

Ambulatory Session on Contraception for Internal Medicine Interns

Case 1:

SV is a healthy 22-year-old college sophomore who presents to your office for contraception. What information do you want to know?

Her last menstrual period was 20 days ago. She has had four partners in the last year. She last had sex three days ago, and although she mostly uses condoms, she forgot to this time. She does not wish to be pregnant right now; she was actually thinking about starting the patch because she's had problems with remembering to use condoms before.

What testing do you want right now?

Her pregnancy test is negative. What do those results mean?

SV is interested in emergency contraception. What are the options for emergency contraception? What other information do you need to choose the right form? What are the contraindications to emergency contraception?

You prescribe SV Plan B. She wants to pursue a more effective form of birth control than condoms, and she has heard good things about the patch from her girlfriends. List three health conditions that would make the patch medically unsafe for SV.

SV decides that she would like to start the patch today; she has no medical contraindications, based on your assessment. Can she do that if she is using Plan B today as well? What if she were using ulipristal? What else do you need to tell her?

Case 2:

MT is a 33-year-old with a history of migraines who has used the DMPA (depot medroxyprogesterone acetate, progestin injection) in the past, but has been gaining some weight recently. She has heard that DMPA can cause weight gain, and she is thinking about stopping any birth control and using condoms only. However, she's quite sure that she does not want to be pregnant, so she wants to know if there are any methods more effective than condoms only that won't cause her to gain weight. What do you tell her? What is the usual efficacy of condoms anyway?

MT is thrilled to hear that she has options. She used the pill in the past without an issue, and is confident that she can remember to take a pill every day- after all, she takes her migraine prophylaxis every day. She would like to start the pill. What other information do you need?

MT's last DMPA shot was 10 weeks ago. She does not experience any neurologic symptoms associated with her migraines. You obtain a pregnancy test, just to be sure, and it is negative. Can MT start the pill today?

What pill would you like to start MT on?

You prescribe MT her pill, explain the importance of taking them every day.

She comes back six weeks later; her weight is stable, but she has developed new acne since you started her on the pill. She wants to know if you have any recommendations—should she just go back on DMPA? Why is she getting acne? What could you do for her?

You decide to put her on a norgestimate containing pill. She comes back for follow up in 6 weeks, doing well.

Case 3:

KE is a 34-year-old woman with no significant past medical history who had her second child about nine months ago. She has concluded her obstetric follow up, and comes back to see you for the first time post-partum. She wants another child at some point, but not for a little while, and wants to talk to you about birth control. Are there any particular concerns you have when counseling new mothers about contraception?

KE is still breastfeeding. What are her contraception options?

What questions might you ask KE to determine which of her many options might be the best fit?

KE has friends who have liked the IUD, and since she doesn't want children for another year or two, she thinks this makes sense for her too. She isn't sure which type of IUD would be the best fit, though. What would you tell her is the biggest difference between the types of IUDs?

What are the contraindications to initiation of hormonal IUD use, if any?

KE opts for the hormonal IUD. She wants to know what the insertion procedure will be like, and if there's anything she needs to do in preparation for the visit. What do you tell her?

KE thinks this all sounds manageable for her. She plans to go home to discuss her intention with her partner, and wants to know how soon after IUD removal she could expect to get pregnant. What do you tell her?

Case 4

PP is a 38-year-old with a PMH morbid obesity, diabetes and HTN. She is presenting for her annual physical, and she feels well. Does she have a need for any reproductive health care right now?

PP does not wish to become pregnant in the last year—but she has been told she can't have the pill, so she assumed she was not a candidate for birth control. Is PP a candidate for the pill? Why or why not?

What options does PP have?

What are the major differences between PP's options?

PP opts for the progestin implant; she doesn't like the idea of something being "inside her."
Procedures make her nervous, though, and she would like to know what the implant procedure will be like. Can you describe the procedure to her?

PP thinks she can handle this procedure. How can you make sure she is a good candidate for insertion at her visit?

