Person-Centered Contraceptive Counseling: Meeting Patient's Needs and Supporting Reproductive Autonomy



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Objectives

- Describe a person-centered approach to contraceptive counseling to help patients identify their preferred contraceptive method
- Identify possible barriers to providing person-centered contraceptive counseling, including provider biases

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

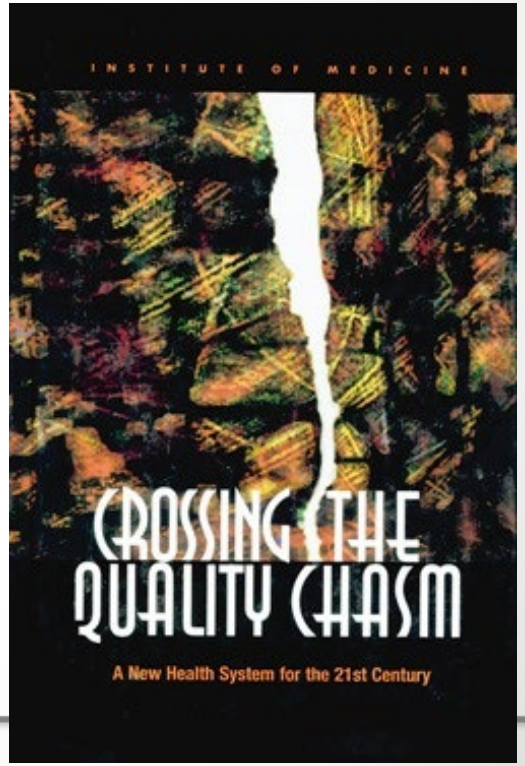


Patient-centered care

"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



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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 contraceptive care

- Counseling influences method selection
- Quality of 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 contraceptive care

- Counseling influences method selection
- Quality of 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

Is "Person-Centered" Contraceptive Care Novel?

- Increased emphasis on/promotion of LARC methods in contraceptive field due to their high efficacy over last two decades
- Counseling approaches include:
  - Tiered effectiveness
  - Motivational interviewing





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



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 people 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
- People 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."

Higgins : AJPH, 2017

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 people 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

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 people should want to use certain methods:
  - Ignores variability in preferences, including around importance of avoiding unintended pregnancy
  - Does not prioritize autonomy

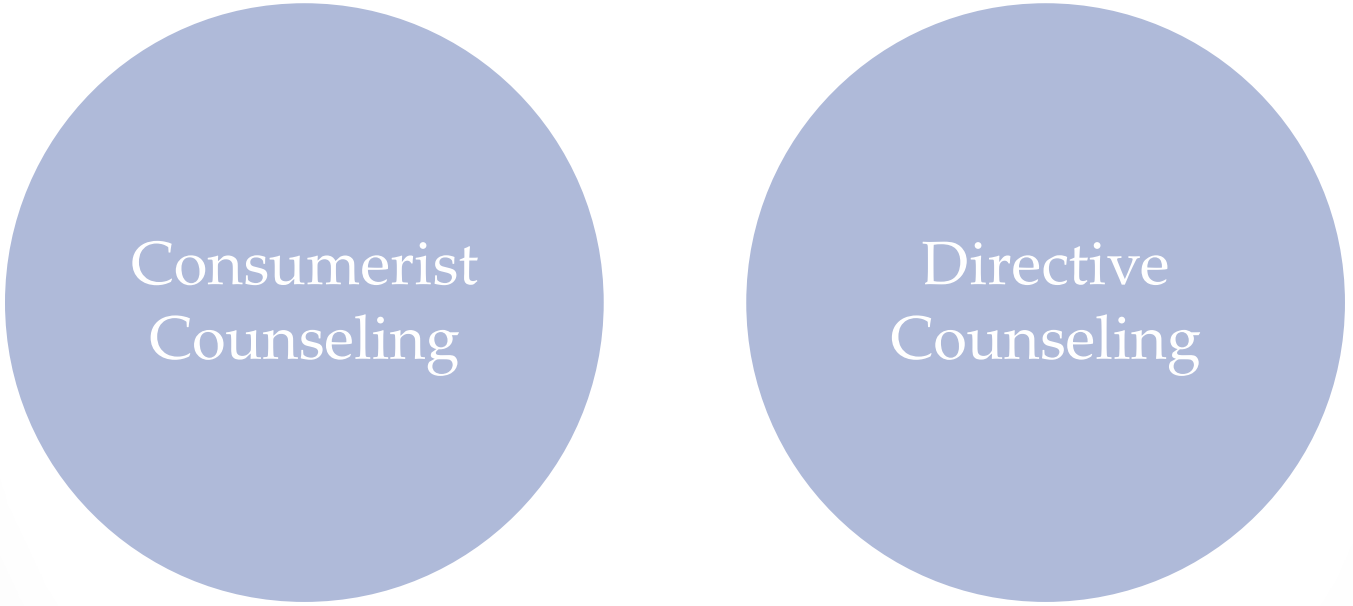
- Pressure to use specific methods can be counterproductive
  - Perceived pressure increases risk of method discontinuation
  - Perceiving provider as having a preference associated with lower satisfaction with method

