Zika Toolkit: Expanding Access to Quality Family Planning and Zika-related Care

July 13, 2016

Citrix Technical Support: 1-877-582-7011
Cardea Services: 1-510-835-3700
Purpose

Help healthcare workers that see non-pregnant women and men of reproductive age:

• Access core information, provider tools and client education materials for providing Zika-related counseling and care

• Determine changes that may need to be made in their health systems to provide client-centered, family planning care within the context of Zika
Zika Toolkit:
Expanding Access to
Quality Family Planning
and Zika-related Care

July 13, 2016
Zika & Reproductive Health

• The emergence of the Zika virus poses a serious threat to Americans’ reproductive health.

• Contraception is a key component of efforts to mitigate the impact of Zika.

• Zika will change the way in which contraceptive and other family planning services are provided. For example:
  • More women and men may decide to delay pregnancy after they learn about the potential risks of Zika transmission
  • More women may decide to put a higher priority on the more effective methods of contraception;
  • Clients who decide to get pregnant will need to be counseled about how to reduce their risk of infection during pregnancy.
ESTIMATED Range of *Aedes Aegypti* and *Aedes Albopictus* in the United States, 2016

Transmission may occur as early as this summer!

Components of OPA's Response to Zika

OPA efforts are focused on the needs of non-pregnant women and men of reproductive age.

- Webinar series
- Zika toolkit
- In-person provider training
- Outreach
- Monitoring
Providing Quality Family Planning Services
Recommendations of CDC and the U.S. Office of Population Affairs

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
Zika Toolkit

• Synthesizes key CDC recommendations for non-pregnant clients into a user-friendly format
• Integrates Zika education into the family planning visit, using a client-centered approach
• Includes anticipatory guidance, job aids, patient education tools
• Updated on a regular basis, as new research and CDC guidance is released
Learning Objectives

• Discuss key steps when counseling male and female clients in a family planning setting about preventing Zika transmission

• Describe health care system changes in hospitals and state-specific programs to facilitate quality contraceptive care in the context of Zika

• Identify available training and education materials on quality contraceptive counseling in the context of Zika
Speakers

**Overview of the Zika Toolkit**
Christine Dehlendorf, MD, MAS  
Director, Program in Woman-Centered Contraception  
Department of Family and Community Medicine  
University of California, San Francisco

**Zika Preparedness and Contraceptive Access at Emory University**
Melissa Kottke, MD, MPH, MBA  
Director, Jane Fonda Center  
Emory University, School of Medicine  
Department of Obstetrics and Gynecology, Atlanta, GA

**Utilizing the Zika Toolkit in Louisiana’s Zika Action Plan**
Christy L. Valentine, MD  
Louisiana Maternal Outreach Lead for Zika Response  
Reproductive Health Program Medical Director  
Louisiana Department of Health  
Office of Public Health, Bureau of Family Health
Overview of the Zika Toolkit

Christine Dehlendorf, MD, MAS
Director, Program in Woman-Centered Contraception
Department of Family and Community Medicine
Providing Family Planning Care for Non-Pregnant Women and Men of Reproductive Age in the Context of Zika

A Toolkit for Healthcare Providers

This toolkit will be updated on an ongoing basis, as new research findings and clinical recommendations are published. We encourage providers to check the U.S. Office of Population Affairs website (opa.hhs.gov) to ensure they are using the latest version.

July 1, 2016

Office of Population Affairs
Structure of the Toolkit

• Core information about Zika for providers of family planning care

• Recommendations for providing family planning care for non-pregnant women and men in context of Zika
  • In areas with local transmission of Zika
  • In areas without local transmission of Zika

• Job aids and client handouts to facilitate client-centered education and care, as well as materials for outreach to community organizations
Basic Information about Zika

• Transmitted both by sex and mosquitoes

• Causes microcephaly and other birth defects

• Mosquito-borne transmission in US territories but not currently in the continental US

• Asymptomatic in the majority of cases
Integrating Zika into Family Planning Care

• Help clients to consider how information about Zika and their risk may affect their reproductive health goals and behaviors
• Provide contraceptive services to those who wish to prevent or delay pregnancy, considering their Zika risk as one influence on their choice of method
• Provide condoms to men and women who are at risk for sexual transmission of Zika
• Counsel clients who are at risk of Zika infection and may become pregnant about how to reduce the risk of acquiring Zika before and during pregnancy
• Offer testing to women and men who are exposed to Zika virus and develop symptoms
Figure 1: Family Planning Counseling Process

1. Assess reproductive goals

2. Provide Zika risk assessment and education in context of goals

3. Provide counseling to optimize reproductive health in context of Zika risk
   - Client-centered contraceptive counseling
   - Pre-conception care

4. Ensure all clients have received information about strategies to prevent Zika infection
Job Aid #1: Family Planning Counseling Process in Areas without Zika

All clients should be educated about and assessed for exposure to Zika in the context of the family planning visit.

