Reproductive Healthcare at Maine Family Planning

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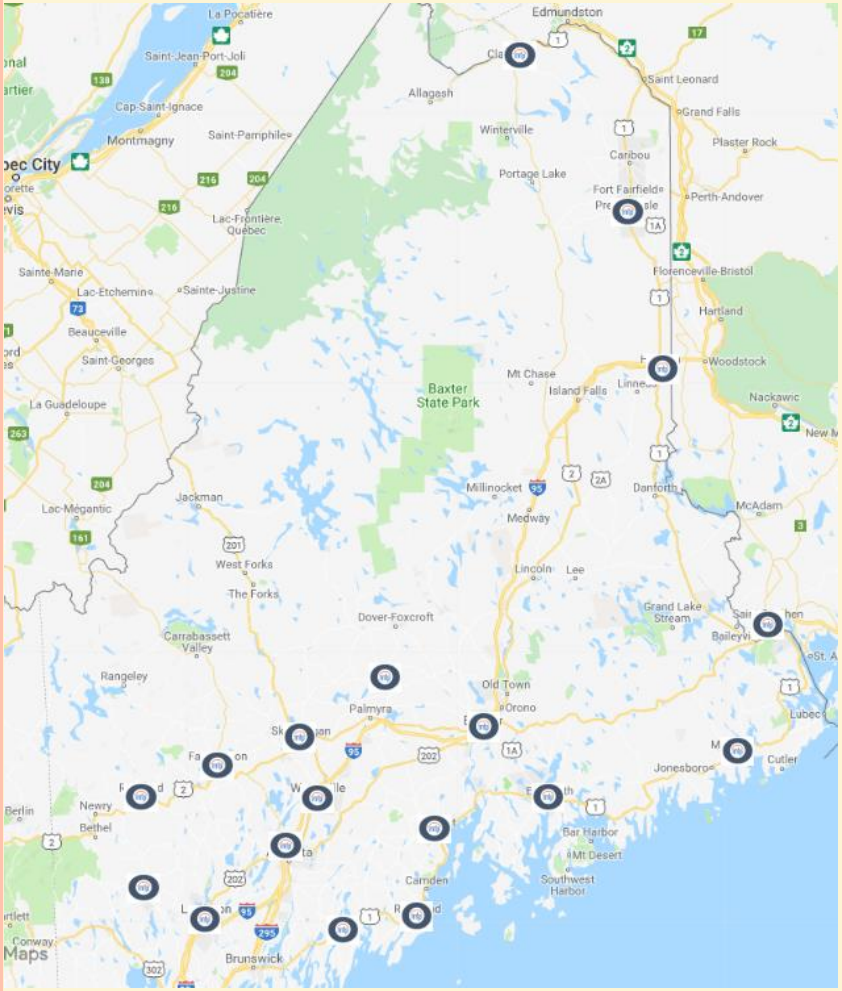
maine family planning

Objectives

- After attending this session, participants will have an understanding of:
  - An overview of services at Maine Family Planning and ways to access these services
  - Current recommendations and usage of contraceptive methods
  - Current testing and treatment protocols and incidence of sexually transmitted infections in Maine
  - Current methods of abortion care

Agenda

- Welcome and Introductions
- Overview of Maine Family Planning
- Contraceptive Methods
- Sexually Transmitted Infections
- Pregnancy Testing and Options Counseling
- Abortion Care
- Open Door Services: Gender Affirming Care
- Pre and Post Exposure Prophylaxis for HIV
- Teen Care
- Education and Lesson Plans
- Questions



maine family planning

- Established in 1971
- 18 clinics in the state of Maine
- Sexual and reproductive health services, gender affirming health care, primary care
- Abortion Care
- Subcontract to WIC, MaineFamilies, school-based health centers, FQHCs
- Public Affairs
- Education

1 **Augusta**
43 Gabriel Drive

2 **Bangor**
68 Mt. Hope Ave.

3 **Belfast**
147 Waldo Ave.

4 **Calais**
10 Barker St.
Suite D

5 **Damariscotta**
Pine Grove Plaza,
Route 1B
767 Main St.

6 **Dexter**
311A Corinna Rd.

7 **Ellsworth**
248 State St.
Suite 3A

8 **Farmington**
193 Front St.

9 **Fort Kent**
139 Market St.

10 **Houlton**
91 Military St.

11 **Lewiston**
179 Lisbon St.

12 **Machias**
247 Main St.

13 **Norway**
9 Marston St.

14 **Presque Isle**
5 Martin St.

15 **Rockland**
22 White St.

16 **Rumford**
218 Penobscot St.

17 **Skowhegan**
188 Madison Ave.

18 **Waterville**
18 Silver St.

maine family planning
CLINICS
Convenient care, close to home

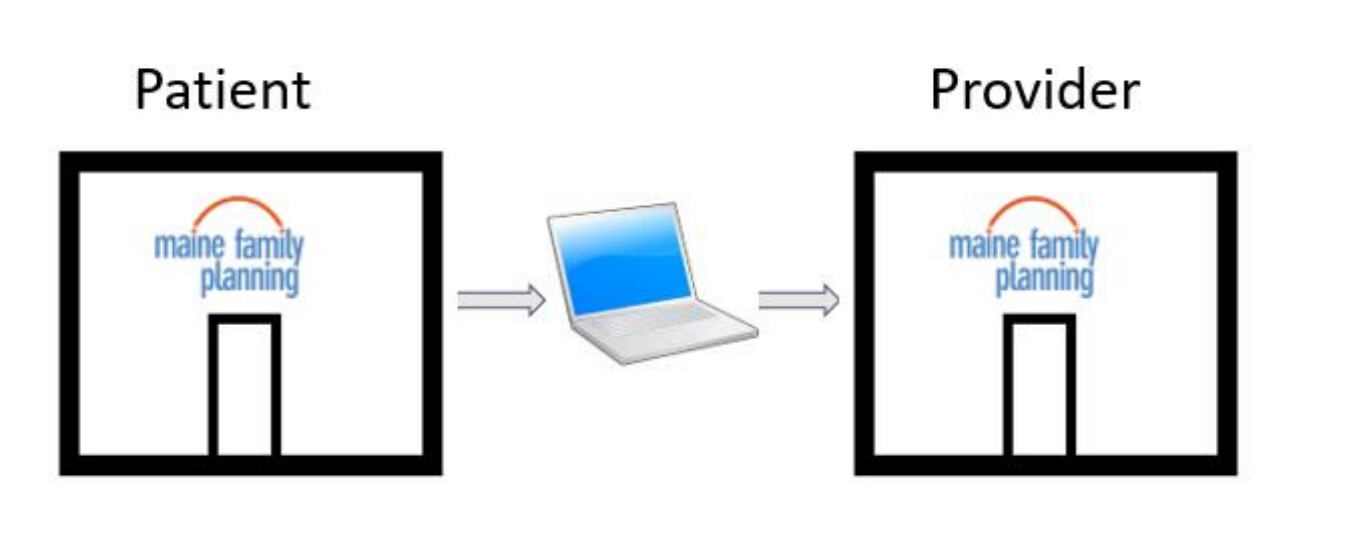
To make an appointment at a clinic, call:
(207) 922-3222
MaineFamilyPlanning.org

This publication is made possible in part by grants from the Maine Department of Health and Human Services / Maine Center for Disease Control and Prevention

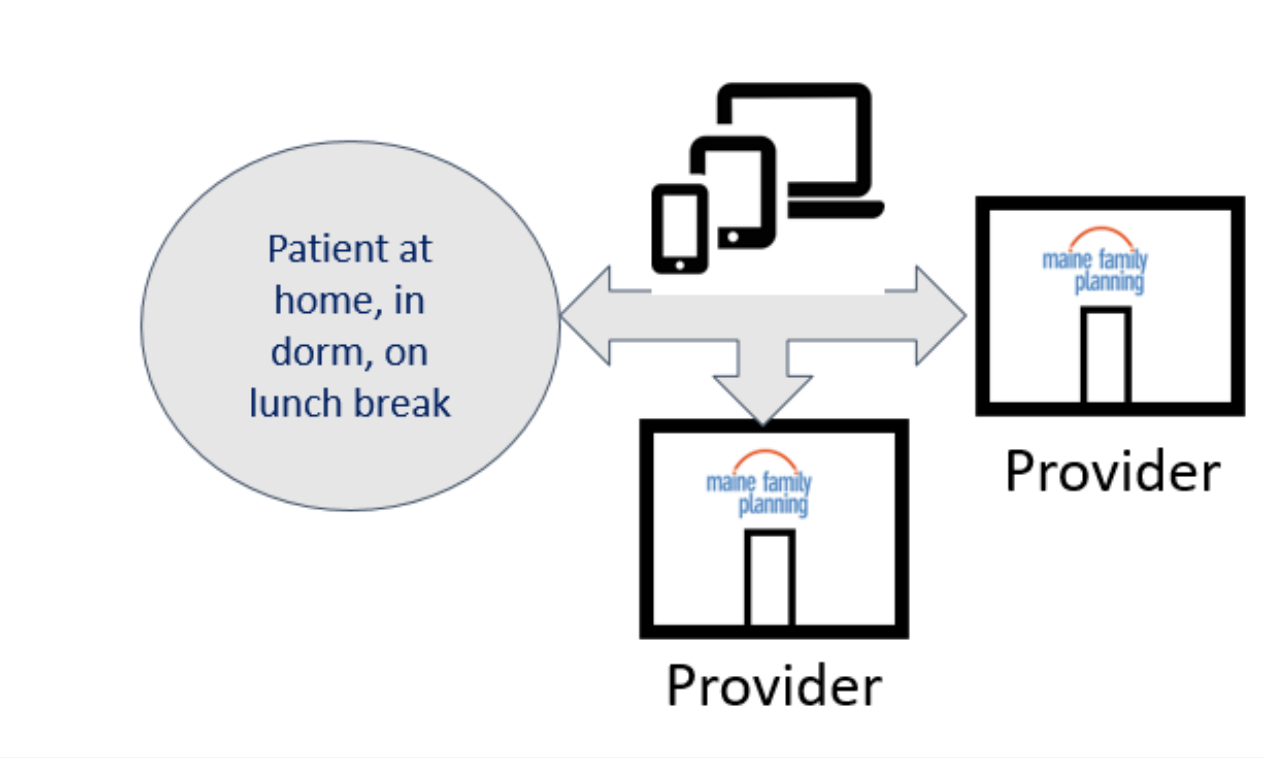
Changes for Covid-19

- All visits that can be done by telehealth are offered to patients if they desire
- Added a “telehealth clinic” with more hours and access to appointments
- Streamlined care and reduced wait times and visit times
- Continue to offer the option for in-person care for all services

Clinic to clinic



Direct-to-patient



Quiz time !!!!!!....
Birth control pills

False

- If 1000 typical women use birth control pills for a year, 90 will get pregnant
  - = 9 out of 100
  - = almost one out of 10
  - =9%

HOW WELL DOES BIRTH CONTROL WORK?

What is your chance of getting pregnant?

Really, really well

	The Implant (Nexplanon)	IUD (Skyla)	IUD (Mirena)	IUD (ParaGard)	Sterilization, for men and women
Works, hassle-free, for up to...	3 years	3 years	5 years	12 years	Forever

Less than 1 in 100 women

O.K.

	The Pill	The Patch	The Ring	The Shot (Depo-Provera)
For it to work best, use it...	Every. Single. Day.	Every week	Every month	Every 3 months

6-9 in 100 women, depending on method

Not as well

	Pulling Out	Fertility Awareness	Diaphragm	Condoms, for men or women

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

12-24 in 100 women, depending on method

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

BEDSIDER
Bedsider.org

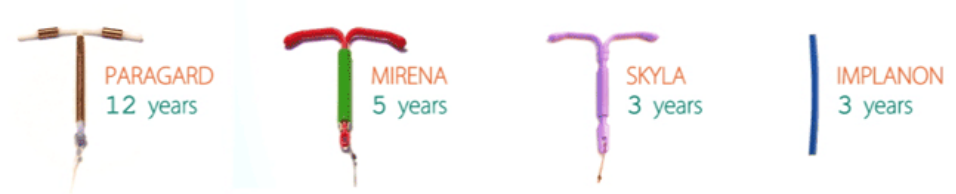
Bixby Center for Global Reproductive Health

Why LARC* Methods?

