Patient-Centered and Justice-Informed Contraceptive Counseling

Person-Centered Reproductive Health Program

UCSF

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Objectives

- Evaluate approaches to contraceptive counseling from a patient centered perspective
- Consider how contraceptive counseling approaches relate to health equity and health care disparities
- Review the use of shared decision making in contraceptive counseling

What is the best approach to contraceptive counseling?

a. Encourage women to choose the most highly effective methods
b. Give them information about all methods and let them decide for themselves
c. Give them whichever method they say they want
d. None of these
e. It depends

Patient-centered care

"Patient-centered care is care that is respectful of and responsive to individual patient preferences, needs, and values."

- Institute of Medicine

- Recognized by IOM as a dimension of quality
- Associated with improved outcomes

Patient-Centered Communication

- Quality, patient-centered interpersonal communication is central to patient-centered care
- Interpersonal communication affects health care outcomes, including:
  - Patient satisfaction
  - Use of preventive care
  - Medication adherence

Doyle: *BMJ*, 2013

Evidence for impact of interpersonal communication in family planning

- Counseling influences method selection
- Quality of family planning counseling associated with use of contraception and satisfaction with method
- Poor quality counseling leads to less willingness to engage in future health care

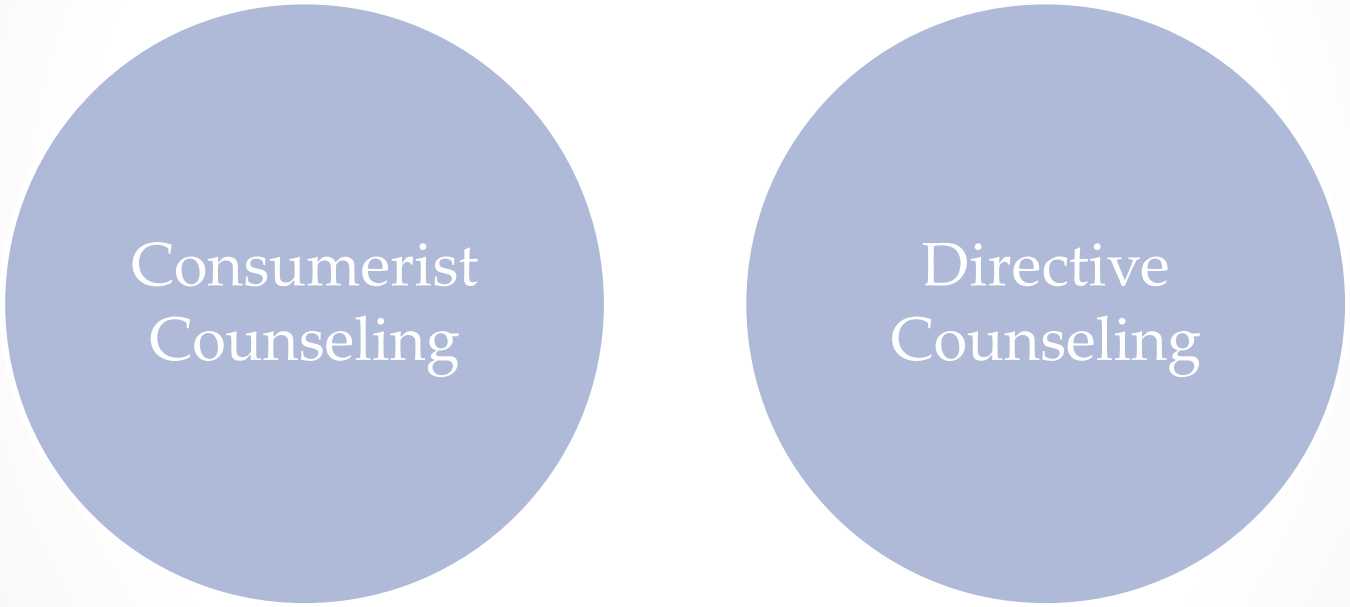
Gomez, *Contraception*, 2017
Dehlendorf, *AJOG*, 2016
Harperr, *Patient Ed Counsel*, 2010

Evidence for impact of interpersonal communication in family planning

- Counseling influences method selection
- Quality of family planning counseling associated with use of contraception and satisfaction with method
- Poor quality counseling leads to less willingness to engage in future health care
- Patient-centered care is the right thing to do

Gomez, *Contraception*, 2017
Dehlendorf, *AJOG*, 2016
Harperr, *Patient Ed Counsel*, 2010

How do we provide patient-centered contraceptive care?



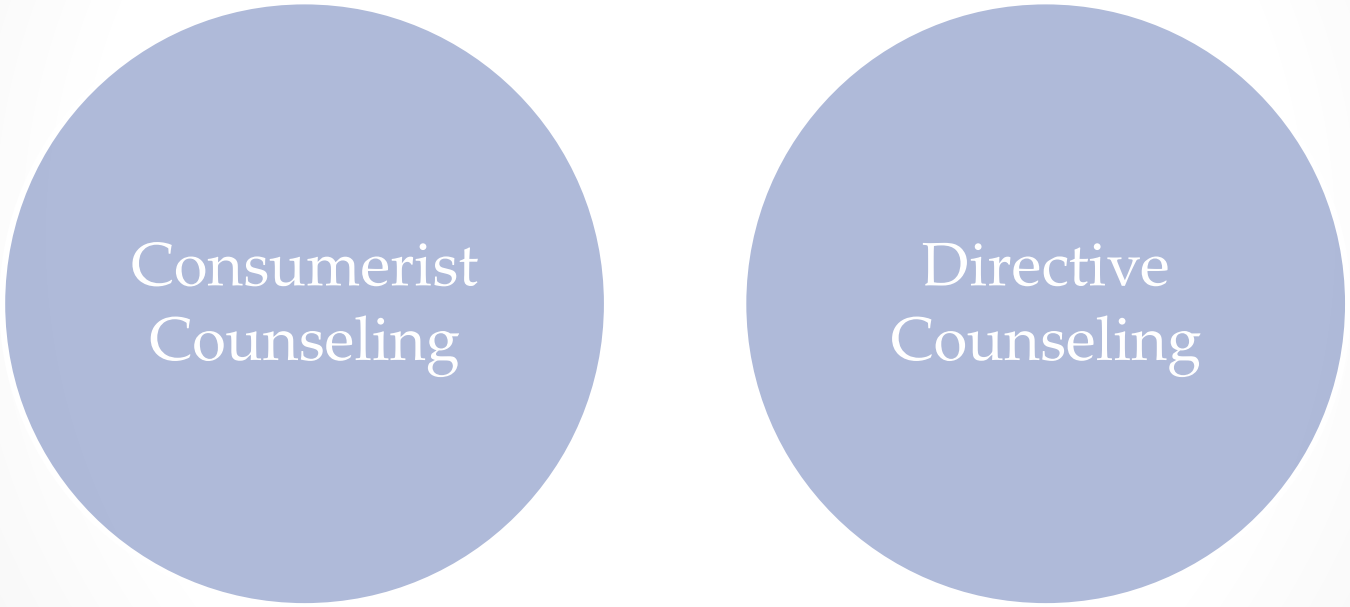
Consumerist counseling

- Informed Choice:
  - Provides only objective information and does not participate in method/treatment selection itself
- Foreclosed:
  - Only information on methods asked about by the patient are discussed
- Both prioritize autonomy

