Family Planning Sub-Community Board
EC Toolkit Brief

April 2021

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Agenda

- History of Unplanned Pregnancy (UPP) and Contraception in the Military
- Overview of the Family Planning Sub-Community Board (FPSCB)
- Emergency Contraception (EC) Toolkit Components
- Overview of the Clinical Provider EC Algorithm
- Overview of the Nurse Run Protocol for EC
- Implementation of the Clinical Provider EC Algorithm and the Nurse Run Protocol for EC across Medical Treatment Facilities (MTFs)

History of UPP and Contraception in the Military

Data and information from multiple surveys and studies (2016-2020) indicate that rates of UPP among active duty Sailors and Marines persistently remains higher than civilian counterparts and that UPP has health, readiness, and cost implications for the pregnant Service members and the Fleet. The Navy Medicine Female Force Readiness Clinical Community, championed by the BUMED Office of Women' Health oversees a Family Planning Sub-Community Board. This group is dedicated to advancing comprehensive family planning care by promoting Navy-wide process improvement to reduce unplanned pregnancies, enhance health outcomes, and optimize mission readiness for active duty female Sailors and Marines.

STATISTICS

- **64%** of active duty service members did not think the Navy provided access to emergency conception. [3]
- **78%** of active duty service members were not aware that emergency contraception is available at their military treatment facility without a prescription. [3]
- Nearly **five out of ten** U.S. women will have an unintended pregnancy [2]
- **54%** of active duty service members who had a recent pregnancy reported it was planned [3]
- In 2018, **one out of six** active duty Service members reportedly did not use any birth control during their most recent vaginal sex even though they or their partner were not pregnant or trying to become pregnant [1]
- **31%** of active duty service members indicated they were assigned to a ship, deployable squadron or other deployable unit at the time of most recent pregnancy. [3]

$30K The average cost of one unplanned pregnancy for the Navy

20% Of enlisted women could not get their preferred birth control method **prior to or during deployment**

$114M The annual cost for unplanned pregnancies for the Navy

Sources: *1*. 2018 Department of Defense Health Related Behaviors Survey *2.* New England Journal of Medicine, *Declines in Unintended Pregnancy in the United States*, 2008-2011, 2016 (https://www.nejm.org/doi/full/10.1056/NEJMsa1506575), 2020 Personal and Professional Choices Survey

Overview of the FPSCB

The FPSCB meetings monthly to discuss current process improvement efforts and is made up of multidisciplinary operational and medical leaders from across the Navy and Marine Corps Enterprise.

Strategic Goals of FPSCB

- Coordinate with Military Health System (MHS) leadership on family planning initiatives
- Reduce rates of unplanned pregnancy among all female Sailors and Marines
- Enhance delivery to improve patient access to family planning services.

Examples of Current Initiatives

Contraception Walk-In Clinics

Provides same-day, walk-in contraceptive services, improving access to full scope contraceptive care for female beneficiaries.

EC Toolkit to include Nurse Run Protocol

Facilitates communication between MTFs, local fleet entities, FPSCB, and BUMED OWH to support standardization efforts and improve family planning care.

LARC Training

Provides MTF and fleet-based providers with long-acting reversible contraceptive (LARC) knowledge and skills to increase provision of these services.

For the first time since 1988, Navy Medicine has seen a significant reduction (14%) in reported UPPs, translating to ~910-1000 avoided UPPs (change from 41% planned in 2016 to 54% planned in 2020).
- 2020 Personal & Professional Choices Survey

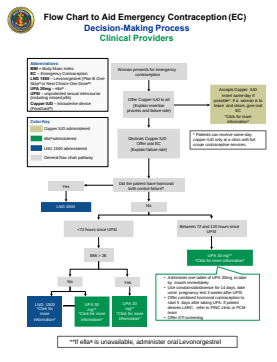
EC Toolkit Components

The following materials were created by the FPSCB to help further reduce UPPs by improving patient and provider education. All materials that make up the EC Toolkit are listed below and are also accessible on the Family Planning Sub-Community milSuite website: https://www.milsuite.mil/book/groups/womens-health-family-planning-sub-community

