

# Home Distribution of Hormonal Contraceptives by Public Health Nurses

## Nurse Family Partnership<sup>2</sup>

Alan Melnick, MD, MPH, CPH, Teresa Gipson, MD, MPH, Jayne KauzLoric, MN, RN and  
Marni Storey, MS, RN

2011 CityMatCH Conference  
San Francisco, California

## About NFP

- **Intense Nurse Home Visiting**
- **Scientifically Demonstrated Benefits**
  - Improved pregnancy outcomes
  - Improved child health and development
  - Improved economic self-sufficiency of families
- **Family Planning Outcomes**
  - Reduced subsequent pregnancies from 44% to 33%
  - Increased intervals between subsequent births

## NFP Evidence is Strong

### ■ **Benefits to Mothers**

- 61% fewer arrests
- 72% fewer convictions
- 98% fewer days in jail

### ■ **Benefits to Children at Age 15**

- 48% reduction in child abuse and neglect
- 59% reduction in arrests
- 90% reduction in adjudications as PINS (person in need of supervision) for incorrigible behavior

**Why add a Contraceptive  
Component to NFP?**

## **Closely Spaced Pregnancies Have Negative Health, Social and Economic Outcomes:**

- **Infants:**
  - Preterm delivery
  - Low birth weight
  - Infant and neonatal mortality
- **Children at increased risk for:**
  - Injuries
  - Asthma
  - Poor cognitive development
  - Behavioral problems
  - High rates of school absence
- **Women:**
  - Adolescents: poverty, school failure and crime
  - Increased time on welfare
  - Welfare recidivism

## **Clinic-based Family Planning Services Pose Barriers**

- **Affordability of Family Planning services**
  - Undocumented residents do not qualify for Medicaid
  - Lose medical benefits after delivery
- **Structural barriers make it difficult to keep appointments**
  - Childcare
  - Transportation
  - Time of availability of services (delays in getting appointments)
  - Geographic access
  - Waiting times at clinics
- **Clinical and Psychological Barriers**
  - Pharmacies might only dispense/prescribe one month supply at a time
  - Belief that clinics offer less personalized and lower quality care
  - Pelvic exam requirement

## NFP<sup>2</sup>- The Study

- **Randomized Clinical Control Study Design**

- Participants randomly assigned to usual NFP care or usual NFP care + home distribution of contraception (enhanced intervention)
- Eligibility: NFP client, < 33 weeks gestation

- **“Enhanced” Intervention**

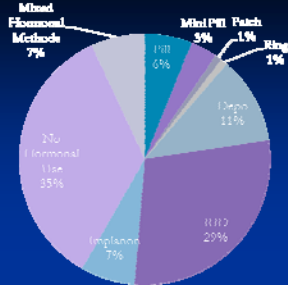
- Normal NFP contraceptive education, emergency contraception and condoms +
  - Home delivery of hormonal contraceptives

- **Study Aims**

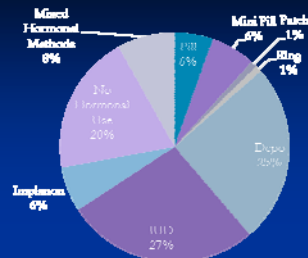
# Current Study Contraceptive Choices



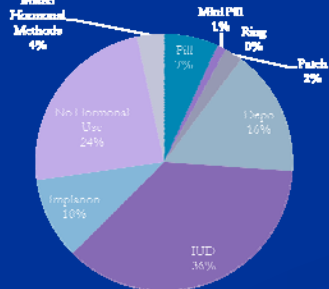
**Control (3 Month) (n=115)**



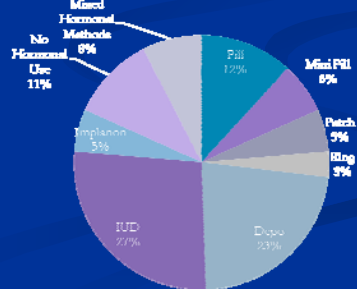
**Intervention (3 Month) (n=111)**



**Control (6 Month) (n=88)**



**Intervention (6 Month) (n=93)**



## Development of Clinical Protocol

- Review of domestic and international CBD programs, best practice reports and evidence based protocols
- Inclusion World Health Organization (WHO) and CDC Medical Eligibility Criteria (MEC)
- Clinical Protocol developed for each hormonal contraceptive method:
  - General Information
  - Patient Selection criteria
  - Patient Education and Informed Consent
  - Distribution
  - Timing of Initiation / Back Up method
  - Managing problems and side effects

## NFP Contraception Toolkit

### NFP Nurses

- Clinical Protocols
- Detailed didactic presentations on each BC method/risk / CDC-MEC
- Informed Consent Forms
- Managing side effects
- R/O pregnancy (when to do a pregnancy test)
- Headache evaluation tool
- Contraceptive reference booklets
- Distribution Protocols



### NFP Clients

- Patient education flip chart – including IUD, Implanon ( adapted from WHO- CBD program)
- Method demonstration kits
- Mythbuster tool
- Efficacy Chart
- Contraception educational handouts for each of the methods

## **NFP-PHN training protocol**

- **Initial training before the study recruitment**
  - Research refresher
  - Contraceptive distribution protocol
- **Follow up sessions as needed by sites**
  - After initiation of the study
- **Phone Consultation as needed**

## **Nurses' Experience in Adopting the Practice**

- **Nursing Scope of Practice**
- **Confidence in skills**
  - Increased with time and practice
- **All that DARN paperwork**
  - Both clinical requirements and research forms
- **Fulfillment**

## Lessons Learned

- Include basic pharmacology/clinical aspects of contraception in training
- Need plan for transition after NFP
- Need ongoing support and training
- Avoid changing protocols/paper work
- Tools are helpful
- Participating in research takes more time than anticipated

## Questions

## EXTRA SLIDES

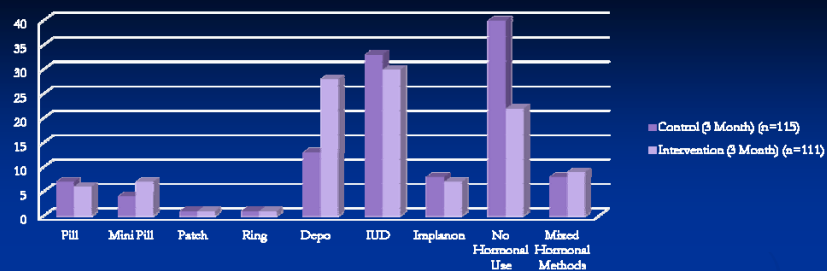
### Evaluating the nurses experience

- Feedback at the time of training
- Focus groups

## Exit Strategies

- Client education on cost , website references, resource list
- Identify sources for BCM??
- Change to a longer acting method
- Give 3,6 months of a BCM
- BCM card for the client- doubled business card with B/P, type of BCM etc

**3 Month Survey**



**6 Month Survey**

