

Video Companion Guide

Global Contraception

Learning Objectives:

By the end of the session, learners will be able to:

- Describe of all contraceptive methods.
- Develop a basic understanding of patient-centered contraceptive care.

Video Lecture: Contraception

Presented by Dr. Jody Steinauer, MD, MAS



Available for free viewing at: www.innovating-education.org/2016/02/contraception/

Suggested Readings:

- Hatcher, R.A., Trussell, J., et al. Contraceptive Technology 20th Edition. 2011
- Ahmed et. al. Maternal deaths averted by contraceptive use: an analysis of 172 countries. Lancet. 2012. 380(9837); 111-25.
- Williamson L.M., Parkes A., Wight D., et al. Limits to modern contraceptive use among young women in developing countries: a systematic review of qualitative research. Reprod Health. 2009. 19;6:3.
- Thomas CM, Schmid R, Cameron S. Is it worth paying more for emergency hormonal contraception? The cost-effectiveness of ulipristal acetate versus levonorgestrel 1.5 mg. J Fam Plann Reprod Health Care. 2010. 36(4):197-201.

Teaching Points

- Contraception saves women's lives.
 - As contraceptive prevalence rates increase, maternal mortality decreases.
- There is a large unmet need for contraception.
 - The proportion of women with an unmet need for family planning is as high as 50% in individual countries.
 - One study estimated that 300,000 maternal deaths were averted by the availability of contraception.
 - We can help meet the unmet need for contraception by increasing the availability of modern methods and decreasing financial costs and other barriers to access.
- In the United States, half of pregnancies are unintended. Of the unintended pregnancies in the U.S., half (25% of all pregnancies) are women who report they were using a method of contraception at the time they became pregnant.
- Clinicians must help patients choose methods that they will use correctly and help patients who are not using a method to be inspired to use a method.
- Patient-centered contraception care is critical.
 - There are a variety of contraceptives available. Clinicians should work with patients to determine which method fits an individual woman's preferences.
- The most effective forms of reversible contraception available in the US are the Copper IUD, hormonal IUD, and implantable device.

What is a "Flipped Classroom" Learning Model?

A "flipped classroom" model provides learners with instructional content prior to class and facilitates in-class activities that focus on higher-level cognitive activities.^{1,2} This model differs from a traditional direct instruction approach and uses class time for learners to engage in hands-on learning, collaboration with their peers, and evaluation of their own progress. Learners are then able to practice applying key concepts while receiving guidance and feedback when it can help them most.^{1,2,3}

Lesson Plan: Global Contraception

Using a flipped classroom model, this lesson plan will use the video lecture and additional resources to provide learners with an engaging learning environment. Here's how to use this course in a "flipped-classroom" at your own institution.

Time Required

Total Time of Video Lecture: 30 minutes

[Recommended] Estimated Independent Prep Time Required by Learner: 1 hour

Total Estimated Time Required for In-Classroom Activity: 1 hour

Materials Required and Instructor Preparation

- Learners will need internet access with enough bandwidth to view streaming video.
- The instructor should print copies of the small group activity (Pages 4 and 5) and quiz (Page 7) included in this packet.
- Prior to the arrival of learners in the classroom, the instructor should project the Contraception Method chart either via PowerPoint or printed large enough so visible to all learners.
- If possible, try to obtain samples of different contraceptive methods for learners to review.
 - Visit the [Bedsider Providers website](#) for free access to an assortment of contraceptive method images which can be used in your lesson.

Activity

Independent Preparation (conducted by learner before in-classroom activity)

- Learners should independently view the video lecture.
- Learners may be assigned any of the following relevant readings (determined by instructor's desired learner work-load) as outlined in the "Suggested Readings" section on page 1.

In-Classroom Small Group Activity

- Divide the classroom into small groups (of 3-5) and distribute the small group activity handouts (the Contraception Method chart and the Contraception Method Options sheet) from pages 4-5.
- Instruct learners to spend 15 minutes and work together to answer the questions provided on the handout. At the end of this activity, convene the class.
- Present the blank Contraception Method chart and have one person from each group take turns to go to the front of the class and put the number (with corresponding contraceptive method) on the Contraceptive Method chart. Ensure correct answers are on the board for the class to see, address any additional clarifications as needed, and collect the small group "Contraception Method chart".
 - An answer sheet for the small group activity can be found on page 6.
 - Print and distribute to learners to take home should you see fit.

