

Zika and Reproductive Health: A Focus on Non-pregnant Women and Men of Reproductive Age



**A Webinar for Providers of Family
Planning Services**

April 14, 2016



Good afternoon and welcome to today's webinar, which is entitled "Zika and RH: A focus on non-pregnant women and men of RA". My name is Susan Moskosky, and I am the acting Director of the OPA. OPA's mission is to advise the Secretary on It also runs the Title X family planning program, which supports a national network of 4200 clinics nationwide that serve more than 4 million clients a year.

The purpose of today's webinar is to describe the implications of the Zika virus for the provision of family planning services to non-pregnant women and men of reproductive age. There are, of course, many implications for the care of pregnant clients and CDC has developed extensive guidance for pregnant women – but that is not the focus of today's webinar.

The intended audience for this webinar is providers who provide (or could provide) family planning and/or primary care services to non-pregnant individuals.

Agenda

- **Introduction & Welcome**

Susan Moskosky, Acting Director of the US Office of Population Affairs

- **Background on Zika and update on CDC guidance**

Dr. Emily Peterson, Division of Reproductive Health, US Centers for Disease Control & Prevention

- **Patient-Centered Family Planning Care in Context of Zika**, Dr. Christine Dehlendorf, Associate Professor, University of California – San Francisco

- **Questions from the audience**

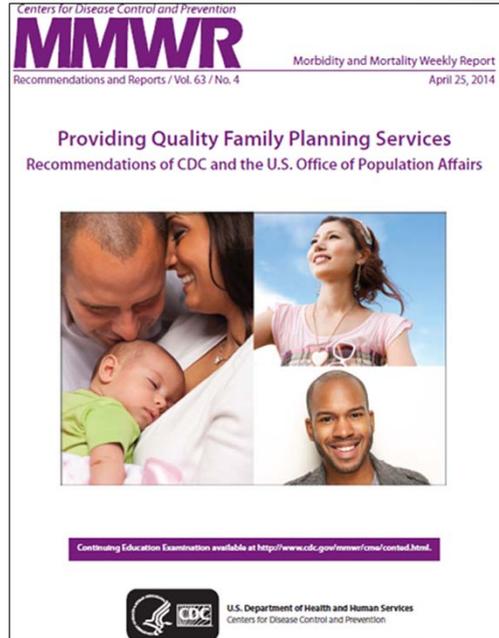
We are fortunate to have two experts on this topic available to talk to us today:

Dr. Emily Peterson is an ob/gyn who works for CDC's Division of Reproductive Health. She has been detailed to CDC's Zika response team, and was the first author on the most recent interim guidance about Zika for women and men of reproductive age. Today she will provide background information on Zika and a summary of CDC's most current guidance.

Dr. Christine Dehlendorf is a primary care physician who is on faculty at UCSF. She is a nationally renowned clinical and researcher in the area of client-centered care, with a focus on contraceptive services. She will offer some thoughts about how to integrate counseling and education about Zika into the FP visit, in a client-centered manner.

After the presentations, we will open the microphones for Q&A from the audience. We have scheduled 90 minutes for the entire webinar to allow time for many questions. This webinar will be archived and available online (more details about how to access it will be provided at the end of the webinar).

Zika and Quality Family Planning Services



From where we sit at the Office of Population Affairs, the recommendations that were published in “Providing Quality FP Services” (2014) (known as QFP) serve as the standard of care for family planning, and a framework into which Zika-related care should be provided.

In QFP, “family planning” is defined as services needed to help women and men achieve their desired number and spacing of **healthy** children. It includes contraception, pregnancy testing/counseling, services to achieve pregnancy including basic infertility services, STD services and other preconception health care. From this perspective, Zika is the newest – but only one of many – risks to a client’s preconception health and cause of a possible poor birth outcome.

Efforts to address Zika transmission among non-pregnant clients will ideally be considered within the context of the QFP recommendations.

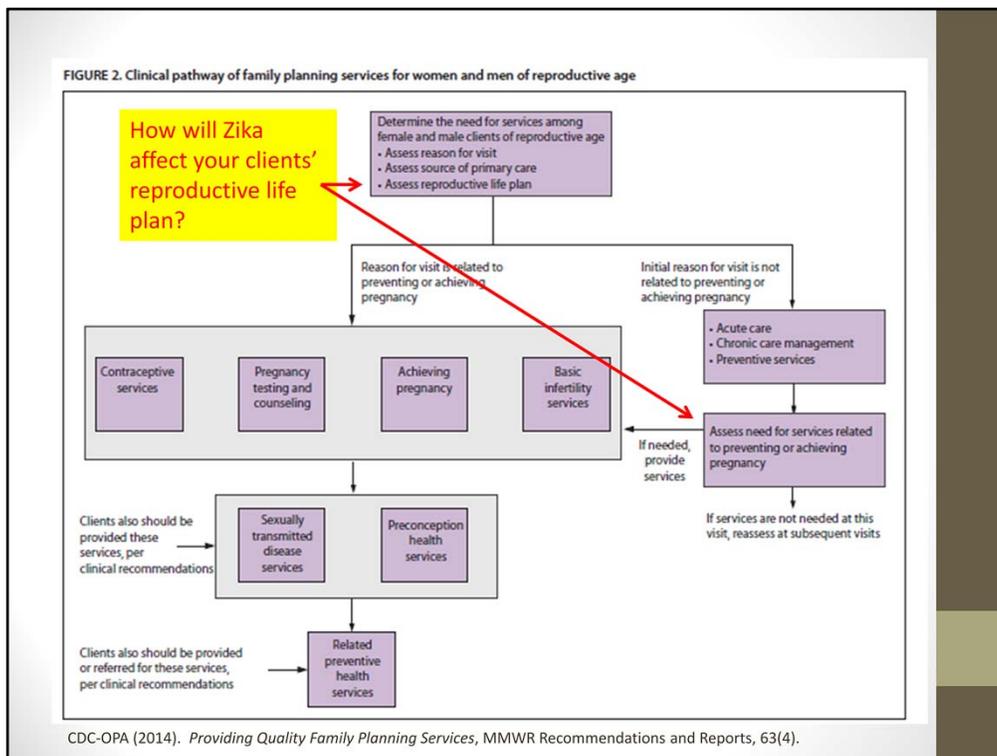
Zika and Pregnancy Planning

There are many potential implications for non-pregnant clients:

- Clients who are seeking pregnancy:
 - Some may decide to delay until more is known about Zika.
 - Others will need counseling about steps to take to reduce the risk of Zika transmission during pregnancy.
- Clients who want to prevent pregnancy may decide to use contraception more correctly and consistently, or to use a more effective, less user-dependent method such as a long-acting reversible method (LARC).
- Clients who are unsure about pregnancy may develop a plan for pregnancy so that the risk of an unintended pregnancy is lessened, and/or to take steps to reduce risk of Zika transmission.

There are many potential implications of Zika for non-pregnant clients.

[read slide]



A key question is how we can best integrate Zika-related care into the delivery of quality FP services, as defined in QFP.

This figure from the QFP recommendations shows the clinical pathway for a client to receive services related to preventing or achieving pregnancy.

- It notes that some clients will come to the clinic seeking services to achieve or prevent pregnancy; their pregnancy-related goals (or reproductive life plan) are discussed early in the visit.
- Other clients may come for another reason -- such as acute care or chronic case management. These clients should be screened about their desire to prevent or achieve pregnancy, then offered the appropriate services. A common way to do this screening is to ask the client about his/her reproductive life plan.

We think that Zika-related care can best be integrated into the delivery of FP services when providers and clients are discussing the reproductive life plan, although the exact details of how this is best done are still being worked out. In today's webinar, you will hear more about:

- What educational messages can be given to clients about Zika based on the current evidence,
- How to help a client assess his/her risk for Zika,
- Suggestions for how to integrate Zika education and assessment into the provision of FP services, in a patient-centered manner.

And with that, I will hand it off to our speaker from CDC, Dr. Emily Peterson.



Zika Virus

Emily Petersen, MD

April 14, 2016

What is Zika virus disease (Zika)?

- Disease spread primarily through the bite of an *Aedes* mosquito infected with Zika virus
 - Aggressive daytime biters, prefer to bite people, live indoors and outdoors
 - Can also bite at night
- Symptoms are mild and last for several days to a week



Aedes aegypti mosquito

Zika virus disease is spread to people primarily through the bite of an infected *Aedes* species mosquito. These mosquitoes are aggressive day-time biters but they also bite at night
Symptoms of Zika virus disease are generally mild and last for several days to a week

Transmission of Zika virus

- Other modes of transmission
 - Intrauterine and perinatal transmission
 - Sexual transmission
 - Laboratory exposure
- Reported mode
 - Blood transfusion

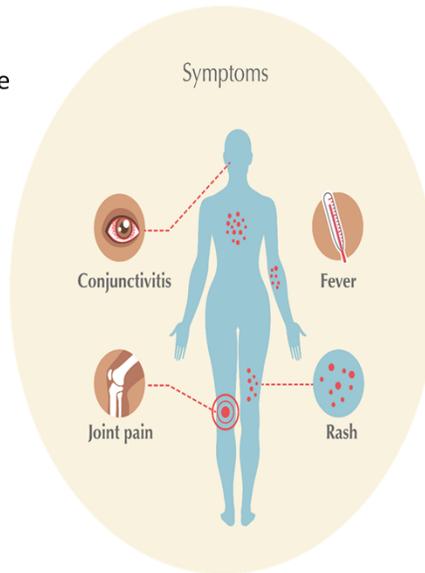


The Subcommittee on Arbovirus Laboratory Safety of the American Committee on Arthropod-Borne Viruses. Laboratory safety for arboviruses and certain other viruses of vertebrates. *Am J Trop Med Hyg* 1980;29:1359–81.
European Centre for Disease Prevention and Control. Rapid risk assessment: Zika virus epidemic in the Americas: potential association with microcephaly and Guillain-Barre syndrome. Stockholm, Sweden: European Centre for Disease Prevention and Control; 2015.

In addition to transmission through mosquitoes, Zika virus transmission can also occur through intrauterine and perinatal transmission, sexual transmission, and laboratory exposures. Additionally there have been reports of Zika virus transmission through blood transfusion in Brazil.

Symptoms

- Most common symptoms of Zika are
 - Fever
 - Rash
 - Joint pain
 - Conjunctivitis (red eyes)
- Other symptoms include
 - Muscle pain
 - Headache

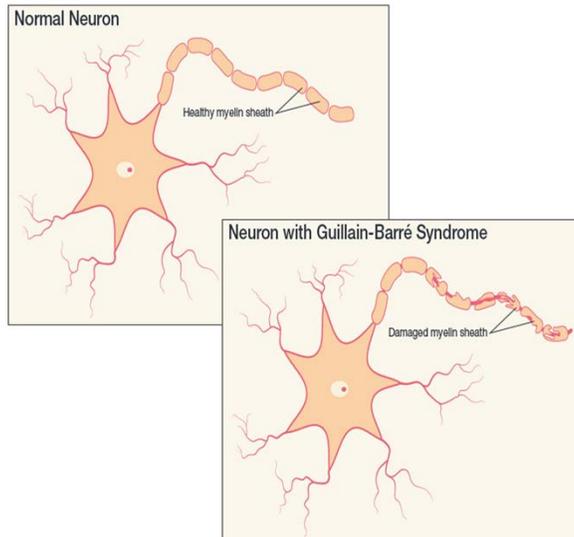


The most common signs and symptoms of Zika virus disease include fever, rash, joint pain, and conjunctivitis.