*Long acting reversible contracept

- Super effective
- Among the safest contraceptive methods
- Highest patient satisfaction among methods
- Superior continuation rates
- An alternative to surgical sterilization
- Most cost effective and cost saving methods

Why LARC Methods?

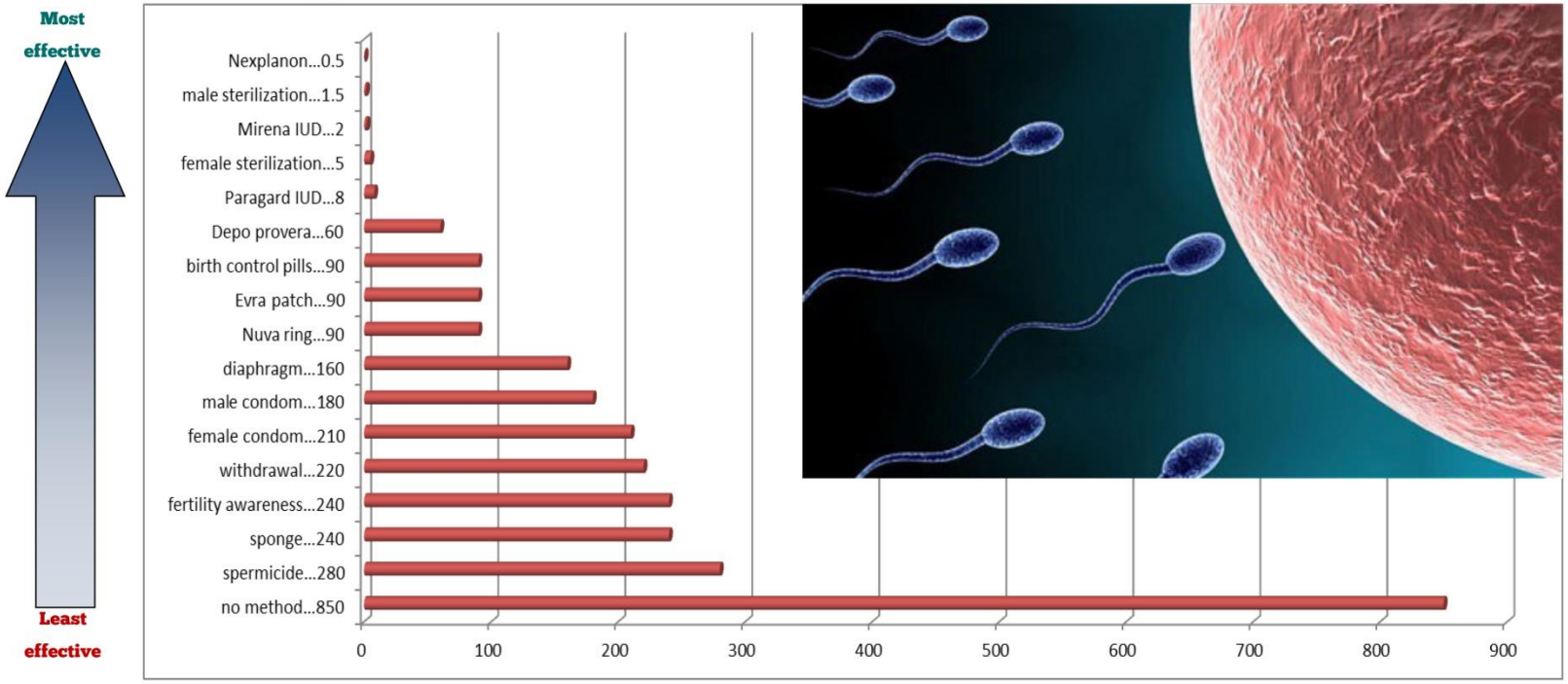


- **They are "forgettable"**
  - Single act for insertion
  - Don't require episodic (daily, weekly, monthly, etc.) user initiative
  - No need for refills or risk of not refilling on time
  - Continuous (24/7/365) contraceptive protection
  - No pills or rings to hide

QUIZ TIME !!!!!!.... IMPLANTS

Absolutely true
AND it's reversible!

How good is YOUR birth control?



If 1000 "typical" women used YOUR birth control for a year, this is how many of them would become pregnant... Yowza!

Source: Trussell J, Contraceptive Efficacy, Contraceptive Technology 2011

Implant:
aka my little fairy god rod

- **Brand name:** Nexplanon
- **Contains:** Etonogestrel (ENG)/progestin-only
- **Length of Effectiveness:** 5 years
- **Effectiveness in preventing pregnancy:** >99%

(1/2 a woman out of 1000 women will become pregnant)

- **How it works:** prevents ovulation, thickens cervical mucus, thins uterine lining
- **Inserted:** in the skin between biceps & triceps by a trained clinician

Sources:
Nexplanon insert. Raymond, E, Contraceptive Technology, 2010

IMPLANT: WHO SHOULD USE IT

- Women who want continuous pregnancy protection for more than a year
- Breastfeeding women and those unable to use combined hormonal contraceptives (with estrogen)
- Women who want a super effective method without the discomfort of having an IUD inserted
  - Insertion procedure is done in the clinic, is quick and not painful. Only discomfort is 7 seconds of stinging when the numbing agent goes in. No pain when the actual implant goes in.
- Accepting of unpredictable vaginal bleeding patterns

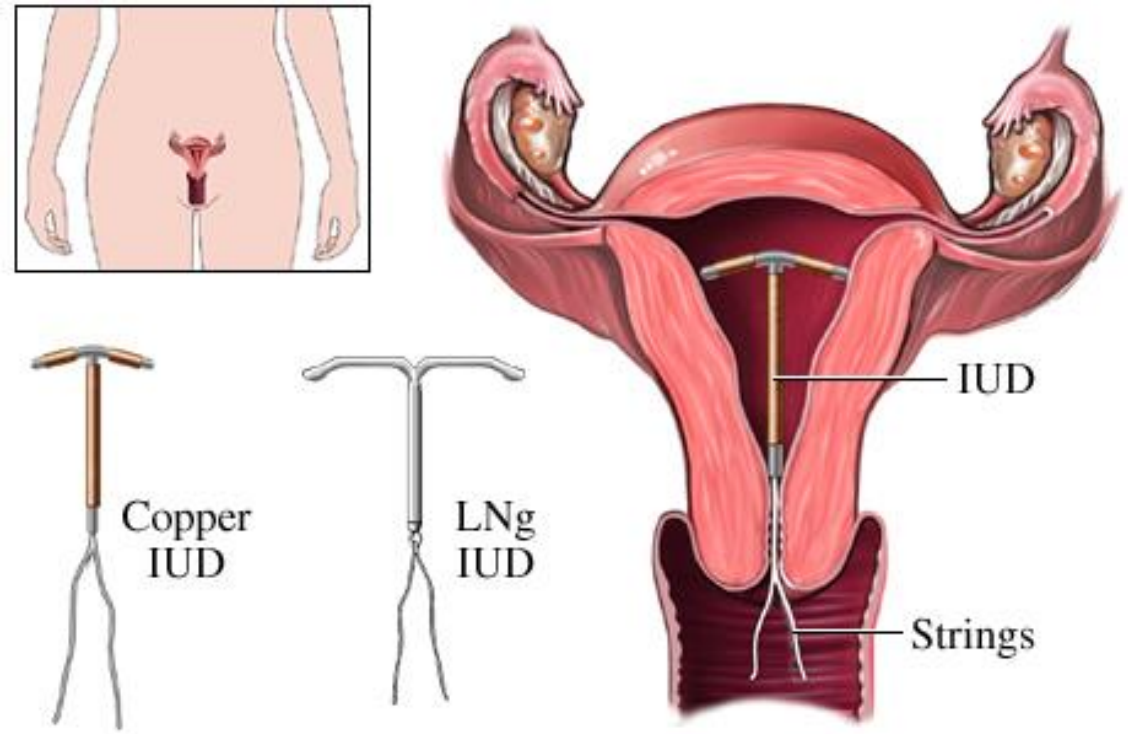
Sources:
Nexplanon insert. Raymond, E. Contraceptive Technology, 2010

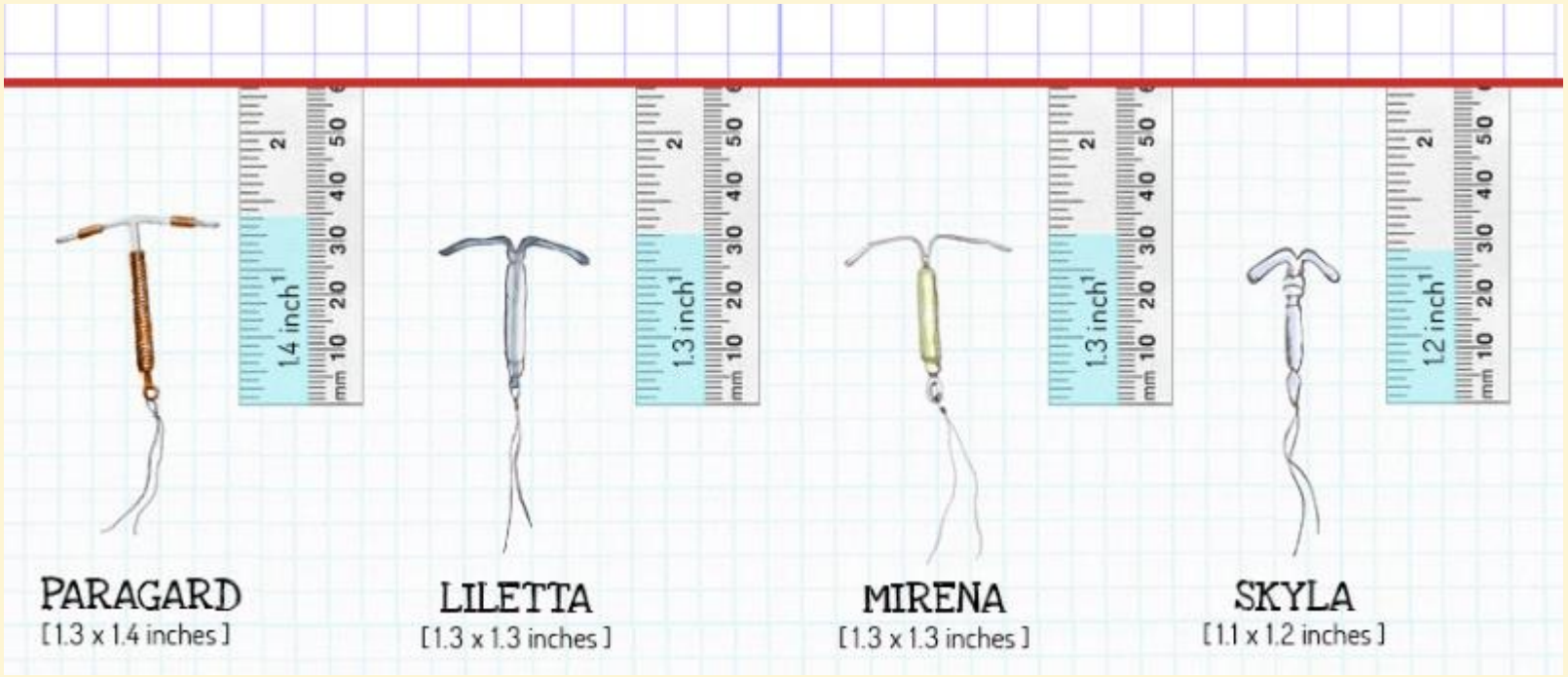
Bleeding with Nexplanon: "I can not predict…"

- The most common side effect of NEXPLANON is a change in your normal menstrual bleeding pattern.
- In studies, one out of ten women stopped using the implant because of an unfavorable change in their bleeding pattern but 9 out of 10 were ok with their bleeding pattern.
- You may experience longer or shorter bleeding during your periods or have no bleeding at all… may be regular or irregular
- If your bleeding is annoying, PLEASE get in touch as we usually can make your bleeding pattern acceptable.
  - NSAIDS- ibuprofen or naproxen
  - Add in another hormonal birth control

Source: Nexplanon website

IUD's & IUS's- Intrauterine Devices/Systems




1.4 inch
1.3 inch
1.3 inch
1.2 inch
PARAGARD
[1.3 x 1.4 inches]
LILETTA
[1.3 x 1.3 inches]
MIRENA
[1.3 x 1.3 inches]
SKYLA
[1.1 x 1.2 inches]


Mirena/Kyleena

LNG* Intrauterine Contraception (aka IUD) *levonorgestrel

- **Brand name:** Mirena®, Liletta, Kyleena, Skyla,
- **Effectiveness:** 3-7 years
- **Effectiveness in preventing pregnancy:** >99%

  (2-7 per 1000 women become pregnant)
- **How it works:** inhibits ovulation, thickens cervical mucus
- **Inserted:** in uterus by a trained clinician
- **Side effects:** tends to make periods lighter and less crampy but often causes irregular bleeding and sometimes no bleeding at all.

