

Updated Interim Zika Clinical Guidance for Pregnant Women and Data on Contraceptive Use to Decrease Zika-affected Pregnancies

**Clinician Outreach and Communication Activity (COCA) Call
August 9, 2016**



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Objectives

At the conclusion of this session, the participant will be able to:

- ❑ **Discuss revised diagnostic testing for Zika virus infection among pregnant women**
- ❑ **Discuss clinical management of pregnant women with confirmed or possible Zika virus infection**
- ❑ **Discuss use of a range of contraceptive methods in states, with a focus on highly effective methods; and**
- ❑ **Discuss strategies for increasing access and availability to highly effective contraception**

Today's First Presenter



Titilope Oduyebo, MD, MPH

Medical Officer

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Centers for Disease Control and Prevention

Today's Second Presenter



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Today's Third Presenter



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Topics to be covered

- Updated Interim Zika Clinical Guidance for Pregnant Women
 - Rationale for changes and updates to testing algorithm
 - Additional testing recommendations
 - Clinical management recommendations
- Pregnancy Planning and Contraception during a Zika Outbreak
 - Unintended pregnancy in states potentially affected by Zika
 - Data on contraception use in the United States
 - Strategies to increase access to and availability of contraception



Zika Virus & Pregnancy: CDC's Updated Interim Guidance for Pregnant Women

Titilope Oduyebo, M.D., M.P.H.

August 9, 2016

Background: Map of Areas with Active Transmission of Zika



54 countries and territories worldwide, including 41 countries and territories in the Americas, reporting active Zika virus transmission

As of August 2, 2016

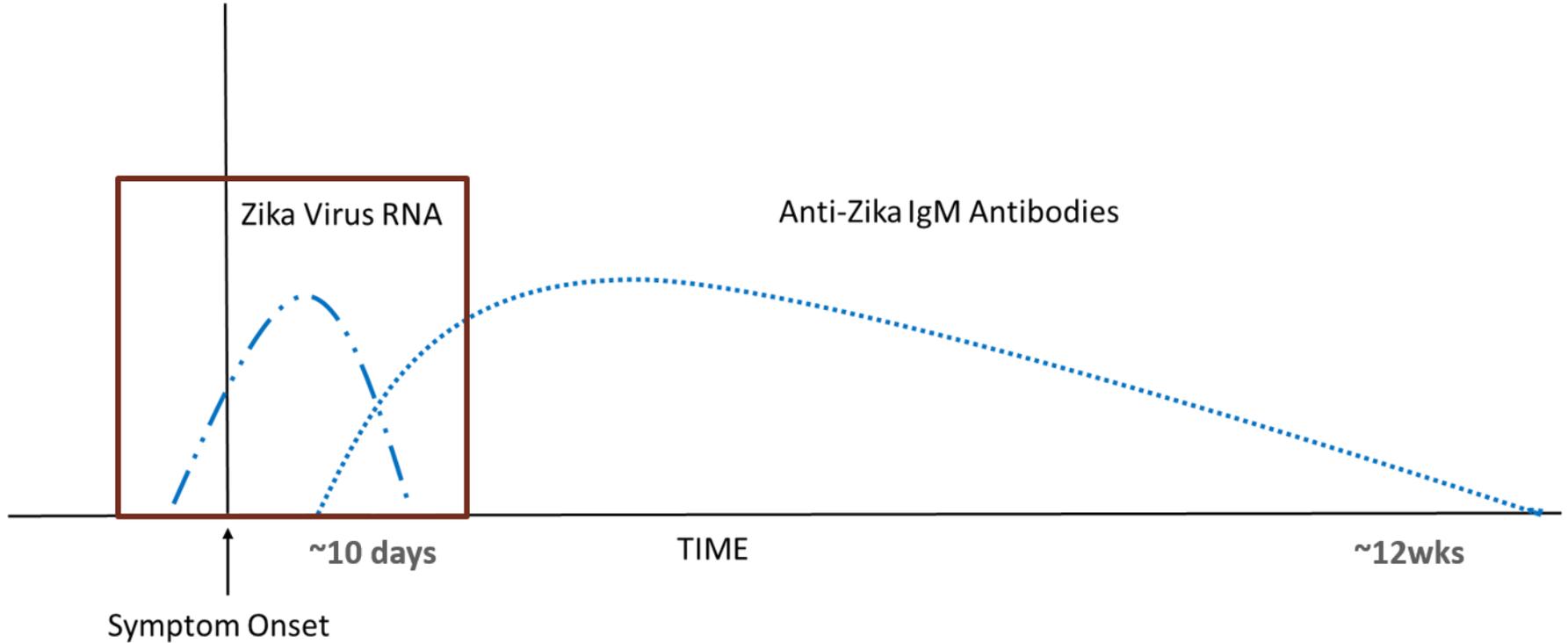
Local Transmission in the United States

- Florida Department of Health identified mosquito-borne transmission of Zika virus in a 1 square mile area of Miami
- CDC released recommendations for travel and testing of pregnant women and women of reproductive age who live in or have traveled to this area any time after June 15, 2016
- Health Advisory Notice emphasized that this updated interim clinical guidance should be applied in the context of active Zika virus transmission in Florida

