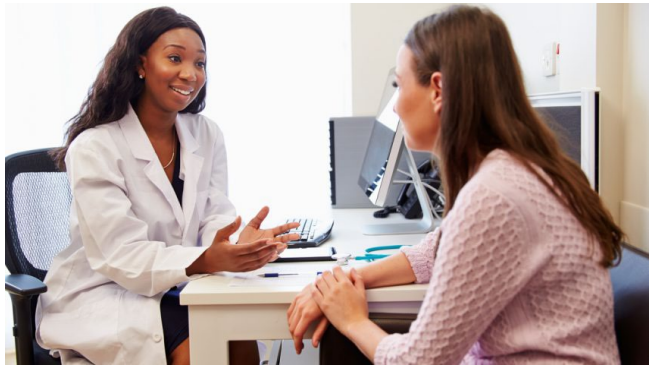
Communicate for success: how to talk to your patient about contraception

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Learning Objectives

- **By the end of this presentation, you will be able to**
  - Use patient-centered communication when discussing contraception
  - Explain birth-control options in clear, understandable language
  - Identify and address common patient concerns and misconceptions
  - Support shared decision-making without judgment or pressure
  - Respect cultural, personal, and reproductive preferences



Start With the Patient

The conversation should begin with the patient's goals—not with a specific method.

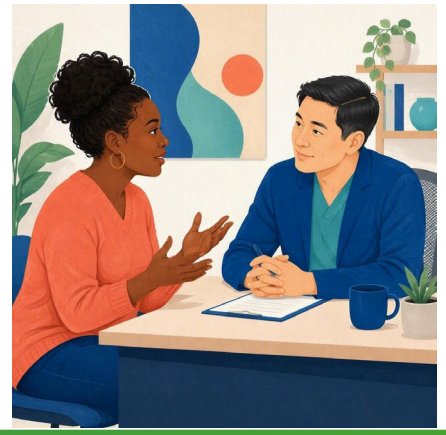
Ask open-ended questions:

"What are you hoping to achieve with birth control?"

"What is most important to you when choosing a method?"

"Are you hoping to prevent pregnancy now, or are you thinking about future pregnancy?"

"Have you used birth control before? What did you like or dislike about it?"