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?



"Consumerist" counseling

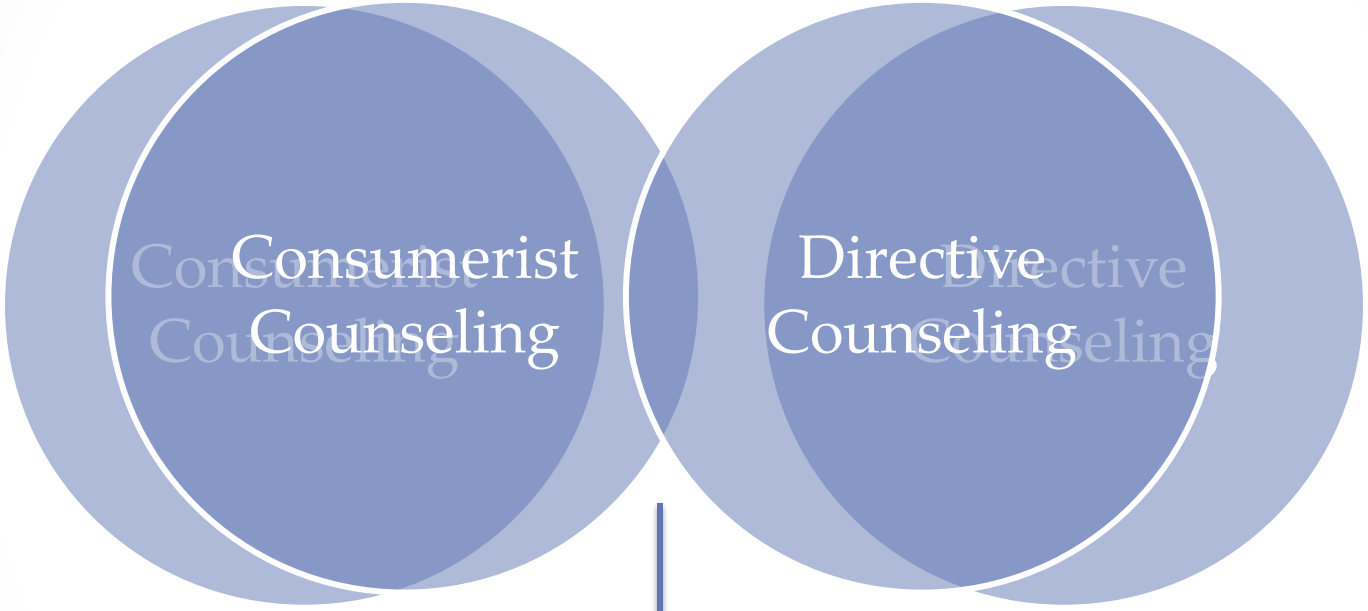
- Informed Choice:
  - Provides only objective information and does not participate in method/treatment selection itself
- Foreclosed:
  - Only information on methods asked about by the patient are discussed
- Both prioritize autonomy

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

How do we provide patient-centered contraceptive care?



