



## Reproductive Life Planning, Contraception, and Sexual Health

### Background

Reproductive life planning and contraception are issues for virtually all patients in the postpartum period. Sexual health is an issue for all patients in the postpartum period whose life plans include remaining sexually active. Most of the data from observational studies in the United States would suggest a modest increase in risk associated with intervals of fewer than 18 months and more significant risk with intervals of fewer than 6 months between birth and the start of the next pregnancy. The National Center for Health Statistics reports 37% of pregnancies are unintended (<https://www.cdc.gov/nchs/data/nhsr/nhsr055.pdf>), further emphasizing the importance of contraception counseling. A total of 35.1% of pregnancies have interpregnancy intervals fewer than 18 months, which is associated with adverse pregnancy outcomes, and 6.7% within 6 months (1).

### Screening

- Ask about the patient's reproductive life plan, including whether the patient has completed childbearing. Tools such as "One Key Question" ("Would you like to become pregnant in the next year?" or "When do you want to have another baby?") can be used to assess pregnancy intentions.
- Assess whether the patient is sexually active with men, women, or both.
- Tailor contraceptive recommendations to future pregnancy plans, patient preference, and medical comorbidities (eg, hypertension, diabetes).
- Screen sexual health by history and review of systems. Screening should include assessment of readiness for sex, sexually transmitted infection risk, sexual abuse, and sexual dysfunction. For suggested screening questions about symptoms, see Committee Opinion No. 654, *Reproductive Life Planning to Reduce Unintended Pregnancy*.

### Counseling

- Reproductive life planning
  - Prepregnancy counseling
  - Planned reproductive endocrinology and infertility referral if indicated
  - Contraception counseling
  - Counseling regarding risks of short interpregnancy interval (fewer than 18 months, with risk increasing as interval decreases) and potential benefits of longer interpregnancy interval
- Provision of information regarding the full array of contraceptive services
  - Every woman should be provided information on the full range of contraceptive options so that she can select the method best-suited to her needs, including natural family planning,

lactational amenorrhea, combined hormonal contraceptives, male and female sterilization, progestin-only pills, birth control injection, birth control implant, intrauterine devices

- Counsel regarding breastfeeding and hormonal contraception, including the Centers for Disease Control and Prevention's (CDC) recommendations that the advantages outweigh the risks of progestin-only contraception immediately after birth and of combined hormonal methods at 1 month postpartum (CDC MEC); however, there are theoretic concerns about the effect on milk production (see [Committee Opinion 658, \*Optimizing Support of Breastfeeding as Part of Obstetric Practice\*](#)). Obstetric care providers should discuss these concerns within the context of each woman's desire to breastfeed and her risk of unplanned pregnancy, so that she can make an autonomous and informed decision.
- Include options for permanent sterilization in counseling women who are certain they have completed their childbearing. Contraceptive counseling should be sensitive to the complex history of sterilization and abuse and fertility control among marginalized women (see <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Ethics/Sterilization-of-Women-Ethical-Issues-and-Considerations>).
- Ensure equitable implementation of immediate postpartum long-acting reversible contraception (LARC); develop policies that ensure access to immediate postpartum LARC if desired, without targeting of marginalized women; respect each woman's right to decline LARC; and provide access to affordable LARC device removal at any point, independent of insurance status (1).
- Sexual health
  - Assess readiness for resuming intercourse in context of wide range of "normal"
  - Sexually transmitted diseases should be screened and treated per CDC guidelines
  - Offer legal and safety resources for victims of sexual assault and abuse. Discuss safety plan.
  - Assist patients in achieving their goals for readiness and satisfaction. For couples who have postpartum issues likely related to fatigue and life change related to the new infant, provide support and counseling. Recommend lubricant or topical estrogen for dyspareunia due to estrogen deficiency related to lactational amenorrhea. Provide treatment for postpartum depression.

## Anticipatory Guidance and Follow-up

- Expected response to treatment
  - Reproductive life planning
    - Achievement of reproductive life goals
  - Contraception
    - Women should be advised to avoid interpregnancy intervals shorter than 6 months and should be counseled about the risks and benefits of repeat pregnancy before 18 months
    - Prevention of undesired pregnancies
  - Sexual health
    - STDs—treatment and tests of cure or reinfection per CDC guidelines
    - Sexual assault—ensuring patient safety
    - Achieve patient goals for frequency, quality, and satisfaction with sex

- Referrals
  - Reproductive life planning
    - Providers of postpartum care should be able to provide appropriate counseling
  - Contraception
    - Providers of postpartum care should be able to provide prescription contraceptives
    - Referral to qualified health care provider for male or female sterilization
    - May require referral for implantable or intrauterine contraception. Optimal care includes availability of same-day placement for implantable and intrauterine contraception.
  - Sexual health
    - Referral to sexual medicine specialist, therapist, or psychiatrist, as appropriate, if sexual dysfunction is diagnosed and management is beyond the scope of care of the postpartum care provider.

