

**PILOT PROJECT FOR PROVISION
OF LONG-ACTING
CONTRACEPTION FOR
INPATIENTS OF MENTAL HEALTH
SERVICES – Te Whatu Ora
Waikato**

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The pilot project ...

- ▶ This presentation is about a pilot project I have set up to fit long-acting contraceptive devices (LARCs) to at-risk in-patients at Mental Health Services including Forensics
- ▶ The service also includes opportunistic STI and cervical screening
- ▶ Myself and one other SMO trained to fit LARC & attend consults




The need ...

- Inpatients of Mental Health Services that are female of child-bearing age may face many barriers to access healthcare services post discharge
 - They are likely not to return for follow-up at other services for contraception
 - Contraception is not only important to prevent unplanned pregnancies, which can be stressful and traumatic, but also vital for those taking teratogenic medications
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Currently ...

- Appointment wait times at Family Planning are currently 6-8 weeks for a routine visit to discuss and have an implant or Intrauterine device fit
 - There are limiting services at Medical Clinics with only some or no Doctors or Nurses to fit these devices, plus often a large cost is involved
- 




The initiative ...

- I recognised the need for contraception for this group of people and the importance of opportunistic fitting of LARC whilst an inpatient
- At Sexual Health Services I was getting constant requests to see patients for LARC and realised the high need and demand for this service




The goal ...

- The main goal of this pilot project is to create equity and to reduce social marginalisation to allow for easier patient access to services
 - Also emotional safety; to prevent the trauma of unplanned pregnancies that may result in miscarriage, birth defects or stillbirth
 - It creates a connection with the patient and our service, with the goal of alleviating patient anxiety and stigmatisation so they may feel comfortable about future visits to Sexual Health
- 




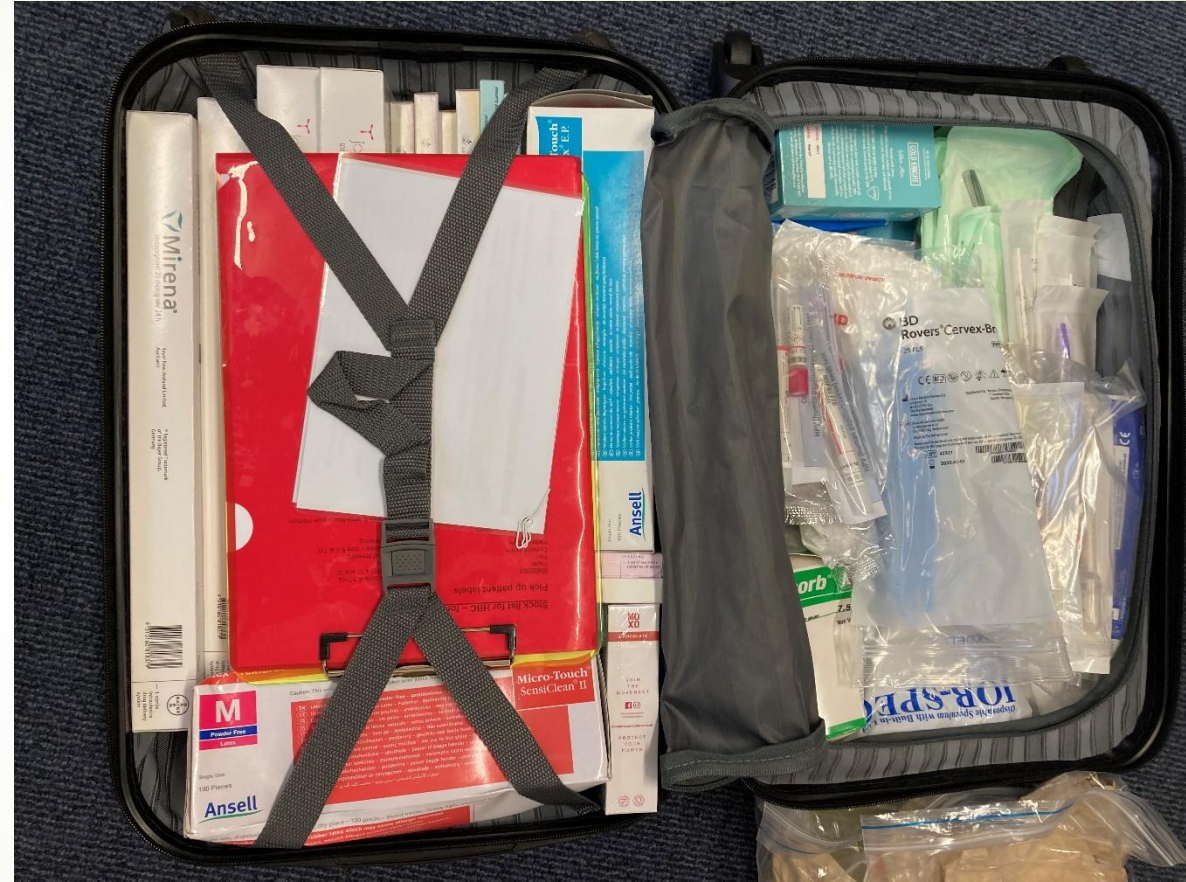
The Action ...