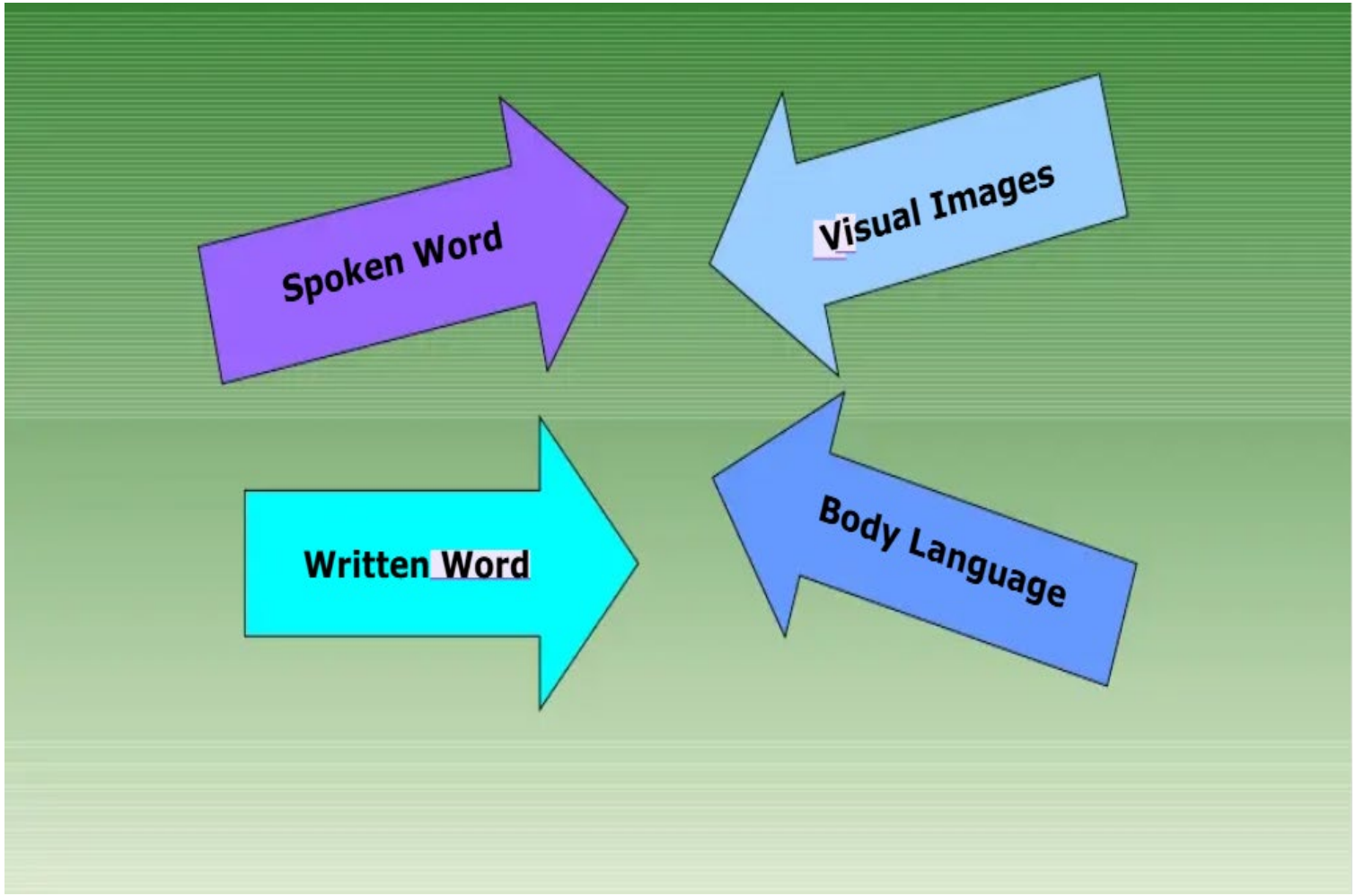


Key principle

Listen first, then provide information.



Some ways that we communicate



Create a Safe, Nonjudgmental Environment



Patients may feel uncomfortable discussing:

- Sexual activity
- Pregnancy intentions
- Side effects
- Relationship concerns
- Cost or access
- Cultural or religious beliefs

Effective communication includes

01 Maintaining privacy and confidentiality

02 Using respectful, inclusive language

03 Avoiding assumptions

04 Asking permission before discussing sensitive topics

05 Normalizing questions and concerns



Use clear, natural language

01 Use plain language and define medical terms when they are necessary

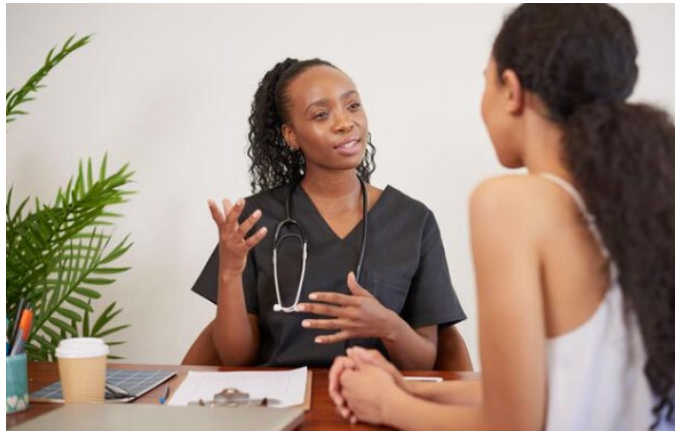
02 Avoid fear-based messages, shame, or implying that one method is “best” for everyone

03 Check understanding: “What questions do you have about that?”

04 Teach back to check understanding

Example:

“Many people have questions or concerns about birth control. What would you like to know?”