Other symptoms include muscle pain and headache

Does Zika cause Guillain-Barré Syndrome (GBS)?

- GBS is very likely triggered by Zika in a small proportion of infections
- The Brazil Ministry of Health (MOH) is reporting an increased number of people affected with GBS
- CDC is investigating the link between Zika and GBS



Similar to a variety of other infections, Guillain Barre Syndrome is likely triggered by Zika virus in a small proportion of infections.

The Brazil Ministry of Health has reported an increased number of people affected with Guillain Barre Syndrome following Zika virus outbreak.

CDC is currently investigating the link between Zika and Guillain Barre Syndrome

(GBS is an uncommon sickness of the nervous system in which a person's own immune system damages the nerve cells, causing muscle weakness, and sometimes, paralysis.)

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL REPORT

**Zika Virus and Birth Defects — Reviewing the Evidence
for Causality**

Sonja A. Rasmussen, M.D., Denise J. Jamieson, M.D., M.P.H.,
Margaret A. Honein, Ph.D., M.P.H., and Lyle R. Petersen, M.D., M.P.H.

Mounting epidemiologic, clinical, laboratory, and pathologic evidence has suggested a link between congenital Zika virus infection and birth defects such as microcephaly, and brain and eye abnormalities.

CDC conducted a systematic evaluation of the evidence, and concluded (in an article published yesterday) that a causal relationship exists between prenatal Zika virus infection and microcephaly and other serious brain anomalies.

Zika Virus and Birth Defects: What we don't know

- Full spectrum of phenotypes in affected infants
- Impact of timing of infection during pregnancy
- Impact of severity of maternal infection
- Magnitude of the risk of microcephaly and other adverse pregnancy outcomes

We still have more to learn, including:

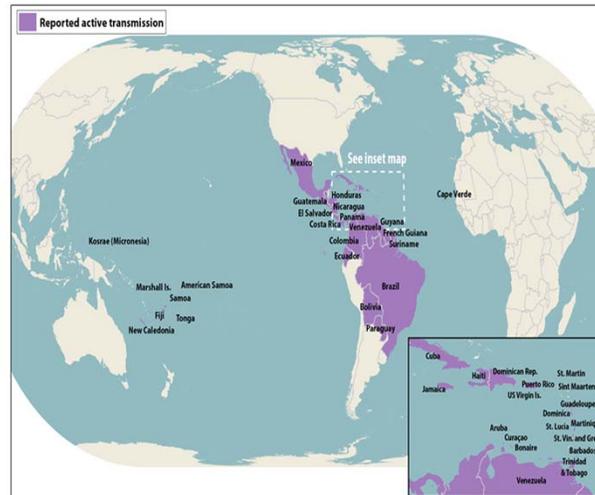
The full spectrum of phenotypes in affected infants

The impact of timing of infection during pregnancy

The impact of the severity of maternal infection,

And the magnitude of the possible risk of microcephaly and other adverse pregnancy outcomes

Areas with Zika Virus: Countries & Territories



as of April 13, 2016

<http://wwwnc.cdc.gov/travel/notices/>

There are currently 42 countries or territories reporting active Zika virus transmission. Updates on areas with ongoing Zika virus transmission are available online.

Zika Virus in the United States

- Local vector-borne transmission of Zika virus has not been reported in the continental United States
- With current outbreak in the Americas, cases among U.S. travelers will likely increase
- Imported cases may result in virus introduction and local transmission in some areas of U.S.

Local vector-borne transmission of Zika virus has not been reported in the continental United States, but local transmission has been reported in U.S. territories.

With the current outbreak in the Americas, the number of cases of Zika virus infection among U.S. travelers will likely increase

Imported cases may result in virus introduction to the continental United States, and local vector-borne transmission might occur in some areas of the U.S.

CDC Recommendations: Pregnant Women Considering Travel

- Pregnant women in any trimester should consider postponing travel to areas where Zika is present
- Pregnant women who do travel to one of these areas should talk to their healthcare provider and strictly follow steps to avoid mosquito bites during the trip
- Women trying to become pregnant should consult with their healthcare providers before traveling

Because there is neither a vaccine nor prophylactic medication available to prevent Zika virus infection, CDC recommends that pregnant women in any trimester should consider postponing travel to areas where Zika virus transmission is present. If a pregnant woman travels to an area with Zika virus transmission, she should talk to her healthcare provider and strictly follow steps to avoid mosquito bites during the trip.

CDC recommends women trying to become pregnant should consult with their health care providers before traveling



April 1, 2016

Morbidity and Mortality Weekly Report

Update: Interim Guidance for Prevention of Sexual Transmission of Zika Virus — United States, 2016

Alexandra M. Oster, MD¹; Kate Russell, MD²; Jo Ellen Stryker, PhD¹; Allison Friedman, MS³; Rachel E. Kachur, MPH³; Emily E. Petersen, MD⁴; Denise J. Jamieson, MD⁴; Amanda C. Cohn, MD⁵; John T. Brooks, MD¹

On March 25, 2016, this report was posted as an MMWR Early Release on the MMWR website (<http://www.cdc.gov/mmwr>).

CDC issued interim guidance for the prevention of sexual transmission of Zika virus on February 5, 2016 (1). The following recommendations apply to men who have traveled to or reside in areas with active Zika virus transmission* and their female or male sex partners. These recommendations replace the previously issued recommendations and are updated to

onset; RT-PCR of blood at that time was negative (7). Because serial semen specimens were not collected for these three cases, the duration of persistence of infectious Zika virus in semen remains unknown.