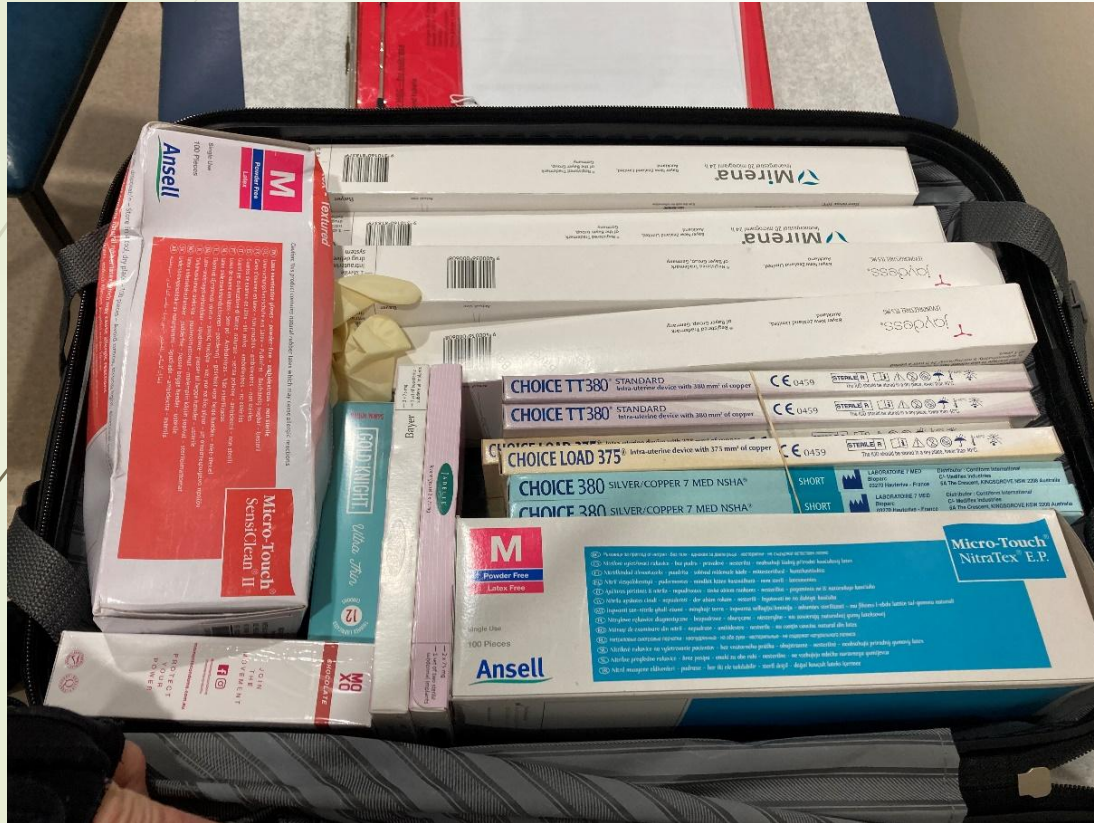
- Setting up a guideline and framework
 - Setting up a referral system
 - Accessing/arranging/getting support from SMOs
 - Creating ongoing communication with Mental health services to create momentum and ongoing contact
 - Putting together equipment – best way of transporting?
- 



Referral pathway

- Bookings will be on an as required basis – via email with patient information
 - These appointments will be at HBC
 - A patient may need more than one appointment, depending on patient history and need for further work-up prior to fitting of LARC
 - There will need to be some degree of flexibility depending on need
 - Links set up for information leaflets on LARC options
- 








Referral criteria

- Needing contraception, including those taking teratogenic medication
- Where patient may not be able to or is unlikely to access contraception in the community after discharge
- Must have capacity to consent for LARC insertion
- If an inpatient of Mental health services automatically fits into priority group population



Priority group populations based on Aotearoa NZ Sexually transmitted & Blood borne Infection Strategy 2023-2030 ...