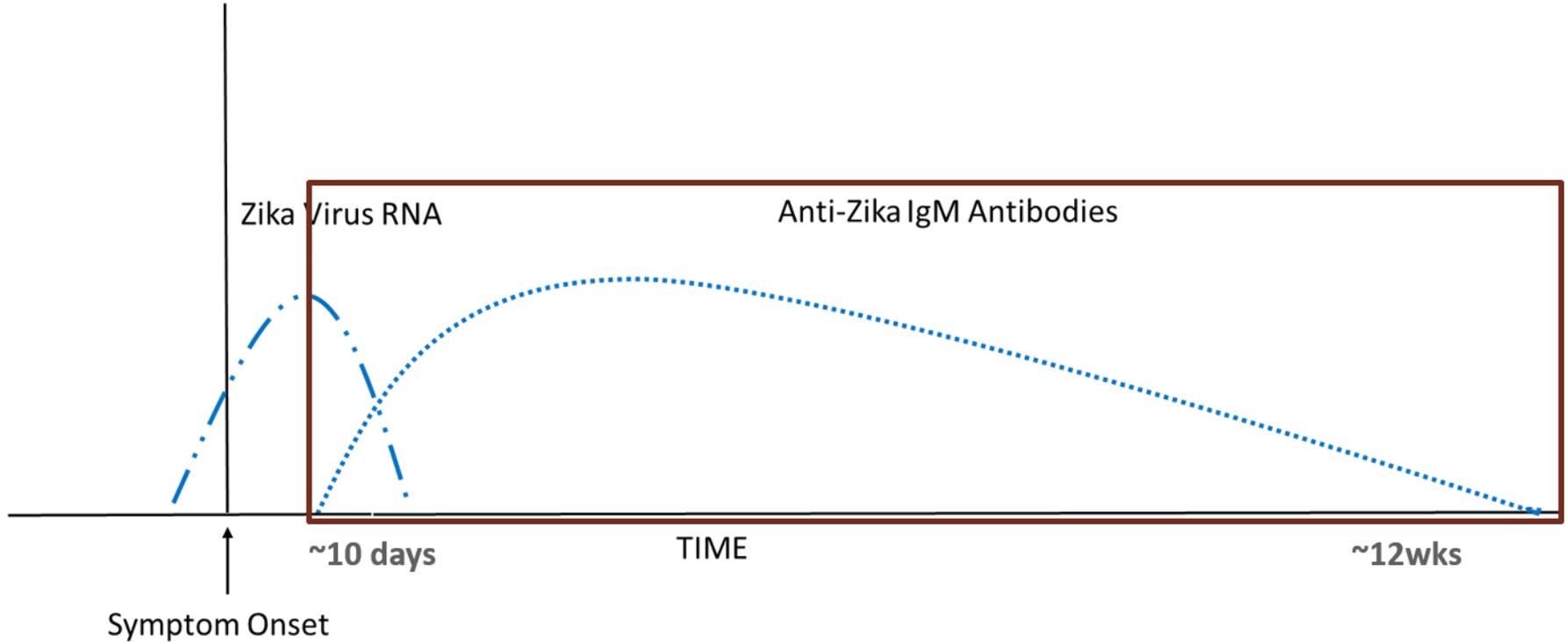
Diagnostic Testing for Zika Virus

- **Molecular method**
 - Real-time reverse transcriptase-polymerase chain reaction (rRT-PCR) for viral RNA in body fluids or tissues
- **Serologic method**
 - Zika virus immunoglobulin M (IgM) enzyme-linked immunosorbent assay
 - Plaque reduction neutralization test (PRNT) to detect neutralizing antibodies in serum

Detecting Zika Virus RNA



Detecting Zika Virus Antibodies

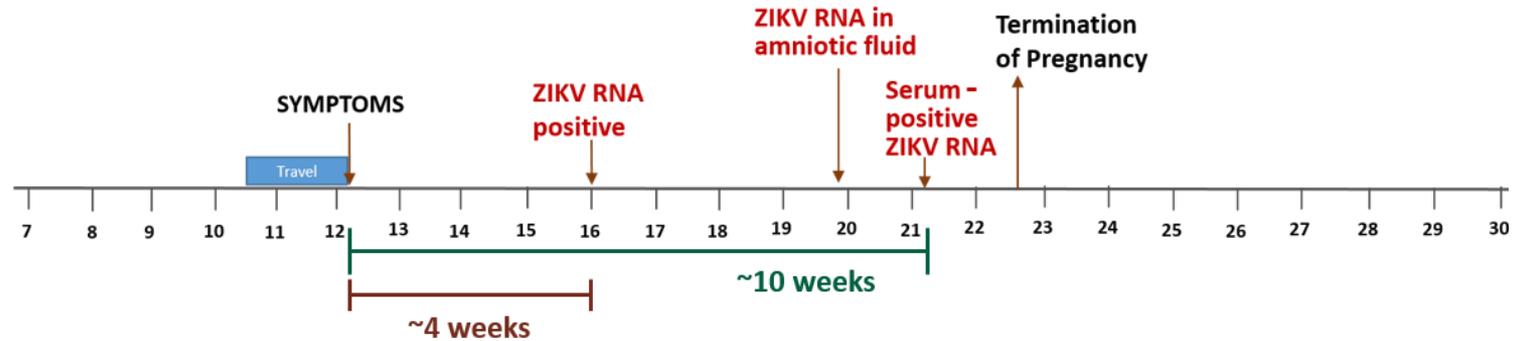


Limitations of Zika Tests

- Presence of Zika virus RNA is relatively short-lived and negative results do not preclude infection
- Testing for Zika virus IgM can result in false positive results because of cross-reacting antibodies against related flaviviruses and for nonspecific reasons
- PRNT levels may not distinguish infecting virus in people previously infected with or vaccinated against a related flavivirus

Rationale for Expanded RT-PCR Testing: Prolonged Detection of Zika Virus RNA

- Pregnant woman with Zika virus infection and prolonged detection of Zika virus in serum



- Case report highlights
 - Detection of ZIKV RNA in serum longer than expected

Prolonged Detection of Zika Virus RNA

- US Zika Pregnancy Registry
 - Case series: 5 pregnant women with Zika virus infection reported in 1st or 2nd trimester
 - 4 symptomatic (Zika RNA detected 17-46 days after symptom onset)
 - 1 asymptomatic (Zika RNA detected 53 days after possible exposure)
- Case series demonstrated that
 - Some pregnant women including asymptomatic women may have prolonged detection of Zika virus RNA in serum
 - Expanded rRT-PCR testing can provide a definitive diagnosis of Zika virus infection

MMWR Early Release
Vol. 65, Early Release
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Update: Interim Guidance for Health Care Providers Caring for Pregnant Women with Possible Zika Virus Exposure — United States, July 2016

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On July 25, 2016, this report was posted as an MMWR Early Release on the MMWR website (<http://www.cdc.gov/mmwr>).

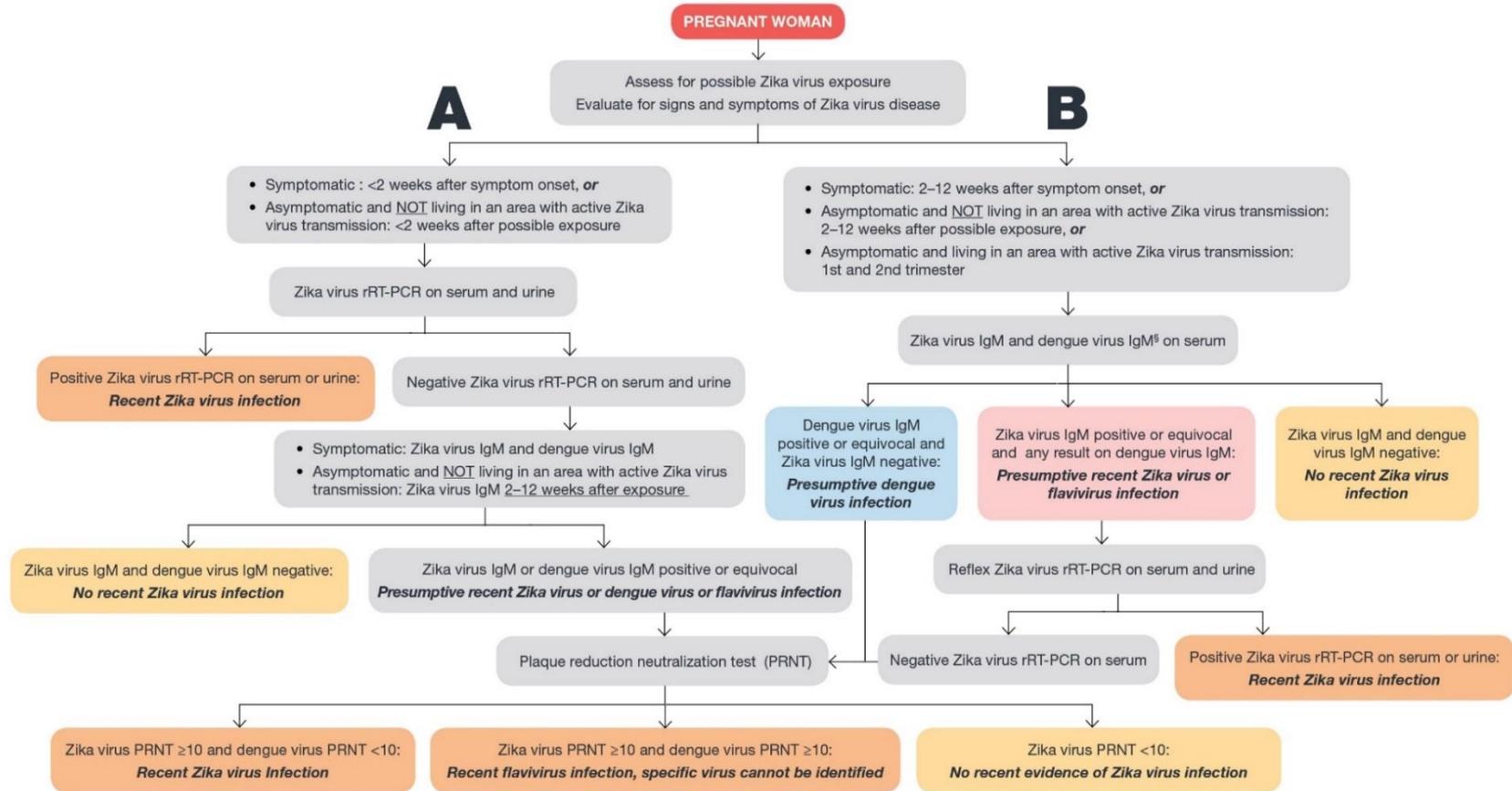
CDC has updated its interim guidance for U.S. health care providers caring for pregnant women with possible Zika virus exposure, to include the emerging data indicating that Zika virus RNA can be detected for prolonged periods in some pregnant