All reported cases of sexual transmission involved vaginal or anal sex with men during, shortly before onset of, or shortly after resolution of symptomatic illness consistent with Zika virus disease. It is not known whether infected men who never

Since then CDC has continued to monitor evaluate all available evidence in order to update recommendations as new information becomes available, which has resulted in the update published April 1. CDC's updated guidelines have been informed by – and continue to be informed by - our close collaboration with clinicians, professional organizations, state and local health departments, and many other stakeholders.

THE MAIN CHANGES IN THIS UPDATE ARE

- Clarification of the time period couples should wait if they intend to have condomless sex

ALL OTHER RECOMMENDATIONS STAND

Sexual Transmission of Zika Virus: What We Know and What We Do Not Know

What we know:

- Zika virus can be sexually transmitted by a man to his sex partners (female and male), and this is of particular concern during pregnancy
 - All reported cases of sexual transmission involved sex without a condom with men who had or developed symptoms
 - Zika virus can be transmitted when the man has symptoms, before symptoms start, and after symptoms end
- Sexual transmission of many infections, including those caused by other viruses, is reduced by consistent and correct use of latex condoms

We know that in addition to transmission through mosquitoes, Zika virus can be sexually transmitted by a man to his sex partners (female and male)
All reported cases of sexual transmission involved sex without a condom with men who had or developed symptoms
Zika virus can be transmitted when the man has symptoms, before symptoms start, and after symptoms end
Sexual transmission of many infections, including those caused by other virus, is reduced by consistent and correct use of latex condoms

Sexual Transmission of Zika Virus: What We Know and What We Do Not Know

What we do not know:

- Whether infected men who never develop symptoms can transmit Zika virus to their sex partners
- How long Zika virus persists in the semen
 - Infectious virus (culture) in semen at least 14 days after symptom onset
 - Virus particles (RT-PCR) in semen at least 62 days after symptom onset
- Whether women with Zika infection can transmit Zika virus to their sex partners
- Whether Zika can be transmitted from oral sex
 - It is known that Zika is infectious in semen
 - It is unknown if Zika is infectious in other body fluids exchanged by oral sex, including saliva and vaginal fluids

Sexual Transmission of Zika Virus: CDC Recommendations for Men Who Live in or Traveled to an Area of Active Zika Virus Transmission

Couples in which a woman is pregnant

- Use condoms consistently and correctly or abstain from sex for the duration of the pregnancy

Other couples concerned about sexual transmission

- If man had confirmed Zika virus infection or clinical illness consistent with Zika virus disease
 - Should consider using condoms or abstaining from sex for at least 6 months after illness onset
- If man traveled to an area with active Zika virus transmission but did not develop symptoms
 - Should consider using condoms or abstaining from sex for at least 8 weeks after departure from the area
- If man resides in an area with active Zika virus transmission but has not developed symptoms
 - Might consider using condoms or abstaining from sex while active transmission persists

Oster AM, et al. Interim Guidelines for Prevention of Sexual Transmission of Zika Virus — United States, 2016. *MMWR Morb Mortal Wkly Rep* 2016;65:323-325

For pregnant women: NO CHANGE

WE STILL RECOMMEND

- Use a condom or abstain
- A pregnant woman should still ensure her healthcare provider is aware of her male sexual partner's potential exposure and if he has been ill. This discussion include describing her male partner's potential exposures to mosquitoes (e.g., direction, extent, anti-mosquito measures) and his history of Zika-like illness.

Providers can consult CDC's guidelines for evaluation and testing of pregnant women.

If infected and ill HIGHER RISK → 6 MONTHS = >3 times the longest period that **Zika virus RNA has been detected in semen** after symptom onset

If exposed but no illness develops LOWER RISK → 8 WEEKS = >3 times the longest period that **infectious Zika has been detected in semen of men who were ill.**

Communicating about the Prevention of Sexual Transmission

Talking about the sexual transmission of Zika virus can be complicated

- Anyone concerned about getting Zika virus from sex can use condoms or choose not to have sex
- To be effective, condoms must be used correctly from start to finish, every time during sex
- Sex includes vaginal, anal and oral (mouth-to-penis) sex
- There may be barriers to accessing and using condoms including availability, price, and a person's ability to convince their partner to use condoms
- Couples who do not desire pregnancy should use the most effective contraceptive methods that can be used correctly and consistently in addition to condoms (also effective against STDs)*
- Religious beliefs may restrict a person's ability to use condoms or other contraception

* Discussed in more detail in the following: Petersen EE, Polen KN, Meaney-Delman D, et al. Update: interim guidance for health care providers caring for women of reproductive age with possible Zika virus exposure—United States, 2016. *MMWR Morb Mortal Wkly Rep* 2016. Published online March 25, 2016.



Morbidity and Mortality Weekly Report

Update: Interim Guidance for Health Care Providers Caring for Women of Reproductive Age with Possible Zika Virus Exposure — United States, 2016

Emily E. Petersen, MD¹; Kara N. D. Polen, MPH²; Dana Meaney-Delman, MD³; Sascha R. Ellington, MSPH¹; Titilope Oduyeko, MD^{1,4}; Amanda Cohn, MD⁵; Alexandra M. Oster, MD⁶; Kate Russell, MD^{4,7}; Jennifer E. Kawwass, MD^{1,8}; Mateusz P. Karwowski, MD^{4,9}; Ann M. Powers, PhD¹⁰; Jeanne Bertolli, PhD⁶; John T. Brooks, MD⁶; Dmitry Kissin, MD¹; Julie Villanueva, PhD¹¹; Jorge Muñoz-Jordan, PhD¹⁰; Matthew Kuehnert, MD¹²; Christine K. Olson, MD¹; Margaret A. Honein, PhD²; Maria Rivera, MPH¹; Denise J. Jamieson, MD¹; Sonja A. Rasmussen, MD¹³

On March 25, 2016, this report was posted as an MMWR Early Release on the MMWR website (<http://www.cdc.gov/mmwr>).