- Māori
- Pacific peoples
- young people — people under 29 years of age
- gay and bisexual men and other men who have sex with men (GBM)
- people who inject drugs
- people living with HIV and chronic viral hepatitis
- sex workers
- migrants from areas with a high prevalence of STBBI
- transgender and non-binary people
- those in or recently released from prison
- people who are experiencing homelessness or are not in safe or secure accommodation
- people who interact with mental health and addiction services
- women experiencing violence
- other vulnerable people




Requirements for consult ...

- an available private clinic room with a stainless steel trolley and an up and down bed
- a support person is advantageous
- for IUD fits, ensure a resuscitation trolley available with atropine and oxygen is available in case of a vasovagal response/emergency
- an available RN or Doctor available in case of emergency
- A contact person for enquiries about the referral and necessary follow-up
- Our service will provide LARC device and necessary supplies for fit + written consent form



The challenges ...

- Difficulty contacting patients for follow-up – patients often have transient lifestyles, move frequently, change of mobile numbers etc
 - Last minute cancellations due to the rapid changing situations that can arise on a mental-health ward
 - Change in staff – most recently my go-to Clinician has moved on and there was a delay in finding out about this
 - This creates lack of communication and unawareness of this service
 - The lack of time to keep up regular communications with mental health staff to check re patient need for LARCs
- 




Results ...

- So far, there has been success, although there have been limited numbers
- The project has been welcomed by the Service
- Total of 6 bookings – small numbers
- 2 of these bookings were cancelled at the last minute
- 1 patient was arranged to come to Sexual Health but DNA'd
- 3 seen as inpatients – 2x jadelle fits and 1x jaydess fit
- 1 extra person seen who asked us to see her when visiting the ward for STI screen
- Referrals seemed to have stopped completely in the last 2 months – doctor change – further emails sent to promote the service



Moving forward ...

- This pilot project potentially is a set frame-work that could be repeated, so other people could have LARC fitted whilst inpatients in all areas of the hospital
 - Further funding would be needed for this as the current Sexual Health workload is very high
 - An assumption could be made that if the service was utilised effectively, abortion & unplanned pregnancy rates would decrease
- 



Let's look at LARC options

Intra Uterine Device (IUD)

<https://www.familyplanning.org.nz/advice/contraception/intra-uterine-device-iud>

Getting your IUD

<https://www.familyplanning.org.nz/advice/contraception/getting-your-iud>

Contraceptive Implant

<https://www.familyplanning.org.nz/advice/contraception/contraceptive-implant>

Contraceptive implant insertion instructions

<https://www.familyplanning.org.nz/advice/contraception/contraceptive-implant-insertion-instructions>

MIRENA


- ▶ Mirena is registered for 5 years but now has international approval for 7-8 years for contraceptive use
- ▶ > 99% effective to stop pregnancy
- ▶ Useful for people with heavy and painful periods
- ▶ Thins lining of uterus which reduces or stops bleeding
- ▶ Maintains a normal hormonal cycle for most
- ▶ The procedure for a Mirena fit can be painful, they cervix may be tight or spasm which can prevent initial insertion and may need further attempt
- ▶ 7 day rule and avoid anything in vagina for 48 hours after insertion
- ▶ Have pain relief prior to procedure



JAYDESS

- ▶ Registered for 3 years for contraception
- ▶ Over 99% effective to stop pregnancy
- ▶ A smaller device than the mirena and the lowest form of hormonal contraception NZ offers – think of as the “mirena’s little sister”
- ▶ Doesn’t necessarily stop periods but may decrease bleeding
- ▶ Initial irregular bleeding is common
- ▶ The procedure for a Jaydess fit is usually quite painful and sometimes the person has to come back for a 2nd appointment if the cervix is too tight
- ▶ 7 day rule and avoid anything in vagina for 48 hours after insertion
- ▶ Have pain relief, something to eat and a support person to take you home after procedure in case you don’t feel well
- ▶ A great option if nulliparous and/or if body of uterus is small for Mirena





Copper-IUD

- ▶ Non-hormonal option
- ▶ There are IUDs that are registered for 5 years and 10 years
- ▶ > 99% effective
- ▶ Effective immediately but avoid anything in vagina for 48 hours after insertion
- ▶ Can be used for emergency contraception also usually up to day 19 of cycle for a 28 day regular cycle person – refer to Family Planning for this, usually emergency day slots available
- ▶ Copper repels sperm and kills it, it also stops implantation of a blastocyte (fertilized egg that has not implanted into the womb)
- ▶ The procedure for a Cu-IUD fit is usually quite painful and sometimes the person has to come back for a 2nd appointment if the IUD is unable to be fitted
- ▶ Have pain relief, something to eat and a support person to take you home after procedure in case you don't feel well

JADELLE

- Registered for 5 years for contraception
- Contains progesterone only, so a safe option for most people
- Works effectively for contraception, 99.9% effective in first 4 years, 99% effective in 5th year
- If BMI elevated can consider exchange at 4 year mark
- Can sometimes stop ovaries releasing egg but not consistently
- Works by a combination of mechanisms, including prevention of ovulation and thickening of cervical mucous
- May cause irregular prolonged and/or erratic bleeding
- There are options to treat abnormal bleeding
- Takes 7 days to work -> 7 DAY RULE
- Quick procedure to have implant fit – implanted under skin (subcutaneously) in inside upper arm under LA





WHY CHOOSE A LARC ?