Problems with consumerist counseling

- Informed Choice:
  - Provider does not assist patient in understanding how preferences relate to method characteristics or tailor information to patient's needs
- Foreclosed:
  - Fails to ensure patient is aware of and has accurate information about methods

Approaches to contraceptive decision making



Directive counseling

- Provides information and counseling designed to promote use of specific methods
- Rooted in the healthcare provider's preferences, or assumptions about the client's priorities

Move Towards More Directive Approaches

- General emphasis on/promotion of LARC methods in family planning field

- Examples:
  - Tiered effectiveness: Present methods in order of effectiveness
  - Motivational interviewing: Patient-centered approach to achieving behavior change

Is directive counseling patient-centered?

- **Directive counseling** appropriate when there is one option that leads to better health outcomes
  - Smoking cessation
  - Diabetes control
- Providers can engage with patients' preferences in patient-centered manner, while having an agenda

- **Decision support** appropriate for preference-sensitive decisions, in which there is no one best option
  - Early breast cancer treatment
  - Early prostate cancer treatment
- Helps patient to consider tradeoffs among different outcomes of treatments

What kind of decision is contraceptive choice?

- Women have strong and varied preferences for contraceptive features
- Relate to different assessments of potential outcomes, such as side effects
- Also relates to different assessments of the importance of avoiding an unintended pregnancy

Lessard: *PSRH,* 2012
Madden: *AJOG*, 2015

Is an unintended pregnancy always a bad thing?

a. Yes
b. No

How do women think about pregnancy?

- **Intentions**: Timing-based ideas about if/when to get pregnant
- **Plans:** Decisions about when to get pregnant and formulation of actions
- **Desires:** Strength of inclination to get pregnant or avoid pregnancy
- **Feelings:** Emotional orientations towards pregnancy

Aiken, PSRH, 2016

A Multidimensional Concept

Plans ≠ Intentions ≠ Desires ≠ Feelings

- All different concepts
- Women may find all or only some meaningful
- Often appear inconsistent with each other

Planning May Not Be Desirable

"I guess one of the reasons that I haven't gotten an IUD yet is like, I don't know, having one kid already and being in a long-term committed relationship, it takes the element of surprise out of when we would have our next kid, which I kind of want. I'm in that weird position. I just don't want to put too much thought and planning into when I have my next kid."

Unintended May be Welcome

"Another pregnancy is definitely not the right path for me and I'm being very careful with birth control. But If I somehow ended up pregnant would I embrace it and think it's for the best? Absolutely."

"I don't want more kids and was hoping to get my tubes tied. We can't afford another one. But if it happened I'd still be happy. I'd be really excited. We'd rise to the occasion…nothing would really change."

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Aiken: *Social Science & Medicine, 2015*

Ambivalent and Indifferent Desires

"I already got a kid so you know I'm not opposed to having children. If it happens, it happens…. I'd prefer we don't have children right now but if it happens, okay."

But shouldn't we get women to plan "for their own good"?

- Is an unintended pregnancy a universally negative health outcome?
- Little data to support this commonly held belief:
  - Many studies show no association with social or health outcomes
  - Some studies show associations with low birth weight and preterm birth
  - However, generally not well-designed and well-controlled
  - Most examine only retrospective intentions

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Hall: *Matern Child Health J*, 2017
Gipson et al.: *Studies in Family Planning*, 2008
Shah et al.: *Matern Child Health J*, 2011

Concerns with directive counseling approaches

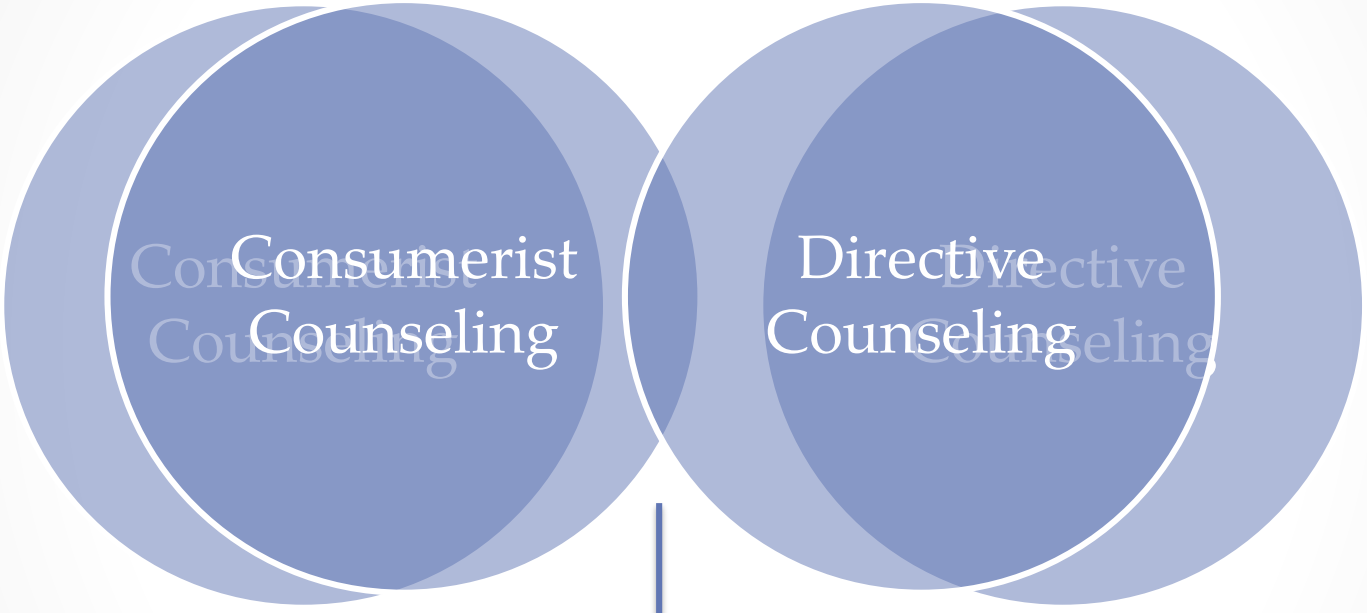
- Assuming women should want to use certain methods:
  - Ignores variability in preferences, including around importance of avoiding unintended pregnancy
  - Does not prioritize autonomy
- Pressure to use specific methods can be counterproductive
  - Perceived pressure increases risk of method discontinuation
  - Perceiving provider as having a preference associated with lower satisfaction with method

Kalmuss: *Fam Plann Perspect*, 1996
Dehlendorf: *Contraception*, 2017

They just keep promoting these long-term methods. It's like they're getting a commission or something. I always wondered that. They were really, really trying to push this product….It was like they were selling me…. Like, "You should try it." No. I don't want to.