- 1 2 3 4 5
- Very confident Not at all confident

- 1 2 3 4 5
- Very confident Not at all confident

- 1 2 3 4 5
Very confident *Not at all confident*

12. A 22-year-old G0P0 woman presents to your outpatient clinic for a routine physical exam. She has no past medical history, and takes no medications. She has no allergies. Her periods are regular and light. She would like to discuss birth control with you. She shares with you that it is very important to her to continue to have regular periods, and that spotting or intermenstrual bleeding are not acceptable to her. Which of the following options is most appropriate for her?

13. A 44-year-old G2P2 woman presents to your outpatient clinic to discuss contraception. She has no past medical history, and takes no medications. She has no allergies. Her periods are regular and light. She has had negative experiences with hormonal birth control in the past, and would like a form of birth control without hormones. Which of the following options would be most appropriate for her?

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14. A 38-year-old G2P2 woman presents to your outpatient clinic to discuss contraception. She has no chronic medical problems, and takes a multivitamin every day. She has no allergies. Her periods are regular and light. She asks you which form of birth control is most effective with typical use. Which of the following options is most effective with typical use?
- a) Combined oral contraceptive pills
 - b) Birth control injection
 - c) Birth control patch
 - d) Hormonal IUD
15. A 28-year-old G0P0 woman presents for her annual physical. She is in a new relationship, and is considering becoming sexually active with her new male partner. She is not interested in becoming pregnant in the next year. She has no past medical history and takes no medications. She smokes 5 cigarettes a day. Which of the following contraceptive options are medically safe for her to use?
- a) Combined oral contraceptive pills
 - b) Progestin only contraceptive pills
 - c) Birth control patch
 - d) All of the above
16. A 32-year-old G2P1 woman presents to you for follow up. You last saw her 6 months ago, at which point you treated her for pelvic inflammatory disease. Her follow up STI testing at 3 months was negative. She would like to discuss contraceptive options with you today; she is interested in an IUD. Which of the following is the most appropriate next step in management?
- a) Tell her the IUD is not a medically safe option for her given her history of pelvic inflammatory disease
 - b) Tell her that she needs to wait at least 1 year after treatment of pelvic inflammatory disease for the IUD to be medically safe for her
 - c) Make a referral to GYN for IUD placement
 - d) Tell her that you need to repeat gonorrhea and chlamydia testing before you can refer her to GYN for IUD placement
17. A 35-year-old G1P1 woman presents for an annual physical. She has used birth control pills in the past, but she now has a small child and is afraid she won't be able to remember a daily medication. She has a history of a DVT when she was 24 years old. Which of the following contraceptive options are medically safe for her?
- a) Combined oral contraceptive pill, birth control patch and birth control injection
 - b) Birth control patch, progestin only pill and hormonal IUD
 - c) Progestin only pill, hormonal IUD and contraceptive implant
 - d) Contraceptive implant, birth control injection and birth control ring

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18. A 32-year-old G1P0 woman arrives at your office for a preventive visit. Her last menstrual period was 3 weeks ago. She usually uses condoms, but 4 days ago she had an encounter where the condom broke. This scared her, and she now wants to pursue hormonal birth control. She has decided she would like to start the patch. At this visit, you should:
- a) Check a urine pregnancy test and prescribe the patch to start today if the test is negative
 - b) Check a urine pregnancy test, prescribe emergency contraception and prescribe the patch to start today
 - c) Check a urine pregnancy test and tell her she cannot start the patch until she gets her next period
 - d) Tell her that she should come back for a pregnancy test in 2 weeks
19. True or false: A 29-year-old G1P1 woman arrives at your office for a preventive visit. She is due to start her period tomorrow. If she starts the ring on the first day of her period, she does not need to use a back up method.
- (a) True
 - (b) False
20. A 40-year-old G4P2 woman arrives at your office for a preventive visit. Her last menstrual period was 3 weeks ago. She uses condoms 100% of the time. Her last sexual encounter was 4 days ago, and she used a condom. She is interested in the hormonal IUD, and asks for a referral to GYN for placement. Which of the following are appropriate management steps at this time?
- (a) Refer her to GYN and counsel her to abstain from sex or use condoms 100% of the time leading up to her appointment
 - (b) Collect a pap smear, because normal results are required prior to insertion of an IUD
 - (c) Check a pelvic ultrasound to make sure that her uterus will accommodate an IUD
 - (d) Screen her for sexually transmitted diseases
21. A 32-year-old G1P1 woman calls your office; she had a hormonal IUD placed 4 days ago, and she can't remember what the OB/GYN told her about needing a back up method or not. Her last menstrual period was 3 weeks ago. You tell her:
- a) She does not need a back up method because the hormonal IUD is immediately effective for pregnancy prevention
 - b) She needs to use a back up method for 7 days after insertion to prevent pregnancy
 - c) She needs to use a back up method until her next period
 - d) She should call her gynecologist because you do not manage contraception