exposure. For asymptomatic pregnant women who live in areas without active Zika virus transmission and who are evaluated <2 weeks after last possible exposure, rRT-PCR testing should be performed. If the rRT-PCR result is negative, a Zika virus IgM antibody test should be performed 2–12 weeks after the exposure. Asymptomatic pregnant women who do not live in

Updated Testing Recommendations

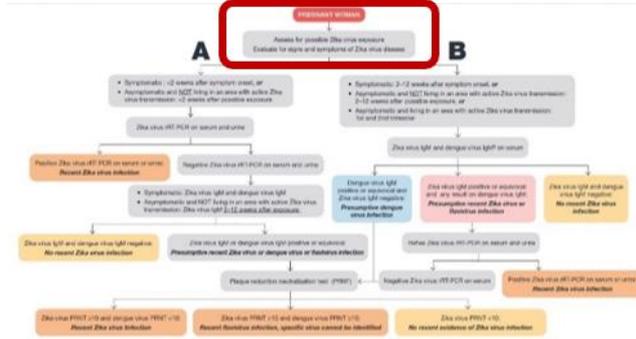
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Updated Testing Algorithm



Step 1: Assess Exposure and Evaluate Patient

Assess for possible Zika virus exposure
Evaluate for signs and symptoms of Zika virus disease



Assess for possible exposure to Zika

- 1) Does she *live in or has she traveled to an area with active Zika virus transmission* during pregnancy or in the periconceptional period?
- 2) Has she had *sexual activity* without barrier protection with a *partner who lives in or traveled to an area with active Zika virus transmission* during her pregnancy or in the periconceptional period?
- 3) How **long ago** was the last possible exposure?
 - < 2 weeks ago
 - 2-12 weeks ago
 - > 12 weeks ago

Evaluate for signs & symptoms of Zika virus disease

- 1) Does the patient report currently having or has she had one or more *signs or symptoms of Zika virus disease, including:*
 - *acute onset of fever, rash, arthralgia, or conjunctivitis*
- 2) How **long ago** did the symptoms begin?
 - < 2 weeks ago
 - 2-12 weeks ago
 - > 12 weeks ago

Arm A: Pregnant Women Presenting for Care within 2 Weeks of Symptoms or Exposure

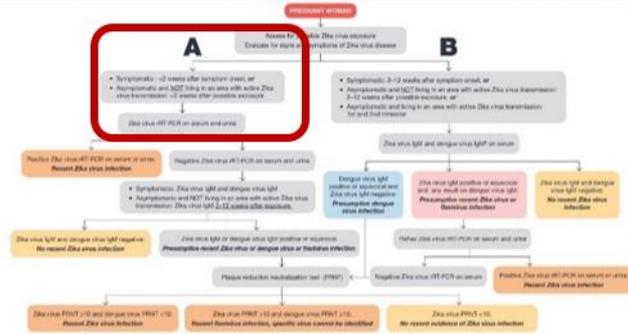
IF

- **Symptomatic:** <2 weeks after symptom onset
- **Asymptomatic and NOT living in an area with active Zika virus transmission:** <2 weeks after possible exposure



Testing indicated

Zika virus rRT-PCR on serum and urine

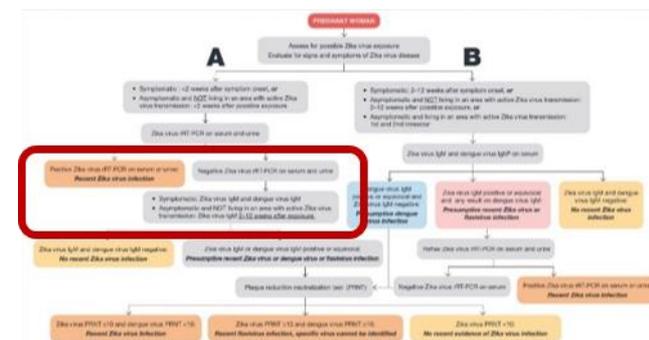


Arm A: rRT-PCR Results

Results

Positive Zika virus rRT-PCR on serum or urine

- **Recent Zika virus infection**



Results

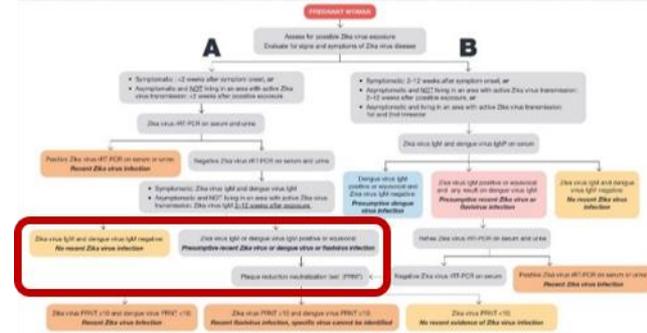
- Negative Zika virus rRT-PCR on serum and urine



Additional testing

- **Symptomatic:** Zika virus IgM and dengue virus IgM
- **Asymptomatic and NOT living in an area with active Zika virus transmission:** Zika virus IgM 2-12 weeks after exposure

Arm A: IgM Results



Results

Zika virus IgM and dengue virus IgM negative

- *No evidence of recent Zika virus infection*

Results

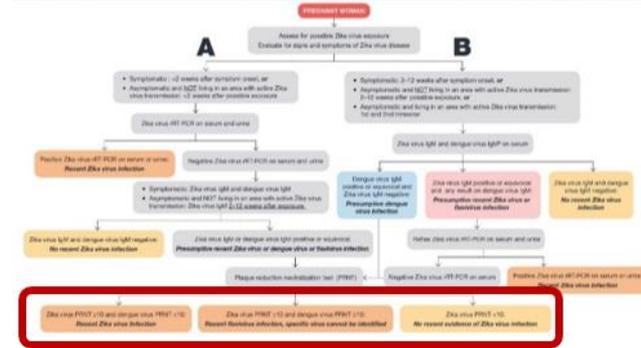
- *Zika virus IgM or dengue virus IgM positive or equivocal*



