

Contraception

Shared Decision Making Contraceptive (SDM) Counseling

- Collaborative process, allows patients and their providers to make healthcare decisions together, taking into account the best scientific evidence available, as well as the patient's values and preferences
- Provider role: knowledge of the medical information
- Patient role: expert regarding their own values and preferences

Applying Shared Decision Making Principles to Contraceptive Counseling Visits

Establish Rapport

- "What brings you in today? What's happening with your birth control?"
- "Why did you decide to choose an IUD?"
- Ask interactive open-ended questions. The HEADSS assessment is a great way to establish rapport for new patients.

Assess Patient Preferences

- "What are important features that your birth control should have?"
- "What did you like/dislike about the birth control methods you used in the past?"
- "Different types of IUDs affect your period differently. Some make your period a bit heavier, lighter, sporadic, or may take your period away. Which do you think will be best for you?"
- Use probing questions to help draw out patient preferences. *See above section: How to discuss preferences with AYSs for more details.*

Tailor Information and Discussion to Patient Preferences/Needs

- Your patient says they want a method where they will still have a regular period. → Counsel them on the contraceptive ring, patch, pill, and copper IUD and **NOT** on the shot, implant or LNG IUDs
- Your patient says they want a method that is easy to keep private. * → Counsel them on the contraceptive ring, implant, shot and IUD and **NOT** on the pill or patch
- Your patient has heavy periods and doesn't want them to be any heavier. → Provide information on any method other than the Copper IUD
- Your patient says they absolutely want to have a period every month. → Provide more information on the LNG 15 and 19.5mg IUDs, and Copper IUD, and **NOT** on the LNG 52mg IUD.
- Use patient's identified preferences for discussing particular methods. Being knowledgeable of contraceptive mechanisms of action, side effects, and delivery routes is important to provide this tailored information. See Chapter 3 for more details.

Discuss Contraception Side Effects

- "Patients who begin the birth control pill may have breast tenderness or a mild headache during the first month. These usually go away."
- "With the LNG 52mg IUD, you may have spotting for about 4 months after placement, then your period will become lighter. After a year with this IUD, some patients stop getting their period."
- Many patients feel they do not receive adequate information about side effects, and that providers often overlook possible side effects in counseling discussions [17, 18, 51]. It is important to discuss the specific side effects that patients should expect with the contraception type that is aligned with their preferences. For more information on the different IUD side effects see Chapters 3 and 7.

Identify Misconceptions About Specific Contraception Type

- "I'm sorry that your friend had a bad experience with the vaginal contraceptive ring and weight gain. This isn't typical with most ring users. I support you in using this method because it aligns with your preferences. If you experience weight gain, you can absolutely choose a different option."
- "I hear your concern that your friend had worsening acne with her IUD. We usually don't see this in the majority of patients, so it's not likely that it will happen to you."
- Respectfully addressing myths or misconceptions about IUD types helps to keep conversations open, while providing patients with accurate information. For more information on IUD myths and misconceptions, see Chapter 4.

Ensure Access to Method Discontinuation at Any Time

- "If you decide you don't like this birth control, you can switch to something else at any time."
- "If you decide that you want to stop your birth control, I'm always here to talk about it and to support you."
- "If for whatever reason you decide that you don't want the IUD anymore, I will remove it."
- Patients should be informed at the time of insertion that they can have their IUD removed at any time, and for any reason.
- IUD removal should be provided with the immediacy as "same-day" IUD placement is provided.

Contraception

For more information on contraceptive methods, minor consent laws, as well as medical eligibility criteria and selected practice recommendations, please see the below resources:

- <https://www.bedsider.org/>
- <https://www.reproductiveaccess.org>
- <https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html>
- <https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/summary.html>
- www.guttmacher.org/state-policy/explore/minors-access-contraceptive-services
- <https://youngwomenshealth.org/2009/01/28/pros-and-cons-contraceptive-methods/>

Emergency Contraception*

Ella (ulipristal acetate)

Notes	Most effective EC pill to prevent pregnancy up to 5 days after unprotected sex Do NOT give if starting any form of hormonal contraception (progestin inactivates ulipristal)
Access	Prescription ONLY. Safe to call in prescription w/o pregnancy test or seeing patient.

Plan B One-Step (levonorgestrel 1.5 mg)

Notes	<ul style="list-style-type: none"> • Work best to prevent pregnancy for the first 3 days after unprotected sex • Works less well in patients who are overweight or obese
Access	<ul style="list-style-type: none"> • Sold (at cost) to anyone of any age at most pharmacies (w/o Rx), though access is still difficult for adolescents. • Safe to call in prescription w/o pregnancy test or seeing patient.

Copper IUD (ParaGard)

Notes	<ul style="list-style-type: none"> • Most effective form of EC (>99%), effective up to 7 days after unprotected sex. • Can provide up to 12 years of highly effective contraception after placement.
Access	Must be placed in a clinic setting by a trained provider

For more information on Emergency Contraception, see:

- <https://www.reproductiveaccess.org/wp-content/uploads/2014/12/emergency-contraception.pdf>
- <https://www.mass.gov/info-details/emergency-contraception-get-the-facts>
- https://www.bedsider.org/methods/emergency_contraception

Mays A. IUD Counseling: What's choice got to do w/ it? In: Optimizing IUD Delivery for Adolescents and Young Adults. Coles MS, Mays A, editors. New York, NY: Springer; 2019.