7. On a scale from 1-5, where 1 is very confident and 5 is not at all confident, how confident are you that you can provide good patient education about IUDs and implants so that your patient knows what to expect when they arrive at their insertion visit? (Circle the appropriate number.)

1 2 3 4 5

Very confident Not at all confident

For the following questions, choose ONE best answer.

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 - a) Birth control patch
 - b) Birth control injection
 - c) Hormonal IUD
 - d) Contraceptive implant
9. A 44-year-old G2P2 woman presents to your outpatient clinic to discuss contraception. She has no past medical history, and takes no medications. She has no allergies. Her periods are regular and light. She has had negative experiences with hormonal birth control in the past, and would like a form of birth control without hormones. Which of the following options would be most appropriate for her?
 - a) Birth control patch
 - b) Birth control injection
 - c) Copper IUD
 - d) All of the above
10. A 38-year-old G2P2 woman presents to your outpatient clinic to discuss contraception. She has no chronic medical problems, and takes a multivitamin every day. She has no allergies. Her periods are regular and light. She asks you which form of birth control is most effective with typical use. Which of the following options is most effective with typical use?
 - a) Combined oral contraceptive pills
 - b) Birth control injection
 - c) Birth control patch
 - d) Hormonal IUD
11. A 28-year-old G0P0 woman presents for her annual physical. She is in a new relationship, and is considering becoming sexually active with her new male partner. She is not interested in becoming pregnant in the next year. She has no past medical history and takes no medications. She smokes 5 cigarettes a day. Which of the following contraceptive options are medically safe for her to use?
 - a) Combined oral contraceptive pills
 - b) Progestin only contraceptive pills
 - c) Birth control patch
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- a) Tell her the IUD is not a medically safe option for her given her history of pelvic inflammatory disease
 - b) Tell her that she needs to wait at least 1 year after treatment of pelvic inflammatory disease for the IUD to be medically safe for her
 - c) Make a referral to GYN for IUD placement
 - d) Tell her that you need to repeat gonorrhea and chlamydia testing before you can refer her to GYN for IUD placement
13. A 35-year-old G1P1 woman presents for an annual physical. She has used birth control pills in the past, but she now has a small child and is afraid she won't be able to remember a daily medication. She has a history of a DVT when she was 24 years old. Which of the following contraceptive options are medically safe for her?
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15. True or false: A 29-year-old G1P1 woman arrives at your office for a preventive visit. She is due to start her period tomorrow. If she starts the ring on the first day of her period, she does not need to use a back up method.
- (a) True
 - (b) False

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- Please evaluate today's session.

- 1 2 3 4 5
- Very valuable* *Not at all valuable*

1 2 3 4 5

Very valuable Not at all valuable

- 1 2 3 4 5
Very helpful Not at all helpful

Please write below any thoughts you have on this training exercise/course materials. We welcome all feedback!

Thank you!

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11. A 44-year-old G2P2 woman presents to your outpatient clinic to discuss contraception. She has no past medical history, and takes no medications. She has no allergies. Her periods are regular and light. She has had negative experiences with hormonal birth control in the past, and would like a form of birth control without hormones. Which of the following options would be most appropriate for her?

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