for you?"

"Has that ever happened to you before?"

"How do you see yourself managing this?"

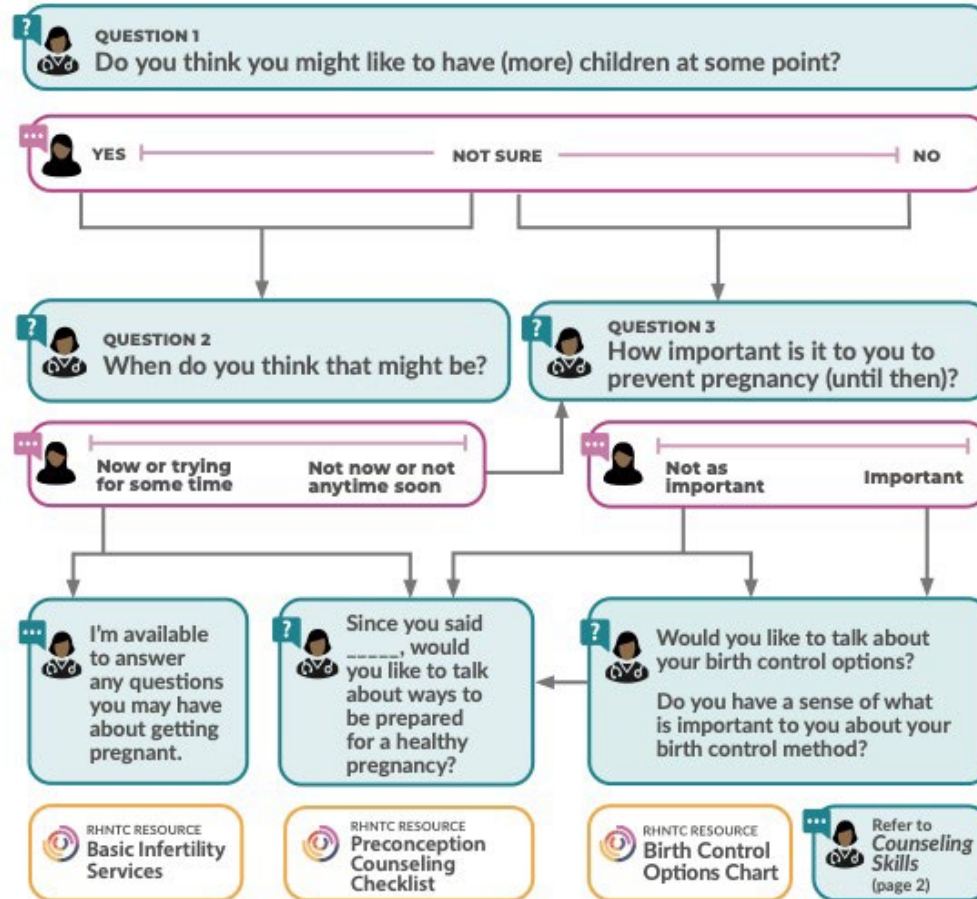
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Find more resources at FPNTC.org



Client-Centered Reproductive Goals & Counseling Flow Chart



The PATH questions are one client-centered approach to assess Parenthood/Pregnancy Attitude, Timing, and How important is pregnancy prevention. PATH can be used with clients of any gender, sexual orientation, or age. PATH is designed to facilitate listening and efficient client-centered conversations about preconception care, contraception, and fertility as appropriate.



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Client-Centered Reproductive Goals Counseling Skills

TRY THIS

Start with small talk about the client's life to build rapport and learn about the client's goals.

Ask open-ended questions about what a client wants from their contraceptive method, rather than asking what contraceptive methods they are interested in.

Ask probing questions to explore client preferences about method characteristics such as side effects; bleeding pattern; control over removal; ability to conceal; non-contraceptive benefits, etc.

Find something the client says to agree with, empathize with, or validate before giving additional clarifying information. Instead of "No" or "But," try to start with "Yes! And ___".

Point out health-supporting behaviors or knowledge. Acknowledge as many positives as possible.

Paraphrase what the client says so they know you have heard them, they can correct or confirm, and you can redirect the conversation in a client-centered way.

Use natural frequencies instead of percentages, and use common denominators when comparing effectiveness or risk.

Make sure the client knows that they can always come in to have an IUD or implant removed for any reason, you can help manage side effects, and return to fertility is immediate.

Reflect and validate feelings. Let clients know that you heard them and that their feelings are normal.

Confirm the client's understanding by asking them to phrase information in their own words. Phrase the request so the provider takes the responsibility for needing clarification.

IT SOUNDS LIKE THIS

"It sounds like you are incredibly busy with work and school. I can see how it could be challenging to make it into the clinic every 3 months for your shot."

"Do you have a sense of what is important to you about your birth control method?" (Pause to allow the client to consider.)

*"How would that be for you?"
"Has that happened to you?"
"How do you see yourself managing this?"
"Do you have a sense of what else is important to you?"*

*Agreement: "Yes, you're absolutely right, AND..."
Display of empathy: "I can see this is concerning to you, AND..."
Validation: "Yes, many of my clients say that, AND..."*

*"That is a really great question."
"I wish all of my patients knew that!"
"You are clearly interested in protecting yourself."*

"It sounds like on the one hand you are saying _____, yet on the other hand you are saying _____, do I have that right?"

"If 100 women have unprotected sex for a year, 85 of them will get pregnant, as compared to maybe 0 or 1 out of 100 using an IUD."

"This implant is good for up to 3 years, but if you want to get pregnant before then, or would like it removed for any reason, we will remove it any time you want. Your ability to get pregnant will return to whatever is normal for you, immediately."

"Wow, I think most people would find that really hard to deal with."

"We have discussed many different things today, I would like to be sure I was clear. Can you tell me what you will be doing to manage heavy periods with your copper IUD?"



