



Healthy Start FAQ: Reproductive Life Planning: Setting Goals for a Healthy Family

On April 28, 2015, Dr. Jan Shepherd from the University of Colorado School of Medicine, the Women's Wellness Connection (Colorado Department of Public Health and Environment), the Boulder Valley Women's Health Center, and the Women's Health and Menopause Center facilitated a webinar on the importance of developing a reproductive life plan. During the presentation, Dr. Shepherd discussed what reproductive life planning means for Healthy Start programs, specifically in regards to contraception and preconception/inter-conception care, emphasizing the beneficial impact reproductive life planning has on both maternal and infant health. Additionally, Dr. Shepherd discussed the value of encouraging women to develop a reproductive life plan as a means of developing and investing in their own hopes and dreams.

During the webinar, participants asked several great questions, all of which have been addressed below.

In case you or a colleague missed the presentation, a recording can be found on the [Healthy Start EPIC Center website](#).

Male Partners and Their Role in Reproductive Life Planning

Any recommendations for how Healthy Start staff can encourage female participants to schedule a reproductive life-plan discussion with her partner?

Encourage male partners to accompany their female partners to doctors' visits and encourage women to bring their partners with them to their appointments. Men may occasionally feel that these visits are personal and private, but often times when women visit the doctor for a contraception check or preconception care, the visit only involves conversation and/or vital tests. Having both partners present really optimizes the efficacy of these conversations as both the man and woman will be equipped with a shared context for future planning and discussions.

When does age become an increased risk factor for men wanting to become fathers?

As men age there are some risks of birth defects, but researchers haven't yet found an age after which they'd recommend men stop trying to become fathers. Fortunately, men remain fertile with relatively low risk for a large portion of their lives – much longer than women. Although men's fertility gradually decreases over time, the fact that they constantly produce fresh sperm lowers the risks of genetic mutations.

Are there any good resources for male reproductive health?

Dr. Shepherd recommends visiting the [CDC Preconception Health and Health Care site](#) for reliable materials and tools pertaining to contraception, pre-conception care, and reproductive life planning. Unfortunately, information around reproductive health information for men is sorely lacking, but the CDC Preconception Health and Health Care site does offer [a section dedicated to men's health](#).



Would Dr. Shepherd consider recommending a vasectomy as a Long-Acting Reversible Contraception (LARC) method for men?

Dr. Shepherd would not recommend a vasectomy as a LARC method for men because the value of a LARC method is the notion of reversibility, and although some vasectomies may be reversible, reversal is not guaranteed. Vasectomies for men are similar to tubal ligations for women in that they are both intended to be permanent procedures.

Long-Acting Reversible Contraception (LARC)

When did it become safe for women who have not had a baby to use an Intrauterine Device (IUD)?

The history of the Dalkon Shield causing infection and infertility in women during the 1970s cast a dark shadow on using IUDs as effective and healthy methods of contraception. During the 1980s, though, IUDs began to make a resurgence and have been steadily increasing in popularity, given their now proven safety and reliability.

At this point in time, for teenage girls the risk of becoming pregnant is much higher than experiencing a problem with an IUD, especially now that IUDs are no longer associated with increased risks of infections. The American Academy of Pediatrics continues to demonstrate support for IUDs, which speaks volumes to the effectiveness and safety of an IUD. Teenage girls can now select an IUD that is specifically designed for their young bodies, and if they feel uncomfortable with the concept of using an IUD, they have an alternative LARC option in a hormonal implant.

Once an LARC is inserted how long before it becomes effective?

A LARC becomes immediately effective upon insertion, especially when insertion is accurately timed around a woman's menstrual cycle. Similarly, a woman becomes immediately fertile upon LARC removal, which is incredibly important for the woman to know so that she can take steps to prevent pregnancy if she doesn't yet feel ready to have a baby.

What are some strategies for talking to adolescents about LARC without making them feel pushed in any particular direction?

Using the reproductive life planning questions can simplify this type of conversation. Asking adolescents, especially young women, about their desire to have kids and encouraging them to start thinking about when they see themselves having kids sets the groundwork for bringing up LARC and the benefits of selecting a long-lasting method. Through the discussion, be clear that selecting a contraceptive method is fully the patient's choice, and that she needs to be comfortable with her selection. Listening to a patient's reproductive plan can help a provider make good suggestions, but, most importantly, never twist a woman's arm towards anything she doesn't want. Dr. Shepherd has found that showing a patient the efficacy charts for the variety of contraception options clearly illustrates the high efficacy rate of LARC options, but keep in mind that efficacy really depends on a woman choosing a method that is right for her.

Pregnancy Spacing and Why It's Important

How do you encourage birth spacing to women who do not use contraception for religious reasons?

Dr. Shepherd recommends encouraging women to adopt the Lactational Amenorrhea Method (LAM), which means using breastfeeding as a manner of pregnancy prevention. Breastfeeding provides



relatively solid natural protection against pregnancy, but the woman must breastfeed regularly and on demand for the most complete and reliable protection.

How long does breastfeeding act as a contraceptive?

Breastfeeding can serve as reliable contraception for the first six months, but then the reliability tends to decline because most women typically begin supplementing their breast milk with formula or other food.

What are the adverse effects for a mother who does not space pregnancies 18 months apart?

When women don't space their pregnancies at least 18 months apart they increase their risks for adverse outcomes. The risk of having a preterm delivery almost doubles, while the risk of having a baby that is small for gestational age (SGA) is almost 1.5 times higher. Additionally, babies born to mothers who haven't spaced pregnancies at least 18 months apart are 3.25 times more likely to be of low-birth weight due the insufficient amount of time between pregnancies during which the mother's body can replenish all the resources needed to nourish a developing baby.

Does Dr. Shepherd have any suggestions on how to dialogue with young women who want to start families, but do not want to space pregnancies due to feelings of time constraint?

Occasionally, when a woman is in her mid-30s or older, the 18-month recommended spacing can be compromised so that she can have her desired number of children, but for most other situations Dr. Shepherd still stresses 18-month spacing given the substantial risks.

Other Questions

Has Dr. Shepherd noticed a difference in trends between program effectiveness in rural and urban areas?

The major trend in both settings has been around increased acceptance of using LARC, but Dr. Shepherd reported no other noticeable programmatic difference. Exclusive of rural or urban context, the barriers to reproductive healthcare seem to exist around service cost and access to knowledge and resources, although these areas have become less of an issue since the introduction of the Affordable Care Act.

At what age should providers begin discussing contraceptives with young girls?

Dr. Shepherd recommends starting to ask reproductive life questions once a girl begins menstruating, and continue the discussion throughout a woman's reproductive years, ending once she stops menstruating. This initial age will vary depending on the girl, of course.

Ask her what she wants her life to look like and how she sees her expectations specific to her reproductive life interacting with other elements of her life such as education and work. The more she thinks about how these pieces may or may not fit together, the more she recognizes her own power of choice, allowing her to set goals for herself and choose what she wants, especially around reproductive life planning.