**Ask Female Clients:** “Do you want to get pregnant now?”

- Clients wishing to prevent pregnancy
- Clients with clear intention about preventing or having a pregnancy
- Clients wishing to have a pregnancy now or in the near future

**Conduct assessment for current and future risk for Zika infection (Job Aids #2 and #3):**
- Assess travel to areas with Zika transmission by client and her past and current male partner(s)
- Inquire about current or recent symptoms of Zika experienced by client and/or her partner(s)
- Perform testing for Zika among women who experience signs/symptoms of Zika within 2 weeks of possible exposure

**Provide education about Zika virus, the risks associated with it, and its transmission in the context of client’s pregnancy goals and current and future risk (Client Handout #1 for all clients, Client Handout #2 if risk identified):**

- Discuss whether information and risk assessment changes views on future pregnancy
- Provide client-centered contraceptive counseling (Job Aids #4 & #5)
  - Consider method effectiveness as it relates to Zika risk

**Discuss strategies to prevent Zika infection as appropriate for identified level of risk (Job Aid #6 and Client Handouts #2 if risk identified), as well as potential for:**
- Unplanned pregnancy
- Change in pregnancy goals

**Discuss timing of possible pregnancy in context of Zika risk, if present:**
- Consider temporary pregnancy prevention if short term risk identified

**Discuss strategies to prevent Zika infection and educate about symptoms of Zika infection as appropriate for identified level of risk (Job Aid #6 and Client Handout #2 if risk identified):**
Job Aid #2

Initial Screening Questions for Female and Male Clients in Areas WITHOUT Zika

Initial screening questions for all female clients prior to the visit

1. Have you traveled outside the continental US in the past 8 weeks?
   - Yes
   - No

2. Has any man you are having sex with, or have had sex with in the past 8 weeks, traveled outside the continental US in the past 6 months?
   - Yes
   - No

3. Do you or any man you are having sex with plan to travel outside the continental US in the next year?
   - Yes
   - No

Initial screening questions for all male clients prior to the visit

1. Have you traveled outside the continental US in the past 6 months?
   - Yes
   - No

2. Do you plan to travel outside the continental US in the next year?
   - Yes
   - No
Counseling Female Clients about Risk of Zika Infection in Areas WITHOUT Local Transmission

Evaluating current and future risk

Ask questions like:

1. Have you traveled to an area with active Zika transmission in the past 8 weeks? (Review map to determine).
2. Are you having sex (including vaginal, anal, or oral sex), or have you had sex in the past 8 weeks, with a man who is at risk for spreading Zika? (Consider the following probes.)
   - If any male sex partner traveled to an area with Zika in the 6 months prior to sex
   - If so, whether he experienced symptoms within two weeks of travel
   - If he did not experience symptoms, whether the client had sex with him less than 8 weeks after exposure
   - Whether she used, or is using, a condom, every time with any potentially exposed partner
3. If "yes" to either of recent travel to an area with Zika or sex with a condom with a man at risk of Zika:
   - Did you have any of the following symptoms of Zika infection within 2 weeks of anytime you might have gotten Zika?
     - Fever
     - Joint pain
     - Rash
     - Red eyes
4. Do you, or any man you have sex with, plan to travel to an area with Zika?

Educating Clients

See Client Handouts #1 and #2 (for women) and #3 (for men) for plain language and images to use when educating clients about the key messages. These handouts also serve as take-home materials for clients.

Recommendations

- If a female is exposed to Zika through travel or sexual activity and has no symptoms, she should wait at least 8 weeks after exposure to attempt conception.
- If a female is exposed to Zika through travel or sexual activity and has confirmed Zika virus or clinical illness consistent with Zika, she should wait at least 8 weeks after onset of symptoms to attempt conception.
- If a male partner is exposed to Zika and has no symptoms, the couple should delay attempts at conception for at least 8 weeks and should consider using condoms for at least 8 weeks after exposure to prevent sexual transmission.
- If a male partner is exposed to Zika and has symptoms, the couple should delay attempts at conception for at least 6 months and should consider using condoms for at least 6 months to prevent sexual transmission.
- Female clients who could become pregnant and who might (or whose male partner might) travel to an area with Zika should consider CDC recommendations regarding use of condoms and avoiding conception after possible Zika exposure. If travel is planned, provide information about Zika prevention, including strategies to prevent mosquito bites.
Important Information about Zika
For people living in areas without Zika

If a woman gets Zika while she is pregnant, she may have a miscarriage or her baby may be born with serious birth defects.