Preconception Counseling Checklist



The goal of preconception (or prepregnancy) care is to optimize health outcomes by providing education and addressing modifiable risk factors. Any visit with a client who has reproductive potential is an opportunity for preconception counseling. After a discussion of the client's reproductive goals, a preconception counseling conversation can be introduced with: "Since you said _____, would you like to talk about ways to be prepared for a healthy pregnancy?"¹

To help clients be prepared for a healthy pregnancy, the American College of Obstetricians and Gynecologists (ACOG) recommends that providers assess for:²

Pregnancy intention Timing of desired pregnancy—"Would you like to have (more) children? When do you think that might be?" ³	Recommend the client seek medical care before attempting to become pregnant (or soon after a positive pregnancy test) to facilitate correct dating and management of medical conditions.
Folic acid 400 mcg of folic acid daily for at least one month before and during pregnancy (4 mg daily if history of seizure disorder or infant with neural tube defects)	Recommend folic acid every day if there is a chance the client may become pregnant.
Medical conditions Diabetes mellitus, chronic hypertension, hypothyroidism, bariatric surgery, mood disorders	Refer to primary and/or specialty care provider to make changes to treatment if needed and manage the condition before pregnancy.
Family history Genetic disorders, birth defects, cystic fibrosis, Fragile X, hemoglobinopathies, and if of Ashkenazi descent: Tay-Sachs, Canavan, familial dysautonomia, etc.	Refer for genetic counseling as needed.
Use of teratogenic medications ACE I, ARB, androgens, carbamazepine, lithium, methimazole, methotrexate, minoxidil, misoprostol, mycophenolate mofetil, phenytoin, trimethadione, paramethadione, retinoids, sulfa, tetracycline, thalidomide, valproic acid, vitamin A, warfarin, etc.	Caution that some nonprescription medicines, supplements, and herbal products are unsafe during pregnancy. Refer to a primary and/or specialty care provider to adjust medications if needed.

NOTES: MMR = measles-mumps-rubella; Tdap = tetanus-diphtheria-acellular pertussis; HPV = human papillomavirus; STI = sexually transmitted infections; CDC = Centers for Disease Control and Prevention.

¹ Family Planning National Training Center Client-Centered Reproductive Goals & Counseling Flow Chart <https://www.fpntc.org/resources/client-centered-reproductive-goals-counseling-flow-chart>

² Prepregnancy counseling. ACOG Committee Opinion No. 762. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2019;133:e78-89.

³ Getzl C, Alban AR, Sanders JN, Everett BG, Myers K, Cason P, Simmons RG, Turok DK. (2019). Beyond Intent: exploring the association of contraceptive choice with questions about Pregnancy Attitudes, Timing and How Important to pregnancy prevention (PATH) questions. *Contraception*. 99(1):22-36.

Immunization status Tdap, MMR, hepatitis B, varicella, annual influenza (flu), and HPV	Provide or refer for: flu shot; MMR and varicella vaccine if not pregnant and won't become pregnant for one month; and other immunizations per CDC schedule.
Need for infectious disease screening STIs (chlamydia, gonorrhea, syphilis), tuberculosis, hepatitis C, HIV, zika, toxoplasmosis	Address each according to CDC recommendations: • Screen based on age and risk • HIV test (once and if at risk) Counsel regarding travel restrictions. Caution against changing kitty litter.
Exposure to environmental toxins Plastics with bisphenol-A (BPA), lead paint, asbestos, pesticides (agriculture), organic solvents and heavy metals (manufacturing), solvents (dry cleaning), organics and radiation (health care)	Explore alternatives to toxic exposure or refer to occupational medicine programs if exposure is concerning.
Alcohol, nicotine, and illegal drug use <i>"I'd like to ask you a few questions to help give you better medical care. In the past year, how often have you..."</i> • Used alcohol? [<i>>5 drinks a day for men; >4 drinks a day for women is considered heavy drinking</i>] • Used tobacco products? • Used prescription drugs for non-medical reasons? • Used illegal drugs? ⁴	Counsel that no amount of alcohol is considered safe and that using tobacco products, prescription drugs for non-medical reasons, and illegal drugs during pregnancy can result in serious adverse outcomes. If abuse or dependence, refer for treatment prior to pregnancy.
Intimate partner violence <i>"I talk to all of my patients about safe and healthy relationships because it can have such a large impact on your health. Has your partner ever..."</i> • Threatened you or made you feel afraid? • Hit, choked, or physically hurt you? • Forced you to do something sexually that you did not want to do, or refused your request to use condoms? ⁵	Respond supportively. For example: • "No one deserves to be treated that way." • "It's not your fault." • "There are resources that can help. I can connect you today." If client is in immediate danger, get help . Know local referral sites for IPV services. Understand legal obligations for mandatory reporting.
Nutrition and physical activity • Body mass index (BMI) <18 or >25 • Diet of proteins, vegetables, fruits, and whole grains ⁶ • Level and frequency of physical activity	Advise that high or low BMI is associated with infertility and pregnancy complications. Encourage eating a diet rich in fruits, vegetables, protein and whole grains. (Consider a multivitamin.) Recommend at least 30 min of moderate physical activity per day.

⁴NIDA. (2012, March 1). Resource Guide: Screening for Drug Use in General Medical Settings. Retrieved from <https://www.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings/nida-quick-screen> on May 9, 2019.

⁵Intimate partner violence. Committee Opinion No. 518. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2012;119:412-7.

⁶U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015-2020 Dietary Guidelines for Americans. 8th Edition. December 2015.

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What is the goal of reproductive health counseling?

- Help clients clarify what they want
- Facilitate discussion
- Provide relevant information

What should be the focus of counseling conversations aimed at helping people to achieve their reproductive desires?

