



Shared Decision Making in Contraceptive Counseling

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Disclosure Statement

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Objectives

- Review evidence for shared decision making in contraceptive counseling
- Describe best practices for engaging in shared decision making with clients choosing a contraceptive method
- Identify potential provider biases that may influence contraceptive counseling and the role of shared decision making in addressing these biases
- Explore solutions to potential barriers to the implementation of shared decision making, including limited time in the clinical encounter

Outline

- Overview of approaches to contraceptive counseling
- Introduction to shared decision making
- How to implement shared decision making in contraceptive counseling
- Cases

What Evidence is There That Quality Contraceptive Counseling Matters?

- Interpersonal communication affects health care outcomes generally, including:
 - Patient satisfaction
 - Use of preventive care
 - Medication adherence



Chronicle / Lance Iversen

What Evidence is There That Quality Contraceptive Counseling Matters?

- Counseling influences method selection
- Quality of family planning care associated with use of contraception and satisfaction with method
- Client-centered care is the right thing to do

Dehlendorf, unpublished data
Rosenberg, Fam Plann Perspect, 1998
Forrest, Fam Plann Perspect, 1996
Harper, Patient Ed Counsel, 2010

What are the stages of counseling?

- Identifying need for contraception
- Counseling about method options and selecting a method (i.e. contraceptive decision making)
- Providing information about chosen method

Approaches to Contraceptive Decision Making



Consumerist
Counseling



Directive
Counseling

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

Consumerist Counseling Most Common

- Observational study of contraceptive counseling
 - 80% of visits used “foreclosed” or “informed choice” approach
- Patient preferences elicited in less than 50% of visits
- Providers infrequently mention or elicit women’s reproductive goals

Dehlendorf, Contraception, 2015 and unpublished data

Problems with Consumerist Counseling

- Foreclosed: Fails to ensure women are aware of and have accurate information about methods
- Informed Choice: Provider does not assist patient in understanding how preferences relate to method characteristics or tailor information to patients needs

Approaches to Contraceptive Decision Making

Consumerist
Counseling

Directive
Counseling

Directive Counseling

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

Directive Counseling Approaches and LARC

- Assuming women should want to use LARC methods:
 - Ignores variability in preferences
 - Does not prioritize autonomy
- Pressure to use specific methods can be counterproductive
 - Perceived pressure increases risk of method discontinuation