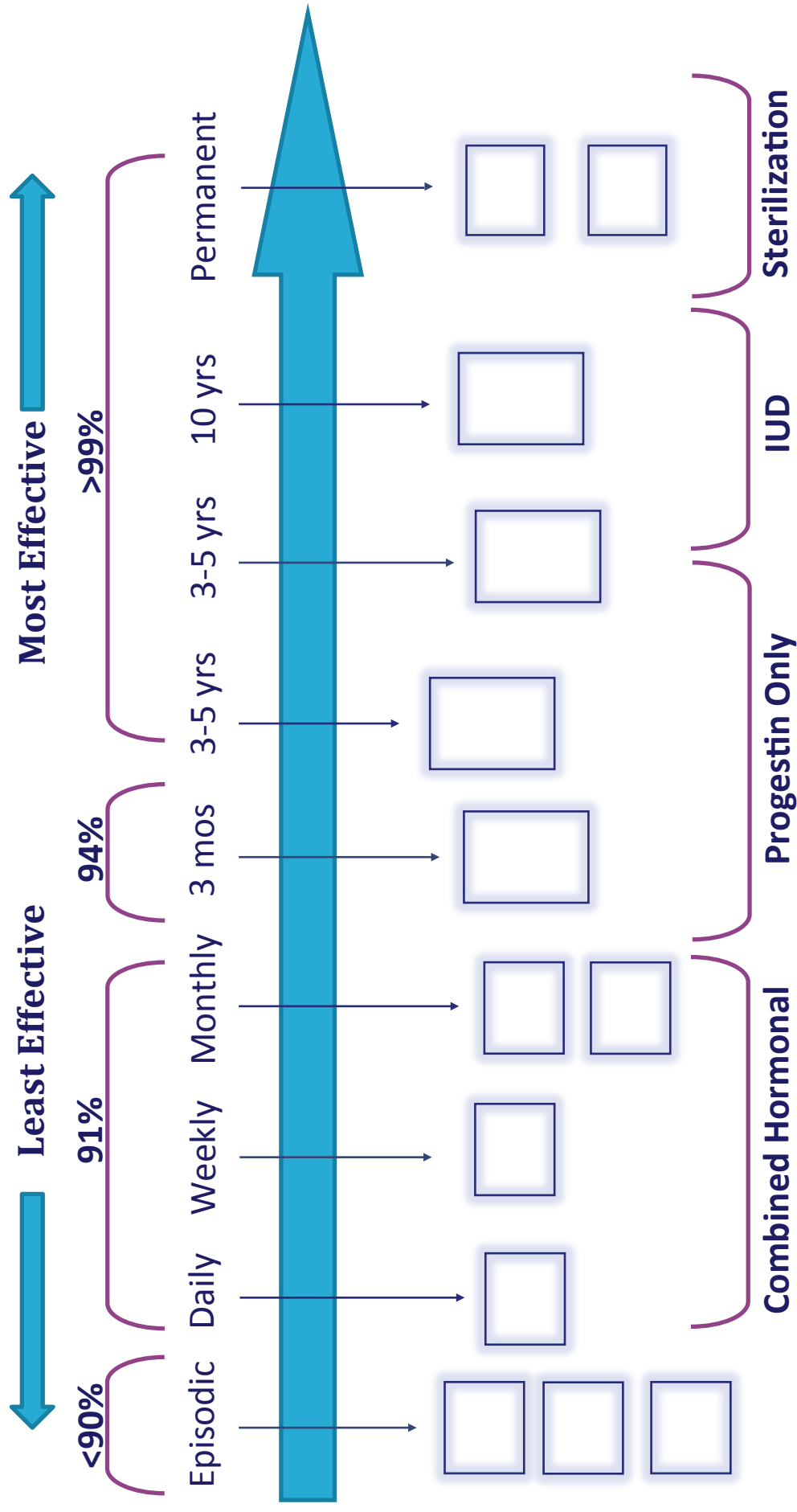
In-Classroom Individual Quiz

- Next, distribute the quiz (page 7). Instruct learners to spend approximately 20 minutes and work individually to answer each question on the quiz. Collect the handout and conclude the lesson.
 - An answer sheet to the individual quiz can be found on pages 8-9 for your review.

Names: _____

Global Contraception Methods









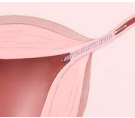

Instructions: In the boxes below, write the number (as listed on the next page) that corresponds with the correct contraceptive method.