Shared Decision Making

Patient Contribution:

- Their values
- Their preferences
- Their goals
- Their past experiences

Clinician Contribution:

- Assist in clarifying patient's goals and preferences
- Provide scientific/medical information that is
 - Relevant
 - Assimilated/integrated by the patient

Starting the Conversation

“Can I help you with any reproductive health services today, such as preventing pregnancy/birth control or being prepared for a healthy pregnancy?”

Self-Identified Need for Contraception (SINC) screening question

- “We ask everyone about their reproductive health needs. Do you want to talk about contraception or pregnancy prevention during your visit today?”

One Key Question™

- “Would you like to become pregnant in the next year?”

PATH Questions

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



PATH QUESTIONS

Reproductive Intention/Goals

PATH Questions

PA: Parenting/Pregnancy Attitudes:

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

T: Timing: When do you think that might be?

H: How Important: How important is it to you to prevent pregnancy (until then)?

Teens



Older clients

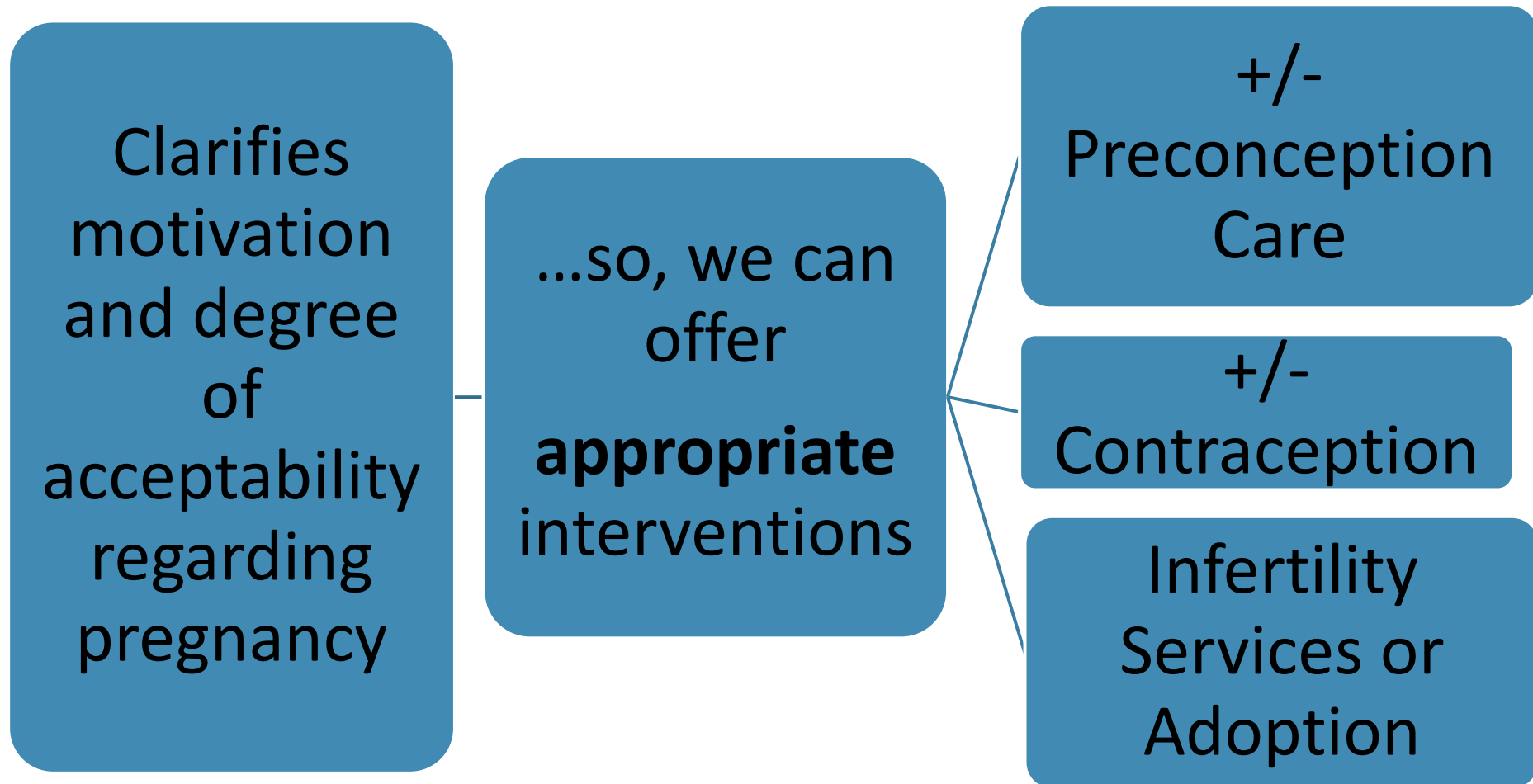
All genders

Any sexual orientation

Does not stigmatize those struggling with infertility

Designed for **ALL**

Reproductive Desires



PA: “*YES...*” or open to it

T: When do you think that might be?

Answers that indicate *no time soon* you ask:

H: How Important: How important is it to you to prevent pregnancy (until then)?

H: How Important

Individualize the question


H: How important is it to you to prevent pregnancy_____:

until then (for teens and if you have no other information)


- *Until you are out of school*
- *For the next 5 years*
- *Until your partner gets back*

(Valdez, 2019)

Offer Contraceptive Services



“ABSOLUTELY, I
WOULD LOVE TO
HAVE KIDS SOME
DAY. BUT
DEFINITELY NO
TIME SOON”



“SO, GIVEN THAT,
WOULD YOU LIKE TO
TALK ABOUT BIRTH
CONTROL OPTIONS?”

Offer both preconception care & Contraceptive services



“IF IT HAPPENS,
IT HAPPENS”



“I’M HEARING YOU SAY THAT
IDEALLY YOU DON’T WANT ANY
MORE CHILDREN RIGHT NOW, BUT
IF YOU WERE TO GET PREGNANT,
YOU’D BE OK WITH THAT, TOO.”