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

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."

Dehlendorf: *Contraception*, 2013

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ACOG

American College of Obstetricians & Gynecologists

ACOG COMMITTEE STATEMENT

NUMBER 21

(REPLACES COMMITTEE OPINION NO. 615, JANUARY 2015)

NOVEMBER 2025

Access to Contraception

This Committee Statement was developed by the American College of Obstetricians & Gynecologists' Committee on Advancing Equity in Obstetric and Gynecologic Health Care in collaboration with Ann Baylor, MD, and Noah Nattell, MD, MS.

Whereas health professionals may see pregnancy prevention as the most important function of contraception, and therefore provide tiered-effectiveness counseling, effectiveness is not the sole or primary factor in choosing a method for many patients. By reframing the discussion to prioritize the needs and desires of the patient, health professionals can ensure access to a preferred method.... Obstetrician–gynecologists and other health care professionals should use shared decision making in all patient encounters, with special attention to individuals facing unique constraints around consent, coercion, and access.

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Health Equity 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



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

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	53	76[•,+]	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

Provider bias in contraceptive care

- Women of color more likely to report being advised to limit their childbearing than middle-class white women
- Black women more likely than white women to report being pressured by a clinician to use contraception
- 67% of Black women reported race-based discrimination when receiving contraceptive care

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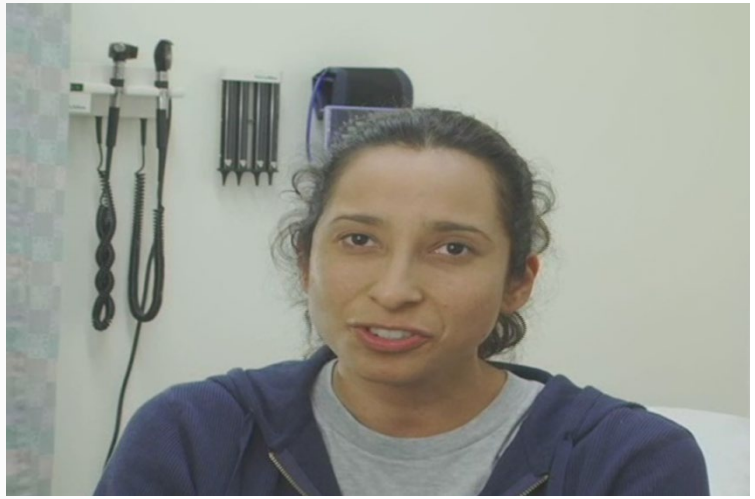
Downing: *Am J Public Health*, 2007
Becker: *Perspect Sex Reprod Health*, 2008
Thorburn: *Women Health*, 2005

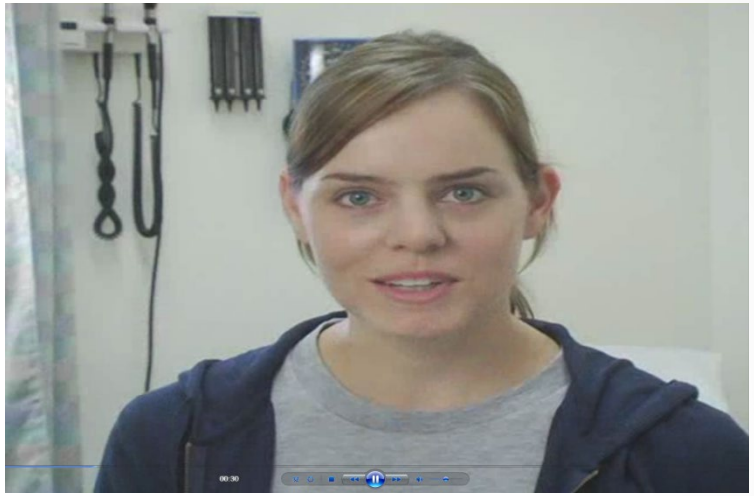
Are women of color counseled differently?