CDC has updated its interim guidance for U.S. health care providers caring for women of reproductive age with possible Zika virus exposure (1) to include recommendations on coun-

partners (3,5,7–10). Based on data from a previous outbreak, most persons infected with Zika virus are asymptomatic (11). Signs and symptoms, when present, are typically mild, with the most common being acute onset of fever, macular or papular rash, arthralgia, and conjunctivitis (11).

Recommendations for Women and Men Interested in Conceiving Who DO NOT Reside In an Area With Active Zika Virus Transmission

For **Women** With Possible Exposure to Zika Virus

- Health care providers (HCPs) should discuss signs and symptoms and potential adverse outcomes associated with Zika
- If Zika virus disease diagnosed, wait **at least 8 weeks after symptom onset** to attempt conception
- If **NO** symptoms develop, wait **at least 8 weeks after last date of exposure** before attempting conception

CDC has also developed recommendations for women and men who are interested in conceiving for women who do not reside in an area with active Zika virus transmission, but have possible exposure to Zika virus through travel or sex,

We'll now go through the recommendations for different situations and then review the algorithm in the most recently issued guidance document

Women with possible exposure to Zika virus who do NOT reside in an area with active Zika virus transmission are the first group we'll discuss.

Health care providers (or HCPs) should discuss signs and symptoms of Zika virus disease and the potential adverse outcomes associated with infection during pregnancy with their patients.

If Zika virus disease is diagnosed (either confirmed through laboratory testing or by having an exposure AND one or more signs or symptoms consistent with Zika, but without testing performed), she should wait at least **8 weeks** after symptom onset to attempt conception. This recommendation takes into account the upper limit of the incubation period and approximate tripling of the longest known period of viremia after symptom onset.

No data are available regarding the risk for congenital infection among pregnant women with **Asymptomatic** infection. If a woman has a possible exposure but **NO** symptoms consistent with Zika virus disease develop, she should also wait at least 8 weeks after the last date of exposure before attempting conception.

HCPs counseling women and men interested in conceiving should provide information on ways their patients can prevent unintended pregnancies during the time they are trying to avoid pregnancy. This includes discussion of the most effective contraceptive methods that can be used by the patient correctly and consistently. Patients should also be advised on the consistent and correct use of condoms for all vaginal, anal, and oral sex to reduce the risk of sexually transmitted infections, including Zika virus.

Recommendations for Women and Men Interested in Conceiving Who DO NOT Reside In an Area With Active Zika Virus Transmission

For **Men** With Possible Exposure to Zika Virus

- If Zika virus disease diagnosed, wait **at least 6 months** after symptom onset
- If **NO** symptoms develop, wait **at least 8 weeks** after exposure
- Discuss contraception and use of condoms

4/9 7PM UPDATED

Let's shift to discussing male patients. Some recommendations differ between men and women based on the information we have available at this time about persistence of virus in semen.

As Dr. Brooks previously mentioned, there have now been several laboratory-confirmed cases of sexually transmitted Zika virus disease from males to their partners. The duration and pattern of Zika virus persistence in semen is not fully characterized at this time and is under active investigation.

If a man with possible Zika virus exposure is diagnosed with Zika virus disease, he should wait at least **6 MONTHS** after symptom-onset before attempting to conceive. Again, means either confirmed through laboratory testing or by having an exposure AND one or more signs or symptoms consistent with Zika, but without testing performed).

This 6-month interval (which is 3 times the longest period that Zika virus RNA has been detected in semen after symptom onset) allows enough of a time interval that the risk of sexual transmission is believed to be minimal.

If a man has a possible exposure, but **NO** symptoms consistent with Zika virus disease develop, he should wait at least **8 weeks** after exposure to attempt conception with his partner.

It is very important to discuss effective contraceptive methods and **ALSO** advise patients on the consistent and correct use of condoms for all vaginal, anal, and oral sex to reduce the risk of sexual transmission.

Recommendations for Women and Men Interested in Conceiving Who Reside In an Area With Active Zika Virus Transmission

- Women and men interested in conceiving should talk with their HCPs
- Factors that may aid in decision-making:
 - Reproductive life plan
 - Environmental risk of exposure
 - Personal measures to prevent mosquito bites
 - Personal measures to prevent sexual transmission
 - Education about Zika virus infection in pregnancy
 - Risks and benefits of pregnancy at this time

It's recognized that counseling women and men who RESIDE in areas with active Zika virus transmission is challenging and that multiple factors need to be taken into consideration.

It is recommended that couples in these areas talk with their healthcare provider if they are interested in conceiving.

Counseling and discussion by the HCP should include subjects that will aid in decision-making. These include:

The woman or couple's reproductive life plan – this may include age, reproductive history, medical history, fertility, and personal values and preferences.

Counseling should also include an assessment of their risk of Zika virus exposure and a discussion about the prevention of both mosquito bites and sexual transmission of Zika virus. **Areas to review include:**

Their environment (whether the home environment has air conditioning, window screens, and is in an area with a high density of mosquitoes; the same should be discussed about the work environment). The current level of Zika virus transmission in the local area should also be discussed.

Personal measures to prevent mosquito bites are important to discuss. This includes the use of protective clothing (long sleeves, pants, and permethrin-treated clothing), use of EPA-registered insect repellents as directed, and emptying or removing standing water in containers.

Personal measures to prevent sexual transmission of Zika virus should be emphasized – this includes patients' willingness to use condoms or to abstain from sex for the duration of the pregnancy.