Sources:

Mirena Prescribing Information. 2000: Trussel J. Contraceptive Technology. 2007; Hidalgo M. Contraception. 2002.

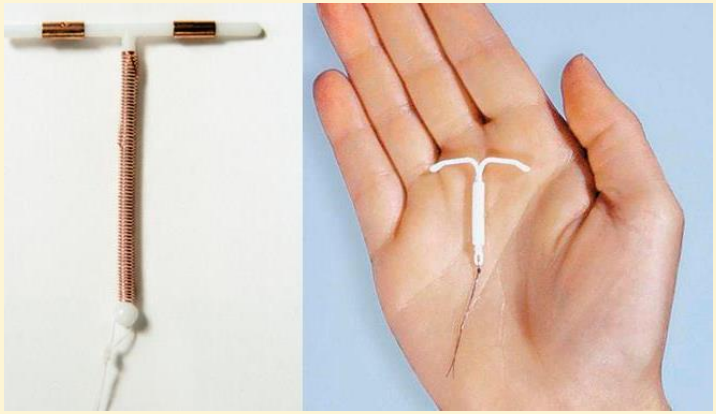
COPPER-T IUD

- **Brand name:** Paraguard®
- **Contains:** Copper ions (no hormones)
- **Length of effectiveness:** 12 years
- **How it works:** inhibits conception
- **Effectiveness in preventing pregnancy:** >99%
  (less than 1 per 100 (8 out of 1000) women become pregnant)
- **Inserted:** in uterus by a trained clinician
- **Side effects:** tends to make periods a bit heavier and crampier for the for 3-6 months but does not cause irregular bleeding because it has no hormones.

Sources:
Contraceptive Technology, 2010

Talking points about Intrauterine Contraception

- Very high patient satisfaction among methods
- Rapid return of fertility
- Safe
- Long-term protection
- Highly effective
- Can be used women who have never been pregnant
- Insertion can be uncomfortable



Sources:
Belhadj H, et al. *Contraception*. 1986.; Skjeldestad F, et al. *Advances in Contraception*. 1988.; Arumugam K, et al. *Med Sci Res*. 1991.; Tadesse E. *Easr Afr Med J*. 1996.

Pre-IUD Insertion Screening

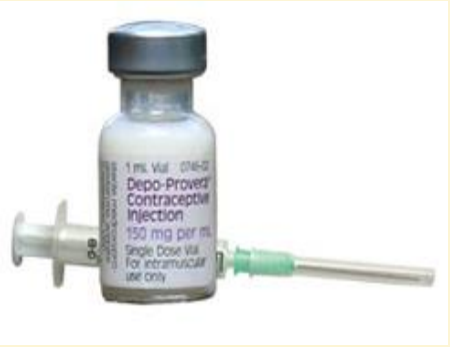
Evidence supports no routine screening tests

- Chlamydia & Gonorrhea if high risk sexual behaviors or <25 years old and annual screening Chlamydia has not been done. This testing can be done through the urine that day.

- Pregnancy test if pregnancy suspected or recent unprotected sex.

Injectable

Depo Medroxyprogesterone Acetate (DMPA)



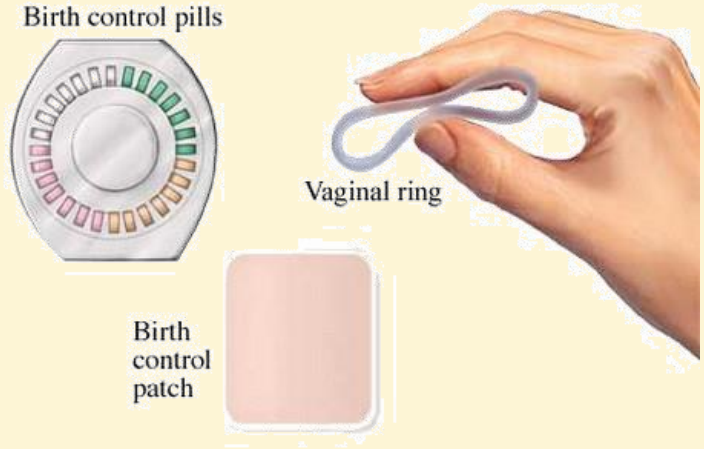
- **Brand name:** Depo-Provera®
- **Length of effectiveness:** 3 months
- **How it works:** inhibits ovulation, thickens cervical mucus which prevents sperm penetration, alters uterine lining
- **Effectiveness in preventing pregnancy:** 94-99%
  - 60 women out of 1000 will get pregnant in a year
    - =6/100

Depo

- **Advantages**
  - Don't have to remember to take a daily pill
  - Many women stop having periods
- **Disadvantages:**
  - Increase weight gain (not consistent for all women), often more of an issue for teens with a weight problem
  - Some women may have irregular bleeding
  - It can take a while for it to "wear off"… side effects
    - Can take a woman up to 9 months to get pregnant after discontinuing it (not usually but potentially)
  - Potentially can cause decrease in bone density

Combined Hormonal Contraceptives

(Pills , Patch, & Vaginal Ring)



- **All 3 methods have similar:**
  - **Contraceptive efficacy**: 6-12 pregnancies per 100 women
    - 90/1000 women, typical use…94%
  - **Menstrual bleeding patterns-** fairly predictable bleeding
  - **Side effects**
  - **Contraindications/complications (estrogen related: risk of clots/strokes… still much safer than pregnancy**
- **Major difference: the delivery system**
  - Daily (combined oral contraceptive pills)
  - Weekly (Patch)
  - Monthly (NuvaRing)

Oral Contraceptive Pills Cycle Variations

Regimen	Purpose
Quick Start	Allows for immediate use any time during the cycle
Extended cycle	Fewer menstrual cycles and fewer symptoms* from hormone free days
84 days on/7 days HFI (Seasonale®) 84 days on/7 days estrogen Seasonique®	4 menstrual periods per year
365 days on Lybrel®	No menstrual periods for 1 year

* bloating, breast tenderness, mood swings, monthly menstrual migraine or other headaches, menstrual seizures

Body Weight and Contraception

	OC	Patch	DMPA	Implant	IUD	Tubal
Weight Gain	No	No	Yes*	No	No	No
Increased failure rate in obese women	No Δ	Yes #	No Δ	No Δ	No Δ	No Δ
Medical risk in obese women	DVT	No studies	None	None	Difficult insertion	Surgical complications

*Mainly in obese adolescents and those who experience a ≥ 5% body weight increase within 6 months of DMPA initiation

In women who weigh ≥ 90 kg, increase of 2-4 failures/100 couples/year

Quiz time !!!!!.... How quickly does birth control start working?

True, AND the paragard IUD is effective immediately no matter when in the cycle it is inserted.

At other times of the cycle all other methods take 7 days to become effective.

Emergency Contraception

Question #2 Plan B

- **False: Just the opposite.**

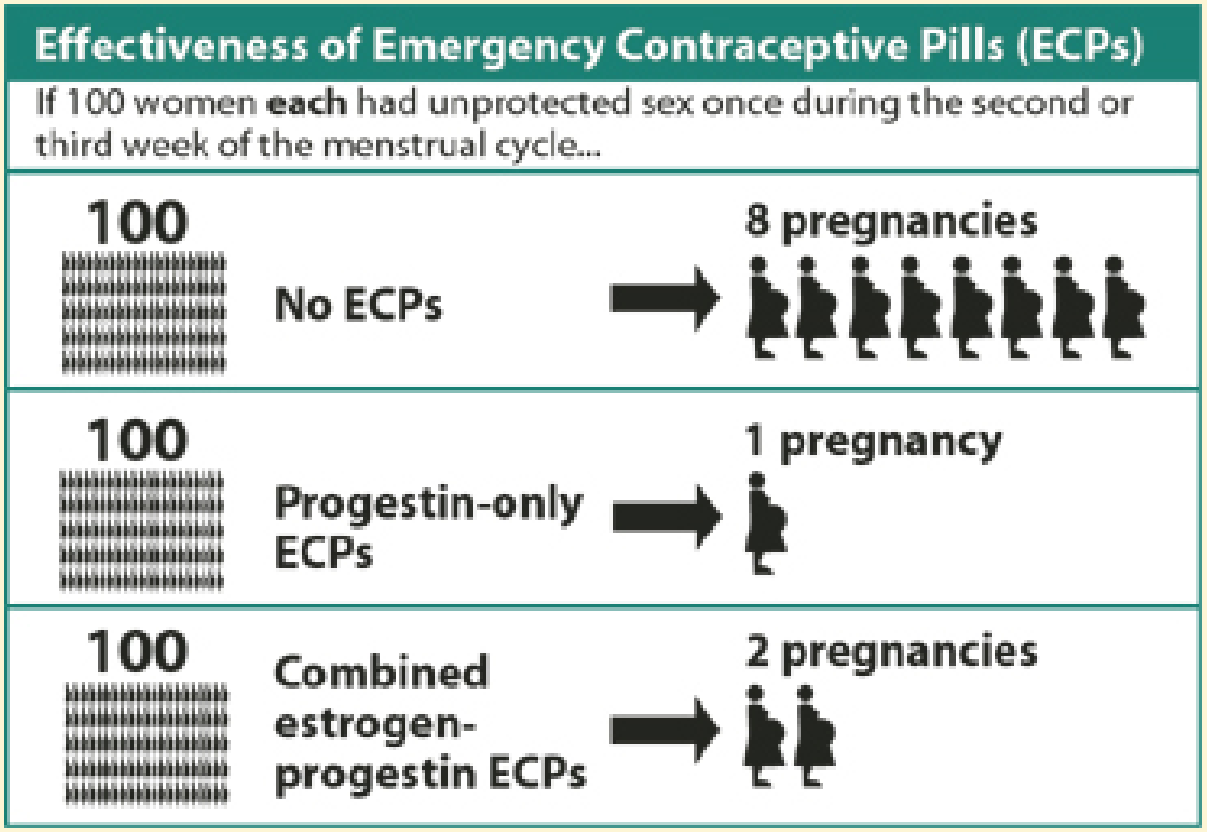
  - Plan B (morning after pill) is effective at preventing pregnancy for up to 3 days after unprotected sex
  - The sooner it is used, the better it works
  - It is probably less effective in overweight people with a BMI of over 25

Levonorgestrel Emergency Contraception

- Plan B/One Step & Next Choice: available over-the-counter
- No age restriction
- Cost:
  - $40-$60 at the pharmacy
  - $0-$43 at Family Planning (sliding fee scale based on income)
  - Covered by insurances and Mainecare
- Will not stop or harm a pregnancy if ovulation or fertilization and implantation has already occurred
- Can be purchased by a partner or parent

Other forms of Emergency Contraception

- Ella®
  - Recommended for women with BMI > 25 or if more than 3 days after unprotected sex (good for thinner, too!)
  - Doesn't decrease in effectiveness over the 5 days
  - RX required—not available OTC
  - Hormonal birth control can make it less effective plus it can make hormonal birth control less effective
- Copper & Progesterone IUD: inserted within 5 days after unprotected sex reduces risk of pregnancy by more than 99%
- Combined oral contraceptives or progestin-only pills (regimen varies depending on the type)



TheKnowledge for Health (K4Health) Project is supported by USAID's Office of Population and Reproductive Health, Bureau for Global Health, under Cooperative Agreement with the Johns Hopkins University.