- 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

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

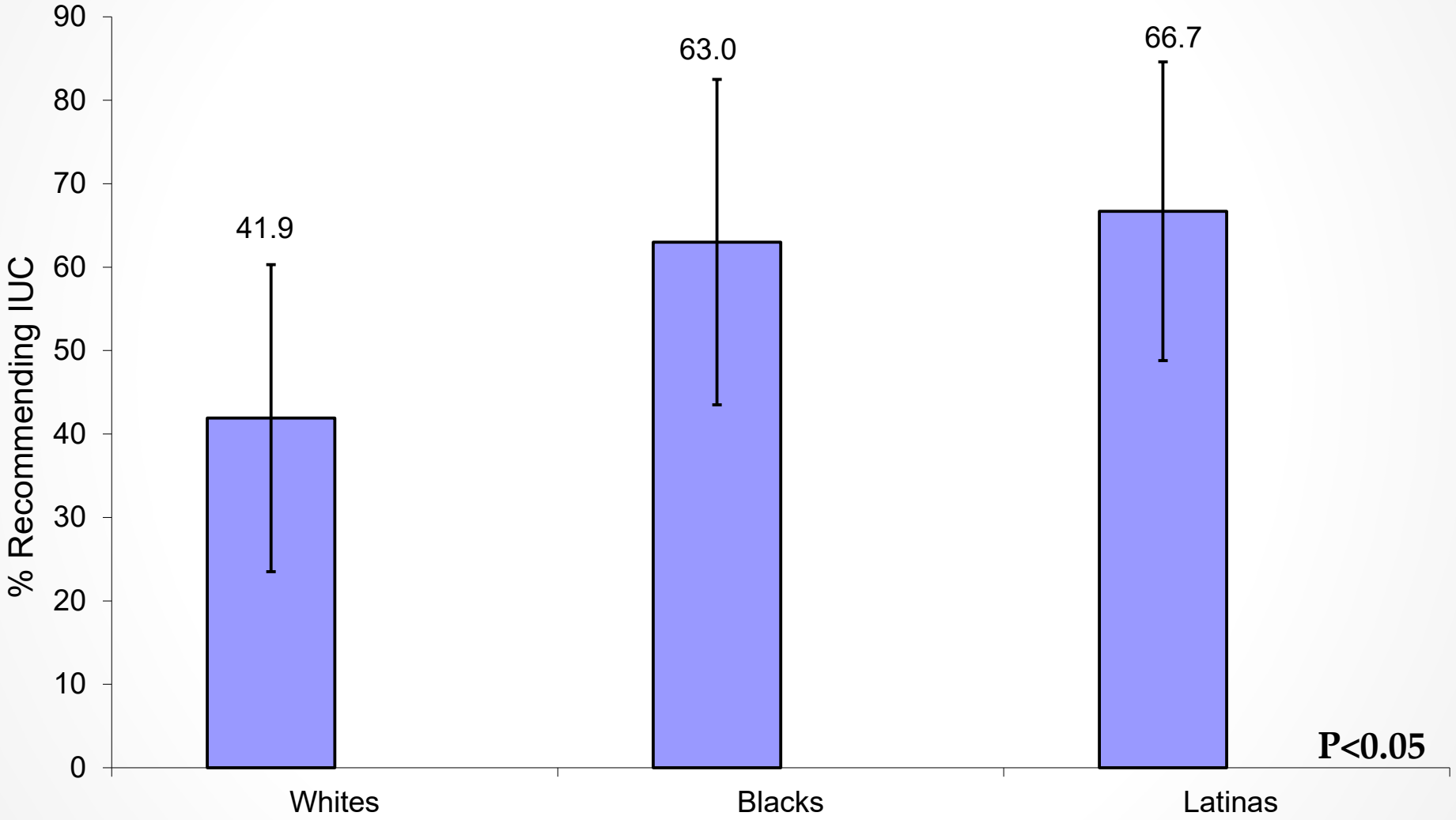
The “Patients”