It is important to counsel these patients about **signs and symptoms of Zika virus disease, as well as the possible adverse consequences of Zika virus** infection during pregnancy and the need to wait until the risk for viremia or viral shedding in semen is minimal to attempt conception.

Risks and benefits of pregnancy at the current time should be discussed with the couple.

Clinical Tool

PRECONCEPTION COUNSELING

For Women and Men Living in Areas with Ongoing Spread of Zika Virus Who Are Interested in Conceiving



This guide describes recommendations for counseling women and men living in areas with Zika who want to become pregnant and have not experienced clinical illness consistent with Zika virus disease. This material includes recommendations from CDC's updated guidance¹, key questions to ask patients, and sample scripts for discussing recommendations and preconception issues. Because a lot of content is outlined for discussion, questions are included throughout the sample script to make sure patients understand what they are being told.

Recommendation	Key Issue	Questions to Ask	Sample Script
Assess pregnancy intentions	Introduce importance of pregnancy planning	<p><i>Have you been thinking about having a baby?</i></p> <p><i>Would you like to become pregnant in the next year?</i></p> <p><i>Are you currently using any form of birth control?</i></p>	If you are thinking of having a baby, I would like to help you have a healthy and safe pregnancy. With the Zika virus outbreak, planning pregnancy is more important than ever. Preparing and planning for a healthy pregnancy means getting as healthy as you can before becoming pregnant, and also taking the time now to learn about how best to care for yourself during pregnancy.
Assess risk of Zika virus exposure	Environment	<p><i>Do you have air conditioning in your home? At work?</i></p> <p><i>Do you have window and door screens in your home? At work?</i></p> <p><i>Do you have a bed net? Would you consider using one?</i></p> <p><i>Do you live in an area with a lot of mosquitoes?</i></p>	<p>The best way to prevent Zika is to prevent mosquito bites. To protect yourself at home and work, use air conditioning if possible. Install window and door screens and repair any holes to help keep mosquitoes outside. Sleep under a bed net, if air conditioning or screened rooms are not available. Since you live in an area where Zika is spreading, you are at risk of getting Zika. It is important that we discuss the timing of your pregnancy, and ways to prevent infection when you are pregnant.</p> <p>Knowledge check: What are some ways to protect yourself at home and work?</p>

<http://www.cdc.gov/zika/pdfs/preconception-counseling.pdf>

CDC has created a tool to aid healthcare providers in counseling women and men who are interested in conceiving and live in areas of active Zika virus transmission. This guide is available at the website on the screen and includes recommendations from the updated guidance, key questions to ask patients, and sample scripts to help facilitate discussion.

Recommendations for Women and Men Interested in Conceiving Who Reside In an Area With Active Zika Virus Transmission

- If couples decide to attempt conception, HCPs should discuss
 - Recommended use of EPA-registered insect repellent and safety to use during pregnancy
 - Recommendations to delay attempting conception if one or both members of the couple have Zika virus disease:
 - For **at least 8 weeks for women** who have Zika virus disease
 - For **at least 6 months for men** who have Zika virus disease
 - Recommendation for correct and consistent use of condoms or abstaining from sex for duration of pregnancy

4/9 7pm UPDATED

After discussion, if couples decide that they would like to attempt conception at this time, HCPs should ensure patients understand the risks of Zika virus infection during pregnancy and emphasize recommendations to protect themselves. This includes use of Environmental Protection Agency-registered insect repellents and that they are safe to use while trying to conceive and during pregnancy. Use of the insect repellents according to the instructions, including re-application, should also be emphasized.

It is important to discuss with patients interested in conceiving the recommendations to DELAY attempting conception if one or both members of the couple have Zika virus disease. [potential reminder: disease is defined as either having one of the 4 symptoms of Zika and laboratory confirmation of infection or having possible Zika virus exposure and one or more symptoms but without testing performed]. **Conception should be delayed for at least 8 weeks for WOMEN who have Zika virus disease and for at least 6 MONTHS for MEN who have Zika virus disease.**

HCPs should advise couples to wait to conceive until the risk for viremia or viral shedding in semen is minimal, and this will involve discussion and judgement particularly in areas of active transmission.

Importantly, male partners should correctly and consistently use condoms or abstain from sex for the duration of the pregnancy once pregnancy is achieved as this is the best way to avoid even a minimal risk for sexual transmission and the potential serious adverse fetal effects of Zika virus infection during pregnancy

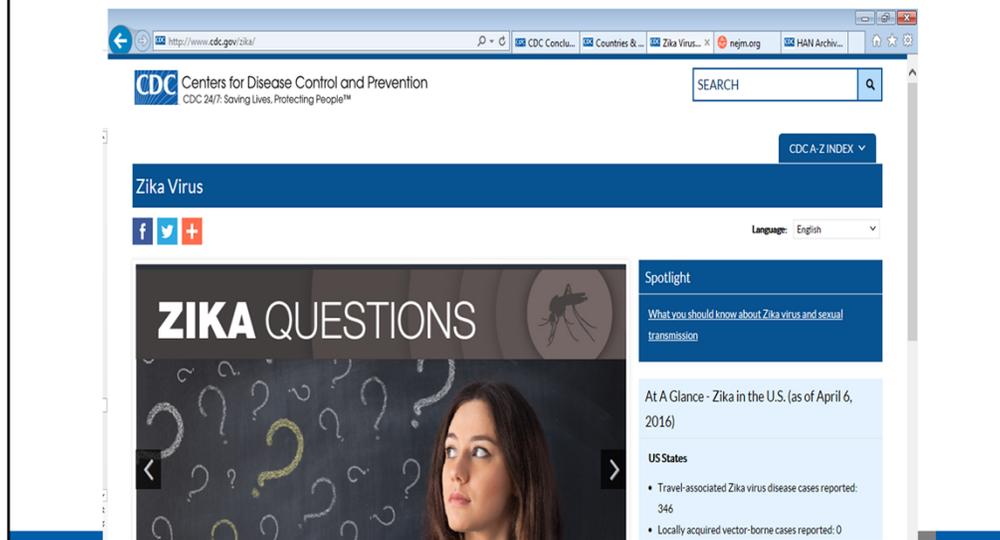
Recommendations for Women and Men Interested in Conceiving Who Reside In an Area With Active Zika Virus Transmission