Kalmuss, Fam Plann Perspect, 1996, Pariani, Stud Fam Plann, 1991

Contraceptive Decision Making

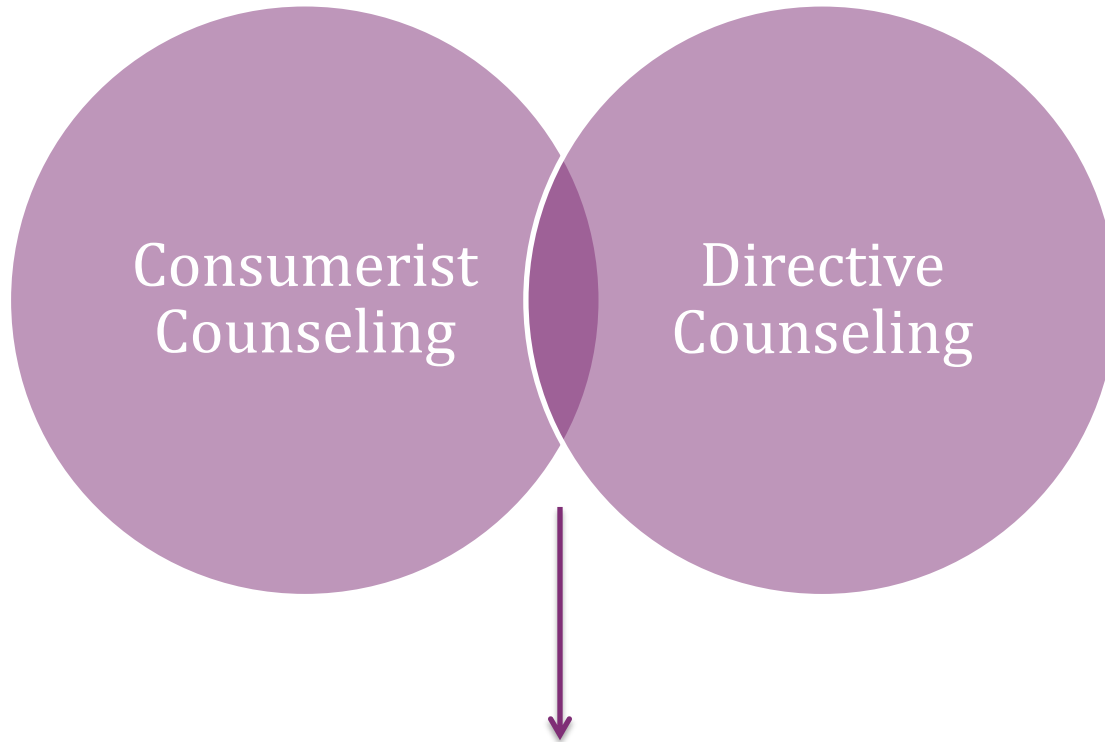
Consumerist
Counseling

Promote patient
autonomy

Directive
Counseling

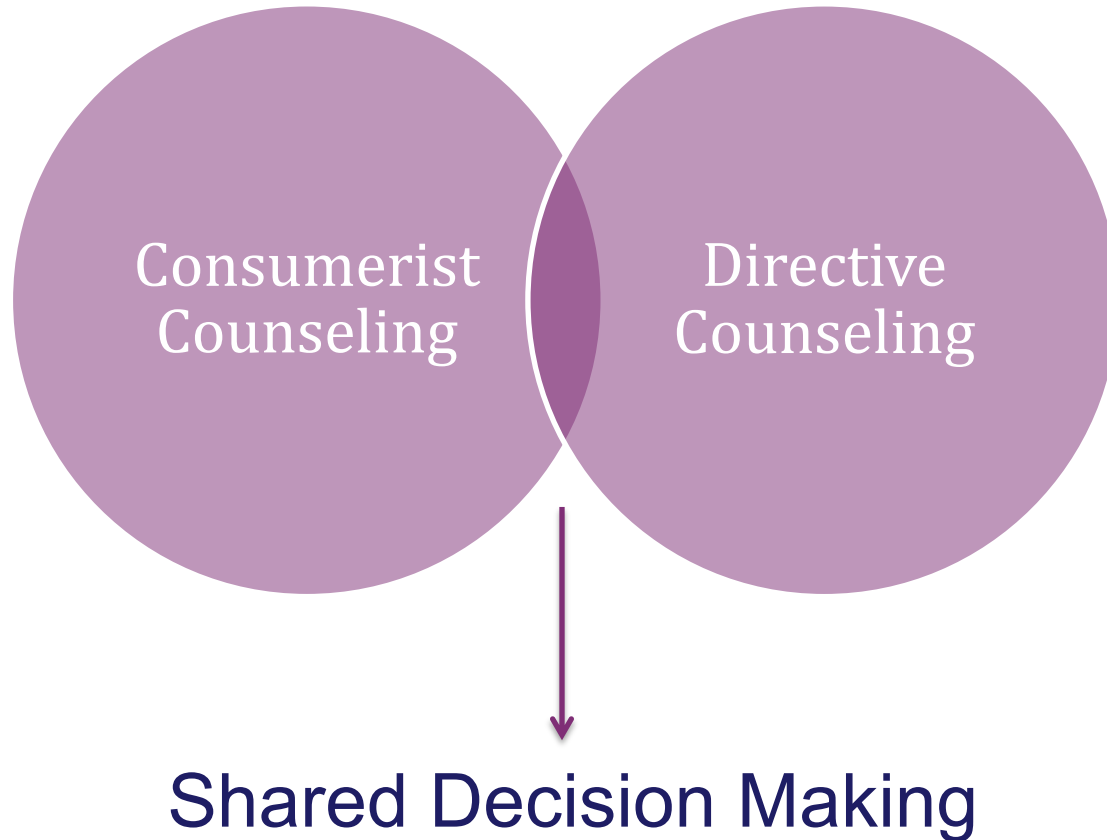
Increase use of highly
effective methods