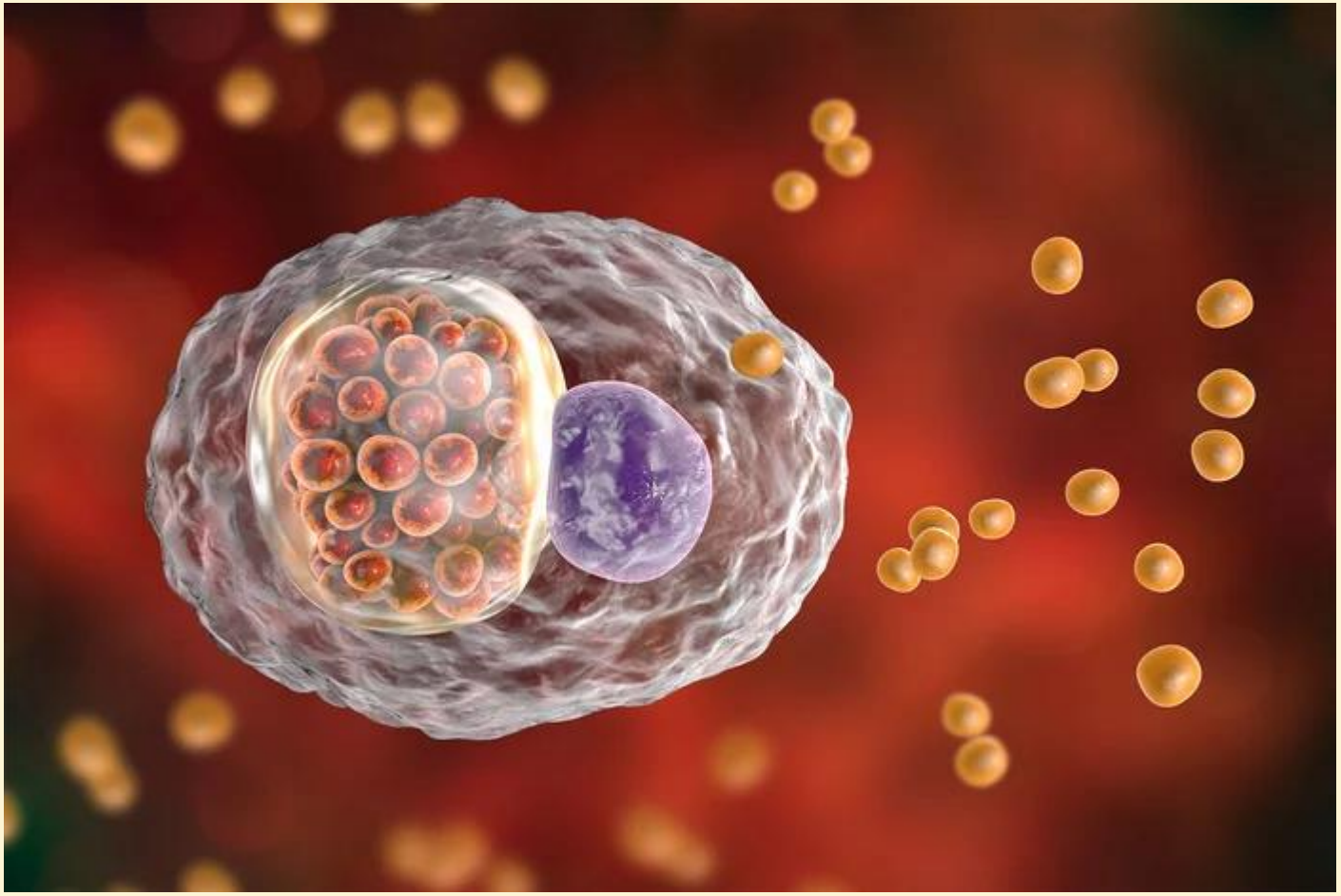
Hormonal contraception & interaction with other medications

- No evidence that antibiotics will reduce effectiveness in a significant way or increase pregnancy rates
- Several mental health and seizure medications can make combined methods less effective. (some combined methods can make other meds less effective)
- Recommendations:
  - No need to recommend back up method if a hormonal contraceptive user is on short or long term antibiotics
  - However, drugs can react in other ways, so you should always tell a medical provider all of the medications you are taking!

New guidelines for improving contraceptive care

- Pelvic Exams no longer required before prescribing most methods
- When reviewing options, start with the most effective
- Provide more supplies, not less: 6-12 months at office visits
- Make the case for long-acting reversible contraceptives (implant and IUDs)
- Use quick start to encourage continuation- start immediately if we can reasonably rule out pregnancy
- Move away from every-day regimens (too easy to mess up)
- Prescribe EC in advance
- Encourage dual use: birth control + condoms

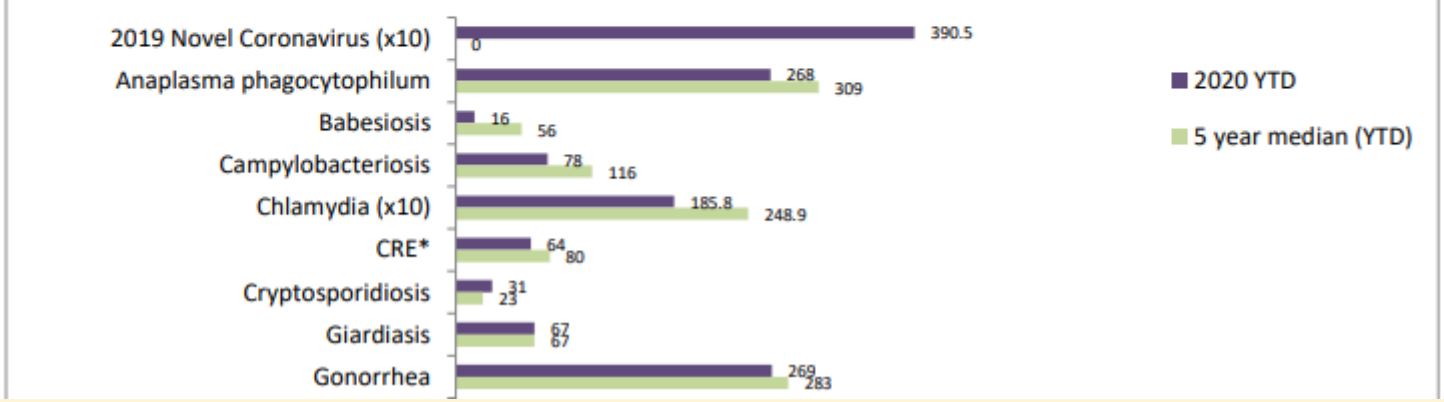
STIs



Chlamydia & Gonorrhea still going strong

Selected Reportable Diseases in Maine, Year to Date (YTD) and Five Year Median through July 2020

Table 1: High volume diseases (more than 50 cases in 2019)

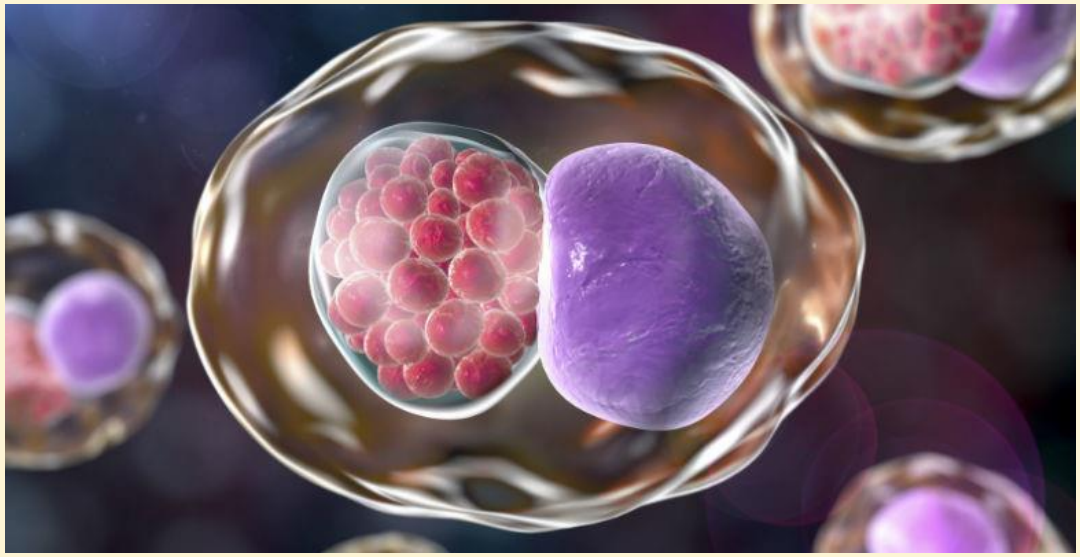


- As of the end of July 2020, there were 1858 cases of chlamydia and 269 gonorrhea cases reported in Maine.
- Syphilis cases are continuing to rise.

Quiz time… STI symptoms

FALSE!

- Up to 70% of men have no symptoms of chlamydia
- Up to 90% of women have no symptoms of chlamydia



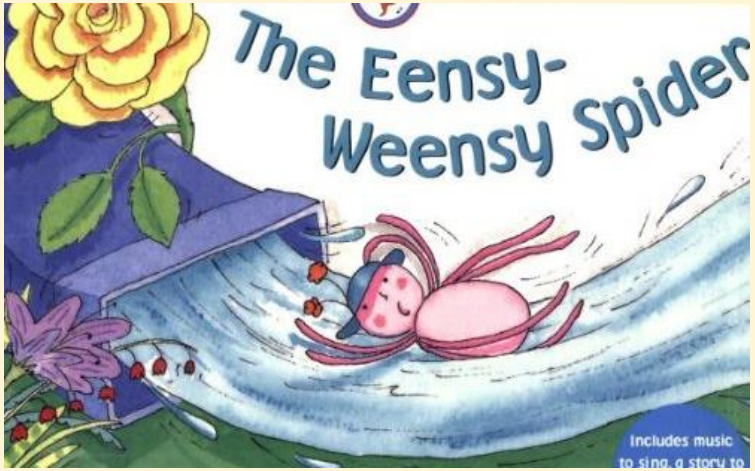
Symptoms

- Both males and females, if they have symptoms, are often mild symptoms they think is something else. Sometimes have significant symptoms.
- Common symptoms for males if they have any
  - Discharge, burning, itching, tingling in the urethra or infected sites, urinary frequency
  - *"It's not normal for it to hurt or feel funny when you pee".*
- Common symptoms for women, if they have any
  - Unusual vaginal discharge, UTI symptoms (burning), pain or spotting with sex, unusual bleeding, pelvic pain

Quiz time… STI testing

Good gawd no!

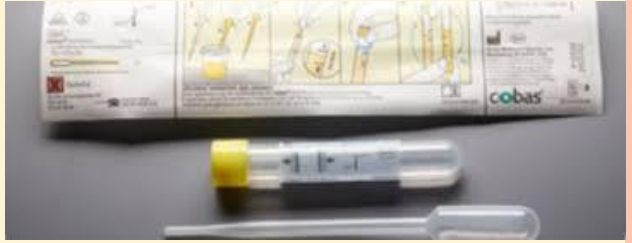
- For people with penises, urine works just nicely as long as they haven't peed for a hour before their test.
  - We don't just want urine, we want what the urine washes out.



"Along came the urine and washed the urethra out…"

People with vaginas/front holes…

- can be tested by doing their own vaginal swab, by the provider during a pelvic exam, or by urine test if they haven't peed for at least an hour.

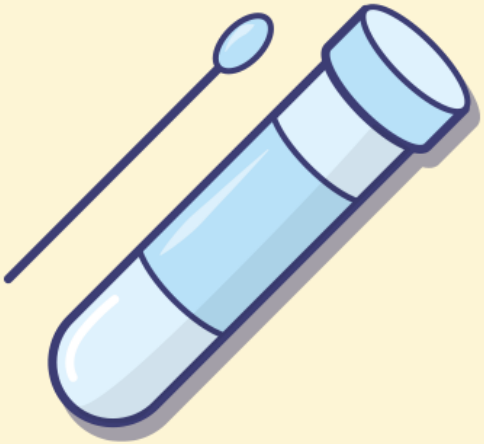


Principles of STI testing

- Women should be tested at least once a year until they are 25. After that, as needed by risk or symptoms
- General rule, recommend testing if person or their partner had a new partner
  - It takes 2 (or more) to tango… Don't just ask if person has had a new partner, also ask if their partner might have had a new partner

Principles of STI testing

- Test any site that was exposed: vagina, throat, rectum, urine



- Offer self testing
- Best to wait and be tested 2 wks after a new partner unless having symptoms… infection may show up sooner

STI TREATMENT

- Chlamydia is generally treated with one dose of azithromycin
- Gonorrhea… a wk of doxycycline plus a shot of cefriaxone
- Treatment available on site for most
- Having partners be seen, tested and treated is best. Expedited Partner Therapy is possible when partners will or cannot come in for treatment for Chlamydia.