Additional testing

- **Plaque reduction neutralization test (PRNT)**

Arm A: PRNT Results



Results

Zika virus PRNT ≥ 10 and dengue virus PRNT < 10

- ***Recent Zika virus infection***

Results

Zika virus PRNT ≥ 10 and dengue virus PRNT ≥ 10

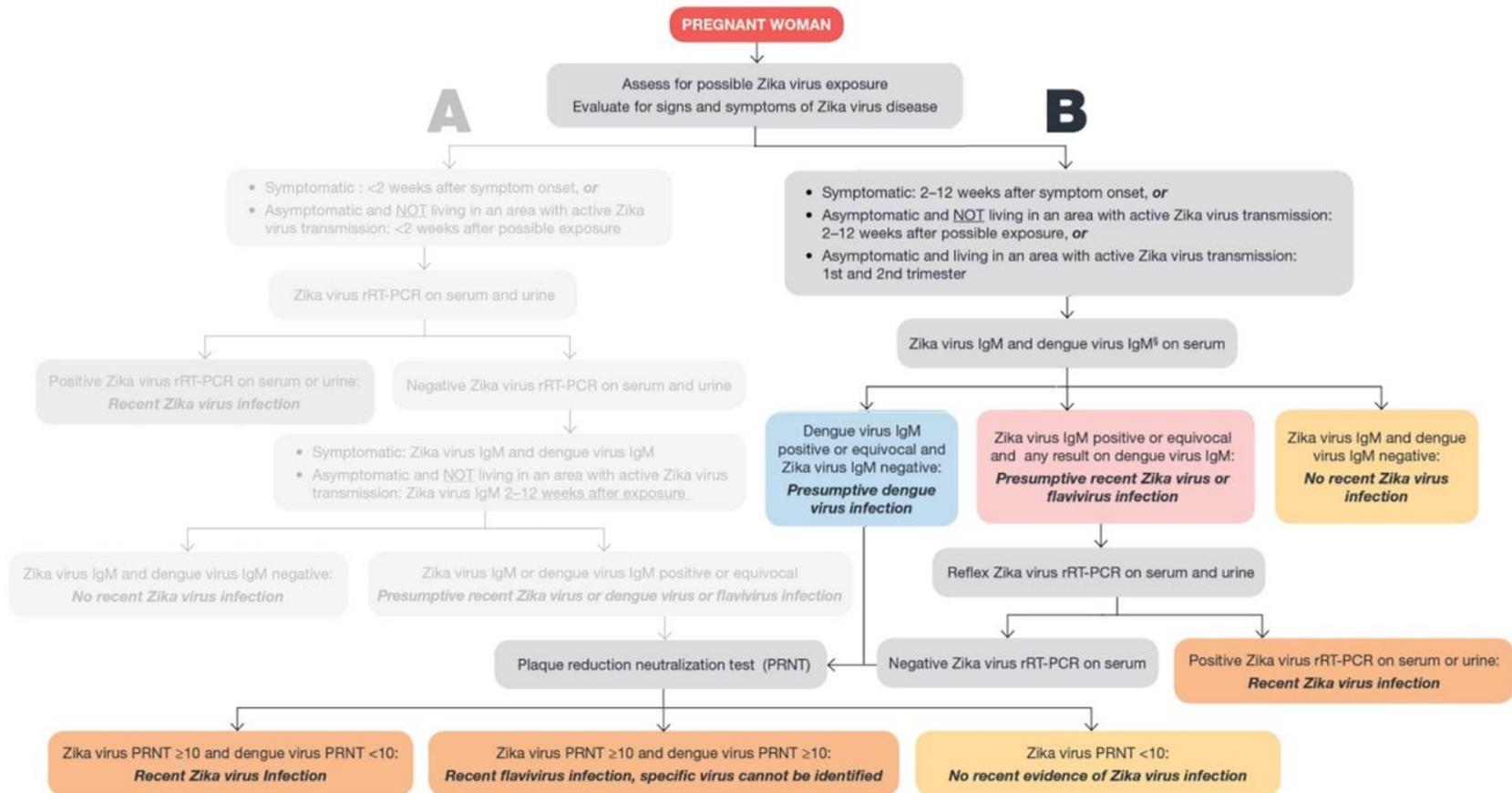
- ***Recent flavivirus infection, specific virus cannot be identified***

Results

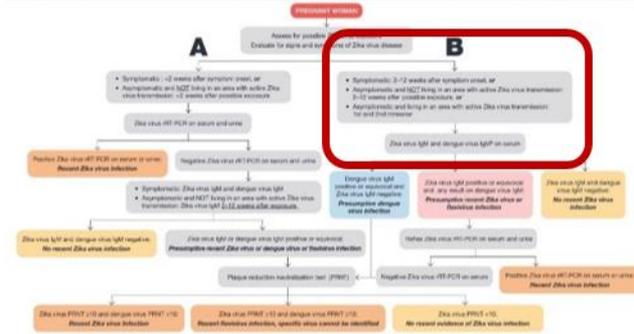
Zika virus PRNT < 10

- ***No evidence of recent Zika virus infection***

Updated Testing Algorithm: Arm B



Arm B: Pregnant Women Presenting for Care 2-12 Weeks after Symptoms or Exposure



IF

- **Symptomatic:** 2-12 weeks after symptom onset, or
- **Asymptomatic and NOT living in an area with active Zika virus transmission:** 2-12 weeks after possible exposure, or
- **Asymptomatic and living in an area with active Zika virus transmission:** 1st & 2nd trimester

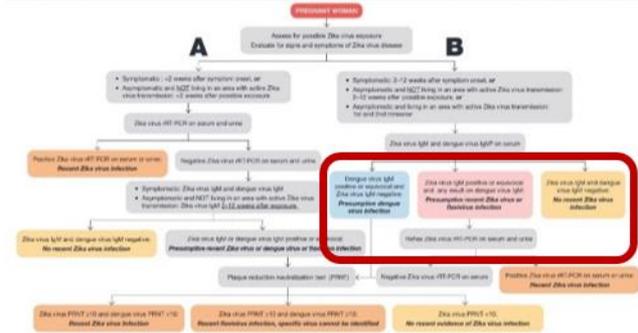


Testing indicated:

Zika virus IgM and dengue virus IgM[§] on serum

[§] Dengue virus IgM antibody testing is recommended only for symptomatic pregnant women

Arm B: IgM Results



Results

Dengue virus IgM positive or equivocal and Zika virus IgM negative



Additional testing:

- Plaque reduction neutralization test (PRNT)

Results

Zika virus IgM positive or equivocal and any result on dengue virus IgM



Additional testing:

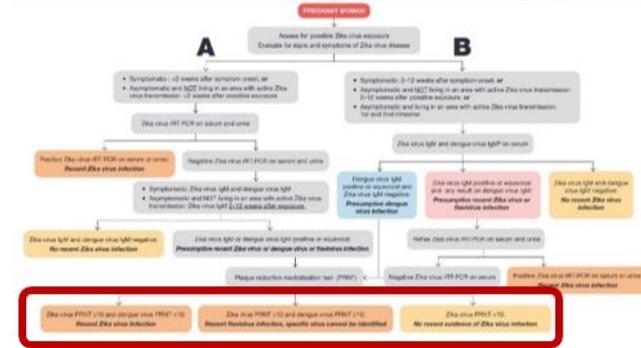
- Reflex Zika virus rRT-PCR on serum and urine

Results

Zika virus IgM and dengue virus IgM negative

- No evidence of recent Zika virus infection

Arm B: PRNT Results



Results

Zika virus PRNT ≥ 10 and dengue virus PRNT < 10

- **Recent Zika virus infection**

Results

Zika virus PRNT ≥ 10 and dengue virus PRNT ≥ 10

- **Recent flavivirus infection, specific virus cannot be identified**

Results

Zika virus PRNT < 10

- **No evidence of recent Zika virus infection**

Additional Testing Recommendations

- For symptomatic and asymptomatic pregnant women who seek care >12 weeks after symptom onset or possible exposure
 - Consider IgM antibody testing
 - If fetal abnormalities are present, also perform rRT-PCR testing
- A negative IgM or rRT-PCR result >12 weeks does not rule out Zika virus infection
 - Zika virus IgM antibody and RNA levels decrease over time
 - Serial fetal ultrasounds should be considered

