10 Best Practices in Contraceptive Counseling

Background

Origin

The 10 Best Practices in Contraceptive Counseling were developed to improve contraceptive use and help families prevent unintended pregnancies through a partnership between the Center for Latino Adolescent and Family Health at the NYU Silver School of Social Work and Planned Parenthood Federation of America.

In 2011, almost half of pregnancies nationwide were unintended, and 41% of those unintended pregnancies were due to inaccurate or inconsistent use of a birth control method. An additional 54% of unintended pregnancies were due to nonuse of any contraceptive method.[1] The 10 Best Practices in Contraceptive Counseling provides an evidence-based framework for healthcare providers to use in discussing birth control options with patients, supporting them to use the method of their choice consistently and correctly so their reproductive life plans can be achieved.

Application for Women with SUDs

This framework is especially needed for women who use substances.. Among women with opioid use disorders, nearly 9 out of 10 pregnancies (86%) are unintended.[2] For providers who are supporting women with substance use disorders (SUDs) through an existing pregnancy and birth, both the prenatal and post-partum periods are a crucial window to implement these practices and discuss future reproductive intentions and birth control options.

This protocol was created through a lens of reproductive justice, and is designed to maximize patient choice and autonomy. It is especially important to maintain this lens in counseling women with SUDs, who represent a marginalized population that has faced a history of contraceptive coercion.

Framework Design

The 10 Best Practices in Contraceptive Counseling were designed to be implemented in a healthcare setting that offers the full range of contraceptive options, including IUDs and implants, and can be delivered by a variety of staff, including healthcare assistants, nurses, doctors, etc. In cases in which the medical practice does not offer certain methods of contraception, the 10 Best Practices can still be delivered, along with a referral to someone who can provide the patient's chosen method.

Further Training

The following summary was adapted by Planned Parenthood of Northern New England (PPNNE) from an extensive full-day training protocol, and is not intended to replace the more in depth program. To inquire about receiving training on the 10 Best Practices in Contraceptive Counseling, please contact Whitney Parsons at PPNNE (whitney.parsons@ppnne.org).

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[1] Guttmacher Institute. (2016, September). Fact Sheet: Unintended Pregnancy in the United States. Retrieved from https://www.guttmacher.org/sites/default/files/factsheet/fb-unintended-pregnancy-us_0.pdf

[2] Heil SH, Jones HE, Arria A, et al. Unintended Pregnancy in Opioid-abusing Women. *Journal of substance abuse treatment*. 2011;40(2):199-202. doi:10.1016/j.jsat.2010.08.011.

Summary

The 10 Best Practices in Contraceptive Counseling:

#1	Demonstrate the "key three" attributes of an effective counselor –trustworthiness, expertise, and accessibility (TEA)
#2	Use active as opposed to passive learning strategies to engage the patient in learning and remembering important points
#3	Ask about pregnancy plans and offer resources
#4	Simplify choice process
#5	Make a plan for accurate use
#6	Make a plan for side effects
#7	Address lifestyle and broader context (POISE)
#8	Make a plan for method switching
#9	Talk about condoms for STI protection
#10	Mention use of quick start

Key Points:

- Through contraceptive counseling, providers can help patients prevent unintended pregnancy by helping them:
    - Choose a method that is best for them and their lifestyle,
    - Be consistent and correct in the use of their chosen method, and
    - Make a plan for switching methods if they choose to in the future.
- A year-long study of over 1,300 women at three Planned Parenthood Health Centers evaluated the effectiveness of the 10 Best Practices in Contraceptive Counseling. Compared to those patients who did not receive the new counseling protocol, those who did receive the 10 Best Practices were:
    - More likely to use birth control,
    - More likely to use condoms plus another method of birth control,
    - More likely to choose an IUD or implant because they decided it was the best method for them, and
    - More positive about the person who provided the counseling, the process, and the health center itself.
- Providers must be cognizant of potential for reproductive coercion, and respect and support patient autonomy and decision-making.
    - Minority and low-income women are more likely to report being pressured to use a birth control method and limit their family size.[3]
    - Providers are more likely to recommend IUDs to low-SES black and Latina women than to low-SES white women.[4]
- Patients will remember information and instructions better when they talk more and the provider talks less.