How people get the Zika virus
- In some places, Zika is spread by mosquitoes.
- A man with Zika can also spread it to others through vaginal, anal or oral (mouth-to-penis) sex.
- The mosquitoes that carry Zika bite day and night.

What we don’t know about Zika
There are many things we don’t know about Zika, including:
- How likely it is that Zika will affect a woman’s fetus during pregnancy
- If the effect of Zika on a fetus is different depending on when during pregnancy a woman is infected
- If a woman with Zika can pass it to her sex partners
- How long the Zika virus can stay in a man’s semen
- Where mosquitoes that spread Zika will be found in the United States in the future
- When a vaccine or medicine to prevent or treat Zika may be available

Are YOU at risk?
You may be exposed to Zika:
- If you live in (or travel to) an area with mosquitoes that spread Zika
- If you have sex with a man who has Zika

Protect yourself and others from Zika
To prevent Zika when having sex you can use condoms every time during vaginal, anal or oral sex:
- If you have sex with a man who may have been exposed to Zika
- If you are a man who may have been exposed to Zika

If you are sexually active and at risk for unplanned pregnancy, you can also choose to use one of the many safe, effective contraceptive methods.

If you travel to areas where mosquitoes spread Zika, use mosquito repellent and follow steps to prevent mosquito bites.

For more information and health services contact:
Insert the contact information for the family planning service delivery site

Protecting Yourself and Others from Zika

For women living in areas without Zika

- If a woman gets a Zika infection while she is pregnant, she may have a miscarriage or her baby may be born with serious birth defects.
- In some places, Zika is spread by mosquitoes. Zika can also be passed through vaginal, and oral (mouth-to-mouth) sex by a man with Zika to his female and male sex partners.
- If you or your sex partner(s) live in, or travel to, an area with Zika — you may get Zika.

How to protect yourself and others

**Prevent getting Zika from sex**

To prevent getting Zika when having sex with a man who has traveled to, or lived in, an area with Zika:

- Use condoms correctly every time.
- Or do not have vaginal, oral or anal sex.
- For at least 8 weeks after he leaves the area with Zika if he did have symptoms of Zika.
- For at least 6 months from when his symptoms start, if he did have symptoms of Zika.

If you are pregnant, use condoms or don’t have sex during the entire pregnancy.

**Use birth control if you wish to prevent pregnancy**

A woman may be exposed to Zika before she even knows she’s pregnant.

Without birth control, about 85 out of 100 sexually active women get pregnant within one year.

There are many examples of birth control that are safe and effective.

Talk with your healthcare provider about what’s important to you in a method.

- Prevent getting Zika from mosquitoes

If you or your sex partner(s) travel to an area with Zika:

- Use Environmental Protection Agency (EPA)-registered insect repellent while you travel and for 3 weeks after returning home.
- Wear long sleeves, long pants and socks.
- Wear permethrin-treated clothing.
- Stay in places with air conditioning or window and door screens.
- Sleep under a mosquito net.
- Empty standing water near your home or work.

**How the risk of Zika may affect pregnancy plans**

- Women and couples at risk for Zika may wish to delay pregnancy until more is known about the virus.
- Pregnant women are advised not to travel to areas with Zika.
- If a woman has been exposed to Zika through travel or sexual activity, she should wait at least 8 weeks before trying to get pregnant. If she develops symptoms of Zika, she should wait at least 8 weeks after the symptoms start.
- If a man has been exposed to Zika, but has had NO symptoms of the virus, the couple should wait at least 8 weeks after possible exposure before trying to get pregnant, and use condoms or not have sex during this time.
- If a man DID have one or more symptoms of Zika, they should wait at least 6 months from when his symptoms started, before trying to get pregnant, and use condoms or not have sex during this time. This is because Zika can still be in a man’s semen many months after he first gets the virus.

- If a couple is pregnant, and the male partner is at risk of Zika, they should use condoms for vaginal, anal or oral sex, or not have sex throughout the entire pregnancy.