Recommendations for Prenatal & Postnatal Management of Pregnant Women with Laboratory Evidence of Confirmed or Possible Zika Virus Infection

Prenatal Management: Confirmed or Presumptive Recent Zika Virus or Flavivirus Infection

- Serial ultrasounds every 3-4 weeks to assess fetal anatomy and growth
- Amniocentesis
 - Individualized for pregnant women with confirmed recent Zika virus or flavivirus infection
 - Can be considered for pregnant women with presumptive recent Zika virus or flavivirus infection

Postnatal Management: Confirmed or Presumptive Recent Zika Virus or Flavivirus Infection

- Live births
 - Infant serum should be tested for Zika RNA, Zika IgM, & dengue IgM
 - CSF (if obtained for other reasons)
 - Pathology testing by Zika rRT-PCR and/or immunohistochemical staining (IHC) of umbilical cord and placenta is recommended
- Fetal loss
 - Pathology testing with Zika virus rRT-PCR and/or IHC staining of fetal tissues is recommended

Clinical Management: No Evidence of Zika or Dengue

- Prenatal ultrasound to evaluate for fetal abnormalities consistent with congenital Zika virus infection
 - If fetal ultrasound is
 - Abnormal: repeat Zika virus rRT-PCR and IgM antibody tests; clinical management should be based on corresponding laboratory results
 - Normal: obstetric care should be based on whether pregnant woman has an ongoing risk of Zika virus exposure

Clinical management of a pregnant woman with suspected Zika virus infection

| Interpretation of Laboratory Results* | Prenatal Management | Postnatal Management |
|---|--|--|
| <u>Recent Zika virus infection</u> | <ul style="list-style-type: none"> Consider serial ultrasounds every 3–4 weeks to assess fetal anatomy and growth[†] Decisions regarding amniocentesis should be individualized for each clinical circumstance[§] | <p>LIVE BIRTHS:</p> <ul style="list-style-type: none"> Cord blood and infant serum should be tested for Zika virus rRT-PCR, Zika IgM, and dengue virus IgM antibodies. If CSF is obtained for other reasons, it can also be tested. Zika virus rRT-PCR and IHC staining of umbilical cord and placenta is recommended.[¶] <p>FETAL LOSSES:</p> <ul style="list-style-type: none"> Zika virus rRT-PCR and IHC staining of fetal tissues is recommended.[¶] |
| <u>Recent flavivirus infection; specific virus cannot be identified</u> | | |
| <u>Presumptive recent Zika virus infection**</u> | <ul style="list-style-type: none"> Consider serial ultrasounds every 3–4 weeks to assess fetal anatomy and growth[†] Amniocentesis might be considered; decision should be individualized for each clinical circumstance[§] | <p>LIVE BIRTHS:</p> <ul style="list-style-type: none"> Cord blood and infant serum should be tested for Zika virus rRT-PCR, Zika IgM, and dengue virus IgM antibodies. If CSF is obtained for other reasons, it can also be tested. Zika virus rRT-PCR and IHC staining of umbilical cord and placenta should be considered.[¶] <p>FETAL LOSSES:</p> <ul style="list-style-type: none"> Zika virus rRT-PCR and IHC staining of fetal tissues should be considered.[¶] |
| <u>Presumptive recent flavivirus infection**</u> | | |
| <u>Recent dengue virus infection</u> | <ul style="list-style-type: none"> Clinical management in accordance with existing guidelines (http://apps.who.int/iris/bitstream/10665/44188/1/9789241547871_eng.pdf). | |
| <u>No evidence of Zika virus or dengue virus infection</u> | <ul style="list-style-type: none"> Prenatal ultrasound to evaluate for fetal abnormalities consistent with congenital Zika virus syndrome.[†] <ul style="list-style-type: none"> Fetal abnormalities present: repeat Zika virus rRT-PCR and IgM test; base clinical management on corresponding laboratory results. Fetal abnormalities absent: base obstetric care on the ongoing risk of Zika virus exposure to the pregnant woman. | |

Clinician Testing Assistance

- CDC maintains a 24/7 Zika consultation service for health officials and healthcare providers caring for pregnant women to assist with test interpretation and questions about clinical management
 - To contact the service, call 770-488-7100 and ask for the Zika Pregnancy Hotline or email ZIKAMCH@cdc.gov
- Healthcare providers should work closely with the state, local, or territorial health department to ensure that all appropriate testing will be performed.



Contraception and Pregnancy Planning During a Zika Outbreak

Erin Berry-Bibee, MD, MPH

Charlan Kroelinger, PhD

August 9, 2016

Topics to be Covered: Contraception

- Considerations for women and couples interested in conceiving
- Unintended pregnancy in states potentially affected by Zika
- Contraception to minimize Zika-affected pregnancies
- Contraceptive method effectiveness
- Data on contraception use in the United States
- Strategies to increase access to and availability of long-acting reversible contraception (LARC)

Considerations for Women and Couples Interested in Conceiving in the Context of Zika

- Reproductive life plan
- Environmental risk of exposure
- Personal measures to prevent mosquito bites
- Personal measures to prevent sexual transmission
- Education about Zika virus infection during pregnancy
- Risks and benefits of pregnancy at this time
- Delay in conception if either partner infected with Zika virus



Tools for Healthcare Providers and Couples Who Want to Conceive

PRECONCEPTION COUNSELING

For Women and Men Living in Areas with Ongoing Spread of Zika Virus Who Are Interested in Conceiving

This guide describes recommendations for counseling women and men living in areas with Zika who want to become pregnant and have not experienced clinical illness consistent with Zika virus disease. This material includes recommendations from CDC's updated guidance¹, key questions to ask patients, and sample scripts for discussing recommendations and preconception issues. Because a lot of content is outlined for discussion, questions are included throughout the sample script to make sure patients understand what they are being told.