Contraceptive Decision Making



Quality Decision Based on
Patient Preferences

Contraceptive Decision Making



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

- Choice of a contraceptive method is a preference-sensitive decision
 - Best method for an individual depends on her preferences
 - Women will weight effectiveness differently relative to other characteristics
- Consistent with women's preferences for counseling

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

Shared Decision Making in Family Planning

- Shared decision making, as compared to provider- or patient-driven decision making, associated with:
 - Greater satisfaction with decision making process
 - Greater satisfaction with chosen method

Contraceptive Counseling and Disparities

Contraceptive Counseling and Disparities

- History of contraceptive coercion in the US of women of color
 - Forced sterilization
 - Financial incentives for implant placement
- How does this affect contraceptive counseling?

Trust in the Health Care System

- Potential for increased sensitivity regarding directive counseling
- 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.”

Thorburn and Bogart, Women's Health, 2005

Are Women of Color Counseled Differently?

- Women of color are more likely to report being dissatisfied with their family planning provider
- 67% of black women reported racial discrimination during family planning care
- Women of color and low-income women are more likely to report:
 - Being pressured to use birth control
 - Limit their family size

Forrest and Frost, Fam Plann Perspect 1996

Thorbun and Bogart, Women's Health, 2005

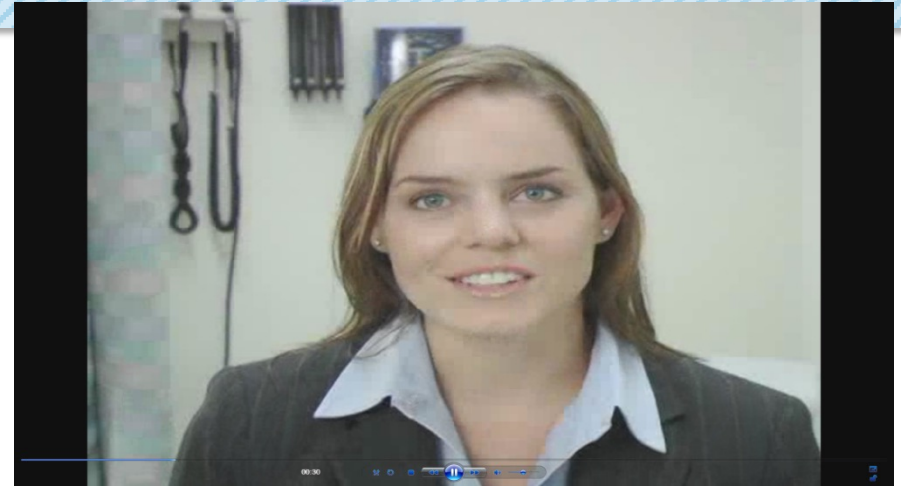
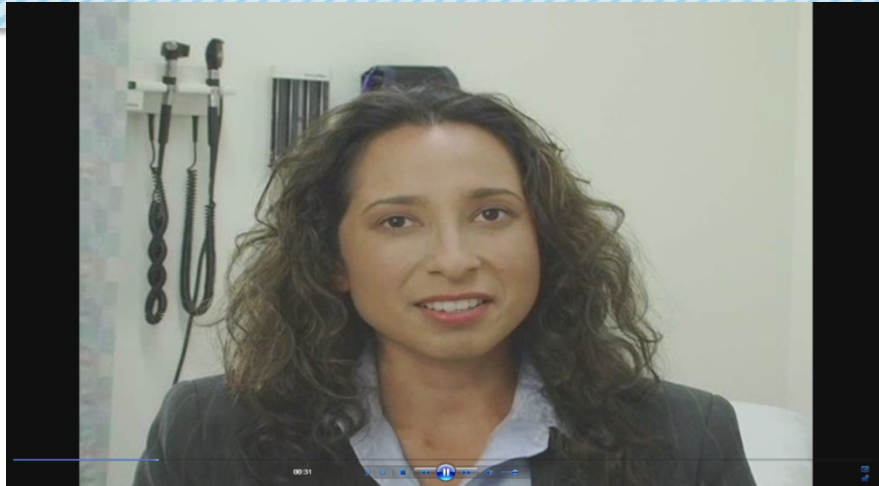
Downing et al, AJPH, 2007

Are Women of Color Counseled Differently?