- ✓ EC Toolkit Brief
- ✓ Clinical Provider EC Algorithm
  - *Includes the IDC Algorithm
- ✓ Nurse Run Protocol
- ✓ EC Patient Education Handout
  - *Include any MTF-specific information (Contact information for hospital, walk-in contraception clinic, etc)

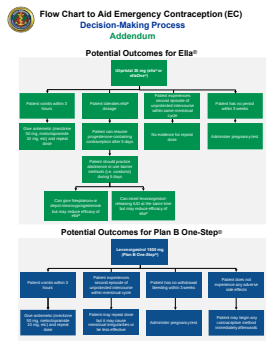
Overview of the Clinical Provider EC Algorithm

The EC Algorithm (flow chart) guides clinicians in determining which EC options are optimal for each patient, to include intrauterine devices (IUDs) (Paragard®, Liletta®, Mirena®), ella®, and Plan B One-Step®. By informing a clinician's decision making- process; this EC Algorithm increases access to contraceptives for patients by expanding the range of clinicians who can provide contraceptive counseling and EC to patients.



How does the EC Algorithm work?

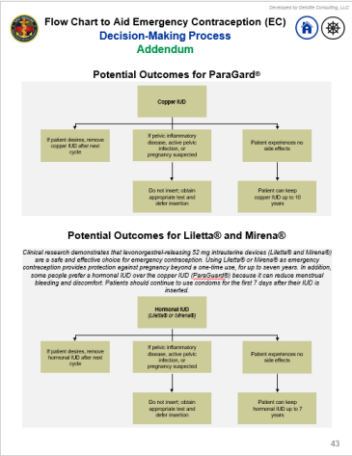
The EC Algorithm is a visually-reinforced guide involving which EC options should be considered. The EC Algorithm covers the range of possible scenarios for when a patient presents for ECs



What are the potential patient outcomes for different types of EC?

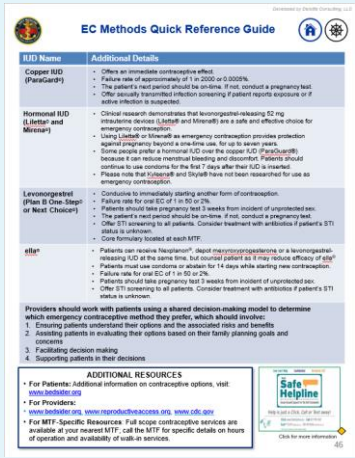
There is an addendum to the EC Algorithm which provides all the potential outcomes for patients who choose to use ella® or Plan B One-Step®

Overview of the Clinical Provider EC Algorithm



What are the potential patient outcomes for different types of EC?

There is an additional addendum to the EC Algorithm which provides all the potential outcomes for patients who choose to use Paragard®, Liletta®, or Mirena®. This addendum also provides a list of Oral Contraceptive Pills (OCPs) and the recommended doses for EC.