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



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Dehlendorf, et al. *AJOG*, 2010

Health equity and contraceptive counseling

- 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 patients of color
- Shared decision making provides explicit framework for doing this, without swinging too far to other side

How to Do Shared Decision Making in Contraceptive Counseling

The process of shared decision making

- Essential to establish a positive therapeutic relationship
- "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)

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 patients 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 patients
- 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

Craig, WHI, 2014

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

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 have ever shown psychological effects of this method."~~

How do you ensure preferences are informed?

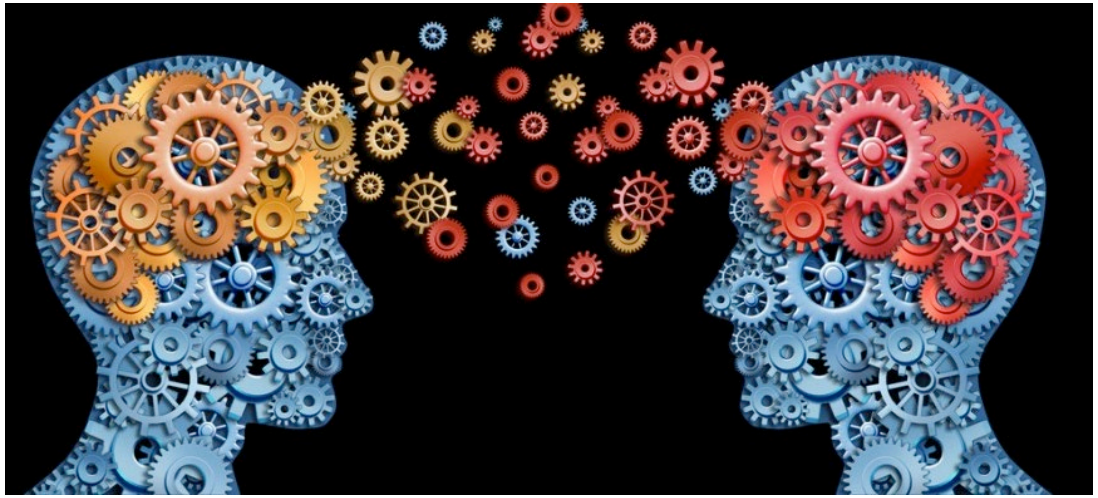
"I really don't want a method that makes my period stop."

"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 ... control are ... 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."

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."

Immediate Reactions

- The best method of birth control is ....
- A woman who says she is not sure if she wants to be pregnant ...
- A person who says - I just want a method that is natural ...
- A patient who has had three abortions…
- A teenager who is using withdrawal…
- A patient who wants her IUD out because her partner doesn't like the string…
- A 24 year old patient who wants tubal sterilization…

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

- An 18 yo patient with a 2-year-old daughter 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 an 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