Mann, Contraception, 2019

How do we provide patient-centered contraceptive care?



Promote patient autonomy

Increase use of highly effective methods

Shared decision making

Quality counseling

Tailored to patient preferences

Shared decision making

"A collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient's values and preferences….This process provides patients with the support they need to make the best individualized care decisions."

- Informed Medical Decisions Foundation
- http://www.informedmedicaldecisions.org/what-is-shared-decision-making/

Shared decision-making in family planning

- Consistent with many women's preferences for counseling
- Patients who report sharing their decision with their provider had higher satisfaction with decision making process
  - Compared to both patient- and provider-driven decisions
- May not be best for everyone, but provides starting point for counseling

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Dehlendorf, Contraception, 2014
Dehlendorf, Contraception, 2017

Shared Decision Making in Family Planning

"I just think providers should be very informative about it and non-biased…maybe not try to persuade them to go one way or the other, but maybe try to find out about their background a little bit and what their relationships are like and maybe suggest what might work best for them but ultimately leave the decision up to the patient."

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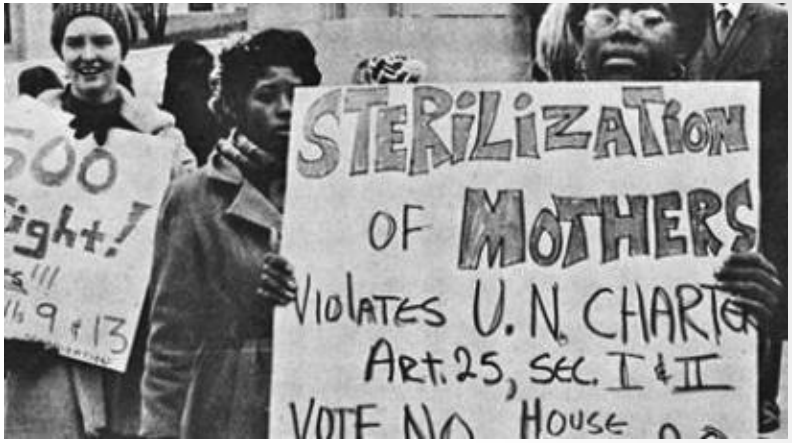
Dehlendorf: *Contraception*, 2013

Race and Contraceptive Counseling

History of reproductive injustices

- Nonconsensual sterilization of poor women and women of color throughout the 1900s
- Unethical testing of oral contraceptives in Puerto Rico
- Targeted marketing of Depo Provera
- Coercive sterilization of150 incarcerated women in California from 2006-2010



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Stratified reproduction

- The fertility of some people is valued by those who dominate social discourse and the fertility of other people is not

- Formal and informal policies to limit the reproduction of some or encourage the reproduction of others

"The thing about reproduction is that, more than anything else, it tells you how a society values people."

-Dorothy Roberts

Colen: "Like a mother to them," 1995
Harris: *Curr Opin Obstet Gynecol* 2014

Reproductive justice

- Reproductive Justice is the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities

  - SisterSong

Image credit: Repeal Hyde Art Project

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Race and trust in family planning services

- 35% of Black women reported "medical and public health institutions use poor and minority people as guinea pigs to try out new birth control methods."
- Greater than 40% of Blacks and Latinas think government promotes birth control to limit minorities
- Different patterns of preferences for contraceptive methods by race/ethnicity

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Jackson: *Contraception*, 2015
Rocca: *PSRH,* 2015
Thorbun and Bogart: *Women's Health*, 2005

Table 2
Contraceptive method feature preference reported to be "extremely important" by race/ethnicity

	Total	White	Black	Latina	Asian Pacific Islander
	N=1769	*N*=694	*N*=532	*N*=429	*N*=114
	%	%	%	%	%
Getting the method					
The method is easy for me to get	81	82	83+	78	78
The method is affordable	81	86	80*	80*‡	77*,+
I can get it without seeing a doctor or going to a clinic.	37	32	43*,+	38*	40
Using the method					
The method is easy to use.	80	81	82+	81	75
I don't have to remember to use the method each time I have sex.	61	54	73*,+	62*	54
I use the method only when I am going to have sex.	33	19	46*,+	40*,+	34*,+
Side effects or health concerns					
The method is very effective at preventing pregnancy.	89	92	86*	89	86
The method has few or no side effects.	74	73	79*	70	73
The method does not detract from my partner's sexual enjoyment.	68	74	60*,+	67*,+	63*,+
The method doesn't detract from my sexual enjoyment.	68	74	63*,+	68*,+	64*,+
The method protects against sexually transmitted infections.	60	50	66*,+	68*,+	63*
The method has a health benefit.	54	46	65*,+	56*	53
The method does not change my menstrual periods.	44	34	52*,+	50*,+	51*,+
Control and privacy					
I have control over when and whether to use the method.	71	64	78*,+	74*,+	70
I am responsible for using the method and not my sexual partner.	62	55	70*,+	61*	57
No one can tell that I am using the method.	55	49	60*,+	56*	59*
Stopping use of the method					
I can stop using the birth control method at any time.	48	38	56*,+	54*,+	54*,+
I can get pregnant immediately after I stop using it.	48	36	57*,+	56*,+	47*

Covariates used for multivariate analysis: patient age, income, education, religion, marital status and clinic type.

* Bivariate analysis, $p<0.05$.

+ Multivariate analysis, $p<0.05$.

Jackson: *Contraception*, 2015

Not just in the past….

TheUpshot

Set It and Forget It: How Better Contraception Could

5,108 views | Oct 5, 2014, 06:52pm

Can the IUD Prevent Poverty, Save T[illegible]?

Car
Poli

GIRLS & WOMEN

This Contraception Program Could Help Reduce Poverty Across the US

mpower all women and promote
ty.

HOW LONG-ACTING BIRTH CONTROL CAN HELP END POVERTY

PACIFIC STANDARD STAFF · MAY 11, 2016

***Article originally seen on standard.net.

Contraception: A Poverty Intervention Powerhouse

Posted by Amy Schwimmer on Tuesday, September 25, 2018

e contraceptives more accessible to low-income women, a
s and also lower Utah's intergenerational poverty rates.