Global Contraception Method Options

Instructions:

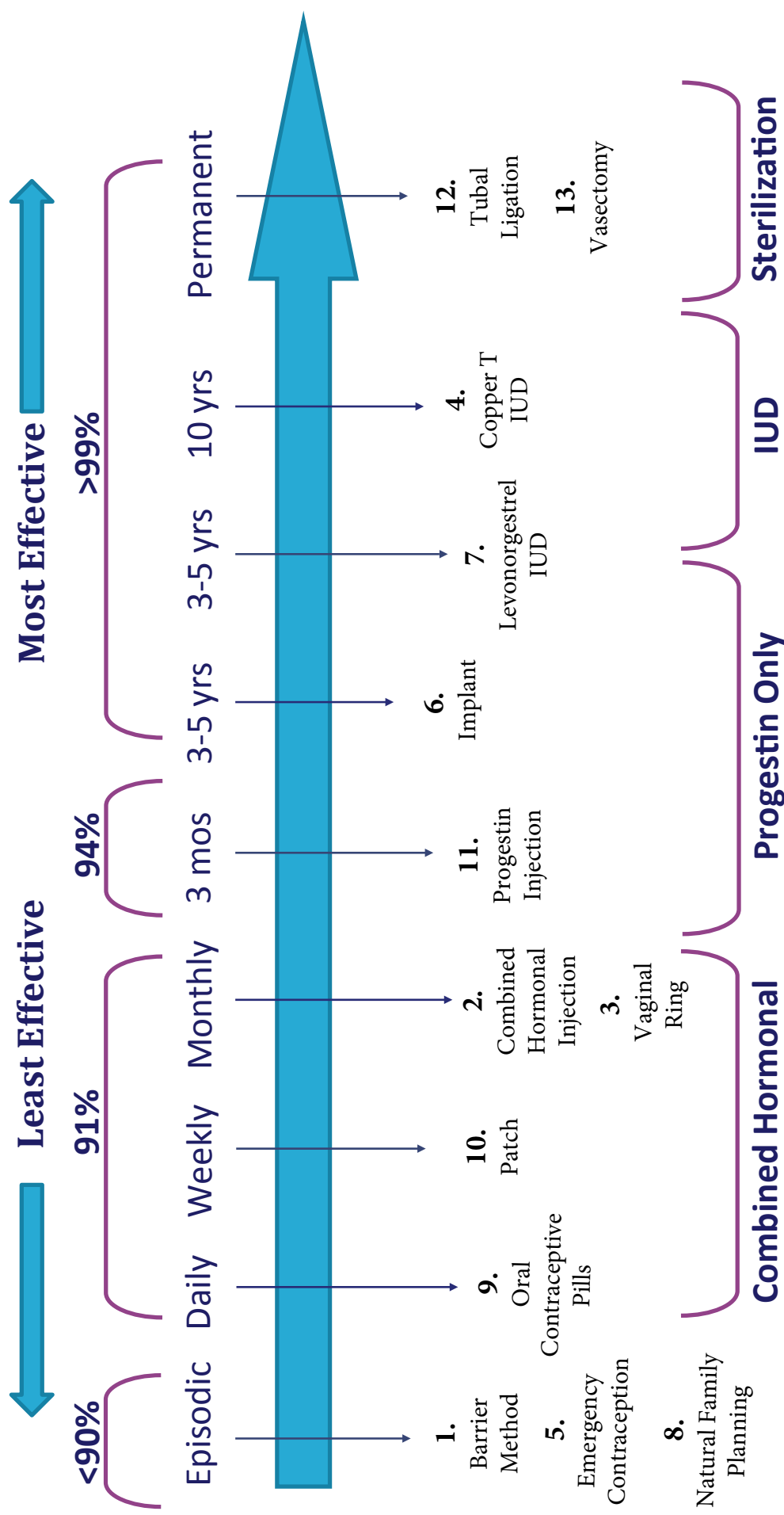
Match the following contraceptive methods (and the corresponding numbers) with where they fall on the chart.

| | |
|--|--|
| <p>2. Combined Hormonal Injection</p>  | <p>1. Barrier Method</p>  <p>(Condoms, Diaphragm, Sponge, Cervical Cap, Female Condom)</p> |
| <p>4. Copper T IUD</p>  | <p>3. Contraceptive Vaginal Ring</p>  |
| <p>6. Implant</p>  | <p>5. Emergency Contraception</p>  |
| <p>8. Natural Family Planning</p> <p>(Withdrawal, Fertility Awareness, Lactation Amenorrhea, Periodic Abstinence)</p>  | <p>7. Levonorgestrel IUD</p>  |
| <p>10. Patch</p>  | <p>9. Oral Contraceptive Pills</p>  |
| <p>12. Tubal Ligation</p>  | <p>11. Progestin Injection</p>  |
| <p>13. Vasectomy</p>  | |

Global Contraception Methods

Answer Sheet

Instructions: In the boxes below, write the number (as listed on the next page) that corresponds with the correct contraceptive method.