**What are your thoughts about pregnancy?**

Talk to your healthcare provider about your future plans for pregnancy, and options for birth control if you don’t want pregnancy now.

**Symptoms of Zika**

Most people with Zika don’t know they have it. The illness is usually mild with symptoms lasting for several days to a week. Common symptoms are:

- Fever
- Rash
- Joint pain
- Red eyes

We can help answer your questions about Zika, pregnancy and birth control.

For more information and services contact:

[Insert the contact information for the family planning service delivery site]

Job Aid #1: Family Planning Counseling Process in Areas without Zika

All clients should be educated about and assessed for exposure to Zika in the context of the family planning visit.

**Ask Female Clients: “Do you want to get pregnant now?”**

- Clients wishing to prevent pregnancy
- Clients without clear intention about preventing or having a pregnancy
- Clients wishing to have a pregnancy now or in the near future

- Conduct assessment for current and future risk for Zika infection (Job Aids #2 and #3):
  - Assess travel to areas with Zika transmission by client and her past and current male partner(s)
  - Inquire about current or recent symptoms of Zika experienced by client and/or her partner(s)
  - Perform testing for Zika among women who experience signs/symptoms of Zika within 2 weeks of possible exposure.

- Provide education about Zika virus, the risks associated with it, and its transmission in the context of client’s pregnancy goals and current and future risk (Client Handout #1 for all clients, Client Handout #2 if risk identified).

Discuss whether information and risk assessment changes views on future pregnancy.

- Wishes to prevent pregnancy
- No clear intention
- Wishes to have a pregnancy

Discuss timing of possible pregnancy in context of Zika risk, if present.
- Consider temporary pregnancy prevention if short term risk identified.

Provide client-centered contraceptive counseling (Job Aids #4 & #5):
- Consider method effectiveness as it relates to Zika risk.

Discuss strategies to prevent Zika infection as appropriate for identified level of risk (Job Aid #6 and Client Handout #2 if risk identified), as well as potential for:
- Unplanned pregnancy
- Change in pregnancy goals
# Birth Control Method Options

<table>
<thead>
<tr>
<th>Most Effective</th>
<th>Male Sterilization</th>
<th>Female Sterilization</th>
<th>IUD</th>
<th>Implant</th>
<th>Injectable</th>
<th>Pill</th>
<th>Patch</th>
<th>Ring</th>
<th>Diaphragm</th>
<th>Male Condom</th>
<th>Female Condom</th>
<th>Withdrawal</th>
<th>Sponge</th>
<th>Fertility Awareness Based Methods</th>
<th>Spermicides</th>
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</thead>
<tbody>
<tr>
<td>Risk of pregnancy*</td>
<td>.5 out of 100</td>
<td>.15 out of 100</td>
<td>LNG: .2 out of 100</td>
<td>.005 out of 100</td>
<td>6 out of 100</td>
<td>9 out of 100</td>
<td>12 out of 100</td>
<td>18 out of 100</td>
<td>21 out of 100</td>
<td>22 out of 100</td>
<td>12-24 out of 100</td>
<td>24 out of 100</td>
<td>28 out of 100</td>
<td></td>
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</tr>
<tr>
<td>How the method is used</td>
<td>Surgical procedure</td>
<td>Placement inside uterus</td>
<td>Placement into upper arm</td>
<td>Shot in arm, hip or under the skin</td>
<td>Take a pill</td>
<td>Put a patch on skin</td>
<td>Put a ring in vagina</td>
<td>Use with spermicide and put in vagina</td>
<td>Put over penis</td>
<td>Put inside vagina</td>
<td>Pull penis out of vagina before ejaculation</td>
<td>Put inside vagina</td>
<td>Monitor fertility signs. Abstain or use condoms on fertile days.</td>
<td></td>
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</tr>
<tr>
<td>How often the method is used</td>
<td>Permanent</td>
<td>Lasts up to 3-12 years</td>
<td>Lasts up to 3 years</td>
<td>Every 3 months</td>
<td>Everyday at the same time</td>
<td>Each week</td>
<td>Each month</td>
<td>Every time you have sex</td>
<td>Daily</td>
<td>Every time you have sex</td>
<td></td>
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</tr>
<tr>
<td>Menstrual side effects</td>
<td>None</td>
<td>LNG: Spotting, lighter or no periods</td>
<td>Copper T: Heavier periods</td>
<td>Spotting, lighter or no periods</td>
<td>Spotting, lighter or no periods</td>
<td>Can cause spotting for the first few months. Periods may become lighter.</td>
<td>None</td>
<td></td>
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<tr>
<td>Other possible side effects to discuss</td>
<td>Pain, bleeding, infection</td>
<td>Some pain with placement</td>
<td>None</td>
<td>May cause appetite increase/ weight gain</td>
<td>May have nausea and breast tenderness for the first few months.</td>
<td>Allergic reaction, irritation</td>
<td>None</td>
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*The number of women out of every 100 who have an unintended pregnancy within the first year of typical use of each method.