“IN THAT CASE, WOULD YOU
LIKE TO TALK ABOUT WAYS TO
PREVENT PREGNANCY, AND
ALSO HOW TO BE PREPARED
FOR A HEALTH PREGNANCY IF IT
DID HAPPEN?”

Question for Contraception Counseling



“Do you have a sense of what’s important to you in your birth control?”

“Can you tell me something that is important to you about your birth control?”

Explore Attitudes About:

Need to conceal
contraception

- no supplies
- normal bleeding

Non-contraceptive
benefits

Side effects

Menstrual cycle and
bleeding profile

Impact on sexual life

Effectiveness

Hormones

Length of use

Control over
removal

Object in body

Return to fertility

“For example...”

Characteristic	Plain Language
Effect on the menstrual cycle/bleeding profile	“How this affects your period”
Ability to use the method confidentially <ul data-bbox="147 558 1200 786" style="list-style-type: none">• Avoiding methods that require “supplies”• Needing a bleeding pattern that is unchanged	“Some methods are easier to hide than others.”
Return to fecundity	“Once you stop using ____, your ability to get pregnancy goes back to whatever is normal for you” (for all methods except DMPA)
Non-contraceptive benefits	“Things birth control can do you for in addition to preventing pregnancy”
Partner preference	“Is your partner part of this decision”

“For example...”

Characteristic	Plain Language
Side effects	
Effectiveness	“How well it works to prevent pregnancy”
Sexual Acceptability	“Effect on your sexual life/sexuality”
A foreign object in the body	“This method is placed in your uterus/arm/vagina”
Control over discontinuation/removal	“Can you stop the method without a provider visit?”
Length of (<i>potential</i>) use	“This methods is good for up to <u>xx</u> amount of time”
Financial considerations for patient/Insurance Coverage	
Hormones, whether or not and which ones	

**“My mom said it’s
not healthy
not to get my
period.”**

- “Your mother is completely right!.... when you are not on birth control with hormones in it, it is important to get a monthly period.”

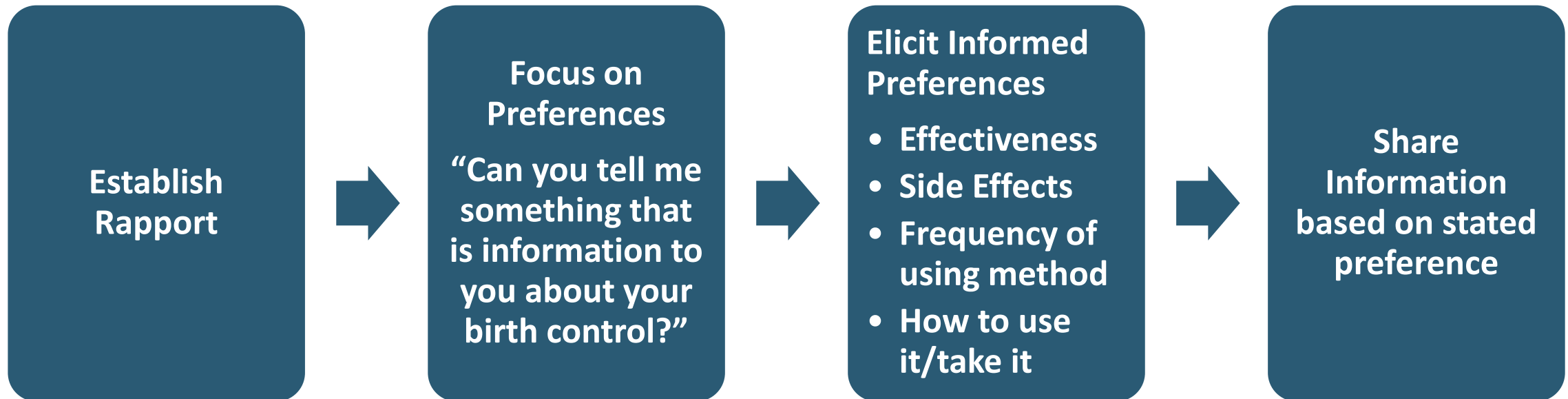
**“My mom said it’s
not healthy
not to get my
period.”**

- “It’s great that you know that if you miss your period when you are not using hormonal contraception, you need to come in so we can see what’s up!”

**“My mom said
it’s not healthy
not to get my
period.”**

- “Interestingly, if someone is using birth control that is hormonal, the hormones keep their uterus very healthy and thin. It *actually prevents* cancer of the uterus”
(Show a picture)

Shared Decision-Making Process in Contraception Counseling



If client has expressed a strong desire for one method, ask for permission to share information about other options