- Reliable and effective
- “Fit-and-forget” methods of contraception
- The Mirena has non-contraceptive benefits, eg reduction in periods/pain, endometrial protection
- You don't have to remember to take a pill, therefore, less chance of an unplanned pregnancy
- No one needs to know you have LARC
- Less visits or phone consults required
- Cost effective



STATISTICS


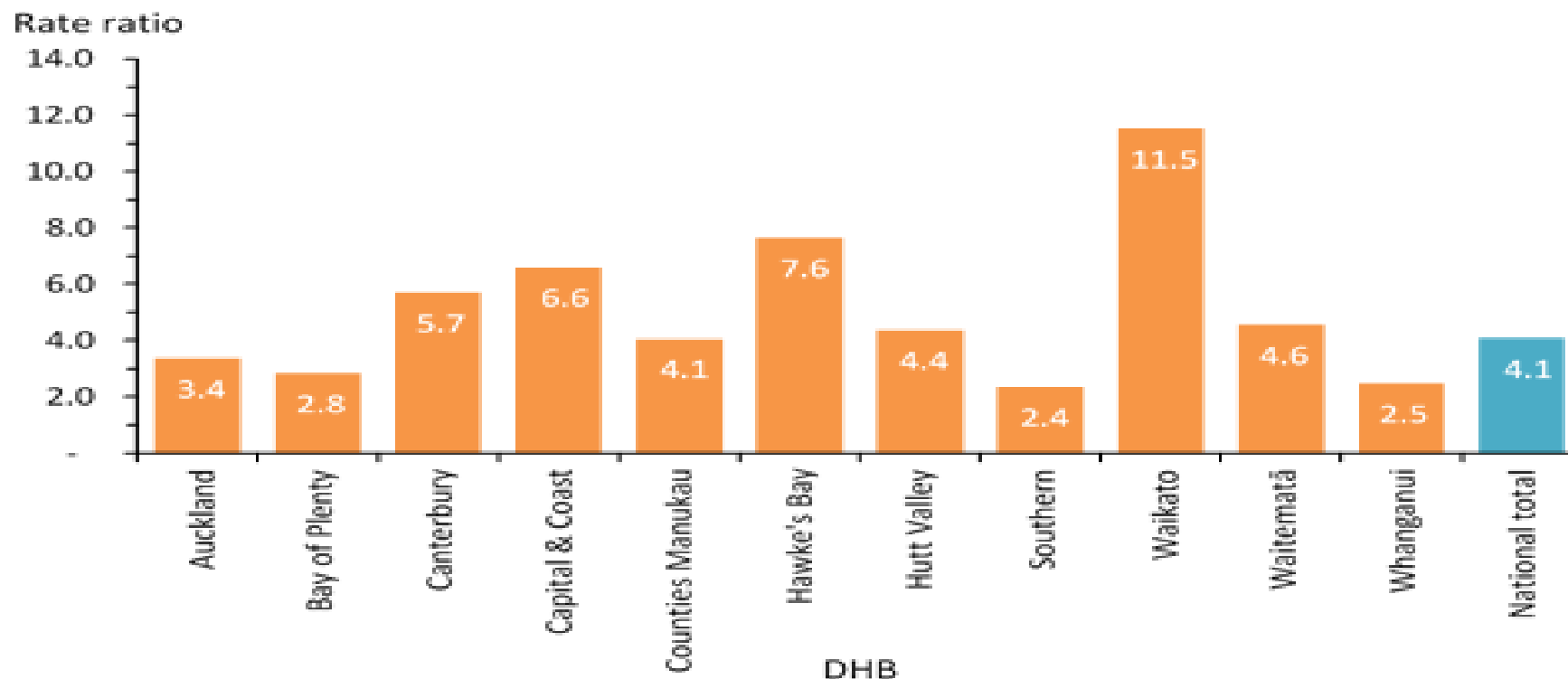
- I was unable to obtain any statistics from Family Planning
 - Statistics from Mental Health & Addiction Services 1 July 2021 to 30 June 2022 for indefinite inpatient treatment orders
 - Nationwide Māori were 4.1 times more likely to be subject to an indefinite inpatient treatment order than non- Māori
 - **The next slides highlight this inequity**
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Figure 19: Rate ratio of Māori to non-Māori subject to indefinite inpatient treatment orders per 100,000 population, by DHB, at 30 June 2022