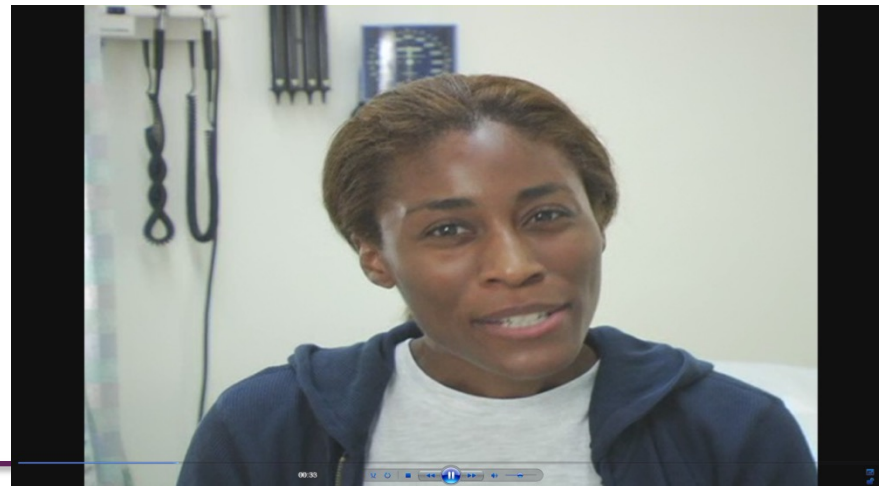
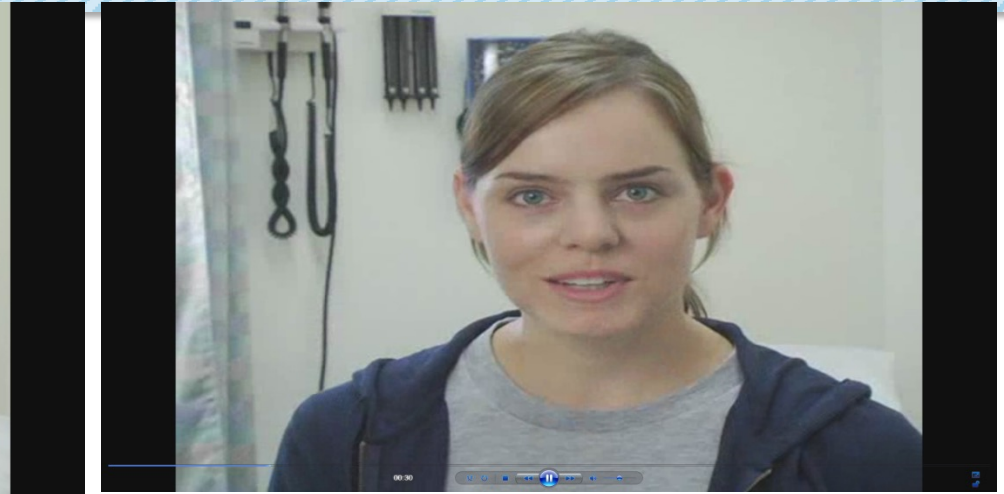
- Providers are more likely to agree to sterilize minority and poor women
- Are there also disparities in counseling about the IUD?
 - RCT using videos of standardized patients presenting for contraceptive advice
 - Shown to participants at national meetings of ACOG and AAFP

Harrison, Obstet Gynecol 1988
Dehlendorf, AJOG, 2010

The “Patients”



The “Patients”



