



Highlights From the *U.S. Selected Practice Recommendations for Contraceptive Use*

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Unintended pregnancy continues to be a significant public health issue in the United States. Compared with all developed countries, the United States ranks highest for unintended pregnancies (Guttmacher Institute, 2016). It is for this reason that a goal of Healthy People

2020 is to “improve pregnancy planning and spacing, and prevent unintended pregnancy” (U.S. Department of Health and Human Services, n.d.). By partnering with individuals to identify a contraceptive method that meets their reproductive life goals and can be used correctly

Abstract The U.S. Centers for Disease Control and Prevention recently updated the *U.S. Selected Practice Recommendations for Contraceptive Use* to foster a reduction in unplanned pregnancy rates and to provide clinicians an evidence-based guide for contraception management. Nurses play an important role in helping women and families with reproductive life planning. By bridging knowledge gaps and removing access barriers with regard to contraception, nurses can contribute to reducing rates of unintended pregnancy. Nurses and other clinicians are encouraged to use the *U.S. Selected Practice Recommendations for Contraceptive Use* when counseling women about safe and effective contraception management. <https://doi.org/10.1016/j.nwh.2018.02.006>

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and consistently, nurses play a vital role in achieving this goal.

Correct and consistent contraception use is an important factor for reducing rates of unintended pregnancy. The *U.S. Selected Practice Recommendations for Contraceptive Use, 2016* (U.S.

The U.S. Selected Practice Recommendations for Contraceptive Use, 2016 (U.S. SPR) are an important resource for assisting clinicians with the initiation and management of specific contraceptive methods

SPR) are an important resource for assisting clinicians with the initiation and management of specific contraceptive methods (Curtis, Jatlaoui, et al., 2016). They are an essential resource for meeting the family planning objectives set forth in Healthy People 2020, and they serve as a companion document to the U.S. Medical Eligibility Criteria for Contraceptive Use (MEC; Curtis, Tepper, et al., 2016). The MEC provide safe contraception recommendations for women with specific diagnoses and are also used to provide information about risks, adverse effects, and benefits of contraception options.

Clinics providing family planning services may experience an increase in contraception management appointments due to the unknowns associated with reimbursement. Under the Affordable Care Act, women have the right to freely choose from a full range of reimbursed contraceptive methods as they make reproductive life plans. Nurses can play an important role in reducing unplanned pregnancy rates by bridging knowledge gaps and removing access barriers. The U.S. SPR are an important tool that can be used by nurses to guide contraception counseling. This article reviews highlights and updates contained in the latest edition of the U.S. SPR.

Evaluating Past Medical History Before Prescribing Contraception

A thorough assessment of a woman's medical history is essential before initiation of a

contraceptive option to identify contraindications such as a current pregnancy. The effectiveness of hormonal and nonhormonal contraceptive options may be influenced by factors in a woman's medical history. Therefore, collecting information about a woman's history is essential to recommending the most effective option for her.

Importance of the Annual Well-Woman Visit

An annual well-woman visit is recommended as a part of routine preventive care (American College of Obstetricians and Gynecologists [ACOG], 2012). This is an important opportunity for performing wellness evaluations (Curtis, Jatlaoui, et al., 2016). The well-woman visit is the ideal time to counsel a woman about contraception (Curtis, Jatlaoui, et al., 2016).

A physical examination is not a requirement for prescribing contraceptives and has been described in the research as a barrier to care (Yu, Henderson, Harper, & Sawaya, 2014). A pelvic examination should be performed for contraceptive options that require placement or sizing of a device inside the vagina. A breast examination in asymptomatic women with no history of breast cancer is also not a requirement for prescribing contraceptives (Curtis, Jatlaoui, et al., 2016). However, if a breast examination has not been performed recently, a health care provider can choose to rule out an existing mass before initiation. The well-woman visit is an ideal time to review the concept of breast self-awareness with a woman.

Pregnancy Evaluation Before Prescribing Contraception

A detailed history provides the most accurate pregnancy assessment for most women. If a woman does not exhibit early signs of pregnancy and meets at least one of the criteria to be reasonably certain that she is not pregnant, then a pregnancy test is not necessary (Curtis, Jatlaoui, et al., 2016; Stanback, Qureshi, Sekadde-Kigundu, Gonzalez, & Nutley, 1999). The Centers for Disease Control and Prevention (CDC) recommends confirming at least one of the following criteria before prescribing contraception to be reasonably certain a woman is not pregnant:

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