Counseling after positive STI test

- Abstain until 1 wk after all possibly infected partners have finished treatment
- Retest 3 months after a positive test to rule out re-infection
- Partner notification:
  - We encourage the patient to tell their recent partners in the last 2 months.
  - There are also websites such as **https://tellyourpartner.org/** that will anonymously send a text or email alerting them that a partner tested positive for _____ and they should be treated.

Well, this is awkward but here it goes...

I am being treated for sexually transmitted infection called _____

The usual treatment for partners of people with this infection is

_____.

- ❒ I have been told that any sexual partners that I have had in the last 2 months should be tested and treated for this kind of infection with the above treatment without waiting for positive test results.
    - **Why not just wait for the results?** You could still have an infection and have a negative chlamydia and gonorrhea test. This can happen either because:
        - the cause of this infection may not show up on routine STI tests (like a urethritis) or
        - sometimes with urine STI tests, it doesn't show up because the person urinated just before being tested.
- ❒ They suggested that any female partners I have also have their vaginal discharge checked under the microscope to help identify the cause of the infection.

Other things to remember

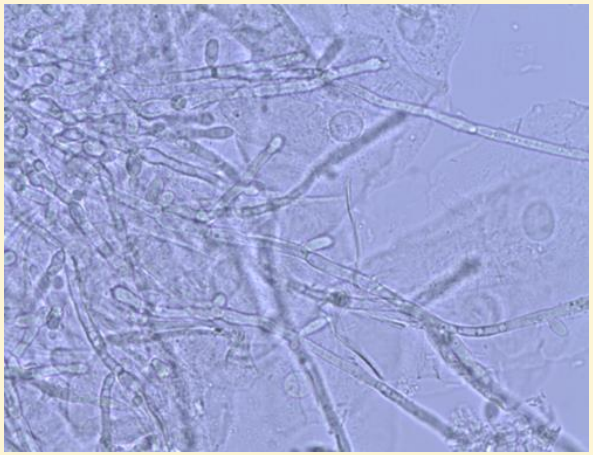
1. It is not unusual for people with this infection to have no symptoms so you should be checked and treated for this infection even if you have no symptoms. If you have other partners, they may need testing and treatment as well.
2. *Guys: You will have this testing done with a urine test. It is REALLY IMPORTANT THAT YOU HOLD YOUR URINE (don't pee) FOR AT LEAST AN HOUR before giving us a sample for testing (2hrs is even better).*
    a. *Every time you pee, it washes out signs of the infection. We don't just need urine, we need urine that has had a chance to collect signs of an infection. (this applies to women who get tested through urine testing as well).*
3. When one partner in a sexual relationship has this kind of infection, **it is important that there be no sexual intercourse until a week after all current partners have finished treatment.**

Please take care of yourself by getting tested and treated. You can get this checked out at any Maine Family Planning site or at your primary care provider. ***If you bring this in with you, that will help them know what you should be checked and treated for.***

HIV TESTING

- Rapid tests available in our clinics
  - Results in 15 minutes
  - Done with a finger stick
  - Very accurate
  - Can detect + antibodies as early as 12 wks after infection
- Blood tests can be done at a lab
  - Some able to detect infection sooner (a couple weeks depending on the type of test)

GYN INFECTIONS



- "does it itch, hurt, smell funny or ruin your undies?"
- Vaginal symptoms are checked on site by doing a "wet mount" to look for cause under the microscope so we know what the issue is that day
- Commonest infections
  - Yeast
  - Bacterial vaginosis (BV)
  - Trichomonas
- Treatments are available on site.

Pregnancy testing

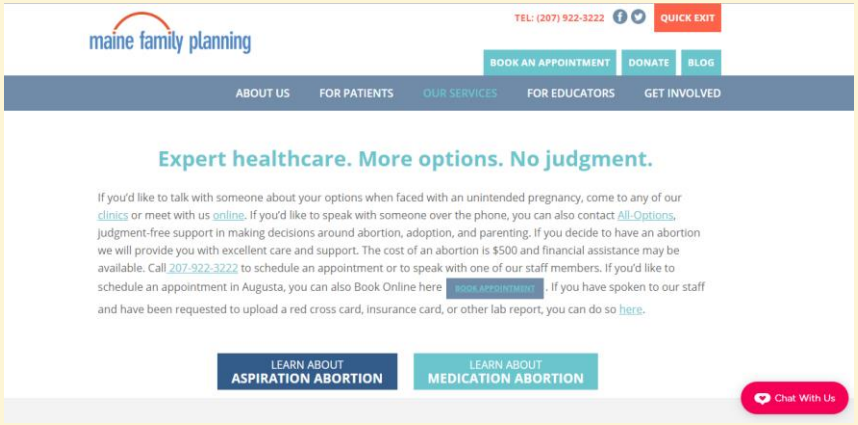
- Pregnancy testing done with urine sample
- Results in 3 minutes
- Reliable negative results if 14 days since last unprotected sex
- Contraception is offered if pregnancy not desired and test is negative

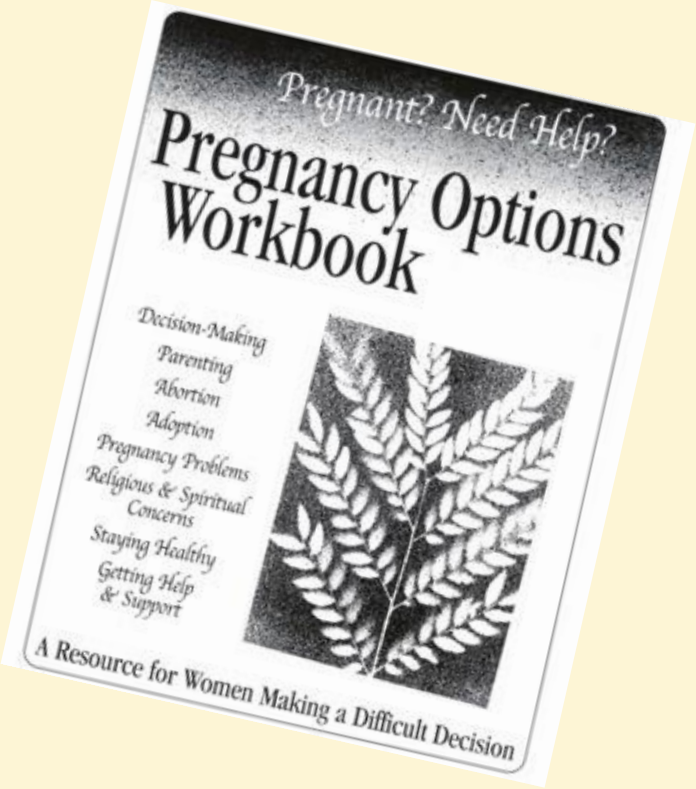
Options counseling

- Can be done at a clinic or via telehealth
- All options reviewed:
  - Continue pregnancy and parent
  - Continue pregnancy and make a plan for adoption or foster care
  - End the pregnancy with an abortion

……

- If continuing the pregnancy, discuss starting prenatal vitamins, basic prenatal information, and encourage prenatal care as soon as possible





ONLINE VISITS

Can't make it to a clinic? See a nurse practitioner right from your phone or computer from wherever you are! We offer direct-to-patient visits Monday to Friday from 10:00 AM-12:00 PM and from 1:30 PM-3:00 PM. We will make every effort to see you swiftly, however, depending on demand, there may be the possibility of scheduling for a later time if we are unable to accommodate an immediate request. Select the visit type below to find out more:

CONTRACEPTION +

PREGNANCY OPTIONS COUNSELING −

Did you take a pregnancy test and want to discuss the results?

Discuss all your options including continuing the pregnancy and making a plan for adoption or parenting, or abortion. We will provide you with factual information about all of your options, and referrals if desired.

Abortion Care

Abortion Laws in Maine

- No mandatory ultrasound, scripting, waiting periods, parental notification, or TRAP laws
- "Parental Notification:" people 17 and under either need to include a parent or guardian or can opt for counseling by a licensed provider about all options
- Physicians, Advanced Practice Registered Nurses, and Physician Assistants can provide abortions
- People with MaineCare are eligible for state coverage of abortion

Chapter 263-B: ABORTIONS

§1597-A. Consent to a minor's decision to have an abortion

1. **Definitions.** As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Abortion" means the intentional interruption of a pregnancy by the application of external agents, whether chemical or physical, or the ingestion of chemical agents with an intention other than to produce a live birth or to remove a dead fetus. [PL 1989, c. 573, §2 (NEW).]

B. "Counselor" means a person who is:

(1) A psychiatrist;

(2) A psychologist licensed under Title 32, chapter 56;

(3) A social worker licensed under Title 32, chapter 83;

(4) An ordained member of the clergy;

(5) A physician assistant licensed by the Board of Licensure in Medicine, Title 32, chapter 48;

(6) A nurse practitioner registered by the Board of Licensure in Medicine, Title 32, chapter 48;

(7) A certified guidance counselor;

(8) A registered professional nurse licensed under Title 32, chapter 31; or

(9) A practical nurse licensed under Title 32, chapter 31. [PL 2019, c. 627, Pt. B, §6 (AMD).]

C. "Minor" means a person who is less than 18 years of age. [PL 1989, c. 573, §2 (NEW).]

B. After the person provides the information and counseling to a minor as required by this subsection, that person shall have the minor sign and date a form stating that:

(1) The minor has received information on prenatal care and alternatives to abortion and that there are agencies that will provide assistance;

(2) The minor has received an explanation that the minor may withdraw an abortion decision or reconsider a decision to carry a pregnancy to term;

(3) The alternatives available for managing the pregnancy have been clearly and fully explored with the minor;

(4) The minor has received an explanation about agencies available to provide birth control information;

(5) The minor has discussed with the person providing the information and counseling the possibility of involving the minor's parents, guardian or other adult family members in the minor's decision making about the pregnancy;

(6) The reasons for not involving the minor's parents, guardian or other adult family members are put in writing on the form by the minor or the person providing the information and counseling; and

(7) The minor has been given an adequate opportunity to ask questions.

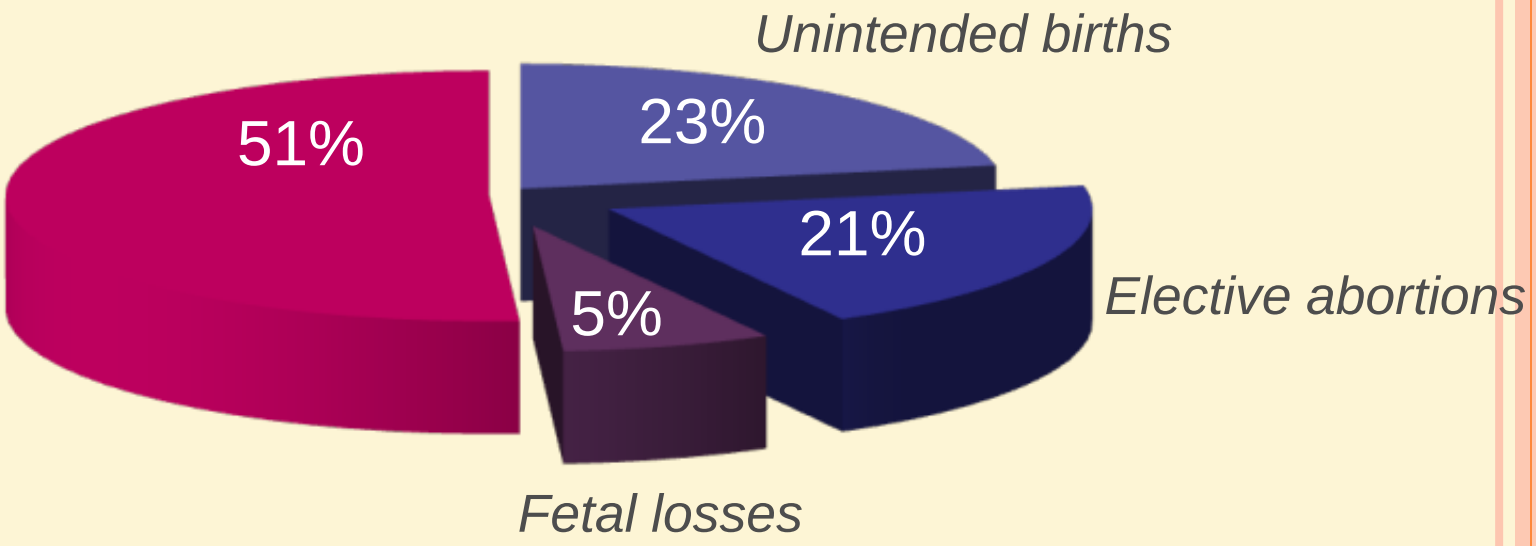
The person providing the information and counseling shall also sign and date the form and include that person's address and telephone number. The person shall keep a copy for that person's files and shall give the form to the minor or, if the minor requests and if the person providing the information is not the health care professional performing the abortion, transmit the form to the health care professional performing the abortion. [PL 2019, c. 262, §2 (AMD).]

