examination. Although body weight can affect the efficacy of emergency hormonal contraception, it should not be withheld from overweight and obese women.

CONTRACEPTION COUNSELING

Patients should be provided information regarding the different methods of contraception, side effects, noncontraceptive benefits, efficacy, need for strict compliance, and impact on future fertility. In order to facilitate patient-centric care, the provider should discuss plans for future pregnancy and whether childbearing is complete. A detailed patient history should be reviewed to identify potential contraindications such as migraines with aura, smoking, and hypertension. Providers should refer to the most updated USMEC or WHO Medical Eligibility Criteria for Contraceptive Use guidelines when counseling patients with associated comorbidities. As part of the shared decision-making approach, the patient's choice should be the guiding factor, and the discussion should be nonjudgmental. Adolescents should be offered access to the full range of contraceptive options. In a low-risk patient, hormonal contraceptives can be prescribed from menarche to menopause; regular evaluation of side effects and assessment of changes in the patient's medical history, however, are required.

FURTHER READING

CENTERS FOR DISEASE CONTROL AND PREVENTION: Reproductive health. Available at *https://www.cdc.gov/reproductivehealth/Infertility/#e*. Accessed December 23, 2020.

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