For more information on dyspareunia, see the section on Postpartum Complications.

## Reference

1. Moniz MH, Spector-Bagdady K, Heisler M, Harris LH. Inpatient postpartum long-acting reversible contraception: care that promotes reproductive justice. *Obstet Gynecol* 2017;130:783–7.

## Resources

### American College of Obstetricians and Gynecologists Clinical Guidance

- ❖ Optimizing support for breastfeeding as part of obstetric practice. Committee Opinion No. 658. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2016;127:e86–92. *Outlines ways obstetrician–gynecologists can support women in achieving their breastfeeding goals.*
- ❖ Long-acting reversible contraception: implants and intrauterine devices. Practice Bulletin No. 186. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2017;130:e251–69. *This Practice Bulletin provides recommendations for the use of IUDs and contraceptive implants in addition to information for appropriate candidate selection and the management of clinical issues and complications associated with LARC methods.*
- ❖ Reproductive life planning to reduce unintended pregnancy. Committee Opinion No. 654. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2016;127:e66–9. *Addresses the use of comprehensive and culturally appropriate reproductive life planning to avoid unintended pregnancy and reviews the cultural and economic barriers to prevent unintended pregnancy.*
- ❖ Sterilization of women: ethical issues and considerations. Committee Opinion No. 695. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2017;129:e109–16. *Discusses the ethical responsibilities of obstetrician–gynecologists in sterilization for women.*

## Health Care Provider Resources for Patient Care

- ❖ American College of Obstetricians and Gynecologists. Birth control (contraception): resource overview. Available at: <https://www.acog.org/Womens-Health/Birth-Control-Contraception>. Retrieved March 7, 2018.  
*List of key publications from ACOG and other sources for ob-gyns, other women's health care providers, and patients.*
- ❖ Before, Between and Beyond Pregnancy. Family planning and contraception. Available at: <https://beforeandbeyond.org/toolkit/desires-pregnancy/family-planning-and-contraception/#ffs-tabbed-12>. Retrieved March 9, 2018.  
*The resource guide was developed by the Clinical Work Group of the National Preconception Health and Health Care Initiative, a public-private partnership that works to advance pre-pregnancy knowledge and care of all women and men of reproductive age in the United States.*
- ❖ Gemmill A, Lindberg LD. Short interpregnancy intervals in the United States. *Obstet Gynecol* 2013;122:64–71.  
*Investigates the prevalence of short pregnancy intervals in the United States.*
- ❖ Planned Parenthood Federation of America. All about birth control methods. Available at: <https://www.plannedparenthood.org/learn/birth-control>. Retrieved March 7, 2018.  
Bedsider providers. Available at: <https://providers.bedsider.org>. Retrieved March 7, 2018.
- ❖ Sexual Medicine Society of North America. SexHealthMatters: find a provider in your area. Available at: <http://www.sexhealthmatters.org/resources/find-a-provider>. Retrieved March 7, 2018.
- ❖ Tepper NK, Krashin JW, Curtis KM, Cox S, Whiteman MK. Update to CDC's U.S. Medical Eligibility Criteria for Contraceptive Use, 2016: Revised recommendations for the use of hormonal contraception among women at high risk for HIV infection. *MMWR Morb Mortal Wkly Rep* 2017;66:990–4.  
*Recommendations in this report are intended to assist health care providers when they counsel women, men, and couples about contraceptive method choice.*

## Health Care Provider Resources for Advocacy

- ❖ Jackson A. Racism in family planning care. Washington, DC: Bedsider; 2016. Available at: <https://providers.bedsider.org/articles/racism-in-family-planning-care>. Retrieved March 7, 2018.

## Patient Resources

- ❖ Dehn B. Sex during and after pregnancy. National Women's Health Resource Center, Inc. Available at: <http://www.healthywomen.org/content/article/sex-during-and-after-pregnancy>. Retrieved March 7, 2018.
- ❖ Power to decide. Available at: <https://powertodecide.org/select360-consulting>. Retrieved March 7, 2018.  
*Resources for health care providers, parents, and young adults.*

## Coding

See [Coding for Counseling](#)