Counsel all clients about the use of condoms to reduce the risk of STDs, including HIV infection.

May 2016
Job Aid #1: Family Planning Counseling Process in Areas without Zika

**Ask Female Clients: “Do you want to get pregnant now?”**

- Clients wishing to prevent pregnancy
- Clients without clear intention about preventing or having a pregnancy
- Clients wishing to have a pregnancy now or in the near future

- Conduct assessment for current and future risk for Zika infection (Job Aids #2 and #3):
  - Assess travel to areas with Zika transmission by client and her past and current male partner(s)
  - Inquire about current or recent symptoms of Zika experienced by client and/or her partner(s)
  - Perform testing for Zika among women who experience signs/symptoms of Zika within 2 weeks of possible exposure.

- Provide education about Zika virus, the risks associated with it, and its transmission in the context of client’s pregnancy goals and current and future risk (Client Handout #1 for all clients, Client Handout #2 if risk identified)

- Discuss whether information and risk assessment changes views on future pregnancy

- Provide client-centered contraceptive counseling (Job Aids #4 & #5):
  - Consider method effectiveness as it relates to Zika risk

- Discuss strategies to prevent Zika infection as appropriate for identified level of risk (Job Aid #6 and Client Handouts #2 if risk identified), as well as potential for:
  - Unplanned pregnancy
  - Change in pregnancy goals

- Discuss strategies to prevent Zika infection and educate about symptoms of Zika infection as appropriate for identified level of risk (Job Aid #6 and Client Handout #2 if risk identified)
Zika-Related Care for Men

• Screen men for risk related to travel and sexual transmission

• Provide education about Zika in context of their risk, including mosquito-bite prevention strategies

• Ensure are aware of recommendations regarding using condoms to prevent sexual transmission and delaying conception after exposure
Counseling Male Family Planning Clients about Zika in Areas WITHOUT Local Transmission

1. Provide information about Zika (Client Handout #1). This can be initiated by asking clients what they know about Zika in order to facilitate an interactive discussion.

2. Perform risk assessment:
   - Initial screening questions for all male clients prior to the visit
     - Have you traveled outside the continental US in the past 6 months?
     - Do you plan to travel outside the continental US in the next year?
   - In-depth risk assessment to be performed by provider if answers to initial questions are positive
     - Have you traveled to an area with Zika in the past 6 months?
     - If yes, did you have any of the following symptoms of Zika infection within 2 weeks of the time you might have been exposed to Zika?
       - Fever
       - Rash
       - Joint pain/Arthralgias
       - Red eyes/Conjunctivitis
     - Do you have plans to travel to an area with Zika?

3. Provide information about prevention of Zika virus and its consequences in the context of their risk (Client Handout #3 and Job Aid #6).
   - If had symptoms of Zika following an exposure:
     - Avoid attempts at conception for at least 6 months after onset of symptoms by abstaining or using contraception correctly and consistently.
     - If concerned about sexual transmission of Zika, consider using condoms with all partners for at least 6 months after onset of symptoms, regardless of use of other contraceptives.
     - Perform testing for Zika virus. However, clients should be aware that while a positive Zika test result indicates the definitive need to delay pregnancy, a negative test result cannot be used to establish the absence of risk of sexual transmission. Persons with negative test results should still follow recommended prevention measures.
   - If did not have symptoms:
     - Avoid attempts at conception for at least 8 weeks after an exposure.
     - If concerned about sexual transmission of Zika, consider using condoms with all partners for at least 8 weeks after an exposure, regardless of use of other contraceptives.
What Men Need to Know about Zika
For people living in areas without Zika

- In some places, Zika is spread by mosquitoes.
- Zika can also be passed through vaginal, anal, or oral (mouth-to-penis) sex. A man with Zika can spread it to his female and male sex partners.
- If a woman gets Zika while she is pregnant, she may have miscarriage or her baby may be born with serious birth defects. Zika can cause the baby to have microcephaly, a severe birth defect that is a sign of incomplete brain development.