Results

- Providers more likely to recommend IUD to low income women of color than to low income white women
- No racial/ethnic difference in recommendations among high income women

Counseling and Family Planning Disparities

- Given historical 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

How to Do Shared Decision Making in Contraceptive Counseling

The Process of Shared Decision Making

- Establish rapport
- Focus on patient preferences:
 - “What is important to you about your method?”
 - Probes:
 - Effectiveness
 - Frequency of using method
 - Different ways of taking methods
 - Return to fertility
 - (Specific) side effects

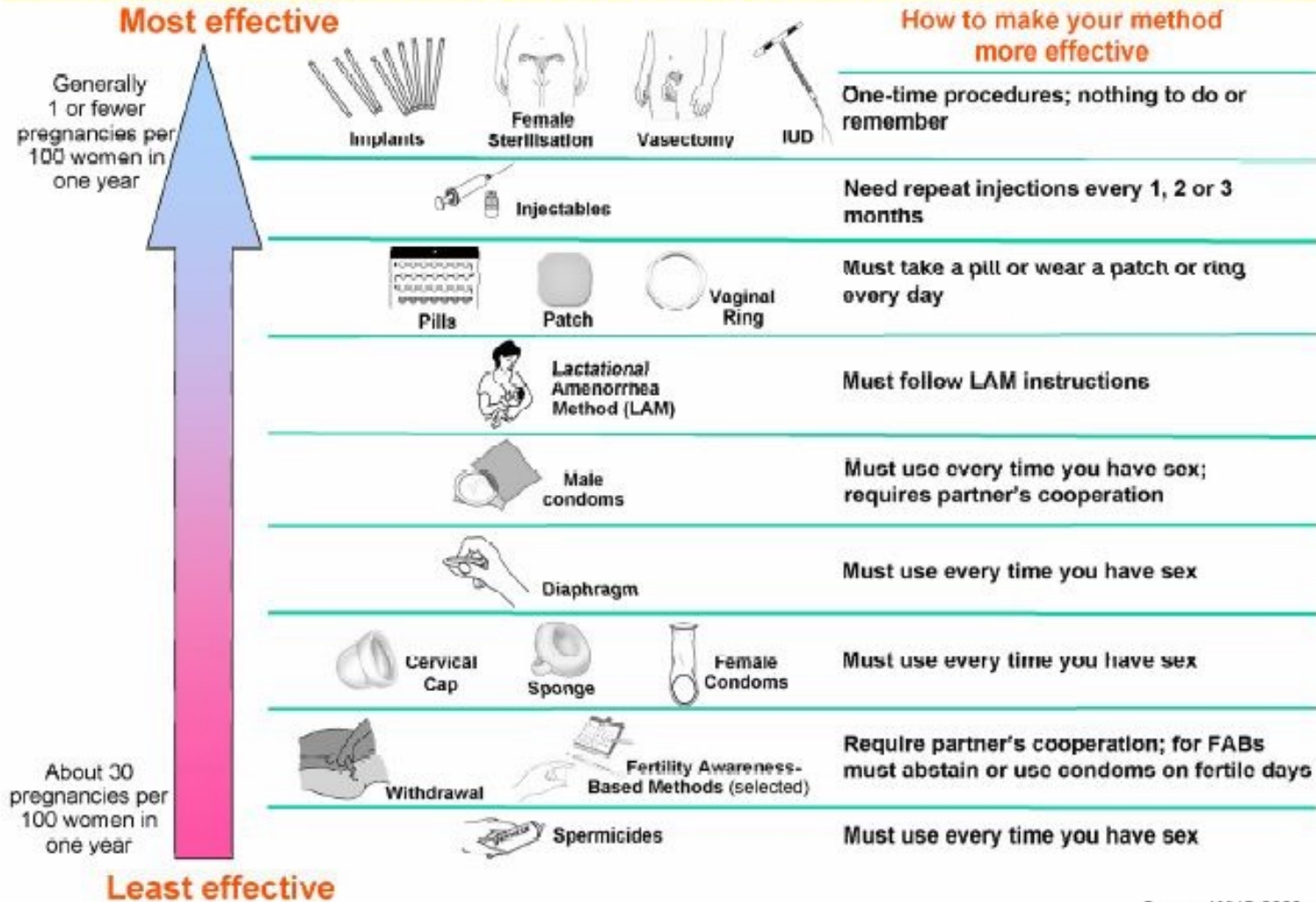
Don't Assume Women Know Their Options

- Provide context for different method characteristics
 - e.g. “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?”
- Even if express strong interest in one method, ask for permission to provide information about other methods

