

Engaging Patients in Joint Contraceptive Decisions



Shared decision-making is a collaboration between patients and HCPs in making health-related decisions.¹ For contraceptive counseling, this patient-centered approach involves a conversation in which^{1,2}:



HCPs contribute their:

- Clinical knowledge
- Unbiased information



Patients contribute their:

- Lived experience
- Values
- Preferences
- Goals

Together, they come to an **informed contraceptive choice**

Quick Start Guide for HCPs





Before the Visit:


Sharing a decision aid to assess the patient's contraceptive preferences ahead of the visit may help facilitate the contraceptive counseling conversation during the visit (**click** or **scan** the QR code for Birth Control Questionnaire).³


During the Visit:


After reviewing their completed questionnaire and their medical and sexual history, you can initiate a contraceptive counseling conversation consisting of open-ended questions, such as those in the examples below (for more information on the intent of the **bolded green questions**, see the following page).^{2,3}

- **Acknowledge Your Patient's Reproductive Life Plan**
 - How do you think your life would be impacted if you got pregnant now?³
 - **What are your thoughts, if any, about having a baby in the next year?**^{3,4}

- **Understand Your Patient's Contraceptive Experience**
 - **What is most important to you about your contraception?**³
 - What have you looked up or read about birth control options?³
 - What types of contraception have you tried in the past?³

- **Understand Your Patient's Contraceptive Preferences**
 - How often would you prefer your contraception be administered—daily, weekly, monthly, yearly, or other?³
 - How would you feel if you had a change in your bleeding pattern?³
 - **What concerns, if any, do you have about contraception?**³

- **Review Contraceptive Options**
 - You can then educate the patient on their contraceptive options, tailoring the conversation based on the preferences they have expressed. For each method discussed, it is important to explain^{2,3}:
 - Effectiveness, correct use, and side effects
 - How their preferences may or may not be satisfied by each option

- **Assess Your Patient's Understanding**
 - **How are you feeling about your decision?**^{3,4}
 - Are you clear on what to expect as a result of selecting this method today?³
 - What other questions or concerns do you have, if any?^{3,4}

After the Visit:

Consider proactively making a follow-up plan to discuss the patient's initial experience. Follow-up may occur by phone call, email, text message, health care app, or by a telehealth or in-office visit, as needed^{3,5,6}

Tailoring Contraceptive Counseling Based on Potential Patient Responses

Open-ended questions such as the ones in the Quick Start Guide for HCPs may help the HCP establish rapport with the patient and understand their needs.^{1,3,4} Patient responses to these questions may impact which contraceptive options are appropriate for them, allowing the HCP to tailor the conversation to the patient's expressed needs.^{2,3}

Potential Impact of Patient Responses

➔ *What are your thoughts, if any, about having a baby in the next year?*^{3,4}

May help uncover the patient's personal reproductive goals, mitigating the effect of bias or preconceptions on your counseling.^{2,3}

For example, if the patient does not want to get pregnant now but may want to in the future, explain that there are multiple contraceptive options, including LARC, that may be suitable for them.³

➔ *What is most important to you about your contraception?*³

May help you understand what contraceptive characteristics the patient prioritizes such as effectiveness, side effect profile, and method of administration.³

For example, if the patient prioritizes how effective a contraceptive is, be sure to include the most effective options in your conversation, such as LARC.³

➔ *What concerns, if any, do you have about contraception?*³

Allows the patient to express any concerns about contraception and helps support an open dialogue.^{2,3}

For example, certain routes of administration can be a barrier to use for some patients. If a patient expresses concern about the invasiveness of certain contraceptives, alternate methods may suit them better.^{2,3}

➔ *How are you feeling about your decision?*^{3,4}

May help gauge any apprehension the patient has about their contraceptive choice, including any misperceptions about potential side effects that can be addressed.^{3,4}

For example, if the patient is concerned because they have heard their chosen contraception is associated with a certain side effect, explain the actual associated adverse events and counsel them on managing the potential side effects.³

Tailoring contraceptive counseling to the individual patient's values and needs helps the patient make an informed contraceptive decision.^{2,3} In this way, shared decision-making may **improve the quality of care and foster strong patient-HCP relationships**.^{1,3,7}

HCP = health care provider; LARC = long-acting reversible contraception.

1. Yahanda AT, Mozersky J. What's the role of time in shared decision making? *AMA J Ethics*. 2020;22(5):E416–E422. 2. American College of Obstetricians and Gynecologists' Committee on Health Care for Underserved Women, Contraceptive Equity Expert Work Group, and Committee on Ethics. Patient-Centered Contraceptive Counseling: ACOG Committee Statement Number 1. *Obstet Gynecol*. 2022;139(2):350–353. 3. Gavin L, Moskosky S, Carter M, et al. Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. *MMWR Recomm Rep*. 2014;63(RR-04):1–54. 4. Contraceptive counseling model: A 5-step client-centered approach. Contraceptive Action Plan. Accessed December 13, 2022. <https://caiglobal.org/cap-contraceptive-counseling-model-a-5-step-model-client-centered-approach/> 5. Stifani BM, Madden T, Micks E, Moayedi G, Tarleton J, Benson LS. Society of Family Planning Clinical Recommendations: Contraceptive care in the context of pandemic response. *Contraception*. 2022;113:1–12. 6. Hybrid virtual care models for optimal patient experience: Considerations for healthcare executives nationwide. National Consortium of Telehealth Resource Centers. Accessed December 22, 2022. telehealthresourcecenter.org/resources/toolkits/hybrid-virtual-care-models-for-optimal-patient-experience-considerations-for-healthcare-executives-nationwide/ 7. The SHARE approach: A model for shared decision making. Agency for Healthcare Research and Quality. Accessed December 14, 2022. www.ahrq.gov/sites/default/files/wysiwyg/professionals/education/curriculum-tools/shareddecisionmaking/tools/sharefactsheet/share-approach_factsheet.pdf