| Recommendation | Key Issue | Questions to Ask | Sample Script |
|------------------------------------|--|--|--|
| Assess pregnancy intentions | Introduce importance of pregnancy planning | <p><i>Have you been thinking about having a baby?</i></p> <p><i>Would you like to become pregnant in the next year?</i></p> <p><i>Are you currently using any form of birth control?</i></p> | <p>If you are thinking of having a baby, I would like to help you have a healthy and safe pregnancy. With the Zika virus outbreak, planning pregnancy is more important than ever. Preparing and planning for a healthy pregnancy means getting as healthy as you can before becoming pregnant, and also taking the time now to learn about how best to care for yourself during pregnancy.</p> |
| Assess risk of Zika virus exposure | Environment | <p><i>Do you have air conditioning in your home? At work?</i></p> <p><i>Do you have window and door screens in your home? At work?</i></p> <p><i>Do you have a bed net? Would you consider using one?</i></p> <p><i>Do you live in an area with a lot of mosquitoes?</i></p> | <p>The best way to prevent Zika is to prevent mosquito bites. To protect yourself at home and work, use air conditioning if possible. Install window and door screens and repair any holes to help keep mosquitoes outside. Sleep under a bed net, if air conditioning or screened rooms are not available. Since you live in an area where Zika is spreading, you are at risk of getting Zika. It is important that we discuss the timing of your pregnancy, and ways to prevent infection when you are pregnant.</p> <p>Knowledge check: What are some ways to protect yourself at home and work?</p> |
| | Personal measures to prevent mosquito bites | <p><i>Are you willing to wear clothes that cover your skin, like long pants and long-sleeved shirts?</i></p> <p><i>Do you dip or spray your clothes with permethrin or wear permethrin-treated clothing (specially treated clothing to keep mosquitoes away)?</i></p> <p><i>Do you use insect repellents throughout the day and night? How often do you reapply? Are you following the directions on the label?</i></p> <p><i>Do you have standing water near or around your home or workplace?</i></p> <p><i>Do you empty standing water you find near your home?</i></p> | <p>Now and throughout your pregnancy, you and your partner should take important steps to protect yourselves from getting Zika. Wearing long-sleeved shirts and long pants protects your arms and legs. Treating clothing with permethrin adds another layer of protection, just don't put it directly on your skin. Use EPA-registered insect repellents with one of the following active ingredients: DEET, picaridin, IR3535, or oil of lemon eucalyptus. These insect repellents are safe to use during pregnancy. Always follow the product label instructions and use as directed. This includes reapplying throughout the day as directed on the product label instructions. Help reduce the number of mosquitoes around your home by emptying standing water from flowerpots, gutters, buckets, pool covers, pet water dishes, discarded tires, and birdbaths on a regular basis.</p> <p>Knowledge check: How would you describe the steps to protect yourself from mosquito bites?</p> |
| | Personal measures to prevent sexual transmission | <p><i>After you become pregnant, are you and your partner willing to either use condoms or not have sex for the duration of your pregnancy?</i></p> | <p>Zika virus can also be transmitted through sexual contact. Your partner might be bitten by a mosquito and become infected with Zika, and then he could infect you. Most people who get infected with Zika virus don't get sick, so your partner might not have any symptoms of Zika. While you're trying to get pregnant, it's important to protect yourselves from mosquito bites. Once you know you're pregnant, you and your partner should use a condom the right way, every time you have vaginal, anal, or oral (mouth-to-penis) sex or you should not have sex while you are pregnant.</p> <p>Knowledge check: How can you protect yourself from sexual transmission?</p> |

References:
 1. Peterson EE, Polen K, Messney-Delman D, et al. Update: Interim Guidance for Health Care Providers Caring for Women of Reproductive Age with Possible Zika Virus Exposure—United States, 2016. *MMWR*. 2016.
 2. In some places, such as Puerto Rico, there is widespread permethrin resistance and it should not be used.

Zika Virus

Zika Virus Home

- About Zika +
- Prevention +
- Transmission +
- Symptoms, Testing, & Treatment +
- Areas with Zika +
- Mosquito Control +
- Information for Specific Groups -
- Pregnant Women +
- State & Local Health Departments +
- Parents +
- Women & Their Partners**

[CDC > Zika Virus Home > Information for Specific Groups](#)

Women & Their Partners



If you aren't pregnant, but you're thinking about having a baby, here's what you can do.

1. Talk with your doctor or healthcare provider.
2. Take steps to [prevent mosquito bites](#).
3. Take steps to [prevent getting Zika through sex](#).

Talk with your doctor or other healthcare provider

Women and their partners who are thinking about pregnancy should talk with their doctor or healthcare provider about

- Their plans for having children
- The potential risk of getting Zika during pregnancy
- Their partner's potential exposures to Zika

CDC has guidance to help healthcare providers discuss pregnancy planning with women and their partners after mosquito-borne Zika. The table below shows the suggested timeframes for waiting to

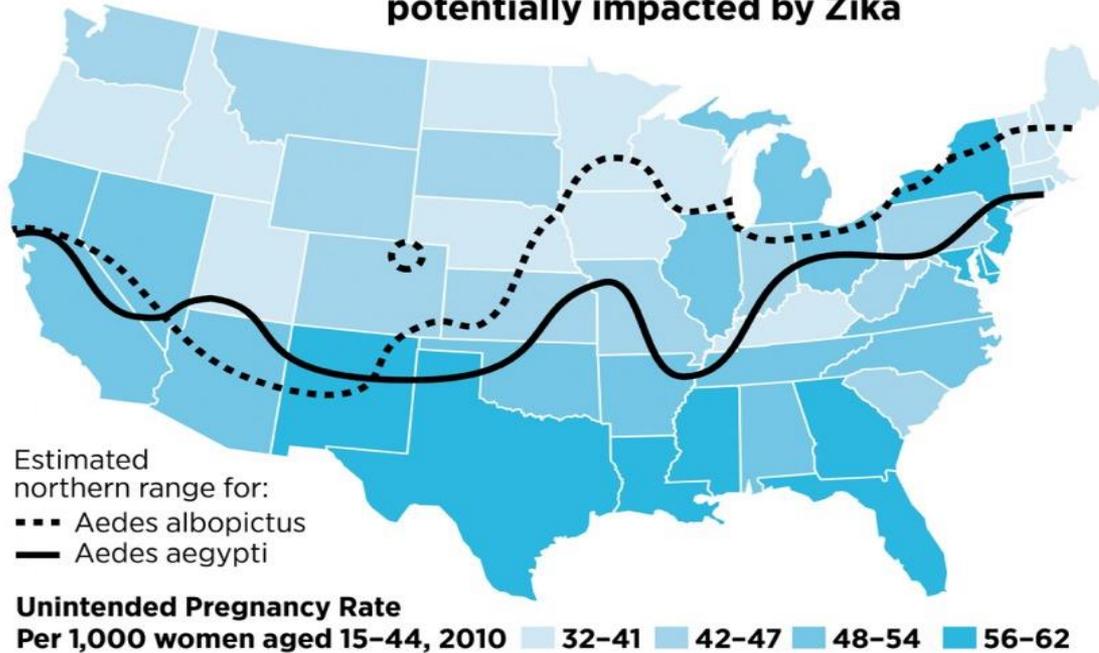
www.cdc.gov/Zika

*Free online materials available to download in English and Spanish

Preventing Zika-related Outcomes for Women Who Choose to Delay or Avoid Pregnancy

Unintended Pregnancy in States Potentially Impacted by Zika

Unintended pregnancy is common in many states potentially impacted by Zika



guttmacher.org

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Dreweke J. *Countering Zika Globally and in the United States: Women's Right to Self-Determination Must Be Central*, New York: Guttmacher Policy Review, 2016, https://www.guttmacher.org/sites/default/files/article_files/gpr1902316.pdf.

Current contraceptive use in the United States, 2006–2010, and changes in patterns of use since 1995, *National Health Statistics Reports*, 2012, No. 60.

Preventing Unintended Pregnancy During a Zika Outbreak

- The best way to reduce risk of unintended pregnancy is to use effective birth control ***consistently*** and ***correctly***.
- Preventing unintended pregnancy is a ***primary strategy*** to prevent poor pregnancy and birth outcomes linked to Zika infection during pregnancy.