Talking About Effectiveness

- Effectiveness often very important to women
- Frequent misinformation or misconceptions about relative effectiveness of methods
- Effectiveness rarely mentioned
 - Only 21% of all visits in which IUDs mentioned
- 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

Comparing Typical Effectiveness of Contraceptive Methods



Source: WHO 2006

Steiner, AJOG, 2006

Provide Adequate Information about Side Effects

- Studies have found that many women report that they:
 - Do not receive adequate information
 - Feel providers dismiss concerns and overlook possible side effects
- Counseling about side effects associated with positive outcomes

Canto De Centina, Contraception, 2001
Becker, Perspect Sex Repro Health, 2007
Dehlendorf, Contraception, 2013
Yee, JHCPU, 2011

Experiences of Counseling about Side Effects

“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

Address Patient's Concerns

- Respond to patient concerns about side effects in a respectful manner

“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.”

“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.”

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.”

Shared Decision Making

- Establish rapport
- Elicit patient preferences with direct questioning
 - Provide context about options
- Provide scaffolding for decision making process
 - Iterative process focusing on information most relevant to the individual

Barriers to Shared Decision Making in Contraceptive Counseling

- Biases towards specific methods
- Lack of access to full range of contraceptive options
 - Financial coverage
 - Training of providers
- Time constraints

THINGS YOU MIGHT WANT TO THINK ABOUT /

As you consider your options, remember that your provider will be there to answer any additional questions and to help you make a good decision.

How well does it prevent pregnancy?



How do I use it?



How often do I have to remember it?



Are there any side effects?



What if I decide I want to get pregnant?



Got Questions?



Keep Track of them here and we will make sure that your provider sees them.



Cases

Case 1

- A 21 y/o G0P0 presents to the family planning clinic requesting Depo-Provera for contraception. She has never used contraception before. Her friends use “the shot” and she thinks she would like this method. How would you counsel this patient?

Case 1: Learning Points

- Always start by acknowledging patient preferences
- Elicit rationale for method preference to:
 - Evaluate whether it is an informed choice
 - Identify other possible appropriate methods
- Ask the patient for permission to discuss other methods of contraception that align with stated preferences

Case 2

- An adolescent presents to the office for an annual well-visit. She is sexually active and currently uses condoms and withdrawal for contraception. She is satisfied with this method of contraception. How would you counsel this patient?

Case 2: Learning Points

- Establishing rapport is the most important first step!
- More tendency to be directive with adolescents
 - Need to prioritize autonomy
 - Providers being directive can elicit reaction in this age group

Case 2: Learning Points

- Elicit the patients preferences surrounding method characteristics, including effectiveness
 - Evaluate if her contraceptive choice aligns with her stated goals
 - Provide education about relative effectiveness of methods as appropriate
- Promote continued use of condoms to prevent STI transmission
- Screen for reproductive coercion and/or abuse

Case 3

- A 19 y/o G2P2 presents to the clinic 5 months after she had an IUD inserted, requesting you remove it. She had thought she was done having children but began a new relationship 1 month ago and now is unsure if she wants to have more kids, but “wants to still have that option.” How would you counsel this patient?

Case 3: Learning Points

- Tendency for high efficacy of IUD to motivate providers to promote continuation of this method
- Begin with assurance that will remove method at patient request
- SDM refocuses attention on woman's preferences
 - Side effects with method?
 - Fear about future fertility?
 - Desire for or ambivalence about pregnancy?
- Ensure patient preferences are well-informed and supported

Questions?