The Dangerous Rise of the IUD as Poverty Cure

The notion that limiting women's reproduction can cure societal ills has a long, shameful history.

By Christine Dehlendorf and Kelsey Holt

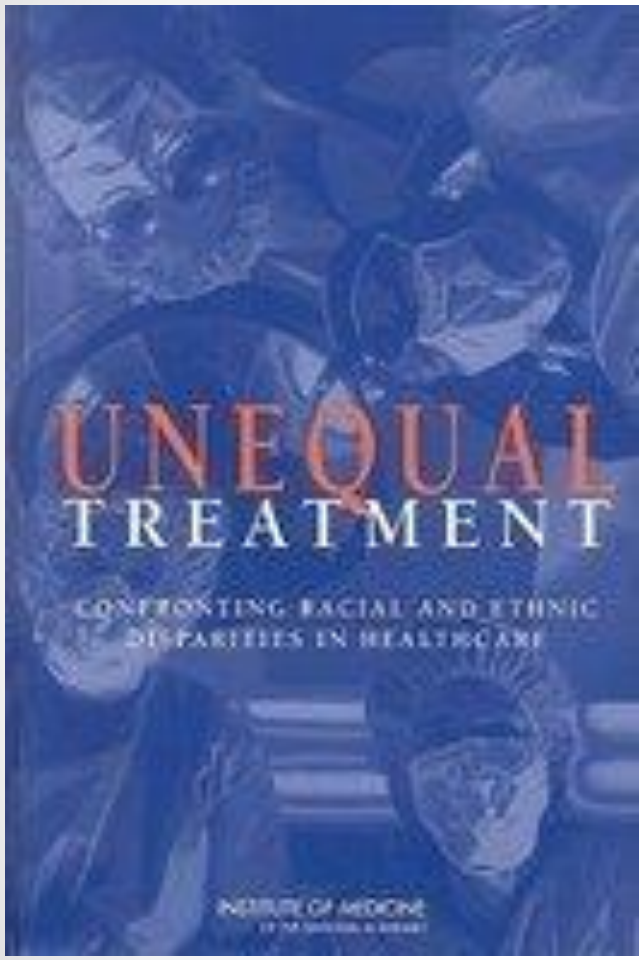
Drs. Dehlendorf and Holt are researchers with the Person-Centered Reproductive Health Program at the University of California, San Francisco.

Jan. 2, 2019

A nurse discussing birth control at a clinic in 1940.

Hansel Mieth/The LIFE Picture Collection, via Getty Images

Not just in the past….



"…biases may exist…often unconsciously, among people who strongly endorse egalitarian principles and truly believe that they are not prejudiced. There is considerable empirical evidence that even well-intentioned whites…who do not believe that they are prejudiced demonstrate unconscious implicit negative racial attitudes and stereotypes [which] significantly shape interpersonal interactions….Evidence suggests that bias, prejudice, and stereotyping on the part of healthcare providers may contribute to differences in care."

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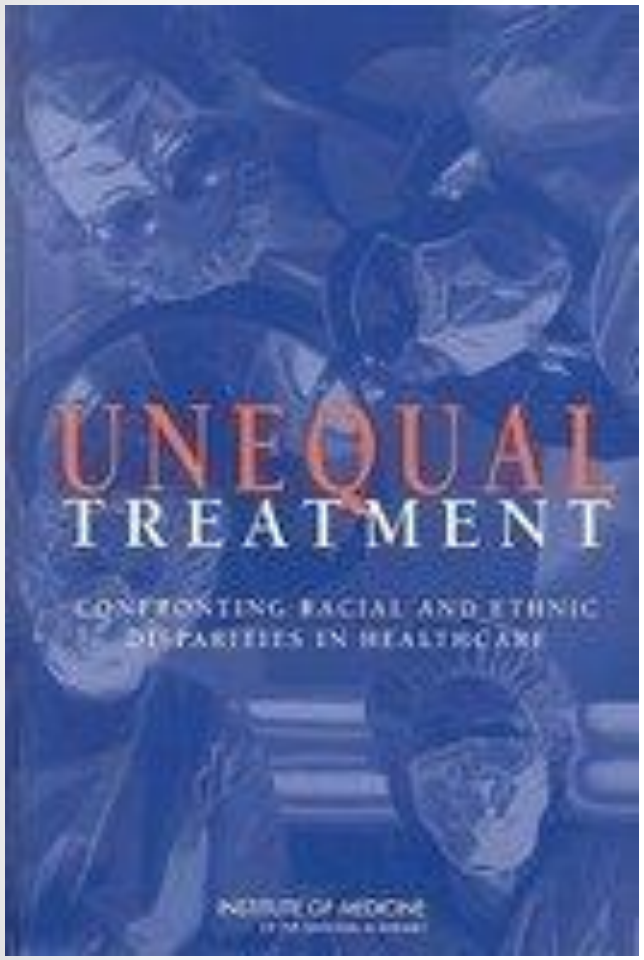

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Provider bias in family planning

- Low-income women of color more likely to report being advised to limit their childbearing than middle-class white women
- Blacks were more likely than whites to report having been pressured by a clinician to use contraception
- 67% of black women reported race-based discrimination when receiving family planning care

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Downing: *Am J Public Health*, 2007
Becker: *Perspect Sex Reprod Health*, 2008
Thorburn: *Women Health*, 2005

Are women of color counseled differently?

- Family planning providers have lower levels of trust in their Black patients
- Providers are more likely to agree to sterilize women of color and poor women
- Are there also disparities in counseling about the IUD?
  - RCT using videos of standardized patients presenting for contraceptive advice
  - Shown to participants at national meetings of ACOG and AAFP