- If couples decide to delay pregnancy, HCPs should discuss
 - Strategies to prevent unintended pregnancy
 - Use of the most effective contraceptive methods that can be used correctly and consistently
 - Role of correct and consistent use of condoms in reducing the risk for STIs, including Zika

If couples decide to delay pregnancy, healthcare providers should ensure they discuss the best strategies for their patients to prevent an unintended pregnancy, including use of the most effective contraceptive method and the role of the use of condoms in reducing the risk for sexually transmitted infections, including Zika.

More information about Zika

- More information on caring for pregnant women, infants, or children with Zika virus infection is available at www.cdc.gov/zika/index.html.



If you would like more information about the US Zika Pregnancy Registry please feel free to call the Zika Pregnancy Hotline or email us at zikapregnancy@cdc.gov.

All of the materials we have published, including guidance on caring for pregnant women and infants with Zika virus infection, as well as specimen collection for Zika virus testing, can be found at the link on this slide.

Thanks to our many collaborators and partners!

For clinical questions, please contact

ZikaMCH@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



All of this is the work of many people. Many Thanks to all of our collaborators, including those at the State, Tribal, Local, and Territorial Health Departments, as well as the professional Organizations

And thank you all for listening today.

Patient-Centered Family Planning Care in Context of Zika



Bixby Center
for **Global**
Reproductive
Health

Christine Dehlendorf, MD MAS
Associate Professor
Department of Family and
Community Medicine and
Obstetrics, Gynecology and
Reproductive Sciences

Objectives

- Describe patient-centered care in context of family planning
- Discuss implications of Zika for provision of patient-centered family planning care

Patient-Centered Care

“Patient-centered care is care that is respectful of and responsive to individual patient preferences, needs, and values.”

- Institute of Medicine

- Recognized by IOM as a dimension of quality
- Associated with improved outcomes

Patient-Centered Family Planning Care

- Assist patients in making decisions that are concordant with their values and preferences
 - Support decisions about potential future pregnancy
 - Acknowledge range of preferences for pregnancy planning
 - Provide education and counseling to achieve healthy reproductive outcomes
 - Help patients who wish to prevent pregnancy to choose the best method for themselves
-

Patient-Centered Counseling and Zika

- Risk of birth defects with Zika increases risk associated with pregnancy, whether planned or unplanned
 - May influence women's views of the desirability of avoiding pregnancy or of planning a pregnancy
 - Goal of counseling remains facilitating informed, quality decisions
-

Reproductive Desires and Zika

- Assess desire to prevent pregnancy
 - Planning pregnancy
 - Wishing to prevent pregnancy
 - Unsure/ambivalent
 - Introduce information about Zika in context of client's response
-

Patients Planning a Pregnancy

- Review risk associated with Zika infection
 - Educate about epidemiology of Zika
 - Discuss risk of transmission with respect to geography and travel plans of client and partner(s)
 - Provide decision support regarding timing of desired conception
 - Discuss risk reduction strategies
 - Review Zika symptoms
-

Patients Unsure about Pregnancy Desires

- Review risk associated with Zika infection
 - Educate about epidemiology of Zika
 - Discuss risk of transmission with respect to geography and travel plans of client and partner(s)
 - Provide decision support regarding potential future pregnancy
-

Patients Unsure about Pregnancy Desires

- If interested in contraception, provide client-centered contraceptive counseling
 - If remains without clear intention and does not desire to use contraception, acknowledge potential risk for pregnancy in a non-judgmental manner
 - Discuss risk reduction strategies
 - Review Zika symptoms
-

Patients Not Planning a Pregnancy

- Provide general education about Zika
 - Risk associated with Zika infection
 - Epidemiology of Zika
 - Prevention strategies
 - Provide patient-centered contraceptive counseling focused on client preferences
-

Patient-centered contraceptive care

“Patient-centered contraceptive counseling involves treating each person as a unique individual with respect, empathy and understanding, providing accurate, easy to understand information about contraception based on the patient’s needs and goals, and assisting patients in selecting a contraceptive method that is the best fit for their individual situation in a manner that reflects the patients’ preferences for decision making.”

Dehlendorf: COGR, 2016



Patient-centered contraceptive care

“Patient-centered contraceptive counseling involves treating each person as a unique individual with respect, empathy and understanding, providing accurate, easy to understand information about contraception based on the patient’s needs and goals, and assisting patients in selecting a contraceptive method that is the best fit for their individual situation in a manner that reflects the patients’ preferences for decision making.”

