

TIC-TAC: A Simple Way to Approach Contraception with Pregnant Patients/Clients

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Between 40 and 50% of pregnancies in Canada are unplanned, resulting in over 60 000 unintended births annually. Unintended birth occurs more frequently among women who can least afford to raise a(nother) child than women of more privileged social location.

One strategy to reduce unintended pregnancy is to improve contraceptive restarts following a pregnancy. Timing should be individualized to the woman, but a simple rule of threes may be helpful to remember:

Initiate contraception within 3 days of a miscarriage or abortion

Initiate contraception within 3 weeks postpartum in a non-breastfeeding woman

Initiate contraception within 3 months postpartum in a breastfeeding woman

Contraceptive discussions should take place at an antenatal visit, and ideally, they should be documented to allow for prompt initiation in the postpartum period. **The TIC-TAC method** is a simple strategy that does not take much time, and helps women and care providers narrow the choices for birth control following delivery:

Timeline for next Pregnancy: Women wanting a pregnancy within a year are better suited to short acting options. For those planning more than a year, consideration for a Long Acting method may be preferred.

Indications: Are there other reasons a woman uses a certain type of birth control? Common reasons include acne, and menstrual management. Women using a method for a non-contraceptive reason may wish to restart it post delivery.

Contraindications: Are there medical reasons why a method should not be used?

Tried Before: What has the woman tried before? This is particularly helpful to narrow the selection down.

Anything Else: Are there alternative methods the woman may be interested in learning more about, or has heard of? This may be a good time to raise options not already discussed, such as Long-Acting Methods.

Coverage: How does the woman pay for drugs? Pay attention to provincial or territorial drug plans, extended health benefits, or Non Insured Health Benefits for Indigenous Women.

Remember: Women prefer that we help them to narrow their options to 2 or 3, and that they make the final decision. When unsure about the safety or suitability of a method, refer the patient, rather than unnecessarily discouraging a method due to an unfounded risk.