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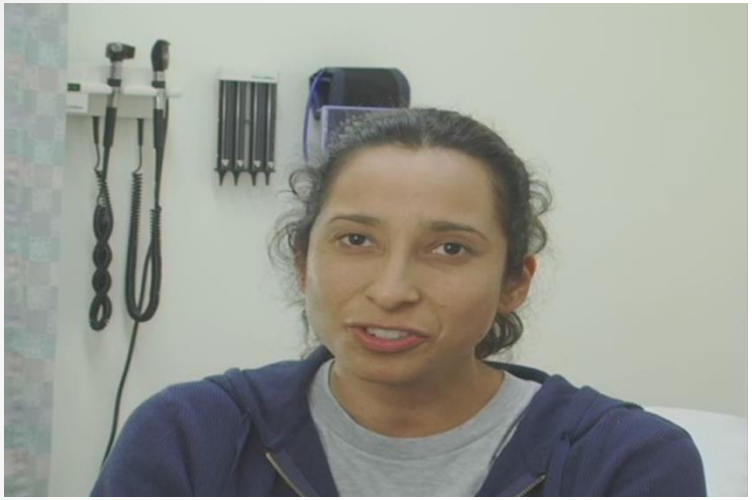
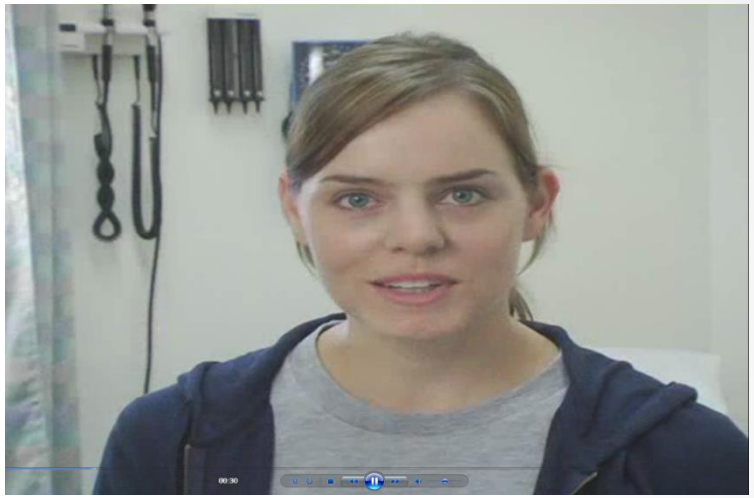
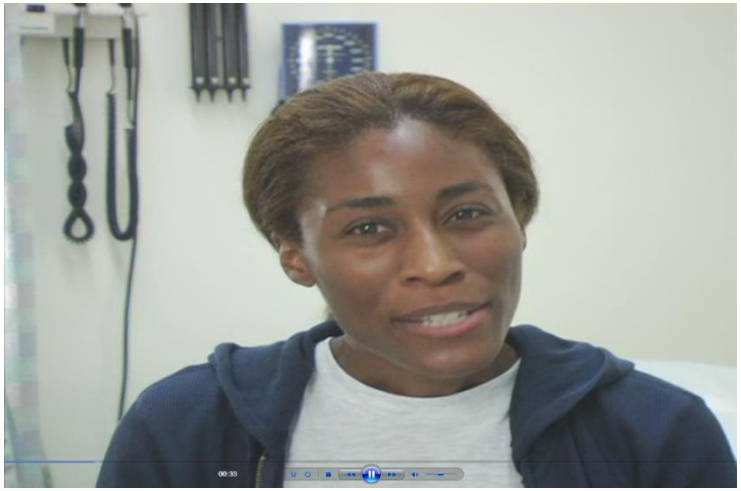
Jackson, unpublished data
Harrison: *Obstet Gynecol* 1988
Dehlendorf: *AJOG*, 2010

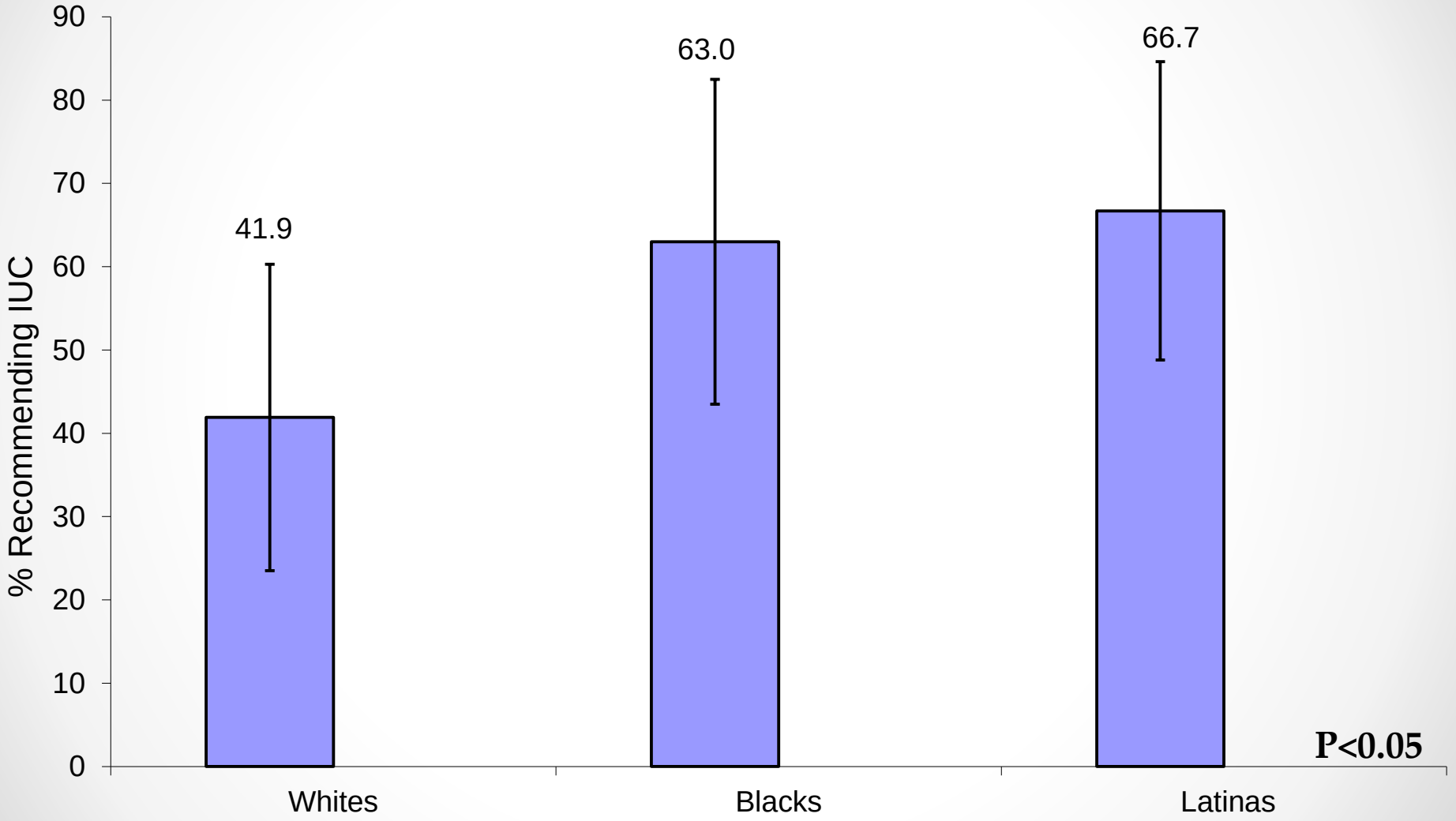
The “Patients”







Percent of Providers Recommending IUC to Low SES Women, by Race/Ethnicity (n=173)



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Dehlendorf, et al. *AJOG*, 2010

Counseling and family planning disparities

- Providers need to be aware of historical and social context and documented disparities in counseling
- Essential to ensure that providers focus on individual preferences when caring for women of color
- Shared decision making provides explicit framework for doing this, without swinging too far to other side

NWHN-SisterSong Joint Statement of Principles on LARCs

We commit to ensuring that people are provided comprehensive, scientifically accurate information about the full range of contraceptive options in a medically ethical and culturally competent manner in order to ensure that each person is supported in identifying the method that best meets their needs.

https://www.nwhn.org/wp-content/uploads/2017/02/LARCStatementofPrinciples.pdf

How to Do Shared Decision Making in Contraceptive Counseling

Who needs contraceptive counseling?