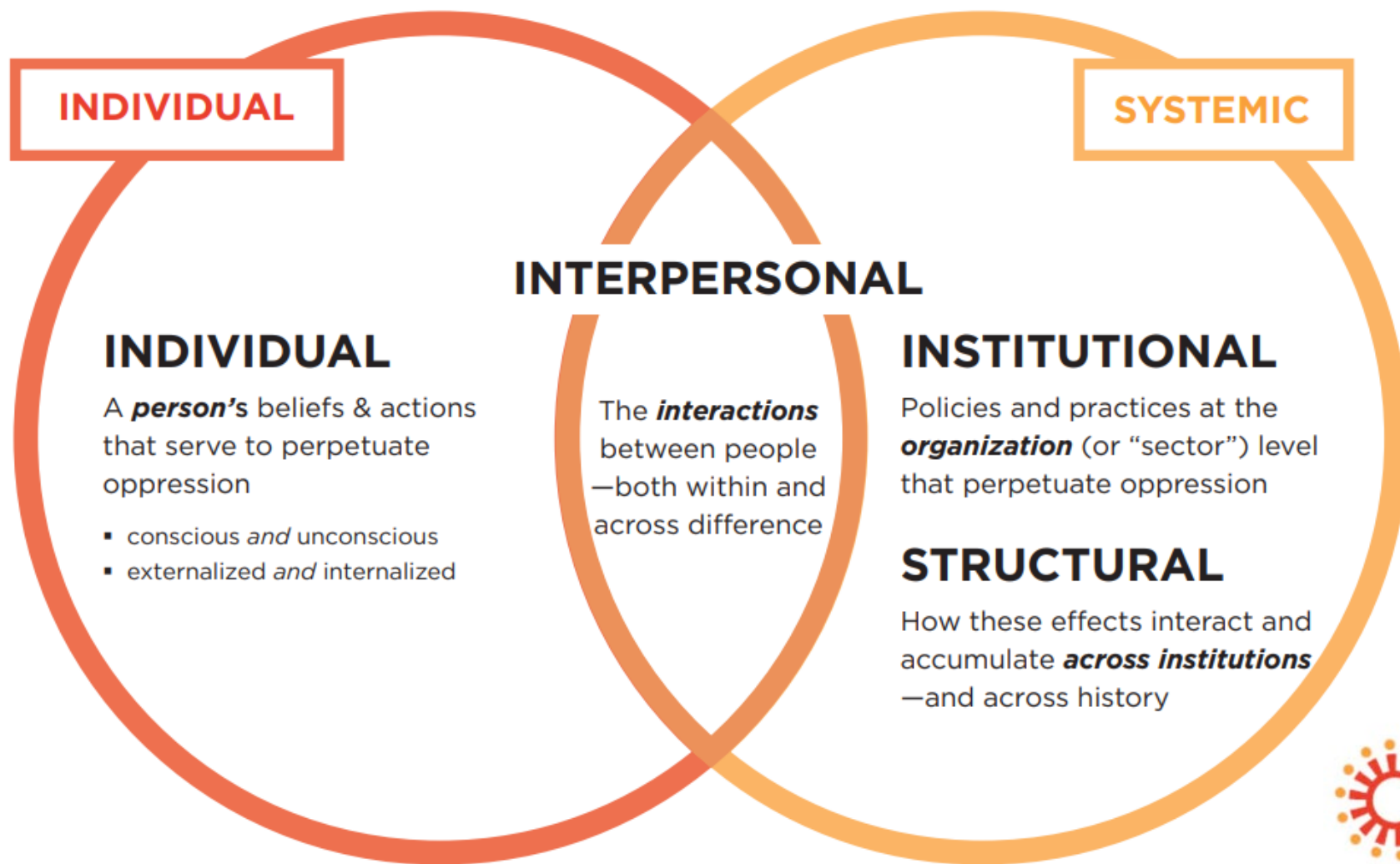
Offering Discussion of Methods

“I am hearing you say that avoiding pregnancy is very important to you right now. In that case, you may want to consider options that work the best to prevent pregnancy, like an implant or an IUD. Can I tell you more about those methods?”

“I’ve heard from you that it’s important to you not to get pregnant, and that you also want something that makes your period lighter but keeps it regular. Let’s explore your options.”

“You mentioned that it is important to you to know when your period is going to come. With the pill, patch, and ring you can schedule when your period comes. We can talk more about those options if you’d like.”