Contraceptive Counseling during a Zika Virus Outbreak

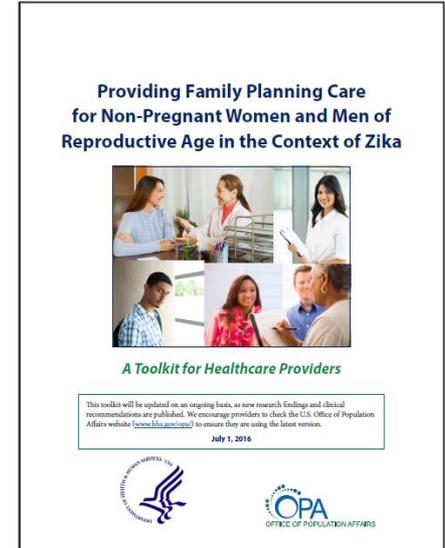
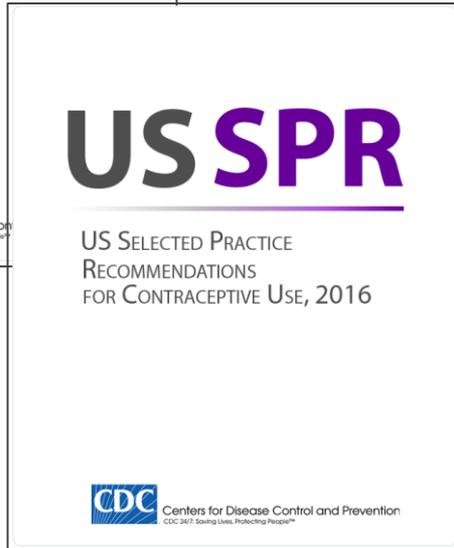
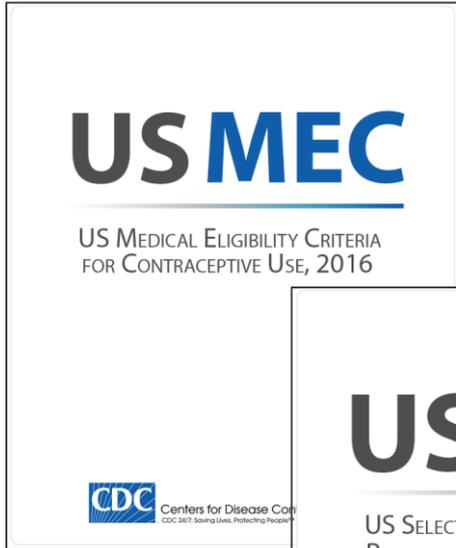
- Healthcare providers should discuss:
 - ✓ Strategies to prevent unintended pregnancy
 - ✓ Use of contraceptive methods that best meet the needs of the woman and/or couple and can be used correctly and consistently
 - ✓ Role of correct and consistent use of condoms and other barrier methods to reduce the risk for sexually transmitted infections, including Zika



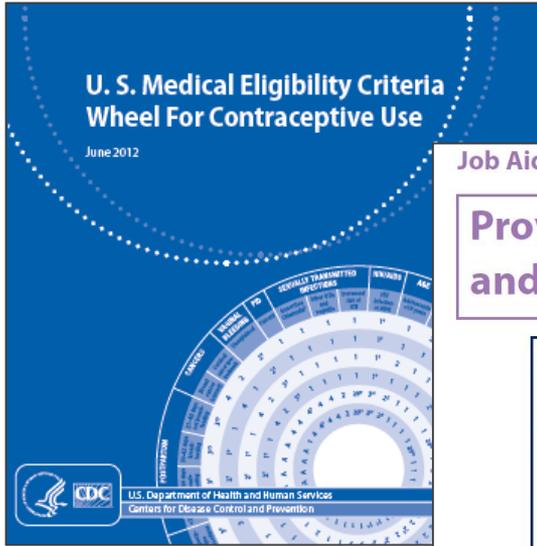
Client-Centered Approach to Contraceptive Counseling

- Respects the client's primary purpose for seeking services
- Notes the importance of confidential services
- Encourages the availability of the full-range of FDA-approved contraceptive methods
- Delivers culturally competent services

Contraceptive Guidance for Healthcare Providers



Contraceptive Counseling Tools for Healthcare Providers



Job Aid #4

Providing Client-Centered Contraceptive Counseling and Education

Principles for Providing Quality Contraceptive Counseling

Counseling is a process that enables your client to make and follow their own health decisions. Providing quality counseling is an essential component of client-centered care.

Your client is the primary focus when providing counseling related to reproductive health. Using client-centered skills, you tailor the interactive counseling and education to meet the unique and culturally appropriate needs of your client.

PRINCIPLE 1:

Establish and maintain rapport with the client

- ▶ Create a welcoming environment — greet the client warmly, show respect, and listen to their concerns.
- ▶ Listen to and engage your client by asking open-ended questions. Encourage them to share their thoughts and feelings.
- ▶ Use confidentiality to help build a climate of safety and trust that will encourage your client to share their needs and concerns.

| EFFECTIVENESS | REVERSIBILITY | REVERSIBLE | | PERMANENT STERILIZATION | | |
|--|---------------|--|---|---|---|-------------------------|
| | | REVERSIBLE | REVERSIBLE | PERMANENT STERILIZATION | PERMANENT STERILIZATION | |
| MOST EFFECTIVE ↑ Less than 1 pregnancy per 100 women in a year | REVERSIBLE | Implant Once in place, little or nothing to do or remember. 0.05% | Intrauterine Device (IUD) 0.2% LNG 0.8% Copper T | PERMANENT STERILIZATION After procedure, little or nothing to do or remember. Use another method for first 3 months (Hysteroscopic, Vasectomy). Female (Abdominal, Laparoscopic, and Hysteroscopic) 0.5% Male (Vasectomy) 0.15% | | |
| | | Injectable Get repeat injections on time. 6% | PII Take a pill each day. 9% | Patch Keep in place, change on time. 9% | Ring Use correctly every time you have sex. 9% | Diaphragm 12% |
| 6-12 pregnancies per 100 women in a year | REVERSIBLE | Male Condom 18% | Female Condom 21% | Withdrawal 22% | Sponge 12% Nulliparous Women 24% Parous Women | |
| 18 or more pregnancies per 100 women in a year | REVERSIBLE | Condoms should always be used to reduce the risk of sexually transmitted infections. | | Fertility Awareness-Based Methods Abstain or use condoms on fertile days. 24% | Spermicide 28% | |
| | | Use correctly every time you have sex. | | | | |
| LEAST EFFECTIVE ↓ | | JANUARY: [Calendar grid showing fertility days with X marks] | | | | |

Contraceptive Effectiveness

Highly Effective Contraceptive Methods

- Failure rate: < 1 pregnancy per 100 women each year
- Permanent methods: female sterilization (tubal ligation, transcervical sterilization), male vasectomy
- Long-acting reversible methods:
Intrauterine devices (IUDs), contraceptive implants

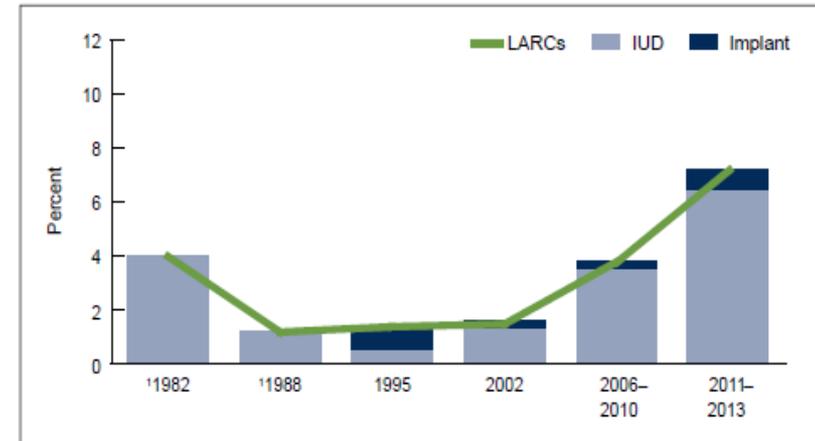


Long-Acting Reversible Contraception (LARC)

- Most effective type of reversible birth control
 - Safe
 - No effort after correct insertion
 - Effective for 3-10 years
 - Highest rates of satisfaction and continuation
 - Immediate return to fertility

- Nationally, use of LARC is low

Figure 1. Trends in current long-acting reversible contraceptive use, by device



¹Implants were not available in 1982 and 1988.