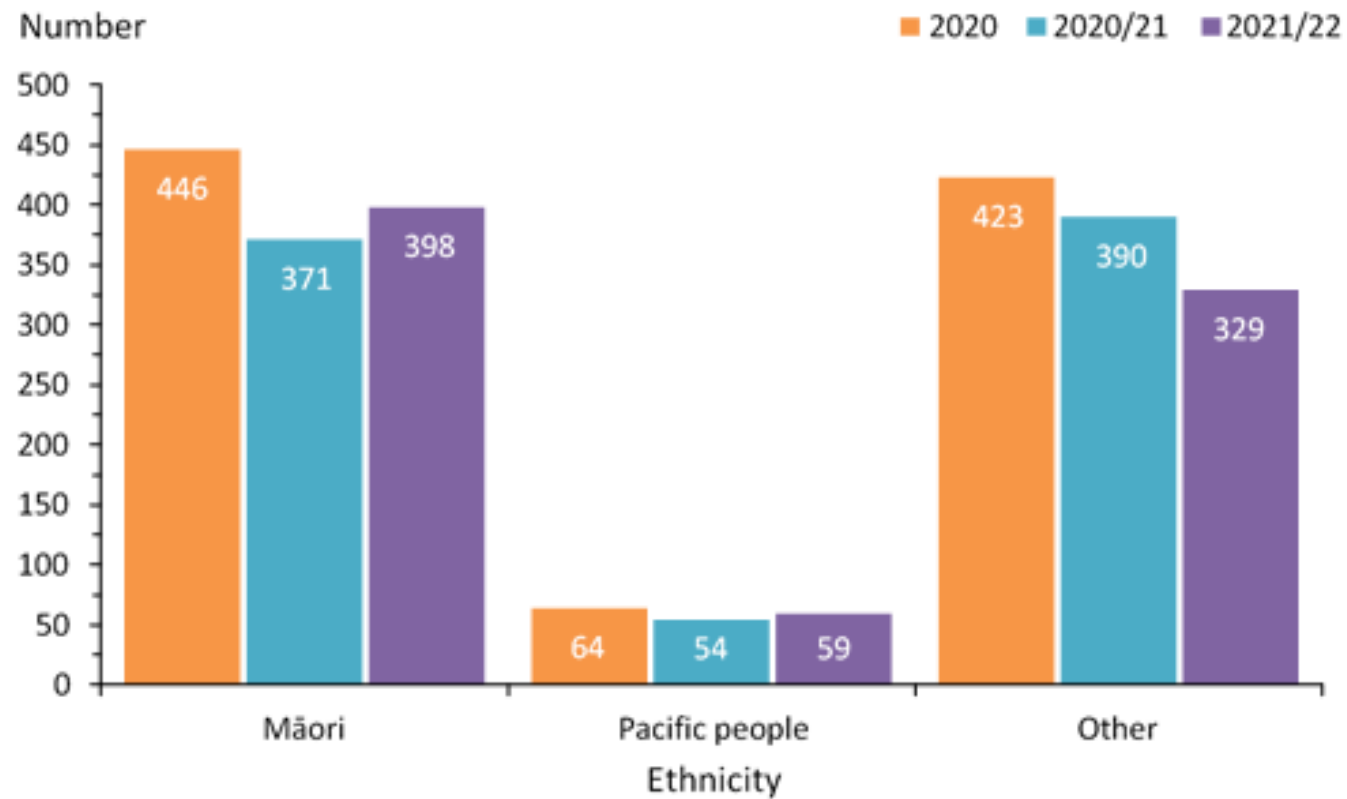


Notes: Wairarapa DHB did not have an inpatient service, and Lakes, MidCentral, South Canterbury and Tairāwhiti DHBs had no indefinite inpatient treatment orders, so these DHBs are not shown in this figure. Nelson Marlborough, Northland, Taranaki and West Coast DHBs had a rate ratio of zero so are also excluded.

Source: PRIMHD data (extracted 16 May 2023).

Seclusion and ethnicity:

Figure 29: Number of people secluded in adult inpatient services, by ethnicity, and year from 1 January 2020 to 30 June 2022



Notes: The data excludes forensic services and regional intellectual disability secure services.

Sources: PRIMHD data (extracted 16 May 2023) and manual data from Waikato DHB.