A man's risk of getting and spreading Zika
If you live in, or travel to, an area with Zika — you may be exposed to Zika through mosquito bites. You may not know you have Zika, but you can still spread it to others during sex. Thus, if your female partner gets pregnant, or if she is already pregnant, her developing fetus may get Zika and be born with serious birth defects.

How to protect yourself and others from Zika
If you lived in or travel to an area with Zika, protect yourself from mosquito bites when you are there and help prevent spreading Zika during vaginal, anal or oral sex by using condoms or by not having sex.

Prevent mosquito bites:
- Use Environmental Protection Agency (EPA)-registered insect repellent if traveling to an area with Zika. (Continue to use repellent for three weeks after returning home, to prevent mosquitoes from biting you and spreading it to others near your home.)
- Wear long sleeves, long pants and socks.
- Wear permethrin-treated clothing.
- Stay in places with air conditioning or window and door screens.
- Sleep under a mosquito net if you are sleeping in a space without air conditioning and sealed windows.
- Empty standing water near your home or work.

For more information and services contact:
Insert the contact information for the family planning service delivery site


Symptoms of Zika
Most people with Zika don’t know they have it. The illness is usually mild with symptoms lasting for several days to a week. Common symptoms are:
- Fever
- Rash
- Joint pain
- Red eyes

If you have been exposed to Zika you can pass Zika to your female and male sex partner or partners.
- For at least 6 months if you have had symptoms
- For at least 8 weeks if you have had no symptoms

How to protect yourself and others from Zika
If you live in or traveled to an area WITH Zika, help prevent spreading Zika when having sex.

If you go to an area with Zika, you can help prevent spreading Zika during sex by using condoms for vaginal, anal or oral sex, or by not having sex while you are there.

If you were in an area with Zika and return to an area without Zika, you should wait before trying to get your partner pregnant:
- For at least 8 weeks after your return, if you did NOT have symptoms of Zika.
- For at least 6 months after your symptoms started, if you DID have symptoms of Zika.

During the time frame when there is a risk of spreading Zika, you can use condoms and prevent pregnancy with birth control, or don’t have sex.

If you and your partner want to get pregnant:
It is recommended that you wait until you are no longer at risk of spreading Zika before getting pregnant. Talk with your healthcare provider before attempting pregnancy; even if you have not had symptoms of Zika.

If your female partner is already pregnant and you were exposed to Zika, use condoms or don’t have vaginal, anal or oral sex during the entire pregnancy. This may reduce the risk of having a baby that is harmed by the Zika virus.
Areas with Zika Transmission

• Relevant information provided throughout toolkit, including:
  • Recommendation to use condoms while Zika is in the area if not attempting conception
  • Strategies to minimize risk of mosquito bites
  • Considerations if interested in attempting pregnancy, including both partners’ ability to use strategies to avoid infection

• Full packet of:
  • Job Aids
  • Educational materials
Figure 1: Family Planning Counseling Process

Assess reproductive goals

Provide Zika risk assessment and education in context of goals

Provide counseling to optimize reproductive health in context of Zika risk
- Client-centered contraceptive counseling
- Pre-conception care

Ensure all clients have received information about strategies to prevent Zika infection
Implementing Zika-Informed Family Planning Care

• System-level strategies most effective for integrating Zika-related care

• Consider efforts to build capacity for quality family planning services, including:
  • Client-centered counseling
  • Same day provision of full range of methods

• Training materials and description of competencies for high quality family planning care available at fpntc.org
Zika virus can be passed from a pregnant woman to her fetus and cause miscarriage or serious birth defects including microcephaly. How can we help both women and men who may be at risk for Zika infection? For more information and on the event and the toolkit,...
Zika Preparedness and Contraceptive Access at Emory University

Melissa Kottke, MD, MPH, MBA
Director, Jane Fonda Center
Take Aways

• Describe the steps taken and planned for an institutional response for Zika prevention

• List some considerations about contraception as prevention for Zika from an institutional perspective
Emory Healthcare Network

• Large multi-disciplinary system in Atlanta, GA
• Primary care and subspecialty care
  • Five hospitals
  • 200 provider locations
  • 2,000 physicians
    • More than 70 specialties
    • 245 primary care physicians
Exploration