NOTES: Linear decrease from 1982 to 1988 and linear increase from 2002 to 2011–2013 for all LARCs are statistically significant; linear increase in IUD use from 1995 to 2011–2013 is statistically significant. IUD is intrauterine device; LARCs are long-acting reversible contraceptives.

SOURCE: CDC/NCHS, National Survey of Family Growth, 1982, 1988, 1995, 2002, 2006–2010, and 2011–2013.

CDC. U.S. medical eligibility criteria for contraceptive use, 2010. MMWR Recomm Rep 2010;59(No. RR-4):1–86.

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Boulet SL, D'Angelo DV, Morrow B, et al. Contraceptive Use Among Nonpregnant and Postpartum Women at Risk for Unintended Pregnancy, and Female High School Students, in the Context of Zika Preparedness — United States, 2011–2013 and 2015. MMWR Morb Mortal Wkly Rep. ePub: 2 August 2016. DOI: <http://dx.doi.org/10.15585/mmwr.mm6530e2>.

Moderately Effective Contraceptive Methods

- Failure rate: 6-12 pregnancies per 100 women each year
- Methods: injections, pills, patches, rings, diaphragms



Less Effective Contraceptive Methods

- Failure rate: ≥ 18 pregnancies per 100 women each year
- Methods: male and female condoms, cervical cap, sponge, withdrawal, spermicide, and fertility-based awareness methods





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Contraceptive Use Among Nonpregnant and Postpartum Women at Risk for Unintended Pregnancy, and Female High School Students, in the Context of Zika Preparedness — United States, 2011–2013 and 2015

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CDC and State Surveillance of Contraceptive Use

| Surveillance System | Population Surveyed | Data Analyzed |
|---|---|--------------------------------|
| Behavioral Risk Factor Surveillance System (BRFSS) | Nonpregnant women aged 18-44 at risk for unintended pregnancy | 2011-2013 data from 17 states |
| Pregnancy Risk Assessment Monitoring System (PRAMS) | Postpartum women aged 15-44 at risk for unintended pregnancy | 2013 data from 28 PRAMS states |
| Maternal and Infant Health Assessment (MIHA) | Postpartum women at risk for unintended pregnancy | 2013 data from California |
| Youth Risk Behavior Surveys (YRBS) | Sexually active female students in grades 9-12 | 2015 data |

Contraceptive Use in the United States, 2011-2013 & 2015

- For this analysis
 - Less effective contraception: >10 pregnancies per 100 women each year
 - Moderately effective contraception: 6-10 pregnancies per 100 women each year
- Contraception use varied across states
- Moderately and less effective methods were used more frequently than highly effective methods across all age groups and race/ethnicity.

Trussell J. Contraceptive failure in the United States. *Contraception* 2011;83:397–404.

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Contraceptive Use in the US: Women of Reproductive Age

| Surveillance System | Population | Percentage of Use by Effectiveness | | | |
|---------------------|---------------------------|------------------------------------|----------------------|------------------|------------------|
| | | High < 1% | Moderate 6% - 10% | Less > 10% | None |
| BRFSS | Women of reproductive age | 5.5% — 18.9% | 13.8% — 30.2% | 16.0% — 26.1% | 12.3% — 34.3% |

Trussell J. Contraceptive failure in the United States. *Contraception* 2011;83:397–404.

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Contraceptive Use in the US: Postpartum Women

| Surveillance System | Population | Percentage of Use by Effectiveness | | | |
|---------------------|------------------|------------------------------------|----------------------|------------------|-----------------|
| | | High < 1% | Moderate 6% - 10% | Less > 10% | None |
| PRAMS & MIHA | Postpartum women | 6.9% — 30.5% | 25.8% — 42.7% | 15.6% — 37.6% | 3.5% — 15.3% |

Trussell J. Contraceptive failure in the United States. *Contraception* 2011;83:397–404.

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Contraception Use in the US: Sexually Active Female High School Students

| Surveillance System | Population | Percentage of Use by Effectiveness | | | |
|---------------------|-----------------------------|------------------------------------|----------------------|------------------|-----------------|
| | | High < 1% | Moderate 6% - 10% | Less > 10% | None |
| YRBS | Sexually active HS students | 1.7% — 8.4% | 19.7% — 47.0% | 36.6% — 59.9% | 7.3% — 22.8% |

Trussell J. Contraceptive failure in the United States. *Contraception* 2011;83:397–404.

Boulet SL, D'Angelo DV, Morrow B, et al. Contraceptive Use Among Nonpregnant and Postpartum Women at Risk for Unintended Pregnancy, and Female High School Students, in the Context of Zika Preparedness — United States, 2011–2013 and 2015. *MMWR Morb Mortal Wkly Rep.* ePub: 2 August 2016.

Barriers to LARC Access and Availability

- High cost
- Limited provider reimbursement
- Training
- Lack of awareness about LARC methods
- Cultural and other factors

Strategies to Improve LARC Access and Availability

| Barriers | Strategies |
|--------------------------------------|---|
| High cost | <ul style="list-style-type: none"> Remove administrative barriers for contraceptive services and supplies Partner with health system payers to implement contraceptive services |
| Limited provider reimbursement | <ul style="list-style-type: none"> Reimburse for the full range of contraceptive services |
| Training | <ul style="list-style-type: none"> Increase healthcare provider training on insertion and removal techniques Improve same-day access to services by removing non-essential requirements |
| Lack of awareness about LARC methods | <ul style="list-style-type: none"> Provide client-centered contraceptive counseling on the full range of FDA-approved birth control methods Increase awareness of LARC methods to all clients |
| Cultural and other factors | <ul style="list-style-type: none"> Provide youth-friendly, culturally appropriate services during visits |

CDC's Activities

A decorative horizontal bar at the bottom of the slide, composed of several colored rectangular segments: blue, purple, green, red, grey, and blue.

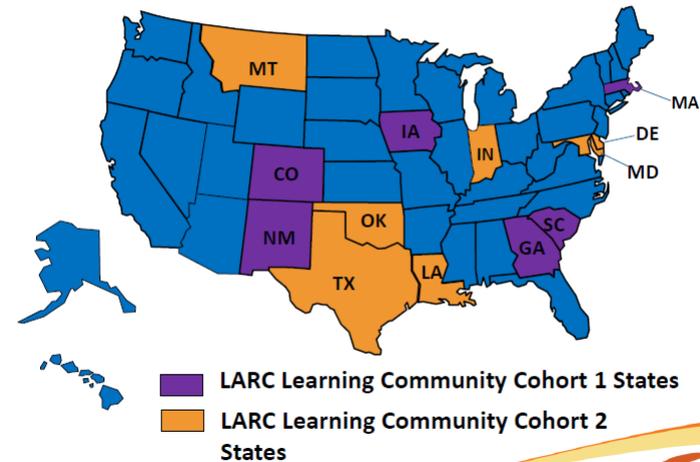
THE 6|18 INITIATIVE

EVIDENCE SUMMARY

Prevent Unintended Pregnancy



LARC Learning Community Cohorts 1 & 2 State Teams



astho™

Thanks to our many collaborators and partners!

For clinical questions, please contact

ZikaMCH@cdc.gov

For US Zika Pregnancy Registry questions, please contact

ZikaPregnancy@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



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- State your name
- Listen for the operator to call your name
- State your organization and then ask your question

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Chronic Pain: Dosing and Titration of Opioids
(final call in a series of 4)**

- **Date: Wednesday, August 17, 2016**
- **Time: 2:00 – 3:00 pm (Eastern Time)**

Free Continuing Education. Registration Not Required

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