Pregnancy in the United States

6.8 million pregnancies

Intended: 51%

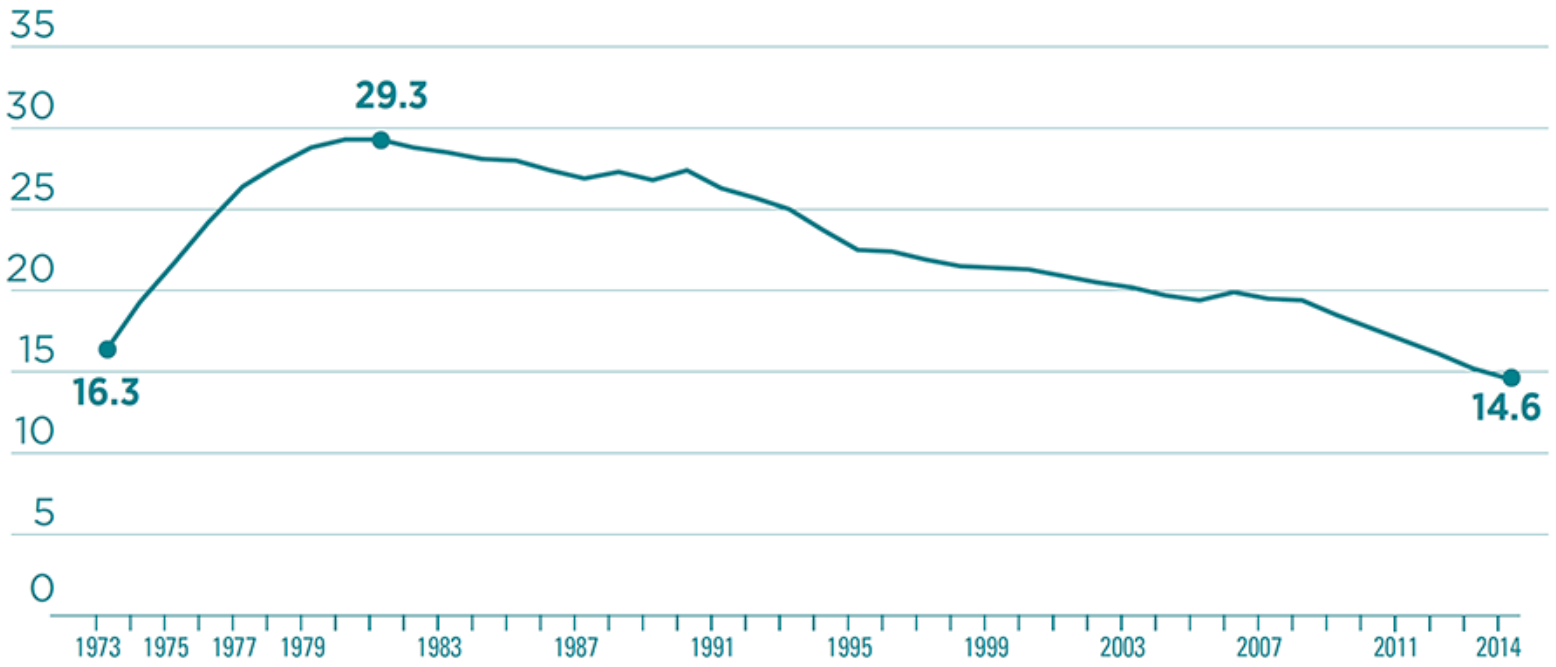
Unintended: 49%




1 in 4
U.S. women
will have an
abortion
by age 45

TRENDS IN ABORTION

In 2014, the U.S. abortion rate reached a historic low

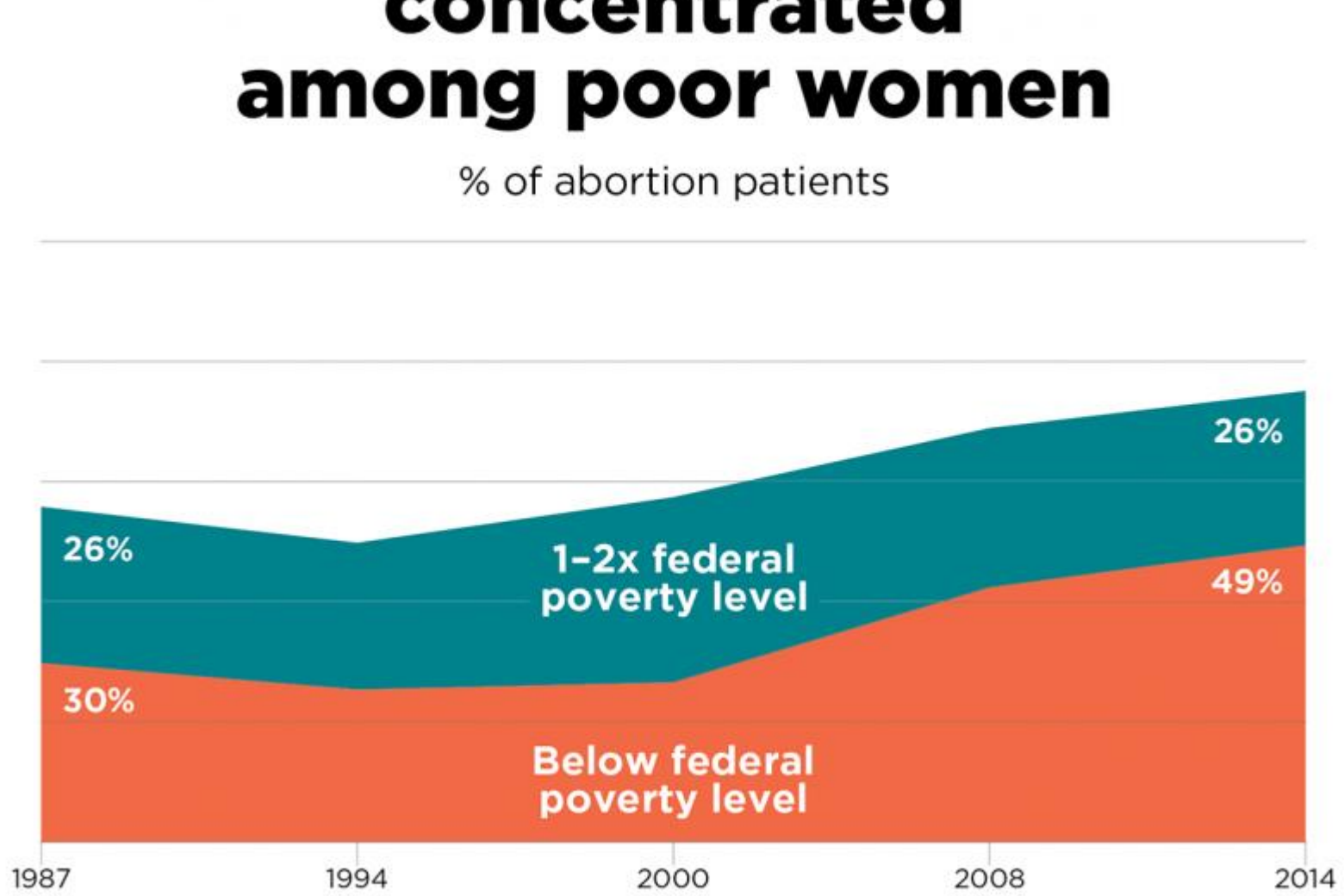


Number of abortions per 1,000 women aged 15–44

www.guttmacher.org

GUTTMACHER INSTITUTE

Abortion is increasingly concentrated among poor women



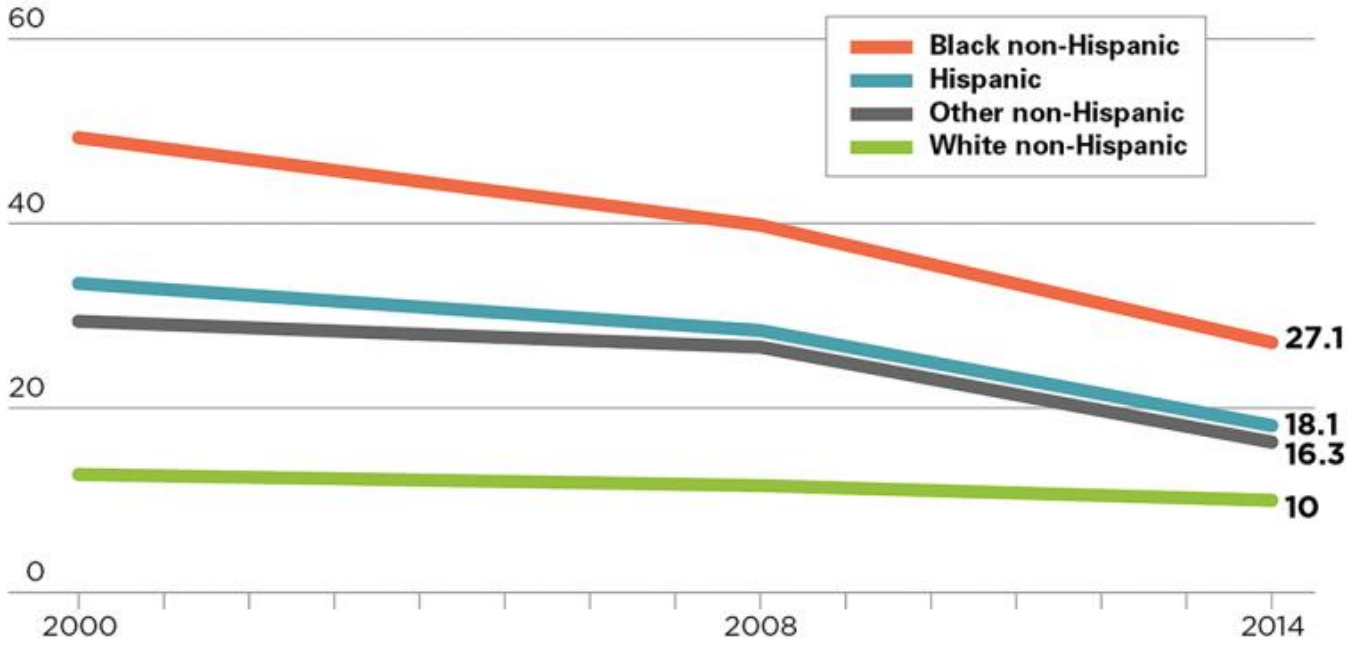
gu.tt/Abortion2014

GUTTMACHER INSTITUTE

Abortion rates continue to vary by race and ethnicity

Lack of access to health insurance and health care plays a role, as do racism and discrimination

