

**Contraceptive Counseling: Quality Assurance**

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content:	Test 1_Oral Examination

**Overview**

This oral examination should be administered to contraceptive counseling trainees by a clinician. During the test, the clinician will read each question and wait for the trainee’s response. The clinician can clarify questions and ask additional questions to help the staff person or trainee demonstrate their knowledge. It is up to the clinician’s discretion to decide if a trainee passes this test.

QUESTION		ANSWER
1	A woman presents and says she wants the most effective method of reversible contraception (lowest failure rate). What method(s) would you suggest?	LARC methods – IUDs & Implant: <1% failure rate
2	a. Provide the typical failure rates for: a. Pills, patch, and ring b. Depo shot c. Condoms d. IUDs e. Implant f. Diaphragm	a. 9% b. 6% c. 15-20% d. < 1% e. <1% f. 15-20%
3	A patient says she would like an IUD, but her mom says it causes CANCER. Respond to this concern.	The IUD does NOT cause cancer; in fact, it prevents endometrial cancer (lining of the womb).
4	A patient says she would like to use the oral contraceptive pill, but her friends say it causes CANCER. Respond to this concern.	OCPs do NOT cause cancer; in fact, they help prevent endometrial and ovarian cancer
5	A patient says she would like an IUD, but her Mom says it causes INFECTIONS. Respond to this concern.	I expect counselors to know that the risk of infection with the IUD is slightly increased around the time of insertion. Otherwise, the risk is LOW and similar to women using NO contraception.
6	What are some contraindications to: a. Hormonal IUD b. Copper IUD c. OCP, patch, or ring	a. undiagnosed uterine bleeding, pregnancy, recent infection (within past 3 mo.), mucopus, etc.....they do not need to cite ALL contraindications to be marked “correct.” b. undiagnosed uterine bleeding, pregnancy, recent infection (within past 3 mo.), mucopus, etc.....they do not need to cite ALL contraindications to be marked “correct.” c. smoker > 34 years, personal history of DVT/PE, MI, CVA, hypertension, migraines with Aura, active liver disease, unexplained vaginal bleeding, coronary artery disease, any migraines > 34years.....they do not need to cite ALL

		contraindications to be marked "correct."
7	38 year-old G3P3 woman desires highly effective contraception. She was diagnosed with breast cancer 3 years ago. She is doing well with no other medical problems. She asks you what YOU would recommend for contraception.	I would like the trainee to recognize that the Copper IUD may be an ideal method
8	A 21 yo G0 participant is using OCPs regularly. Counseling of this patient (as well as others!) should also include the use of _____ for STD prevention.	Condoms
9	A 25 G1P1 who reports a history of a "blood clot" in her leg when she had her baby one year ago. She would like pills, what do you tell her?  Who has the highest risk of blood clot? a. Woman using copper IUD b. Woman using low-dose COC's c. Woman who is pregnant or postpartum	C, Woman who is pregnant or postpartum.
10	What is the discontinuation of oral contraceptives at one year?	Up to 50%
11	A 29 G2P2 comes in for contraceptive counseling. She weighs 230lbs and her BMI is 32. Would you counsel her differently? Can she use the patch? Can she use birth control pills? Can she use the implant?	Explain that any woman who is obese has a higher risk of blood clots due to obesity and that this risk may be great in women using combination hormonal contraception, but that the risk of clot on birth control is significantly less than the risk during pregnancy. In addition, there is some concern, based on small studies, that there is an increased risk of contraceptive failure among obese women using the patch. The implant wasn't studied in obese women, but our research has shown that there doesn't appear to be an increased risk of implant failure in obese women.