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

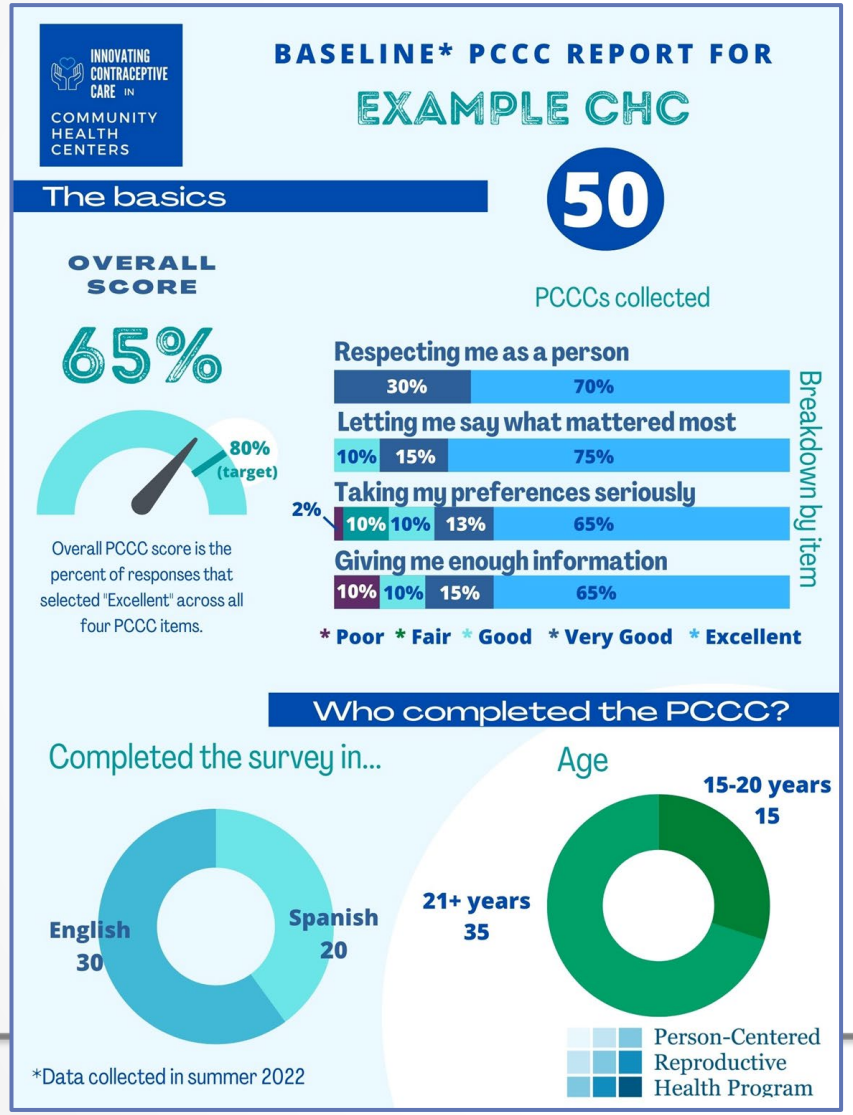


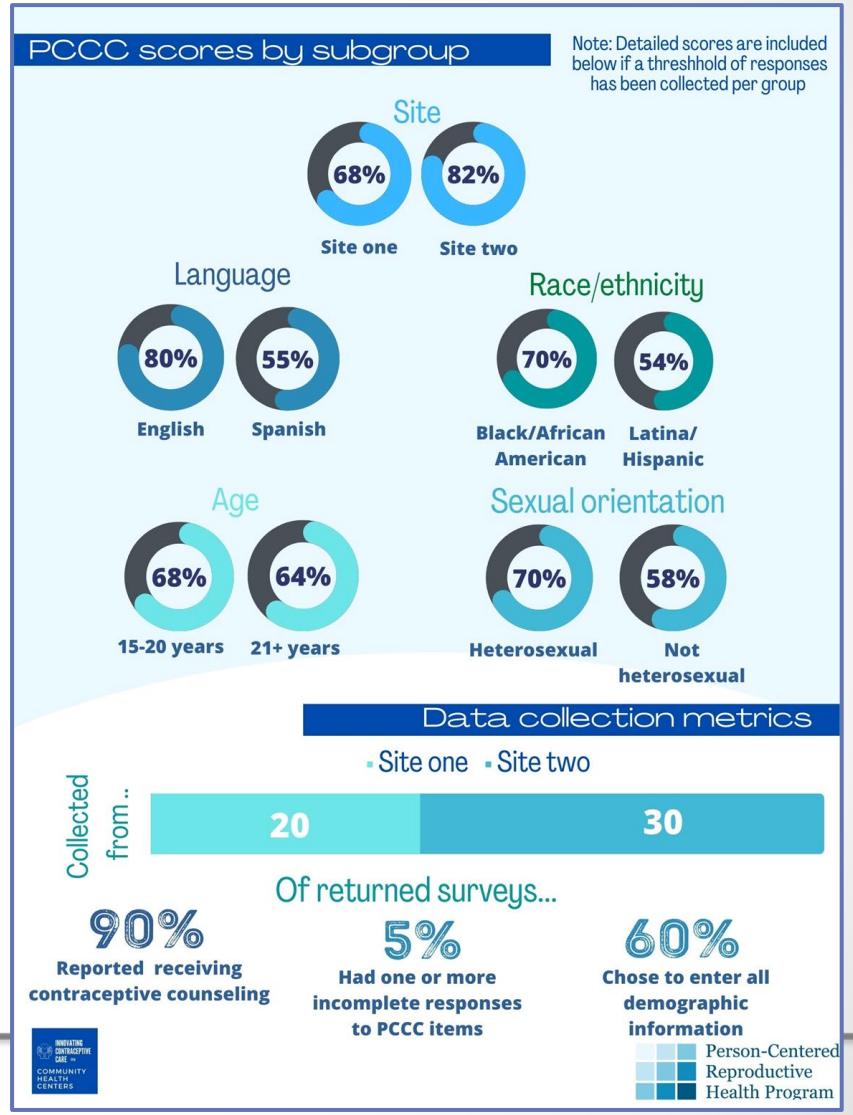
The Person-Centered Contraceptive Counseling Survey (PCCC)