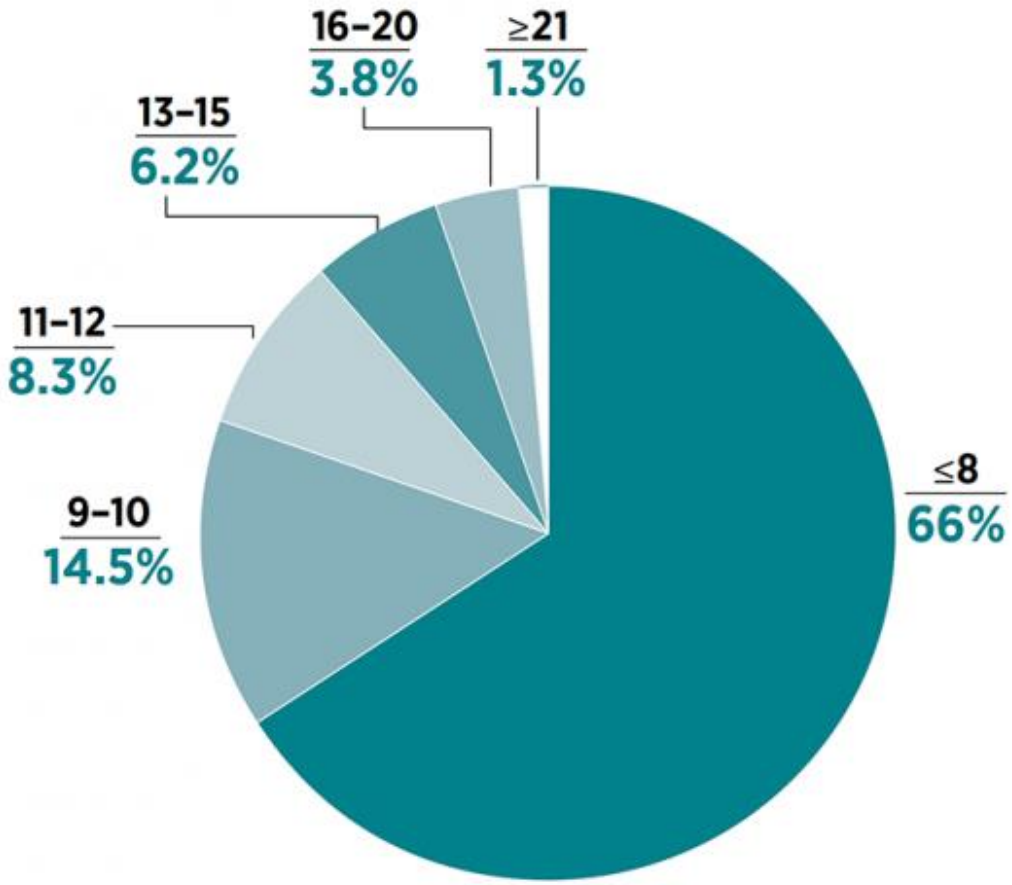
Abortions per 1,000 women aged 15–44



gu.tt/Abortion2014

WHEN WOMEN HAVE ABORTIONS*

Two-thirds of abortions occur at eight weeks of pregnancy or earlier; 89% occur in the first 12 weeks, 2013



*In weeks from the last menstrual period.

www.guttmacher.org

Women are certain about their decision to have an abortion

Women seeking an abortion are as certain, if not more certain, about their decision as women and men making other health care decisions.

Lauren J. Ralph, Diana Greene Foster, Katrina Kimport, David Turok, and Sarah C.M. Roberts. 2016. "Measuring decisional certainty among women seeking abortion." Contraception. ePub ahead of print.

ANSIRH
ADVANCING NEW STANDARDS IN REPRODUCTIVE HEALTH

www.ansirh.org

Social Science & Medicine
Volume 248, March 2020, 112704

Emotions and decision rightness over five years following an abortion: An examination of decision difficulty and abortion stigma

Corinne H. Rocca [a], Goleen Samari [a, b], Diana G. Foster [a], Heather Gould [a], Katrina Kimport [a]

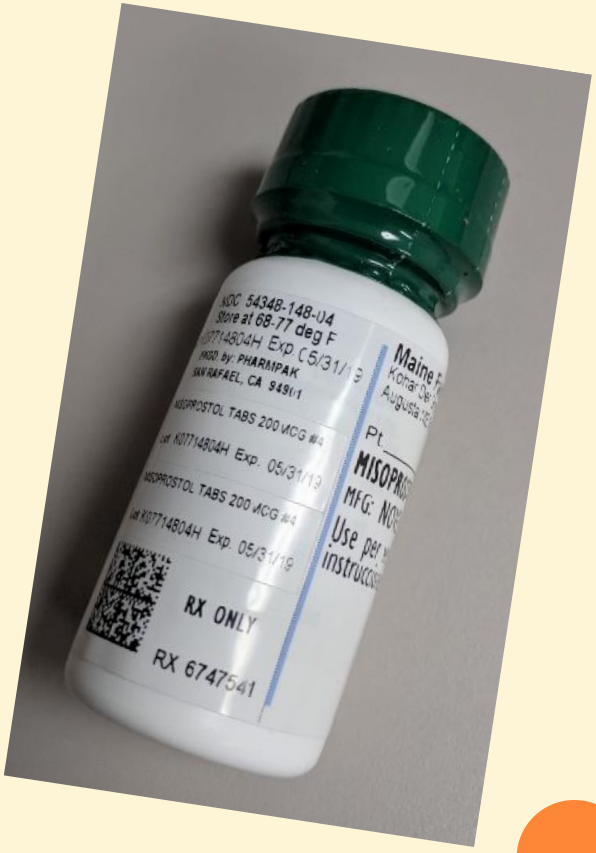
Show more

Highlights

- We found no evidence of emerging negative emotions over 5 years post-abortion.
- High proportions of women felt abortion was the right decision across all 5 years.
- Relief was the most commonly felt emotion at all times over 5 years post-abortion.
- Initial differences in emotions by abortion decision difficulty converged over time.
- Decision difficulty and perceived stigma predicted decision rightness at 3–5 years.

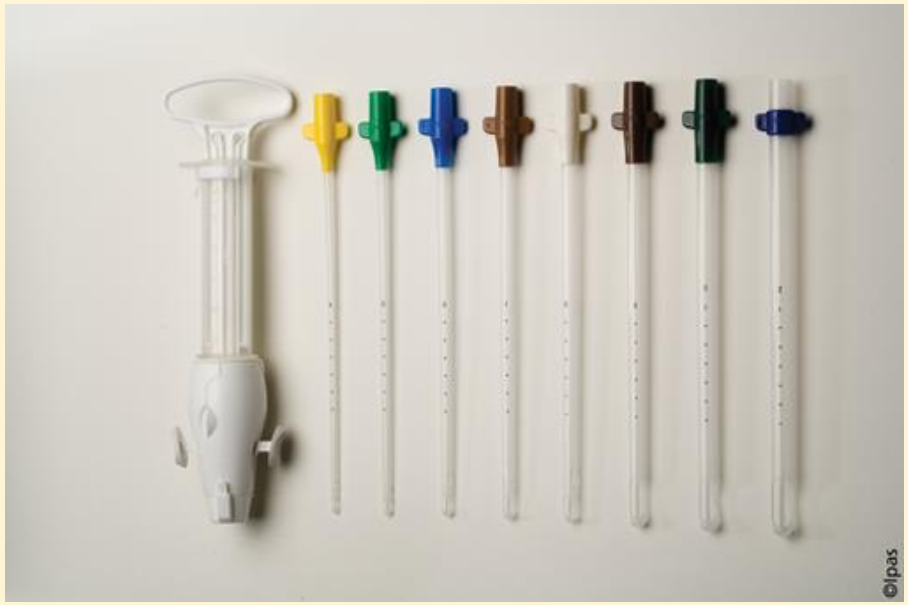
Medication Abortion	Aspiration Abortion
High success rate (~97%)	High success rate (~99%)
May require 1-2 visits to the clinic	Requires 1 visit to the clinic
Non-invasive	Instrumentation of the uterus
Uses 2 medications (Mifeprex and Misoprostol)	Uses manual or vacuum aspiration
May require ultrasound or labs for f/u	Ultrasound and pelvic exam on day of procedure
Up to 11 weeks post LMP	Up to 14 weeks post LMP
Bleeding moderate to heavy for short time	Bleeding commonly perceived as light
May take several hours or a day to complete	Procedure is completed in ~10 minutes
Client may perceive more privacy	Clinician performs procedure

Medication Abortion



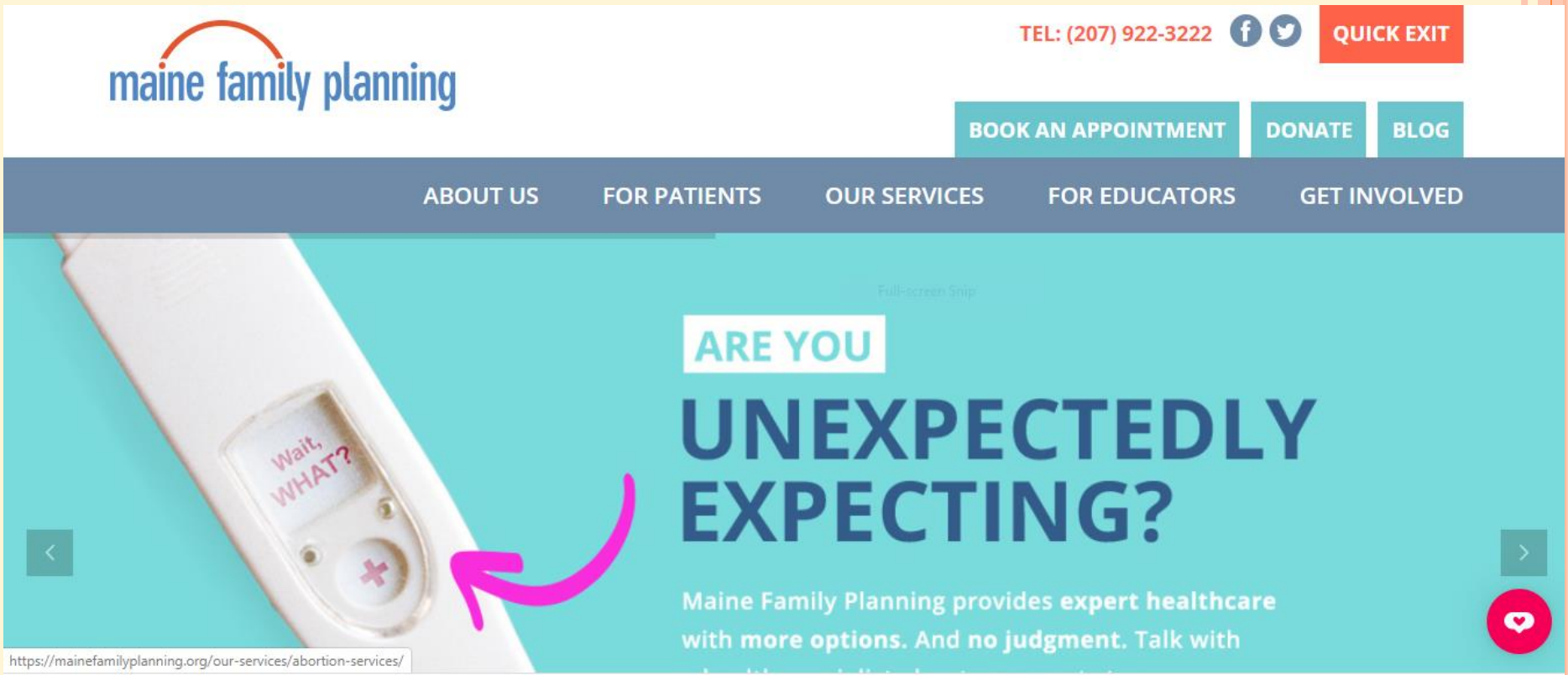
Aspiration Abortion Procedures

Manual Aspiration (IPAS)



Electric Vacuum Aspiration

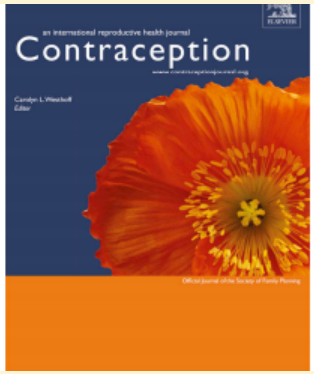

La Malbaie
Bathurst
Edmundston
Québec City
Caribou
NEW BRUNSWICK
Presque Isle
Fredericton
Oromocto
Saint John
Saint Andrews
Bay of Fundy
MAINE
Bar Harbor
Yarmouth
White Mountain
Portland
NEW HAMPSHIRE
Manchester


maine family planning
TEL: (207) 922-3222
QUICK EXIT
BOOK AN APPOINTMENT
DONATE
BLOG
ABOUT US
FOR PATIENTS
OUR SERVICES
FOR EDUCATORS
GET INVOLVED
Wait, WHAT?
ARE YOU
UNEXPECTEDLY EXPECTING?
Maine Family Planning provides expert healthcare with more options. And no judgment. Talk with
https://mainefamilyplanning.org/our-services/abortion-services/

No-Test Medication Abortion: A Sample Protocol for Increasing Access During a Pandemic and Beyond

