

Essentials for the contraceptive counselling of adolescent women

The global CARE group is a panel of independent physicians from 13 countries with expert interest in sexual and reproductive health in adolescence

Formation of the CARE group and its ongoing work is supported by Bayer

ARE YOU WELCOMING?



Acknowledging her need for confidentiality and privacy (e.g. being able to ask an accompanying person to wait outside)



Recognizing the need for a different approach (and language) for adolescent women versus older women



Informing her that a pelvic exam is not needed to start or continue most methods of contraception



Creating an open and empathetic environment

WHAT TO ASK

- Her reproductive and sexual history, including previous and current use of contraception
- Her medical history, including any specific conditions and medication
- Her current relationships, partners and whether she has any concerns
- Her needs and expectations from a contraceptive method
- Her ability and motivation to use contraception regularly and correctly
- Her thoughts on using an injectable or long-acting reversible method
- The level of support she has at home, from the community and/or partner
- Whether she needs to hide her use of contraception

HAVE YOU CHECKED?



Her awareness of methods and whether she already has a preference



The accuracy of her knowledge, including her fears and concerns



Methods matching her needs and expectations have been discussed



The identified potential options are acceptable to her



If cost is an issue – how she will pay for contraception



Whether STI screening is appropriate



If you think she is ready to make a decision, help her make an informed choice that matches her contraceptive needs and expectations as well as her lifestyle

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WHAT TO TELL



How the method works, how effective it is, how to take it correctly and consistently, and when to start



How it will affect her menstrual cycle



What the potential side effects are and what to do if they occur



What the non-contraceptive benefits are (if relevant)



When to return for a follow-up appointment

HAVE YOU REASSURED HER?



For the majority of healthy young women, the benefits of modern contraceptive methods outweigh the risks



That correct and continuous use is essential for best results and she should not stop her contraceptive method without first contacting a healthcare provider unless in an emergency



She has taken the first step to an empowered, healthy, and safer sexual life



And checked whether she has any remaining fears or concerns about her contraception

Whichever method she chooses...

You can check whether it matches her contraceptive needs and expectations as well as her lifestyle

HIGHLY EFFECTIVE METHODS (>99% EFFECTIVE WITH PERFECT USE)¹

USER-INDEPENDENT

INTRAUTERINE CONTRACEPTION (IUC)

- Does she understand what IUC is and how it is inserted?
- Does this method fit with her short and longer-term contraceptive needs?
- Would she benefit from a 'user-independent' method of contraception?
- How would she feel about potential changes in her menstrual pattern?

IMPLANT

- Does this method fit with her short and longer-term contraceptive needs?
- Would she benefit from a 'user-independent' method of contraception?
- How would she feel about potential changes in her menstrual pattern?

USER-DEPENDENT (EFFECTIVENESS DECLINES WITH TYPICAL USE)

COMBINED ORAL CONTRACEPTIVE PILL

- Is she a good, consistent pill taker?
- Is she aware of the non-contraceptive benefits of combined oral contraceptives?
- How would she feel about potential changes in her menstrual pattern?
- Does she have any concerns about taking an oral contraceptive pill?

PATCH

- Would she be comfortable with the idea of wearing a small patch that might be visible to others (depending on where it is applied)?
- Does she feel that she would remember to change her patch weekly and after the patch-free interval?

RING

- How comfortable is she with the idea of inserting the ring?
- Would it be an issue if her partner felt the ring when having sex?
- Does she feel that she would remember to remove the ring after three weeks and re-start with a new one after the ring-free interval?

INJECTION

- Is she willing to have an injection every 1-3 months?
- Is she aware that there may be a delay in the return to fertility after using an injectable method of contraception?
- How would she feel about potential changes in her menstrual pattern?

PROGESTOGEN ONLY PILL (POP)

- Is she a good, consistent pill taker?
- Does she understand the importance of taking it at the same time every day?
- How would she feel about potential changes in her menstrual pattern?
- Does she have any concerns about taking an oral contraceptive pill?

OTHER, LESS EFFECTIVE METHODS¹

CONDOMS

- Will she and her partner be able to use a condom every time she has sex?
- How confident is she that her partner will be willing to use a condom?
- Is she aware that condoms also provide protection against sexually transmitted infections (STIs) and can be used with other methods of contraception?

SPERMICIDES

- Will she be able to carry spermicide with her so that it's readily available?
- Will she be able to time sexual activity with insertion of the spermicide (i.e. within one hour)?
- Is she aware of any allergy to spermicide?

FERTILITY AWARENESS METHODS

- Would she be able to plan sexual activity around her least fertile days?
- Is she willing and able to monitor her reproductive cycle and keep track of the physiological changes on a daily basis?

VAGINAL BARRIERS (E.G. SPONGE, DIAPHRAGM)

- Will she be able to insert a sponge or diaphragm before she has sex?
- Will she be able to carry it with her so that it's readily available?
- Is she confident that she will be able to use this method properly?

Consistent and correct use of the male latex condom reduces the risk of sexually transmitted infections (STIs) and human immunodeficiency virus (HIV) transmission,² regardless of choice of contraceptive method