THE LENS OF SYSTEMIC OPPRESSION





**AFFIRM – SHARE – ASK
(ASA) CYCLE**

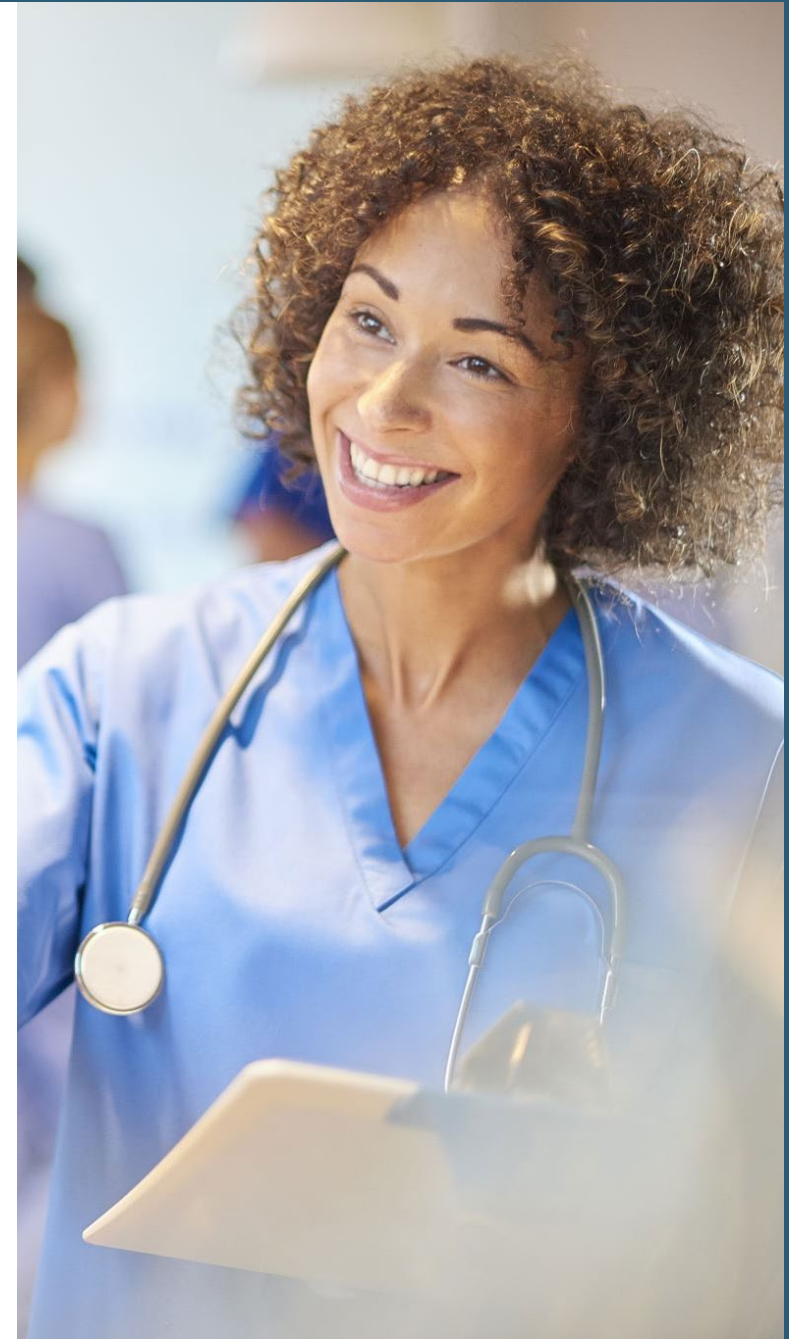


**AFFIRM/
ACKNOWLEDGE**

1ST STEP

START with either:

- Display of empathy
- Agreement
- Validation
- Strength-based positive



Empathy Without **Labeling** Feelings

Rather than using a negative label:

- “You sound angry” (or anxious)

Use neutral words:

- “It sounds like this is really concerning to you”
- “Wow, anyone would find that really hard to deal with!”
- “Wow...”

Not: “I know how you feel.”

Try NOT to
Correct or
disagree

“Find the
YES”

First step is to find something in
what the client is saying to agree
with or support

Avoid saying “No” or “But”

“Yes! ... And _____”

Validation

“I hear that all the time!”

“I can understand why you would think that!”

“Lots of people have that question.”



SHARE INFORMATION



Support Integration of New Knowledge

- Present information that is relevant to the individual
- Use plain language
- Limit the amount of information
- Use the patient's words
- 5 out of 100 people rather than 5%

HOW WELL DOES BIRTH CONTROL WORK?



What is your chance of getting pregnant?



Use Visual Aids

Okay

For it to work best, use it...

The Pill	The Patch	The Ring	The Shot (Depo-Provera)
Every. Single. Day.	Every week	Every month	Every 3 months



Not so well

For each of these methods to work, you or your partner have to use it every single time you have sex.

Withdrawal	Diaphragm	Fertility Awareness	Condoms, for men and women

Needed for STI protection
Use with any other method


















FYI, without birth control, over 90 in 100 young women get pregnant in a year.

Birth Control Method Options



Clients considering their birth control method options should understand the range and characteristics of available methods. Providers can use this chart to help clients consider their birth control method options. Clients should also be counseled about their options for reducing risk of STIs.

METHOD	What is the risk for pregnancy?*	How do you use this method?	How often is this used?	What are menstrual side effects?	Other possible side effects?	Other things to consider?	
FEMALE STERILIZATION 	.5 out of 100	Surgical procedure	Once	No menstrual side effects	Pain, bleeding, risk of infection	Permanent	
MALE STERILIZATION 	.15 out of 100						
LNG IUD 	.2 out of 100	Placed inside uterus	Up to 7 years	Spotting, lighter or no periods	Some discomfort with placement	No estrogen May reduce cramps	
COPPER IUD 	.8 out of 100		Up to 10 years	May cause heavier, longer periods		No hormones May cause cramps	
IMPLANT 	.05 out of 100		Placed in upper arm	Up to 3 years		Spotting, lighter or no periods	No estrogen May reduce cramps
INJECTABLES 	4 out of 100	Shot in arm, hip, or under the skin	Every 3 months	Spotting, lighter or no periods	May cause weight gain	No estrogen May reduce cramps	
PILL 	8 out of 100	Take by mouth	Every day at the same time	Can cause spotting for the first few months Periods may become lighter	Nausea, breast tenderness Risk for blood clots	May improve acne May reduce menstrual cramps	
PATCH 	9 out of 100	Put on skin	Weekly		Lowers ovarian and uterine cancer risk		
RING 	9 out of 100	Put in vagina	Monthly				
DIAPHRAGM 	12 out of 100	Put in vagina with spermicide	Every time you have sex	No menstrual side effects	Allergic reaction, irritation	No hormones	
EXTERNAL CONDOM 	13 out of 100	Put over penis	Every time you have sex	No menstrual side effects	Allergic reaction, irritation	No hormones No prescription	
VAGINAL GEL 	14 out of 100	Put in vagina			Allergic reaction, irritation	No hormones	
WITHDRAWAL 	20 out of 100	Pull penis out of vagina before ejaculation			No side effects	No hormones Nothing to buy	
INTERNAL CONDOM 	21 out of 100	Put in vagina			Allergic reaction, irritation	No hormones No prescription	
SPONGE 	24 out of 100	Put in vagina			No side effects	No hormones Increased awareness of fertility signs	
FERTILITY AWARENESS-BASED METHODS 	24 out of 100	Monitor fertility signs and abstain or use condoms on fertile days			Every day	Allergic reaction, irritation	No hormones No prescription
SPERMICIDES 	28 out of 100	Put in vagina			Every time you have sex	Allergic reaction, irritation	No hormones No prescription