Stock list for HBC – for suitcase

Pick up patient labels

Stationery

Paper
Pen
Consent forms
Patient labels

IUD/IUS fits & STI screen

Speculums – size small, medium & large
(disposable with light source attached)

Lube

Sponge forceps

Forceps vulsellum

Tenaculum

Long scissors

Sounds

Dilators

Thread retriever

Trays

Blue sheets

Gauze

NAAT swabs

Purple bacto swabs

Green viral swabs

Smear pots

Cervixbrush

Cytobrush

Lab bags

Mirena x2

Jaydess x2

Choice Load 375 x2

Choice TT380 standard x2

Choice TT380 slimline x2

1% lidocaine

25G x 1" needles

10ml syringe

Post-care

Pads

Tissues

Condoms

After-care instructions – hand-out

Jadelle fits and removals

Jadelle device

Trochar

Blade

Dressing packs

Removal pack – fine forceps, curved
forceps, scissors, blade handle

Lignocaine 1% & 2%

Syringes 5mls & 10mls

Needle 25G x 1" and ¾"

Steristrips

Waterproof dressing

Sterile gloves – size 6.5 & 7.0

Gauze dressing

Other

Gloves latex & latex-free – size medium

Pregnancy tests

Plastic bags for used equipment

Condoms

REFERRAL PATHWAY FOR Henry Bennet Centre (HBC) to Sexual Health Services for LARC

Pilot project for 6 months

Implementation date:

- Please send any referrals to SHSadmin@waikatodhb.health.nz
- Include Name of patient and NHI
- What is the preferred method of LARC?
- Briefly outline current diagnosis, regular medications and allergies
- When would you like patient to have LARC inserted?
- The Clinician from SHC will come over to HBC to perform procedure
- May take more than one appointment depending on pregnancy risk and capacity to consent
- Links for patient information re LARC options to give to patient prior to appointment:
 - Intra Uterine Device (IUD)
<https://www.familyplanning.org.nz/advice/contraception/intra-uterine-device-iud>
 - Getting your IUD
<https://www.familyplanning.org.nz/advice/contraception/getting-your-iud>
 - Contraceptive Implant
<https://www.familyplanning.org.nz/advice/contraception/contraceptive-implant>
 - Contraceptive implant insertion instructions
<https://www.familyplanning.org.nz/advice/contraception/contraceptive-implant-insertion-instructions>

Referral criteria:

- Needing contraception to avoid pregnancy, eg: medication patient is taking is a foetal teratogen
- Where patient may not be able to or is unlikely to access contraception in the community after discharge
- Has capacity to consent for LARC insertion

We will need:

- an available private clinic room with a stainless steel trolley and an up and down bed
- a support person is advantageous
- for IUD fits, ensure a resuscitation trolley available with atropine and oxygen is available in case of a vasovagal response/emergency
- an available RN or Doctor available in case of emergency
- A contact person for enquiries about the referral and necessary follow-up

We will provide:

- LARC device and necessary supplies
- Written consent form

ADRENALINE ADMINISTRATION

There is no place for conservative management of anaphylaxis. Early administration of adrenaline is essential.

Give adrenaline when a patient suffers anaphylaxis:

1. The patient displays signs of anaphylaxis rather than a faint
2. The nurse has been trained in resuscitation and how to administer adrenaline.
3. **Call the emergency response team 99777.**

Management and Dosage

1. Assess whether anaphylaxis
2. Lie patient down and raise feet
3. Seek help from a clinical colleague when possible, **but avoid any delay in giving adrenaline**
4. Adrenaline 0.5ml 1:1,000 is given intramuscularly
5. Administration of oxygen therapy
6. If there is no improvement in the recipient's condition, repeat the dose of adrenaline at 5 to 15 minute intervals up to a maximum of three doses.
7. Admit to hospital

ATROPINE

Vasovagal shock with bradycardia

Where conservative management of vasovagal shock does not result in improvement and the patient continues to show signs of shock; a reduction in consciousness, and they remain bradycardic:

1. Bradycardia (<60/min) then the use of atropine is warranted.
2. The nurse has been trained in resuscitation and administration of atropine.

Management and dosage


1. Seek assistance from a clinical colleague.
2. Ensure client remains lying down with feet raised.
3. Administration of oxygen.
4. 600mcg Atropine as a single dose can be given IV followed by a 10ml 0.9% NaCl flush. Heart rate should increase within a few minutes. If there is no improvement after 5 minutes a further dose of IV atropine may be given and emergency services contacted.
5. If unable to gain IV access a 600mcg may be given IM. The increase in heart rate following IM administration of atropine is much slower. If there is no improvement after 10 minutes a further IM dose of atropine can be given and emergency services contacted.
6. Consider removal of the IUD if recovery does not occur following administration of atropine.
7. Most patients will recover after a period of rest/observation and transfer to a hospital will not be necessary.