Dehlendorf: COGR, 2016



Counseling in Context of Women's Preferences

- Women have strong and varied preferences for contraceptive features
- Relate to different assessments of potential outcomes, including pregnancy and side effects
 - Implications of an unplanned pregnancy varies according to a women's individual situation

Contraceptive Choice: A Preference Sensitive Decision

- Preference-sensitive decisions are those where there is no one best option but involve tradeoffs among different outcomes of each treatment
 - Directive counseling not appropriate
- Decision support can bring together evidence on method characteristics, including effectiveness, with women's preferences
- Consistent with women's preferences for contraceptive counseling and with reproductive autonomy

Dehlendorf, Contraception, 2013

Patient-Centered Contraceptive Counseling

- Establish a positive personal relationship
 - Women value intimacy and continuity
- Trust in provider can influence perception of information
- “Investing in the beginning” → continuation
 - Greeting patient warmly
 - Small talk (only done in 45% of visits)
 - Open-ended questions (only done in 43% of visits)

Client-Centered Contraceptive Counseling

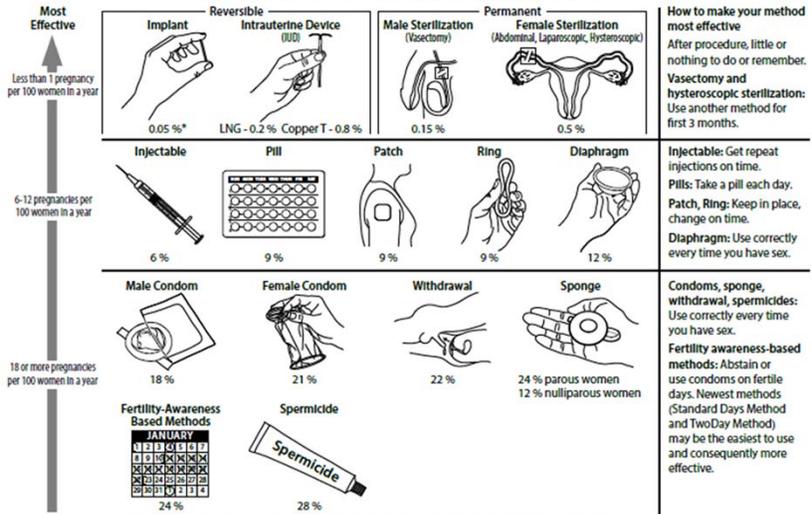
- Elicit informed preferences for method characteristics:
 - Effectiveness
 - Frequency of using method
 - Different ways of taking methods
 - Return to fertility
 - Side effects

Talking about Effectiveness

- Effectiveness often very important to women, and may be more important in context of Zika
- Frequent misinformation or misconceptions about relative effectiveness of methods
- Use natural frequencies:
 - Less than 1 in 100 women get pregnant on IUD
 - 9 in 100 women get pregnant on pill/patch/ring
- Use visual aids

Dehlendorf, PSRH, 2013

Effectiveness of Family Planning Methods



How to make your method most effective
 After procedure, little or nothing to do or remember.
Vasectomy and hysteroscopic sterilization: Use another method for first 3 months.
Injectable: Get repeat injections on time.
Pills: Take a pill each day.
Patch, Ring: Keep in place, change on time.
Diaphragm: Use correctly every time you have sex.
Condoms, sponge, withdrawal, spermicides: Use correctly every time you have sex.
Fertility awareness-based methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be the easiest to use and consequently more effective.

* The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method.

© 242797



CONDOMS SHOULD ALWAYS BE USED TO REDUCE THE RISK OF SEXUALLY TRANSMITTED INFECTIONS.
Other Methods of Contraception
Lactational Amenorrhea Method: LAM is a highly effective, temporary method of contraception.
Emergency Contraception: Emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.
 Adapted from World Health Organization (WHO) Department of Reproductive Health and Research, Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs (CCP). Knowledge for health project. Family planning: a global handbook for providers (2011 update). Baltimore, MD: Geneva, Switzerland: CCP and WHO, 2011; and Trussell J. Contraceptive failure in the United States. Contraception 2011;83:397-404.

Talking about Effectiveness

- Acknowledge women will view risk associated with pregnancy, even in context of Zika, differently
 - Will relate to variety of factors, including social context, health issues, age, tolerance of risk and acceptability and availability of abortion
 - Patient-centered care requires integrating women's preferences for effectiveness with other preferences for contraceptive characteristics
-

Counseling About Other Method Characteristics

- Many women have strong preferences for method administration, side effects, control
 - Acknowledging and exploring these preferences optimizing decision making and builds trust
- Particularly important to address preferences for side effects
 - Clients often feel side effects are downplayed or hidden

Sharing decision making

- Provide scaffolding for decision making
 - Given their preferences, what information do they need?
 - Actively facilitate, while avoiding stating opinions not based on patient preferences



Example of Facilitation

- I hear that you don't want to use something that affects your period, but also that it is really important to you to not get pregnant given your upcoming trip to Colombia. The most effective methods are the IUD and implant, with less than 1 in 100 women getting pregnant in a year, but these methods either can make you have spotting or irregular period, or have heavier bleeding. What do you think about this?
-

Anticipate potential issues with adherence and continuation

- Provide opportunity to ask questions
 - Only done in 47% of visits
- Discuss what to do if not satisfied with method (contingency counseling)
 - Only done in 65% of visits
- Review information about Zika prevention, especially for those choosing lower efficacy methods
- Acknowledge potential for change in intentions and availability of services/education



Dehlendorf: unpublished data
Namerow: *Fam Plann Perspect*, 1989

Family Planning Care and Zika

- All women should be counseled about Zika and associated pregnancy risk, including risk reduction strategies
- Risk of Zika may influence women's views on pregnancy timing, pregnancy planning, and method effectiveness
- Client-centered counseling requires facilitating informed decision in context of multiple influences, including risk associated with Zika
- Focus should remain on reproductive autonomy
 - LARC methods not best for everyone, and should ensure that those who do chose them have ability to discontinue them as desired

Questions?



UCSF

Key Resources

CDC:

<http://www.cdc.gov/zika/pdfs/preconception-counseling.pdf>

<http://www.cdc.gov/zika/hc-providers/index.html>

The Family Planning National Training Center:

<http://fpntc.org/training-and-resources/zika-virus-what-you-need-to-know>

Today's webinar will be archived on the FPNTC website.



Questions?