- Most Zika-related questions were happening in Ob/Gyn and Infectious Disease/Travel Clinic
  - Problem focused
  - Generally directed to specific clinicians
  - Little emphasis on prevention, contraception as prevention
- Obtained buy-in from leadership to establish an institution-wide response
Assembling a Team

- Ob/Gyn, Family Planning
- Internal Medicine, Infectious Disease
- Emergency Medicine
- Family Medicine
- Pediatrics
- Non-primary care
- Clinicians, nursing, support staff, administrators
- Communications
Educational Content: Frequently Asked Questions

• FAQs for clinicians
  • Those providing contraception
  • Those not providing contraception
• FAQs for patients
• When possible, we link to Federal and State content repositories
  • OPA’s QFP and Zika-related care
  • CDC’s Zika website
  • Georgia Department of Public Health’s Zika website
Roll Out

• Educate clinicians and staff
  • Contraception for Zika prevention
  • OPA screening job aids
  • Referrals for contraceptive services including condoms
• Approaches to education
  • Website, listservs, other online options
  • Grand rounds or departmental meetings
Considerations

- Access
  - Available trained clinicians, appointments
  - Device stocking
  - Contraceptive coverage
- Urgent referral options
  - For pregnant women
  - For those traveling to Zika-affected areas who need contraception
- Evolving knowledge adds to the complexity
Timeline

- Exploration
- Assembling the team
- Obtaining leadership buy-in

- Educational content and toolkit
- Multi-disciplinary approvals

- Broad educational roll out
- Implementation and sustainability
Utilizing the Zika Toolkit in Louisiana’s Zika Action Plan

Christy L. Valentine, MD
Louisiana Maternal Outreach Lead for Zika Response
Reproductive Health Program Medical Director
Louisiana Department of Health
Office of Public Health, Bureau of Family Health
Take Aways

• Describe the benefit of the OPA Zika Toolkit in educating health care providers in Louisiana

• Discuss use of the Zika Toolkit in the Healthy Louisiana Program (Louisiana’s Medicaid Program)

• Describe how the Zika Toolkit assisted in further developing Louisiana’s client screening questions in Office of Public Health (OPH) clinics
Louisiana’s Zika Planning, Preparedness and Response Team

• Team Lead: Frank Welch, MD, OPH Center for Community Preparedness
• Subject Matter Experts identified
  • Communication- LDH Bureau of Media and Communications
  • Surveillance- OPH Infectious Disease and Epidemiology
  • Laboratory Testing- OPH Laboratory
  • Vector Control- Louisiana Statewide Mosquito Control
  • Maternal Outreach- OPH Bureau of Family Health
  • Blood Safety- Louisiana Health Standards
OPA Zika Toolkit and Educating Health Care Providers

Figure 1: Family Planning Counseling Process

1. Assess reproductive goals

2. Provide Zika risk assessment and education in context of goals

3. Provide counseling to optimize reproductive health in context of Zika risk
   - Client-centered contraceptive counseling
   - Pre-conception care

4. Ensure all clients have received information about strategies to prevent Zika infection
OPA Zika Toolkit and Educating Healthcare Providers

- Opportunity to engage more primary care providers
- Educate providers on different counseling techniques
- Assist providers in formulating a counseling conversation with their patients by giving the provider examples of questions they may choose to ask
  - Open-ended questions
  - Addressing patient ambivalence
- Offer to set up direct referral process between our Title X clinics and medical offices
OPA Zika Toolkit and Educating Healthcare Providers

- Louisiana Primary Care and Rural Health Associations’ Joint Conference
- Louisiana Medical Association Conference
- Louisiana ACOG Conference
- Communications through providers’ hospital affiliations
- Direct communication to health care providers
OPA Zika Toolkit and Educating Healthcare Providers

• The Healthy Louisiana Program issued a Zika one-pager with information highlighting the importance of Zika infection prevention through family planning services

• Have begun to educate the Healthy Louisiana Managed Care Organizations (MCO) personnel
OPA Zika Toolkit and Educating Healthcare Providers

The Healthy Louisiana Program encompasses:

• 1,069,499 people as of March 2016
• 375,000 estimated newly-eligible with expansion as of June 1, 2016
• 105,000 estimated will be auto-enrolled based on Supplemental Nutrition Assistance Program with active insurance coverage July 1, 2016

https://www.healthinsurance.org/louisiana-medicaid/
OPA Zika Toolkit and Educating Healthcare Providers