- One Key Question is a flawed approach
  - BUT, important to ask all women of reproductive age about their need for family planning

- Use questions related to need for contraception or desire to avoid pregnancy, not "pregnancy planning"
  - "Do you want to prevent pregnancy now?"
  - "Would you like to discuss birth control today"?

Callegari: *AJOG*, 2017

The process of shared decision making

- Essential to establish a positive therapeutic relationship
- Women value intimacy and continuity
- "Investing in the beginning" → continuation
- But I already do that?
  - Greet patient warmly (only done in 65% of visits)
  - Small talk (only done in 45% of visits)
  - Open-ended questions (only done in 43% of visits)

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Dehlendorf: *Contraception*, 2013
Dehlendorf: *AJOG*, 2016

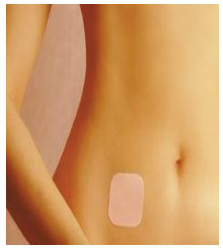
The process of shared decision making

- Explicitly state focus on patient preferences:
  - "Do you have a sense of what is important to you about your method?"
- Elicit informed preferences for method characteristics:
  - Effectiveness
  - Side effects
  - Frequency of using method
  - Different ways of taking methods
- Even if express strong interest in one method, ask for permission to provide information about other methods

Don't assume women know about their options

- Provide context for different method characteristics

"There are methods you take once a day, once a week, once a month, or even less frequently. Is that something that makes a big difference to you?"



Talking about effectiveness

- Effectiveness often very important to women
- Frequent misinformation or misconceptions about relative effectiveness of methods
- Use natural frequencies:
  - Less than 1 in 100 women get pregnant on IUD
  - 9 in 100 women get pregnant on pill/patch/ring
- Use visual aids

Craig, WHI, 2014

Effectiveness of Family Planning Methods

Most Effective

Less than 1 pregnancy per 100 women in a year

6–12 pregnancies per 100 women in a year

18 or more pregnancies per 100 women in a year

Least Effective

Reversible

Implant

0.05 %*

Intrauterine Device (IUD)

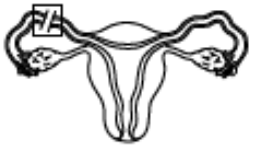
LNG - 0.2 % Copper T - 0.8 %

Permanent

Male Sterilization (Vasectomy)

0.15 %

Female Sterilization (Abdominal, Laparoscopic, Hysteroscopic)

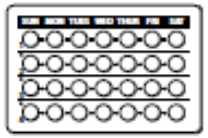


0.5 %

Injectable

6 %

Pill



9 %

Patch

9 %

Ring

9 %

Diaphragm

12 %

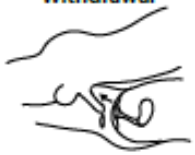
Male Condom

18 %

Female Condom

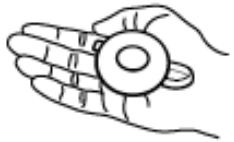
21 %

Withdrawal



22 %

Sponge

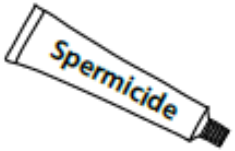


24 % parous women
12 % nulliparous women

Fertility-Awareness Based Methods

24 %

Spermicide



28 %

* The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method.

How to make your method most effective

After procedure, little or nothing to do or remember.

Vasectomy and hysteroscopic sterilization: Use another method for first 3 months.

Injectable: Get repeat injections on time.

Pills: Take a pill each day.

Patch, Ring: Keep in place, change on time.

Diaphragm: Use correctly every time you have sex.

Condoms, sponge, withdrawal, spermicides: Use correctly every time you have sex.

Fertility awareness-based methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be the easiest to use and consequently more effective.

CS 242797

CONDOMS SHOULD ALWAYS BE USED TO REDUCE THE RISK OF SEXUALLY TRANSMITTED INFECTIONS.

Other Methods of Contraception

Lactational Amenorrhea Method: LAM is a highly effective, temporary method of contraception.

Emergency Contraception: Emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Adapted from World Health Organization (WHO) Department of Reproductive Health and Research, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP). Knowledge for health project. Family planning: a global handbook for providers (2011 update). Baltimore, MD; Geneva, Switzerland: CCP and WHO; 2011; and Trussell J. Contraceptive failure in the United States. Contraception 2011;83:397–404.

Patient-Centered Job Aid

Birth Control Method Options

Most Effective | Moderately Effective | Least Effective

	Female Sterilization	Male Sterilization	IUD	Implant	Injectables	Pill	Patch	Ring	Diaphragm	Male Condom	Female Condom	Withdrawal	Sponge	Fertility Awareness Based Methods	Spermicides
Risk of pregnancy*	.5 out of 100	.15 out of 100	LNG: .2 out of 100 CopperT: .8 out of 100	.05 out of 100	4 out of 100	8 out of 100	9 out of 100		12 out of 100	13 out of 100	21 out of 100	20 out of 100	12–24 out of 100	24 out of 100	28 out of 100
How the method is used	Surgical procedure		Placement inside uterus	Placement into upper arm	Shot in arm, hip or under the skin	Take a pill	Put a patch on skin	Put a ring in vagina	Use with spermicide and put in vagina	Put over penis	Put inside vagina	Pull penis out of the vagina before ejaculation	Put inside vagina	Monitor fertility signs. Abstain or use condoms on fertile days.	Put inside vagina
How often the method is used	Permanent		Lasts up to 3–12 years	Lasts up to 3 years	Every 3 months	Every day at the same time	Each week	Each month	Every time you have sex					Daily	Every time you have sex
Menstrual side effects	None		LNG: Spotting, lighter or no periods CopperT: Heavier periods	Spotting, lighter or no periods	Spotting, lighter or no periods	Can cause spotting for the first few months. Periods may become lighter.			None						
Other possible side effects to discuss	Pain, bleeding, infection		Some pain with placement		May cause appetite increase/ weight gain	May have nausea and breast tenderness for the first few months.			Allergic reaction, irritation			None	Allergic reaction, irritation	None	Allergic reaction, irritation
Other considerations	Provides permanent protection against an unintended pregnancy.		LNG: No estrogen. May reduce cramps. CopperT: No hormones. May cause more cramps.	No estrogen	No estrogen. May reduce menstrual cramps.	Some client's may report improvement in acne. May reduce menstrual cramps and anemia. Lowers risk of ovarian and uterine cancer.			No hormones	No hormones. No prescription necessary.		No hormones. Nothing to buy.	No hormones. No prescription necessary.	No hormones. Can increase awareness and understanding of a woman's fertility signs.	No hormones. No prescription necessary.
	Counsel all clients about the use of condoms to reduce the risk of STDs, including HIV infection.														