OXYGEN ADMINISTRATION

1. The patient displays signs of anaphylaxis requiring administration of adrenaline, or vasovagal shock requiring administration of atropine.
2. The nurse has been trained in resuscitation and how to administer adrenaline or management of cervical shock.

Management and Dosage

1. Anaphylaxis or vasovagal shock requiring treatment
2. Apply pulse oximetry if available in clinic.
3. Give oxygen if available at high flow rates – at least 10 litres/minute if cylinder allows, otherwise max flow rate for cylinder supply.
4. Document the flow rate and duration of administration in the clinical record.



REFERRAL PATHWAY FOR Henry Bennet Centre (HBC) to Sexual Health Services for LARC

Further information for SHC

This is a pilot project for 6 months

Time available:

- Bookings will be on an as required basis
- These appointments will be at HBC
- A patient may need more than one appointment, depending on patient history and need for further work-up prior to fitting of LARC
- There will need to be some degree of flexibility depending on need

Strategies for managing complications and follow-up:

- If side-effects occur from LARC, eg: abnormal bleeding or pain, the patient needs see their GP for follow-up or book appointment at Family Planning.
- Letter needs to be sent to the patient's GP requesting them to add a recall to remind when LARC is due to expire/be exchanged

Documentation:

- Document in SHIP/Indici
- Also in progress notes on CWS

Post-care Instructions for Copper IUD or Hormonal IUD for contraception

You IUD is a:

Date of insertion:

You will be safe from pregnancy: Now / In 7 days

An IUD check is advised at 6 weeks or sooner if concerns

Your IUD will expire:

Person who fitted your IUD is:

Sexual Health Clinic, 3 Ohaupo Road – 0800 322 226



Hormonal IUD



Copper IUD

NOTE: FOR FOLLOW-UP – SEE YOUR GP OR FAMILY PLANNING

SEXUAL HEALTH ARE NOT ABLE TO PROVIDE ONGOING ADVICE RE CONTRACEPTION

SEXUAL HEALTH SERVICES FIT IUDS ONLY FOR INPATIENTS

- o You may experience some mild cramps and light bleeding in the next month. If you have a hormonal IUD the bleeding may last for several months
- o Crampy lower abdominal pains are normal for a few days after your procedure and you can take pain relief for this, such as paracetamol or ibuprofen, as long as this is safe for you to use
- o If this pain is severe or your bleeding is very heavy and not resolving please see a Doctor or Nurse at Family Planning or Medical Clinic
- o Do not put anything in your vagina for 2 days after you get your IUD. Use a pad and shower only. No swimming, baths, tampons or sex during this time.
- o If you have a copper IUD and you miss a period you need to check a pregnancy test.
- o If you have a hormonal IUD, you may not get your period, but if you think you may be pregnant please see your see a Doctor or Nurse at Family Planning or Medical Clinic
- o If you do not want your IUD anymore or you would like to get pregnant please book an appointment with at Family Planning or Medical Clinic
- o Make sure you have NO sex for 7 days before it is removed



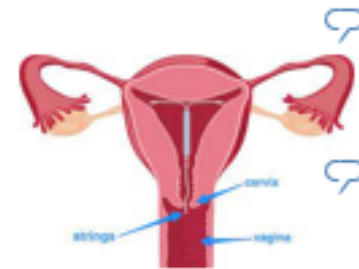
**** Really important - see a Doctor or Nurse at Family Planning or Medical Clinic if you have any of these symptoms ****



- o Pain in your lower abdomen/pelvis
- o Unusual or smelly discharge
- o Bleeding between periods
- o Really heavy or painful periods
- o Pain with sex
- o A high temperature with any of the above symptoms
- o If you could feel your threads, but now you can't
- o If you can feel a plastic stem of your IUD
- o If there is any chance you think you could be pregnant or have symptoms of pregnancy

How to check your threads:

- o Your IUD has threads. These come through the opening of your cervix into the top of your vagina, they usually sit about 1-2cm long
- o It is advised to check your threads 1 week after you have your new IUD and then monthly (after your period if you have a copper IUD)
- o Some people can't feel the threads, don't worry if you can't as sometimes your cervix may be tilted and they are difficult to feel
- o Have your IUD checked at Family Planning or Medical Clinic if you are concerned
- o Insert 1-2 fingers into the vagina whilst squatting down to feel them, they may be curled up or hanging straight, they feel a bit rough to touch
- o If you can feel a plastic stem of your IUD, avoid sex so you don't get pregnant and book in at your GP practice or Family Planning as soon as possible.