To date, engaged one of the five Healthy Louisiana MCOs
• Presented to the Medical Advisory Committee “Reproductive Health Care in the Context of Zika”
• Arranged a mandatory “Lunch and Learn” for nearly 200 of their team members involved in direct patient contact
• Info in presentations included billable codes for amount of time spent counseling. Used to verify codes were included in their fee schedule
• Evidence the OPA Zika Toolkit has helped change practices
OPA Zika Toolkit and Client Screening

• Worked with our OPH Title X Statewide Nurse Consultant on screening questions for every client entering our Parish Health Units
• Now using the Toolkit to re-evaluate and strengthen our own screening questions
• Estimated roll out of questions to health units by the end of July 2016.
Job Aid #2

Initial Screening Questions for Female and Male Clients in Areas WITHOUT Zika

Initial screening questions for all female clients prior to the visit

1. Have you traveled outside the continental US in the past 8 weeks?
   - [ ] Yes
   - [ ] No

2. Has any man you are having sex with, or have had sex with in the past 8 weeks, traveled outside the continental US in the past 6 months?
   - [ ] Yes
   - [ ] No

3. Do you or any man you are having sex with plan to travel outside the continental US in the next year?
   - [ ] Yes
   - [ ] No

Initial screening questions for all male clients prior to the visit

1. Have you traveled outside the continental US in the past 6 months?
   - [ ] Yes
   - [ ] No

2. Do you plan to travel outside the continental US in the next year?
   - [ ] Yes
   - [ ] No
Louisiana’s Next Steps and Timeline

• Complete similar educational sessions with remaining four Healthy Louisiana MCOs over next six months
• Schedule and complete educational sessions for APRNs through their statewide organization
• Continue to supply information across our more robust communication network as understanding of Zika evolves
• Offer LARC training to Tulane and LSU primary care residency programs over this next year
Summary and Next Steps

Susan Moskosky, MS, WHNP-BC
Figure 1: Family Planning Counseling Process

1. Assess reproductive goals

2. Provide Zika risk assessment and education in context of goals

3. Provide counseling to optimize reproductive health in context of Zika risk
   - Client-centered contraceptive counseling
   - Pre-conception care

4. Ensure all clients have received information about strategies to prevent Zika infection
Building System Capacity

• Engage with stakeholders at multiple levels to raise profile of efforts around family planning and to leverage resources

• Rapid response is possible through strategic and targeted communication and dissemination efforts

• Use of materials from OPA and CDC can facilitate increased awareness and implementation of the need for integrating consideration of Zika into family planning care

• Things will change as more is learned – stay current with the latest Zika guidance
Next Steps

• Toolkit is available at http://www.hhs.gov/opa/news#toolkit
  • Watch for updates

• Join the FPNTC Zika Virus Community of Practice to post questions, ask the experts, share experiences and resources, and explore weekly updates

http://fpntc.org/cop/zika-virus
References and Resources

CDC Clinical Recommendations Related to Zika


CDC updates and tools for healthcare providers about Zika

References and Resources

Fact sheets and posters about Zika for use with clients

Clinical recommendations related to providing family planning services
• CDC (2013). US Selected Practice Recommendations for Contraceptive Use, MMWR Recommendations and Reports, 62(No. RR-5):1-60. Available online at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6205a1.htm?s_cid=rr6205a1_w
References and Resources

Clinical recommendations related to providing family planning services cont.

• American College of Obstetricians and Gynecologists (ACOG), Committee on Gynecologic Practice. Increasing access to contraceptive implants and intrauterine devices to reduce unintended pregnancy. Committee Opinion Number 642; October 2015.


References and Resources

Contraceptive Counseling and Education


References and Resources

Select Training Resources Available on FPNTC.org

- Providing Quality Contraceptive Counseling and Education: A Toolkit for Training Staff
- Training Tools: Explaining Contraception
- Virtual Coffee Break: Client-Centered Contraceptive Counseling in Quality Family Planning (QFP)
- Coming Soon— Quality Contraceptive Counseling and Education: A Client-Centered Conversation (online course)
Questions?
Zika Virus Community of Practice (CoP)

Special “Ask the Expert” Opportunity

Join us at:

http://fpntc.org/cop/zika-virus
Thank you!
Online Archived Webinar Participant Evaluation and Instructions

If you would like to receive a certificate of completion, you must complete the online evaluation.


Copy and paste this link to access the evaluation
Questions:
Contact Robert Mitchell at 510-835-3700 or OaklandEvents@cardeaservices.org