Explain Options Clearly

Use plain language rather than medical terminology alone.

Hormonal methods

- Birth-control pills
- Patch
- Vaginal ring
- Depo provera® Injection
- Hormonal IUD
- Nexplanon Implant



Nonhormonal methods

- Copper IUD
- Condoms
- Diaphragm
- Fertility-awareness methods

Permanent contraception

- Tubal sterilization
- Vasectomy



Tips

01 Explain the effectiveness of each method

02 How the method is used

03 Benefits, risks, side effects

04 What happens after stopping



Use Shared Decision-Making

Shared decision-making = clinician expertise + patient preferences

A simple approach:

01 Invite the patient into the conversation

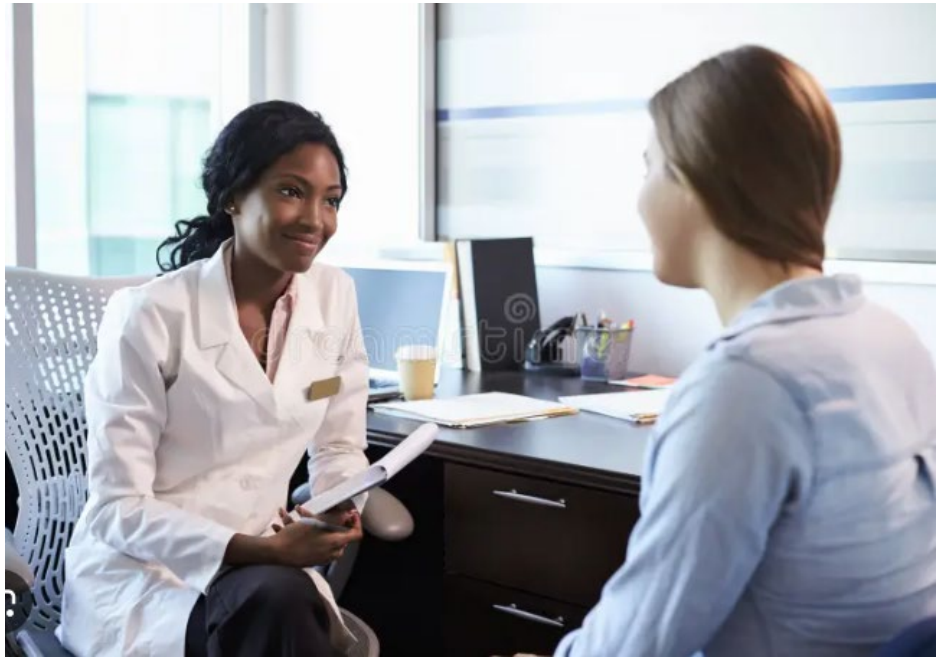
02 Understand their goals and preferences

03 Discuss appropriate options

04 Compare benefits, risks, and practical considerations

05 Support the patient’s decision

06 Confirm understanding and next steps



Remember:

The goal is not to choose the “best” method for every patient. It is to help each patient choose an option that fits their needs.

Patient scenario

- Age: 16
- Reason for visit: start birth control
- Goals: I don’t want to get pregnant
- Plan: started combination OCPs
- Patient completed high school and started university at age 18
- She followed up every Christmas holiday and every summer prior to going to back to school
- At age 20, “I am the only one in my family who didn’t have a baby by the age of 20”.
- Completed bachelors degree
- Recently completed master’s degree in social work and is working as a case manager at a community mental health agency.

Discuss Effectiveness Without Creating Pressure

Explain effectiveness accurately and objectively.

INSTEAD OF This is the best method.

TRY This method is highly effective, but different methods work differently depending on how they are used. Let's look at what fits your priorities.