For further training ...

- ▶ Goodfellow Unit – all about jadelle:
<https://www.goodfellowunit.org/group/119?tour=1>
- ▶ Family Planning:
<https://www.familyplanning.org.nz/about/our-work/clinical-training>



References:

- ▶ The Faculty of Sexual & Reproductive Healthcare Clinical Guideline:

<https://www.fsrh.org/standards-and-guidance/documents/fsrh-clinical-guidance-quick-starting-contraception-april-2017/>

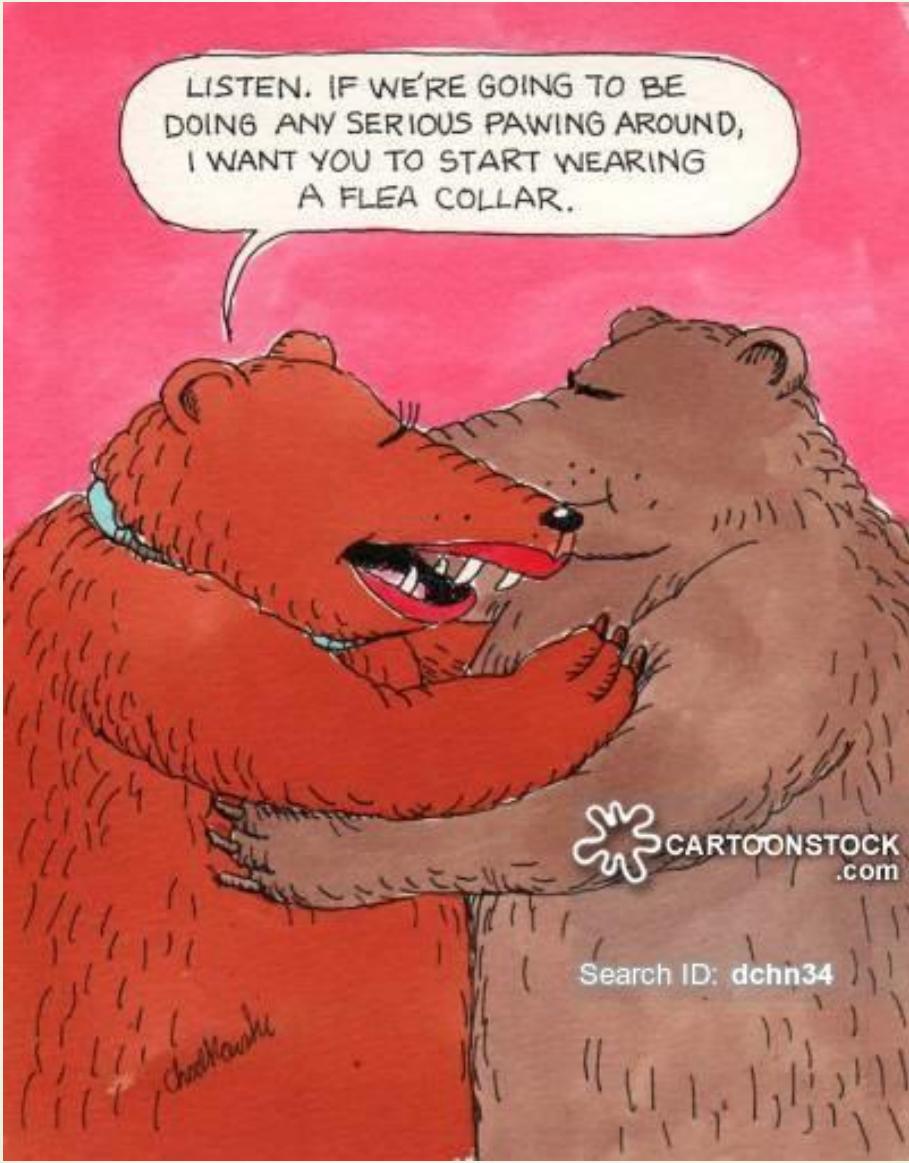
- ▶ Family Planning

<https://www.familyplanning.org.nz/>

Ministry of Health. 2023. *Office of the Director of Mental Health and Addiction Services: Regulatory Report 1 July 2021 to 30 June 2022*. Wellington: Ministry of Health.

Sis, you would have gotten a lot more candy, too, if you'd have used these stretchy rubber socks I found in Dad's dresser...





LISTEN. IF WE'RE GOING TO BE
DOING ANY SERIOUS PAWING AROUND,
I WANT YOU TO START WEARING
A FLEA COLLAR.

 CARTOONSTOCK
.com

Search ID: dchn34