Think about your visit. How do you think [provider name] did? *Please rate them on each of the following by circling a number.*	Poor	Fair	Good	Very good	Excellent
Respecting me as a person	1	2	3	4	5
Letting me say what mattered to me about my birth control method	1	2	3	4	5
Taking my preferences about my birth control seriously	1	2	3	4	5
Giving me enough information to make the best decision about my birth control method	1	2	3	4	5

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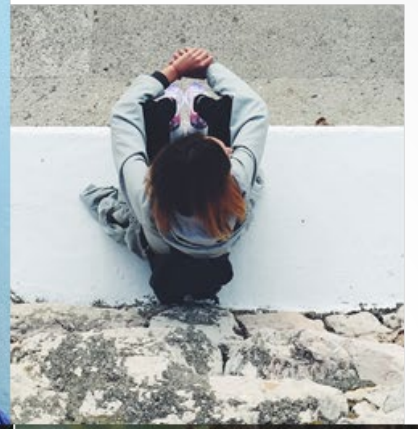
Clinic PCCC Report



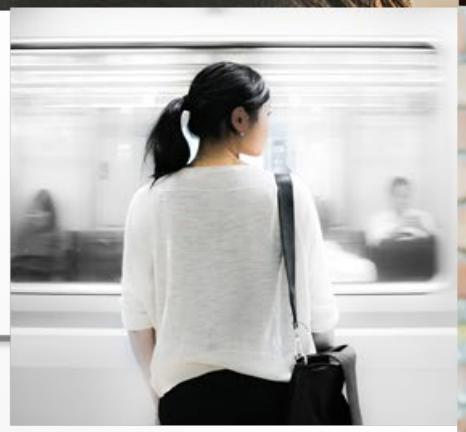


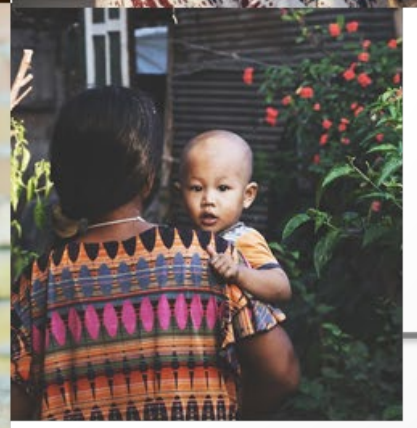
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