*The number of women out of every 100 who have an unintended pregnancy within the first year of typical use of each method.
Other Methods of Birth Control: (1) Lactational Amenorrhea Method (LAM) is a highly effective, temporary method of contraception; and (2) Emergency Contraception: emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy. Reference for effectiveness rates: Trussell J. Contraceptive failure in the United States. Contraception 2011; 83: 397-404. Sundaram A. Contraceptive failure in the United States. Perspect Sex Reprod Health 2017;49:7-16 Other references available on www.fpntc.org.

FPNTC FAMILY PLANNING NATIONAL TRAINING CENTER

December 2017

Counseling about side effects

- Focus on menstrual side effects
- Inquire ab… …terest or con…
- R… respec…

"I think that they hide the fact of the complications or the defects, the things that might happen if you take that. They don't give you that information and I don't think any provider has given me that information."

Dehlendorf: *Contraception*, 2013

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How can you address patient concerns?

"My friend said that method made her crazy."

"That's too bad your friend had that experience. I haven't heard of that before, and I can tell you it definitely doesn't happen frequently."

"That's ridiculous. No studies ever shown psychotic effects of this method."

How do you ensure preferences are informed?

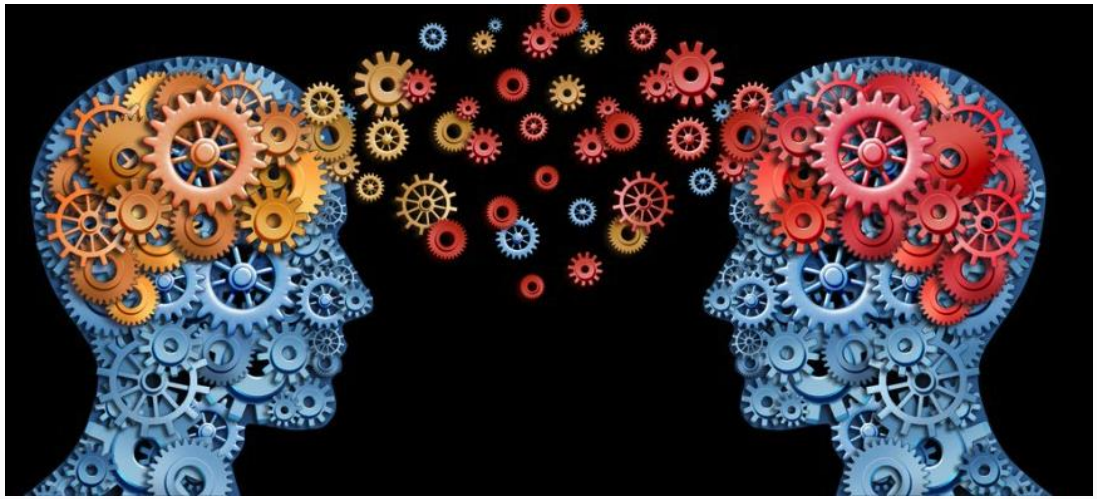
"I really don't want a method that makes my period stop."

"Some women don't like the idea of not having a regular period for a range of reasons. But I do want to make sure you know that it is safe not to have a period when using these methods, in case safety is a concern for you."

~~"It's really okay to not have ... Periods ... are just fine anyway."~~

Sharing decision making

- Provide scaffolding for decision making
  - Given their preferences, what information do they need?
  - Actively facilitate, while avoiding stating opinions not based on patient preferences



Examples of facilitation

"I am hearing you say that avoiding pregnancy is the most important thing to you right now. In that case, you may want to consider either an IUD or implant. Can I tell you more about those methods?"

"You mentioned that it is really important to you to not have irregular bleeding. The pill, patch, ring and copper IUD are good options, if you want to hear more about those."

Patient-Centered Job Aid

Birth Control Method Options

	Most Effective				Moderately Effective					Least Effective					
	Female Sterilization	Male Sterilization	IUD	Implant	Injectables	Pill	Patch	Ring	Diaphragm	Male Condom	Female Condom	Withdrawal	Sponge	Fertility Awareness Based Methods	Spermicides
Risk of pregnancy*	.5 out of 100	.15 out of 100	LNG: .2 out of 100 CopperT: .8 out of 100	.05 out of 100	4 out of 100	8 out of 100	9 out of 100		12 out of 100	13 out of 100	21 out of 100	20 out of 100	12–24 out of 100	24 out of 100	28 out of 100
How the method is used	Surgical procedure		Placement inside uterus	Placement into upper arm	Shot in arm, hip or under the skin	Take a pill	Put a patch on skin	Put a ring in vagina	Use with spermicide and put in vagina	Put over penis	Put inside vagina	Pull penis out of the vagina before ejaculation	Put inside vagina	Monitor fertility signs. Abstain or use condoms on fertile days.	Put inside vagina
How often the method is used	Permanent		Lasts up to 3–12 years	Lasts up to 3 years	Every 3 months	Every day at the same time	Each week	Each month	Every time you have sex					Daily	Every time you have sex
Menstrual side effects	None		LNG: Spotting, lighter or no periods CopperT: Heavier periods	Spotting, lighter or no periods	Spotting, lighter or no periods	Can cause spotting for the first few months. Periods may become lighter.			None						
Other possible side effects to discuss	Pain, bleeding, infection		Some pain with placement		May cause appetite increase/ weight gain	May have nausea and breast tenderness for the first few months.			Allergic reaction, irritation			None	Allergic reaction, irritation	None	Allergic reaction, irritation
Other considerations	Provides permanent protection against an unintended pregnancy.		LNG: No estrogen. May reduce cramps. CopperT: No hormones. May cause more cramps.	No estrogen	No estrogen. May reduce menstrual cramps.	Some client's may report improvement in acne. May reduce menstrual cramps and anemia. Lowers risk of ovarian and uterine cancer.			No hormones	No hormones. No prescription necessary.		No hormones. Nothing to buy.	No hormones. No prescription necessary.	No hormones. Can increase awareness and understanding of a woman's fertility signs.	No hormones. No prescription necessary.
	Counsel all clients about the use of condoms to reduce the risk of STDs, including HIV infection.														