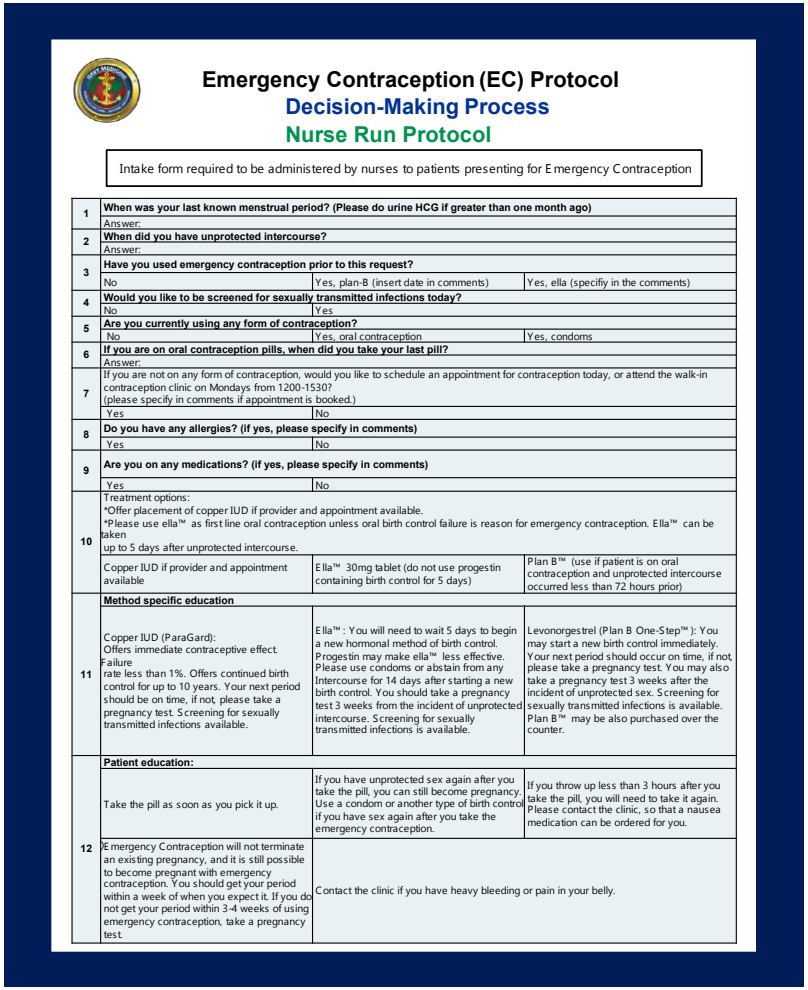
What if I am interested in additional information on contraceptive options or EC usage?

The EC Algorithm also includes an EC Methods Quick Reference Guide for Copper IUD, Paragard®, 52-mg levonorgestrel releasing IUDs, Liletta® and Mirena®, Plan B One-Step®, and ella®. Additional resources are also provided for both patients and providers, as well as examples of how to communicate regarding MTF-specific resources.

Overview of the Nurse Run Protocol

How does the Clinical Provider EC Algorithm differ from the Nurse Run Protocol for EC?

- Both include the previous (4) four documents outlined and the patient intake form to the right.
- Clinical Provider EC Algorithm – The patient intake form is provided as a reference to see what nurses are required to fill out.
- Nurse Run Protocol for EC – The Intake Form is <u>required</u> to be administered by nurses to patients presenting for EC. Based on the responses, nurses can then order the appropriate EC option or refer he patient to a physician for further evaluation.



Emergency Contraception (EC) Protocol
Decision-Making Process
Nurse Run Protocol

Intake form required to be administered by nurses to patients presenting for Emergency Contraception