Name _____

Global Contraception Individual Assignment: Quiz

Answer the following multiple-choice and short answer questions referencing the video lecture: "Contraception". Be prepared to turn in this handout at the end of class.

Questions

1. Which of the following contraceptive methods has the highest failure rate based on *typical use*?
 - Progestin-only pills
 - 3-month injection (Depo-Provera)
 - Implants (Implanon)
 - Levonorgestrel IUD (Mirena)

2. What contraceptive method can be used as an effective emergency contraceptive if accessed within 5-7 days of unprotected intercourse?
 - Progestin-only Pills
 - Implant (Implanon)
 - Copper IUD (Paragard)
 - 3-month injection (Depo Provera)

3. The proportion of women with an unmet need for family planning is as high as _____ in individual countries.
 - 15%
 - 30%
 - 50%
 - 75%

4. The best method to facilitate effective contraceptive use is to:
 - Promote abstinence until marriage educational programs to delay the need for contraception.
 - Reduce access barriers (e.g. training clinicians to insert contraceptive devices or giving women more than one pack of contraceptive pills at a time).
 - Encourage contraceptive use only amongst women above the age of 18 who are more responsible with adhering to contraception regimes.
 - Confer with patient's partner to ensure they agree with the patient's contraceptive method choice.

5. **(Short answer)** When discussing contraceptive efficacy, what is the difference between perfect use efficacy and typical use efficacy? And how often are these equivalent to one another?

Global Contraception Quiz Answer Sheet

Questions

1. Which of the following contraceptive methods has the highest failure rate based on *typical use*?

- Progestin-only pills**
- 3-month injection (Depo-Provera)
- Implants (Implanon)
- Levonorgestrel IUD (Mirena)

Explanation: Of the following answers presented in this question, progestin-only pills have the highest failure rate (9%) based on typical use. The 3-month injection (also known as Depo-Provera) has a 6% failure rate based on typical use. Implants (such as the Implanon) and the levonorgestrel IUD both have less than 1% failure rate based on typical use.

2. What contraceptive method can be used as an effective emergency contraceptive if accessed within 5-7 days of unprotected intercourse?

- Progestin-only Pills
- Implant (Implanon)
- Copper IUD (Paragard)**
- 3-month injection (Depo Provera)

Explanation: The Copper IUD is the only contraceptive method that can also be used as effective emergency contraception (if inserted within 5-7 days of unprotected intercourse).

3. The proportion of women with an unmet need for family planning is as high as _____ in individual countries.

- 15%
- 30%
- 50%**
- 75%

Explanation: In Dr. Steinauer's lecture she defines unmet need as the proportion of women who are either partners or married who are actively not wanting to be pregnancy but who are not using a contraceptive method. This is important because as contraceptive prevalence increases, maternal mortality decreases.

4. The best method to facilitate effective contraceptive use is to:
- Promote abstinence until marriage educational programs to delay the need for contraception.
 - ✓ **Reduce access barriers (e.g. training clinicians to insert contraceptive devices or giving women more than one pack of contraceptive pills at a time).**
 - Encourage contraceptive use only amongst women above the age of 18 who are more responsible with adhering to contraception regimes.
 - Confer with patient's partner to ensure they agree with the patient's contraceptive method choice.

Explanation: The best method to facilitate effective contraceptive use is to reduce barriers for women to access contraceptive methods. One way to do this is by giving women more than one pack of contraceptive pills at a time to reduce the frequency of visits to obtain contraception.

5. (Short answer) When discussing contraceptive efficacy, what is the difference between perfect use efficacy and typical use efficacy? And how often are these equivalent to one another?

Explanation: Perfect use efficacy is from data in studies where women are highly adherent to their contraceptive methods (and don't experience barriers such as cost or access to their methods). This would be the lowest expected failure rate we would see using a particular method. Typical use is what happens in real life. For some methods there is a big discrepancy between perfect use efficacy and typical use efficacy.