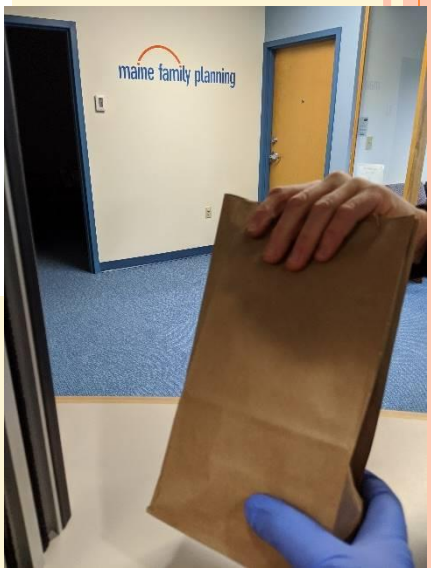
Elizabeth G. Raymond, Daniel Grossman, Alice Mark, Ushma D. Upadhyay, Gillian Dean, Mitchell D. Creinin, Leah Coplon, Jamila Perritt, Jessica M. Atrio, DeShawn Taylor, Marji Gold

PII: S0010-7824(20)30108-6
DOI: https://doi.org/10.1016/j.contraception.2020.04.005



CRITERIA

- Pregnancy confirmed by patient report of urine or serum test or prior ultrasound
- Last menstrual period started ≤77 days before anticipated date of mifepristone ingestion
- Certain of last menstrual period onset date ± 1 week
- None of the following symptoms or risk factors for ectopic pregnancy:
  - Vaginal bleeding or spotting within the past week
  - Unilateral pelvic pain or significant bilateral pelvic pain within the past week
  - Prior ectopic pregnancy
  - Prior permanent contraception or other tubal surgery
  - IUD in uterus at conception or currently
- None of the following contraindications to medication abortion, assessed by history:
  - Hemorrhagic disorder or concurrent anticoagulant therapy
  - Chronic adrenal failure
  - Concurrent long-term systemic corticosteroid therapy
  - Inherited porphyria
  - Allergy to mifepristone, misoprostol, or other prostaglandin
- No strong preference for pre-treatment ultrasound, pelvic examination or laboratory tests



Open Door Transgender Health Program

- 2014 started program offering transgender services to people 18 and older
- Currently have over 300 transgender patients receiving hormonal therapy to transition
- Services are based in Lewiston, Waterville and Belfast, Fort Kent, Norway, Presque Isle & Augusta
- Telehealth services increase access and decrease travel
- 60 min initial evaluation and counseling, prescription of hormones, lab monitoring, resources, follow up, referrals for counseling, surgery etc.

Informed Consent Model

- which allows for clients who are transgender to access hormone treatments without undergoing mental health evaluation or referral from a mental health specialist.
- We do the evaluation and if we feel like they understand the risks and benefits and are able to give consent, they can start.
- This does not mean that we don't recognize the value of counseling and therapy, but it is not required to start HRT UNLESS we have concerns about the stability of person's mental health.

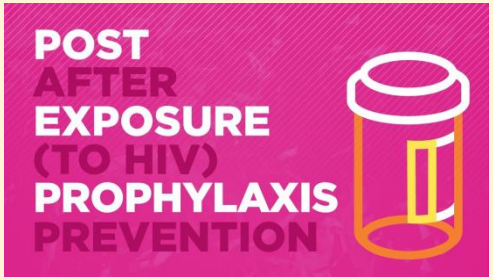
FMI about our Open Door Transgender Health program

- https://mainefamilyplanning.org/our-services/lgbtq-healthcare/

Pre-Exposure prophylaxis for HIV

- Available at all sites to people at risk for HIV
  - Men who have sex with men (unprotected anal sex)
  - IV drug users
  - People with partners who are HIV positive
  - Sex workers
- One pill of Truvada a day
- Over 90% effective, well tolerated
- Involves regular 3 month visits and lab work (HIV tests and kidney function tests)
- Medication is crazy expensive but excellent patient assistance programs are available. Mainecare and some insurances cover the cost.

PEP FOR ME??? IT WOULD BE A GOOD IDEA …



- If you're HIV-negative or don't know your HIV status, and in the last 72 hours you
  - think you may have been exposed to HIV during sex (for example, if the condom broke),
  - shared needles and works to prepare drugs (for example, cotton, cookers, water), or
  - were sexually assaulted,
- Involves taking 2 antiviral medications daily for 28 days
- Not effective after 72 hours of exposure
- Can transition into PrEP after 28 days
- Good patient assistance help available to pay for meds.

Paying for Services at MFP

- We offer a sliding fee based on household income. This includes teens who have insurance through their parents, but do not want to use it based on fear of their parents finding out.
- We accept all kinds of medical insurance
- We even accept cash

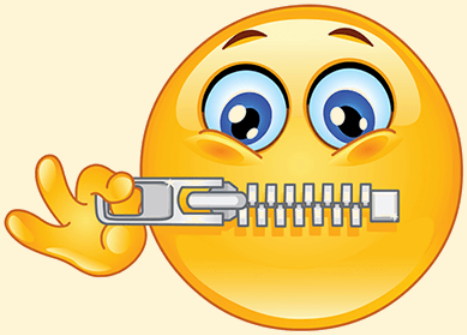
MAINECARE LIMITED FAMILY PLANNING BENEFITS

- Is available to legal Maine residents of childbearing age (male and female) including teens, who have an **individual** income of $26,720 or less annually.
  - Pregnancy testing and preconception counseling
  - Birth control methods, including emergency contraception
  - Testing and treatment for sexually transmitted infections & other reproductive infections
  - Annual gynecological exams
  - Screening for cervical cancer, and if needed, repeat Pap tests and colposcopies.

So what happens when a teen walks into our clinic?

- Maine law allows teens to receive confidential sexual health information and services independent of their parents (starting at age 12). This includes birth control, STD screening and treatment, pregnancy, and abortion care.

Confidentiality with Minors



- With any visit with a minor, we review our confidentiality agreement.
- Anything s/he says to me, or any services s/he obtains, or even the fact that s/he comes to our clinic, are kept completely confidential.
- "Your parents will only know what YOU tell them."
- There are 3 instances in which I am legally obligated to break this confidentiality.
    1. If s/he confides in me that s/he is being hurt (physically, sexually, emotionally).
    2. If s/he has plans to hurt herself.
    3. If s/he has plans to hurt others.

Speaking of minors….

- Since Covid, we are seeing **FAR FEWER TEENS** for any kind of visit.
- Very worrisome re sti testing and unintended pregnancies

As part of our clinic visit…

- We encourage minors to include a trusted adult/family member in their health care and can offer ways to have that conversation with their family.
- We advise the teenager to trust their feelings when a situation or relationship doesn't feel right.
  - If possible, physically leave the situation and talk to a trusted adult.
- We advise the teens that abstinence is the most effective way to prevent pregnancy and STDs.
- Condoms, condoms, condoms. And condoms.

Screening for abuse

- **History of abuse:** Any history of emotional, physical, or sexual abuse? Do you feel safe currently?
- **Current abuse:** We ask if they feel safe in their relationship, if they've ever been forced to have sex when they didn't want to, if they've ever been physically hurt or threatened or made to feel afraid.
- **Reproductive coercion:** "Do you feel like your partner is trying to get you pregnant against your will?"

Relationships are important!

- Teens will often bring their friends as emotional support.
- I generally ask to see the patient alone at first to do an initial assessment. We almost always allow a partner to be present after that if the patient desires.

"Can my Partner join me in the room?"

***

We cannot assess for domestic violence or sexual coercion in the presence of a partner.

***

If a partner is present…

- We will ensure the patient understands his/her medical record will be discussed and intimate questions will be asked.
- If the patient accepts and we do not suspect coercion, we will see the patient with his/her partner as requested.
- I will always talk to the patient alone either before or after the visit.

How can patients reach us?

- They can call us at any of our 18 clinics, which can be located on our website.
- They can make an appointment through an online app called “DocASAP.”
- They can chat with us on our website, MaineFamilyPlanning.org
- They can find us on Facebook.
- They can send us a message through our patient portal

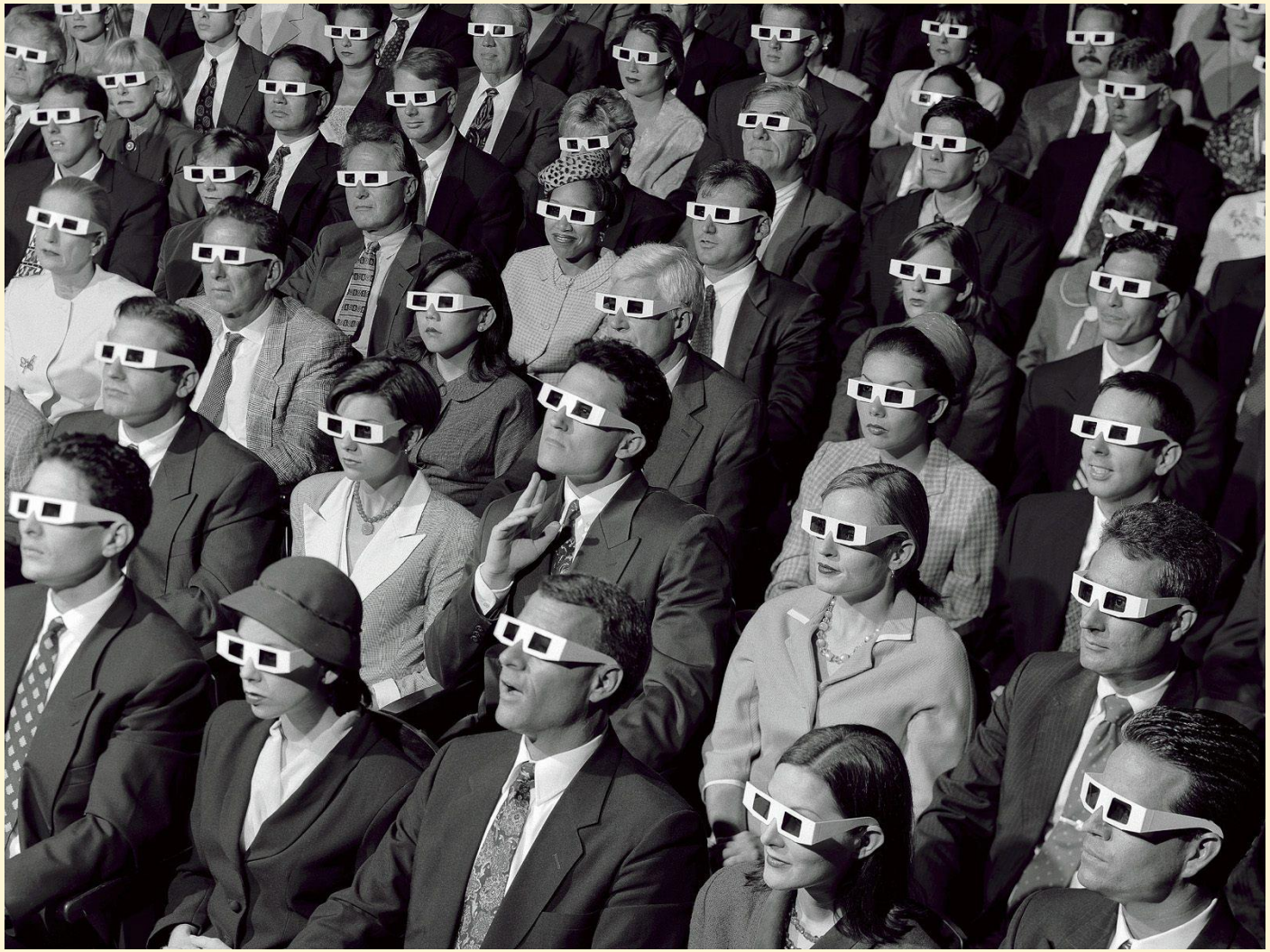
Other  things about coming to Maine Family Planning clinics…

- We have an **online patient portal** where patients can see their results, pay bills, schedule appointments, update their medical history, look at our patient handouts, message providers or get messages from us.
- We use **telehealth technology** to see patients when they are unable to be seen at a clinic close to them.
- We have **local call center staff** who can take calls and schedule appointments even when the patient's usual clinic is closed.

- We have an amazing staff who are caring and committed to listening to our patients, giving the information they need to make good choices, and giving the best reproductive health care possible.

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel." MayaAngelou

Thank you for your rapt attention!



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