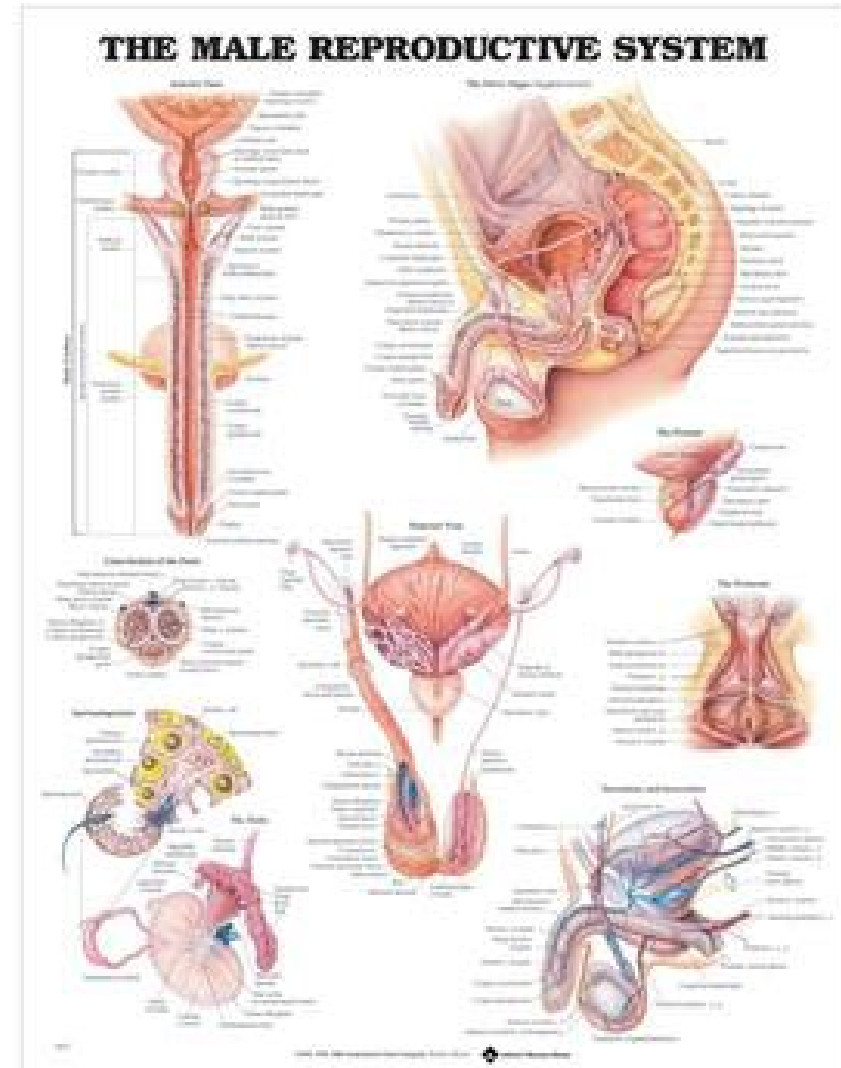
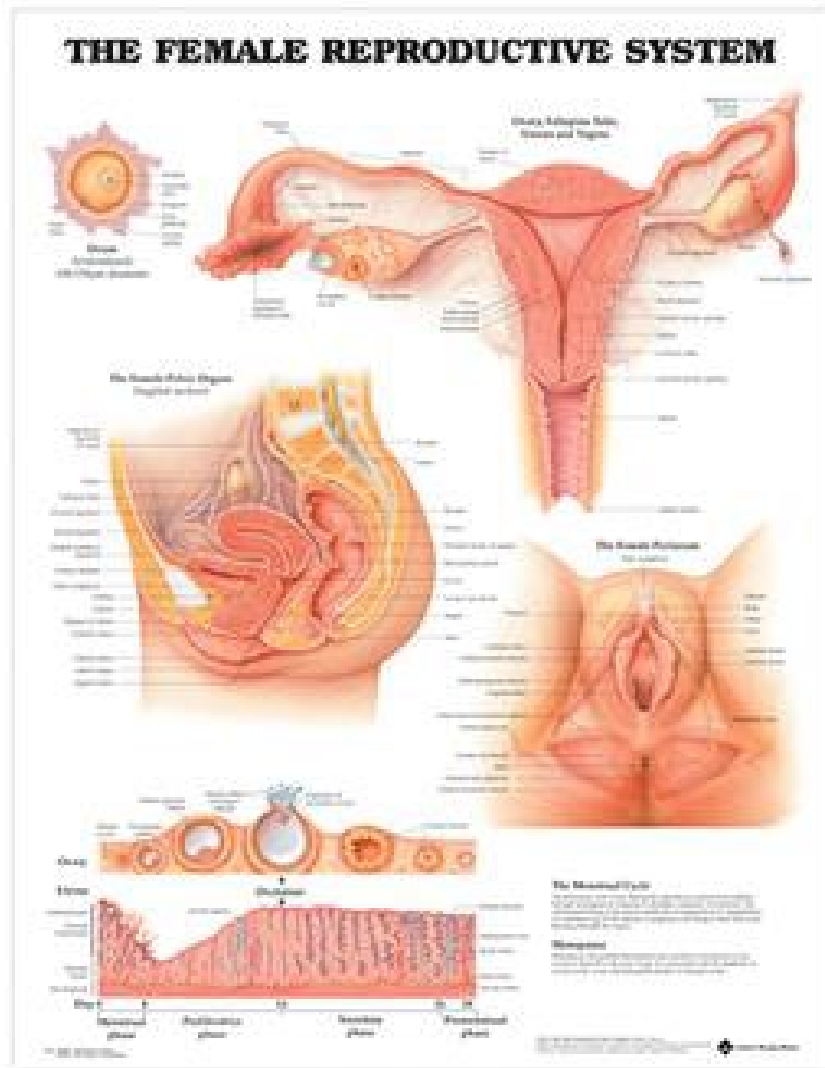
MOST EFFECTIVE