*The number of women out of every 100 who have an unintended pregnancy within the first year of typical use of each method.
Other Methods of Birth Control: (1) Lactational Amenorrhea Method (LAM) is a highly effective, temporary method of contraception; and (2) Emergency Contraception: emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy. Reference for effectiveness rates: Trussell J. Contraceptive failure in the United States. Contraception 2011; 83: 397-404. Sundaram A. Contraceptive failure in the United States. Perspect Sex Reprod Health 2017;49:7-16 Other references available on www.fpntc.org.

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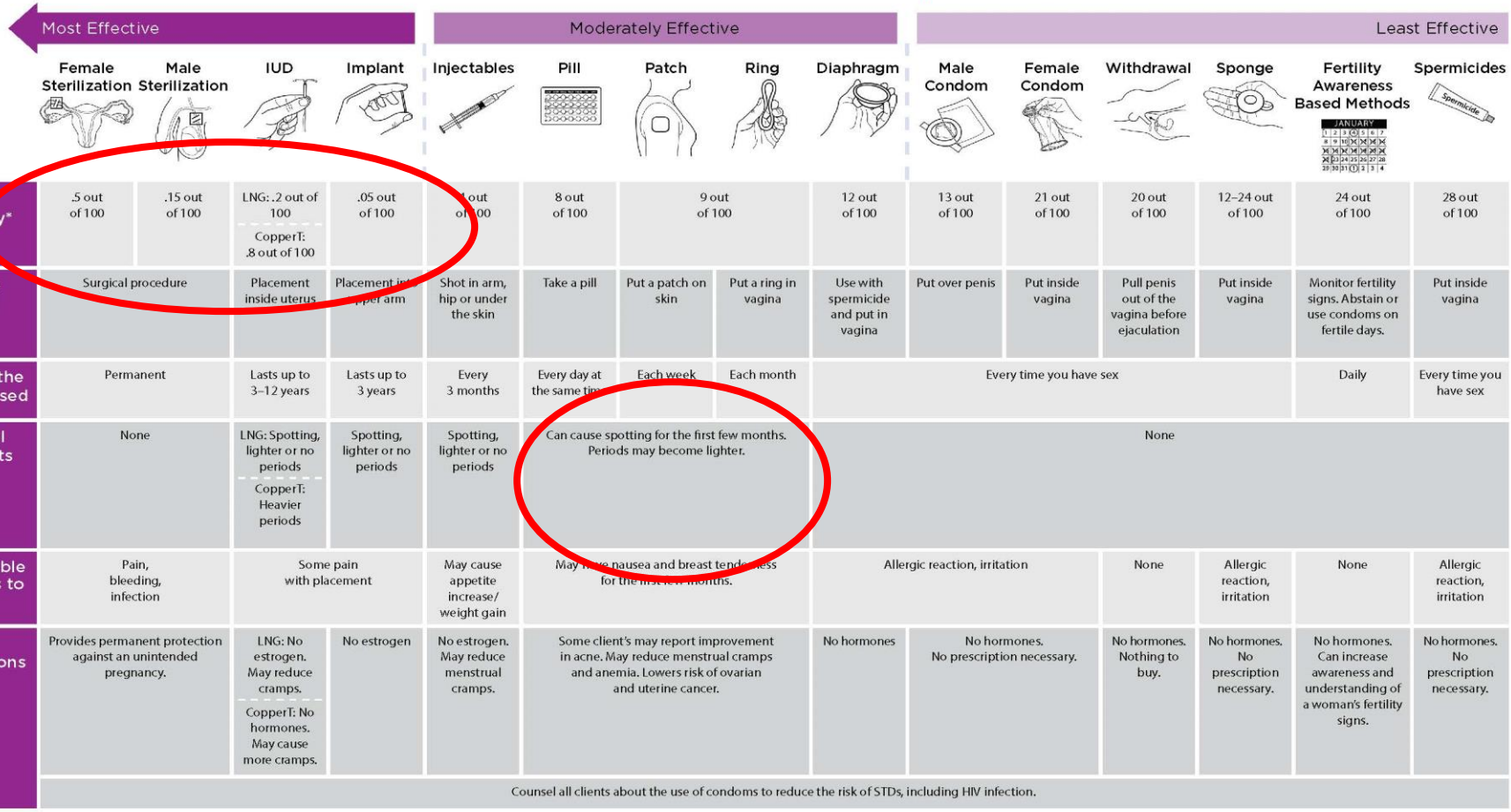
More complex cases

"I've heard from you that the absolute most important thing is not getting pregnant, and that you also want something that makes your period lighter but keeps it regular. Let's look at this chart to explore your options."

Discordant Preferences

Birth Control Method Options



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Barriers to Patient-Centered Contraceptive Care

- All people, including health care providers, have own values, beliefs and biases
  - Reactions to patients with certain characteristics
  - Unconscious biases
  - Preference for specific methods
- These have the potential to lead to interfere with patient centered care
- Goal should be to acknowledge our biases and beliefs, and keep them from influencing the care of patients

Case

- A 18 yo G1P1 presents to the clinic 5 months after she had an IUD inserted, requesting you remove it because she is frustrated by the irregular bleeding. How would you counsel this patient?

Potential to be triggered…

- Sexually active teen
- Already had a baby
- Wants a highly effective method removed
- Reproductive autonomy does not have a age limit
- Can alienate teens by being directive
- Teen pregnancy is unnecessarily stigmatized
- Potential to damage patient trust by resisting removal

Resistance to IUD Removals

I was telling the nurse how I been on my period for like 3 weeks now, and I'm having bad cramps, and I'm even having them in my back, which I never had before. And she was saying, "Just give it another month or so and see how it goes." . . . I was mad.

I don't know if it makes them [providers] look bad if you have an IUD removed and they're the one who placed it, or I don't know if they have some stat chart somewhere, like a contest board in the breakroom.

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Higgins, AJPH, 2016
Amico, Contraception, 2017

Points to Consider

- Can build trust by beginning with assurance that will remove method at patient request
- SDM refocuses attention on patient's preferences
  - Side effects with method?
  - Fear about future fertility?
  - Desire for or ambivalence about pregnancy?
- Ensure patient preferences are well-informed and supported

Resources for Patient-Centered Counseling

- Web-based client-centered counseling training:
  - http://fpntc.org/training-and-resources/quality-contraceptive-counseling-and-education-a-client-centered-conversation
  - http://caiglobal.co/j_cap/

- Toolkit for clinic-based training:
  - http://fpntc.org/training-and-resources/providing-quality-contraceptive-counseling-education-a-toolkit-for-training









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