Discuss:

- Typical-use effectiveness
- Correct and consistent use
- What to do after missed doses or delayed use
- Whether backup contraception is needed

Avoid: Using effectiveness statistics to pressure a patient toward a particular method.

Address Side Effects and Risks Honestly

Patients deserve balanced information.

Discuss:

- Common expected side effects
- Warning signs requiring medical attention
- Effects on acne, mood, pain, or menstrual symptoms when relevant
- Less common but serious risks
- Potential changes in bleeding patterns
- Drug interactions or medical conditions that may affect eligibility

Communication strategy:

“Most people tolerate this method well.

Some people experience ____.

There are also uncommon but important risks such as ____.

Do you have any concerns about these possibilities?”



Correct Myths and Misinformation

Common concerns may include:

- “Birth control always causes weight gain.”
- “You have to take a break from hormonal birth control.”
- “IUDs cause infertility.”
- “Birth control protects against sexually transmitted infections.”
- “If I miss one pill, it won’t matter.”



How to respond:

01 Listen without judgment

02 Ask where the information came from

03 Acknowledge the concern

04 Provide accurate information

05 Check understanding



Example:

“That is a common concern. Let’s talk about what we know about this method and what the evidence shows.”



What effective communication sounds like

INSTEAD OF You should get an IUD

TRY There are several option. If you want something very effective that requires little day-to-day effort, we can talk about IUDs and implants and see whether either fits your priorities

INSTEAD OF That method is dangerous

TRY Every method has potential risks and benefits. Lets talk about the ones that are most relevant to you



Responding to concerns

PATIENT CONCERN	CLINICIAN RESPONSE
I'm worried about weight gain	Ask what they have heard and discuss evidence and individual variations
I don't want hormone	Explore non –hormonal options and the person's priorities.
I'm worried it will affect fertility	Explain expected return to fertility for the method being considered.
My partner don't want condoms	Discuss STI prevention, consent, communication and options that empower the person's reproductive goals.

Use Teach-Back

Teach-back helps confirm understanding—it is not a test of the patient.

INSTEAD OF

Do you understand?

TRY

Just so I know I explained it clearly, can you tell me how you would use this method?

Or:

"What would you do if you missed a dose?"

If the patient is unsure:

- Re-explain using simpler language
- Break information into smaller steps
- Ask them to teach it back again

Discuss STIs and Dual Protection

Birth control and STI prevention are not the same thing.

- Most contraceptive methods do not protect against sexually transmitted infections.
- Patients may benefit from combining condoms with another contraceptive method depending on their circumstances.
- Use neutral language and avoid assumptions about a patient's relationships or sexual practices.
- Condoms can reduce the risk of many STIs when used correctly and consistently.
- STI testing and prevention should be discussed when appropriate.



Key Takeaways

Effective birth-control counseling is:

Patient-centered

Start with the patient's goals.

Nonjudgmental

Create a safe environment for honest questions.

Evidence-based

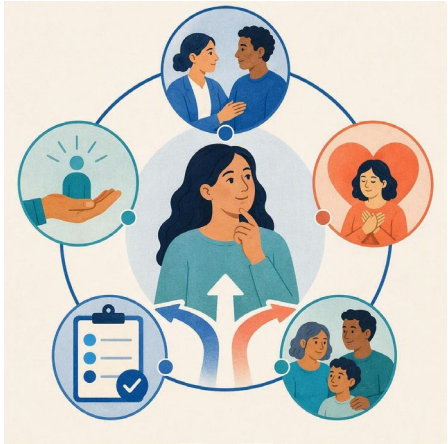
Provide accurate information about benefits, risks, effectiveness, and alternatives.

Collaborative

Use shared decision-making rather than directing the patient toward one choice.

Respectful of autonomy

The patient's informed preferences should guide the decision.



Final message

The goal of contraception counseling is not simply to provide information—it is to help patients make informed decisions that align with their values, goals, and circumstances.



Question:

What is one communication strategy you could use differently in your next contraception counseling conversation?



Questions?