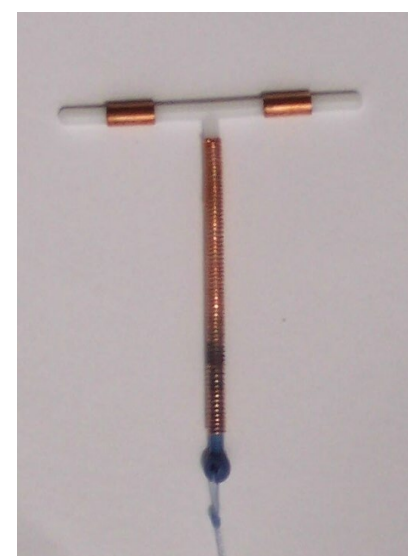
MODERATELY EFFECTIVE

LEAST EFFECTIVE

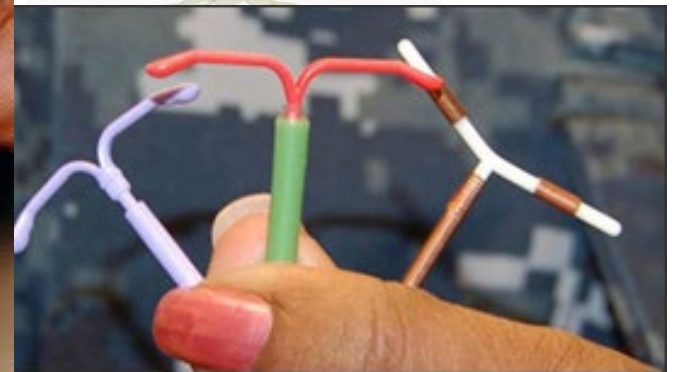
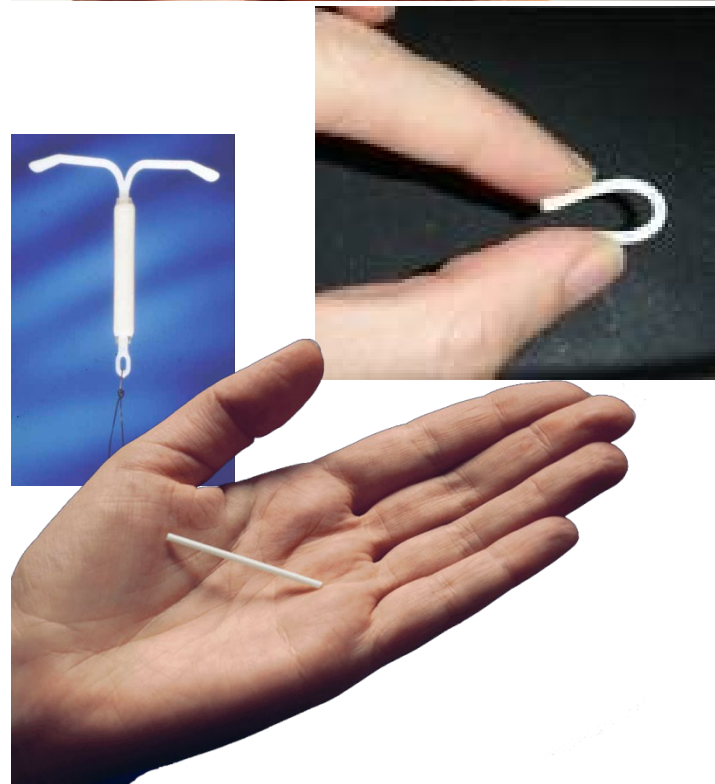
*The number of women out of every 100 who have an unintended pregnancy within the first year of typical use of each method. Other methods of birth control: (1) Lactational Amenorrhea Method (LAM) is a highly effective, temporary method of contraception, and (2) Emergency Contraception, emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy. Reference for effectiveness rates: Russell J. Contraceptive failure in the United States. *Contraception* 2011; 83: 397-404. Sundaram A. Contraceptive failure in the United States. *Perspect Sex Reprod Health* 2017; 49:7-16. Other references available on www.rhntc.org. This publication was supported by the Office of Population Affairs Grants PFFA006930, TFSH400386Q and the Office on Women's Health (Grant ASTWH2000-90-01-00). The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Use Visual Aids





Use Tactile Aids





**ASK
A FOLLOW
UP
QUESTION**

A follow up
question
requires the
client to
Integrate
Information

How would that be for you?

Has that ever happened before?

How did you manage it?

Do you have a sense of how you
would manage it?

(Hatcher. 2018)

Teach Back

“We’ve just gone over a ton of information and I’m not always as clear as I would like to be...”

“Just to be sure I didn’t forget to tell you something...”

...can you tell me how you are going to take generic Aleve before your period starts to lessen your bleeding with the copper IUD?”



Better than: “Do you have any questions?”



Better than: “What questions do you have?”

What QUESTIONS do
you have
about _____?

IUD and Implant Removals

- Many providers are reluctant to remove devices because they are so effective
- Clients do not have to justify why they want a device removed from their body
- When discussing placement, even before the client is using the device, let the client know that ***it is their right*** to have it removed at any time!

Request for Removal

- Begin with assurance that **you will remove the device.**
- If client has concerns that cause them to want removal, you can respectfully ask what is concerning to them.
 - This is so you can offer *management if the client is open to the conversation* (and if there is a management option)

Or

- So that you can offer accurate information if the request or concern is based on misinformation.



**“THIS DEVICE IS GOOD FOR UP TO __ YEARS.
BUT IF YOU WANT TO GET PREGNANT BEFORE THAT
OR *IF YOU WANT IT OUT FOR ANY REASON,*
WE WILL REMOVE IT FOR YOU!
AND YOUR ABILITY TO GET PREGNANT GOES BACK TO WHATEVER
IS NORMAL FOR YOU, IMMEDIATELY.”**

The background of the image shows a body of water with concentric ripples. A bright, golden light, likely from a sunset or sunrise, is reflected on the left side of the water, creating a shimmering path. The overall color palette is dominated by warm, golden-brown and blue tones.

Q&A