QUESTIONS

1. What are the biggest factors you take into consideration when prescribing and/or recommending forms of birth control?
   1. Patient desires/ preferences
   2. Short- and long-term family planning goals
   3. Contraindications – example – estrogen containing birth control is contraindicated with some medical conditions such as hypertension or history of blood clot (DVT)
   4. Cost (especially for patients without insurance)
   5. Previous experiences (may have tried something in the past they liked or did not like)
   6. Sometimes religious beliefs – for example an IUD does not always prevent fertilization
2. Specifically, what are some major variables that would alter the form of birth control you would recommend?
   1. High blood pressure, anxiety/depression, blood clotting disorders, PMDD, PCOS?
   2. Hypertension
   3. Smoking over 35
   4. Current or history of DVT or PE
   5. Family planning goals (ie do they want a long-acting method or if considering pregnancy in a few months then likely would want something more short acting
   6. Side effects – example – depo provera associated with more weight gain
   7. Cost (especially if no insurance)
   8. Uterine anomaly – example if a uterine septum or bicornuate uterus then an IUD is not an option
   9. Desires something permanent then may discuss a removing fallopian tubes (surgery) or having partner seek care for vasectomy (if she has a male partner)
   10. Other benefits provided by some contraceptives that patient may want
       1. Young patients may want monthly cycles (helps provide reassurance they are not pregnant – ocps best
       2. Young athletes may want a pill but may not want periods as menstruation can interfere with their sport – continuous ocps may be good choice
       3. If patient cannot remember to take a daily pill then the patch, nuvaring, IUD, depo or Nexplanon may be good
       4. Efficacy with preventing pregnancy – higher with LARCS such as IUD or Nexplanon
       5. Acne – combination ocps (estrogen with progesterone) often improve acne
       6. Male patterned hair growth – like chin hair – combination ocps also increase sex hormone binding globulin so may help decrease further chin hair growth
3. Is there any reason you would decline to recommend birth control for a patient? Can not think of any
4. Has the current political situation impacted your ability/inclination to recommend emergency contraception and/or IUDs?
   1. No. We have been pretty fortunate in VA to not have to worry about this as providers. I have had a few patients that wanted their IUD changed early (most IUDs good for 5-10 years) because they were worried that the government was going to pull them from the market.
   2. The same question in reference to your colleagues, potentially in other states? I have not heard too much about prescribing birth control. This is obviously a huge issue for some of my colleagues when it comes to managing women with ectopic pregnancies, early pregnancy complications or patients who desire elective termination.
5. How would you characterize the state of research regarding effective birth control for women? Is there enough, particularly as legislation continues to pass that may mischaracterize the way certain drugs or forms of birth control work? Honestly have not thought much about this. We have not had many new birth control options in past 20 years so perhaps there is not much current research.
6. What are the most substantial barriers to BC access for many of your patients?
   1. Not many barriers for insured patients
   2. Still expensive for uninsured patients so this would be biggest barrier
7. What is your perception of insurance coverage for those seeking birth control?
   1. Cost? Are coverage mandates effective?
   2. Typically covered for most options for patients with insurance. One of the newer options (phexxi) is the only one not well covered that I have experienced.
8. Would you recommend online birth control providers for patients, and if so, under what circumstances?
   1. This would be reasonable. However, many women are not seeing a primary provider and may not be aware that they have hypertension. It is challenging to check vitals through virtual visit.
9. Is there anything else you think we should know when designing a project of this nature, particularly from a professional medical perspective?

Not sure I understand your project design enough to answer