1	**When was your last known menstrual period? (Please do urine HCG if greater than one month ago)**		
	Answer:		
2	**When did you have unprotected intercourse?**		
	Answer:		
3	**Have you used emergency contraception prior to this request?**		
	No	Yes, plan-B (insert date in comments)	Yes, ella (specifiy in the comments)
4	**Would you like to be screened for sexually transmitted infections today?**		
	No	Yes	
5	**Are you currently using any form of contraception?**		
	No	Yes, oral contraception	Yes, condoms
6	**If you are on oral contraception pills, when did you take your last pill?**		
	Answer:		
7	If you are not on any form of contraception, would you like to schedule an appointment for contraception today, or attend the walk-in contraception clinic on Mondays from 1200-1530? (please specify in comments if appointment is booked.)		
	Yes	No	
8	**Do you have any allergies? (if yes, please specify in comments)**		
	Yes	No	
9	**Are you on any medications? (if yes, please specify in comments)**		
	Yes	No	
10	Treatment options: *Offer placement of copper IUD if provider and appointment available. *Please use ella™ as first line oral contraception unless oral birth control failure is reason for emergency contraception. Ella™ can be taken up to 5 days after unprotected intercourse.		
	Copper IUD if provider and appointment available	Ella™ 30mg tablet (do not use progestin containing birth control for 5 days)	Plan B™ (use if patient is on oral contraception and unprotected intercourse occurred less than 72 hours prior)
11	**Method specific education**		
	Copper IUD (ParaGard): Offers immediate contraceptive effect. Failure rate less than 1%. Offers continued birth control for up to 10 years. Your next period should be on time, if not, please take a pregnancy test. Screening for sexually transmitted infections available.	Ella™ : You will need to wait 5 days to begin a new hormonal method of birth control. Progestin may make ella™ less effective. Please use condoms or abstain from any Intercourse for 14 days after starting a new birth control. You should take a pregnancy test 3 weeks from the incident of unprotected intercourse. Screening for sexually transmitted infections is available.	Levonorgestrel (Plan B One-Step™): You may start a new birth control immediately. Your next period should occur on time, if not, please take a pregnancy test. You may also take a pregnancy test 3 weeks after the incident of unprotected sex. Screening for sexually transmitted infections is available. Plan B™ may be also purchased over the counter.
12	**Patient education:**		
	Take the pill as soon as you pick it up.	If you have unprotected sex again after you take the pill, you can still become pregnancy. Use a condom or another type of birth control if you have sex again after you take the emergency contraception.	If you throw up less than 3 hours after you take the pill, you will need to take it again. Please contact the clinic, so that a nausea medication can be ordered for you.
	Emergency Contraception will not terminate an existing pregnancy, and it is still possible to become pregnant with emergency contraception. You should get your period within a week of when you expect it. If you do not get your period within 3-4 weeks of using emergency contraception, take a pregnancy test.	Contact the clinic if you have heavy bleeding or pain in your belly.	

Overview of the Nurse Run Protocol for EC

The Nurse Run Protocol provides nurses with a set of questions and factors to inform their EC decision-making process. It aims to improve and increase access to contraceptive services by placing nurses at the front line of assessing a patient's need for EC.

Benefits of the Nurse Run Protocol

Reduces Wait Times and Unplanned Pregnancy

This protocol provides nursing decision support, reduces workload placed on providers, and minimizes wait times for patients, which facilitates better EC outcomes

Increases Quality of Care

This protocol promotes high quality of care by guiding nurses with its comprehensive list of considerations

Reduces Variation

This protocol provides a standardized approach to provision of emergency contraceptive services across Navy Medicine

Components of the Nurse Run Protocol

1. Screen patient for potential pregnancy
2. Assess when the patient last had unprotected intercourse and if they have used ECs before coming in
3. Offer sexually transmitted infection (STI) testing
4. Understand whether patient is on contraceptives and what type
5. Promote most effective EC available
6. Ensure record-keeping at facility for the patient

Implementation of the Clinical Provider EC Algorithm and the Nurse Run Protocol for EC Across MTFs

In implementing the Clinical Provider EC Algorithm and Nurse Run Protocol for EC, certain core elements must be met, but other aspects can be tailored to the MTF-based on factors like pharmacy supply and clinical resources. Ella® has been approved on the DHA core formulary. While awaiting approval in the coming months, MTFs should continue to route through local Pharmacy & Therapeutics (P&T) Committees to prescribe ella®.

Replication / Required

Clinical Provider EC Algorithm

Focus on most effective available EC as first line emergency contraception service

Nurse Run Protocol for EC

- Screen for pregnancy
- Focus on most effective available EC as first line emergency contraception service

Scalable

Clinical Provider for EC Algorithm

- Only offer copper IUD to all if facility can meet the demand
- Only offer hormonal IUDs, Liletta® and Mirena® to all if facility can meet that demand
- Offer Plan B One-Step® only if ella® is unavailable

Nurse Run Protocol for EC

- Only offer copper IUD, Paragard® to all if facility is capable of meeting that demand
- Only offer hormonal IUDs, Liletta® and Mirena® to all if facility can meet that demand
- Offer Plan B One-Step® only if ella® is unavailable
- Protocol can be executed at any facility with a nurse