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[3] Dehlendorf, C., Rodriguez, M. I., Levy, K., Borrero, S., & Steinauer, J. (2010). Disparities in Family Planning. *American Journal of Obstetrics and Gynecology*, *202*(3), 214–220. http://doi.org/10.1016/j.ajog.2009.08.022

[4] Dehlendorf, C., Ruskin, R., Grumbach, K., Vittinghoff, E., Bibbins-Domingo, K., Schillinger, D., & Steinauer, J. (2010). Recommendations for Intrauterine Contraception: A Randomized Trial of the Effects of Patients' Race/Ethnicity and Socioeconomic Status. *American Journal of Obstetrics and Gynecology*, *203*(4), 319.e1–319.e8. http://doi.org/10.1016/j.ajog.2010.05.009

How and Why to Implement 10 Best Practices in Contraceptive Counseling:

1 – Demonstrate the "key three" attributes of an effective counselor – trustworthiness, expertise, and accessibility (TEA)

Research says	What to say & do
Patients who see their provider as accessible are more likely to contact that provider and are less likely to experience gaps in protection when switching methods. Research also shows that patients do not automatically think that counselors have expertise or are looking out for their patient's best interests. Counselors are more effective if they are seen as trustworthy, expert, and accessible.	• "We want to help you find the birth control method that's best for you." (trustworthiness) • "I have dealt with this before." (expertise) • "We are here for you. Call us anytime and I or one of my co-workers will get back to you. Here's a card with my name on it and the health center's contact info." [Write your name on the card in front of the patient and give to patient.] (accessibility)

2 – Use active as opposed to passive learning strategies to engage the patient in learning and remembering important points

Research says	What to say & do

People are more likely to remember important information when they actively process it as opposed to passively listen to it. For example, remembering how to accurately use a method is critical. Active processing of such information will help them recall it later.	• Ask open-ended questions:
	  o What questions do you have about this chart?
	  o How will you make sure that you…?
	  o Tell me more about that…
	  o So am I understanding you correctly that you want…?
	• Ask patient to repeat important information back to you in their own words.

3 – Ask about pregnancy plans and offer resources

Research says	What to say & do
Pregnancy ambivalence—including among women who want to leave the prospect of having a baby to "chance"—is associated with gaps in protection, less accurate and consistent use of birth control, more method switching, and extended periods without using contraception.	Ask the One Key Question®: "Would you like to become pregnant in the next year?" • If "no," discuss preventing pregnancy • If "yes," discuss preconception care • If patient is unsure, here are key points to communicate: i. Pregnancy is healthiest when planned. ii. Being unsure can lead to gaps in protection. iii. Making a Reproductive Life Plan is a great way to reflect on goals of having or not having children and to identify steps to take to reach those goals. iv. Continue counseling as usual

Additional Resources:

- One Key Question®- https://powertodecide.org/select360-consulting.
- Main, M. (2016). One Key Question: Would You Like to Become Pregnant in the Next Year? *Northwest Bulletin: Family and Child Health, 30.* Center of Excellence in Maternal and Child Public. Retrieved from https://depts.washington.edu/nwbfch/archives/one-key-question-would-you-become-pregnant-next-year.
- Delaware Health and Social Services- Division of Public Health. Adult Life Plan Brochure. Retrieved from http://dhss.delaware.gov/dhss/dph/chca/dphfpservices1c.html.
- U.S. Department of Health and Human Services: Office of Population Health. Preconception Health and Reproductive Life Plan. https://www.hhs.gov/opa/title-x-family-planning/preventive-services/preconception-health-and-reproductive-life-plan/index.html.

4 – Simplify choice process

Research says	What to say & do
There are about a dozen methods of birth control and each method differs on about a dozen different dimensions. Patients must therefore wade through about 150 pieces of information to make a choice—an overwhelming task. Research shows that in situations where people are faced with information overload, they "jump around" from one piece of information to another and make decisions based on what is salient (what happens to come to mind at that particular moment), not what is important.	→ SHOW: Star Chart of birth control options "This is a chart of all the birth control options. They are organized into three groups: • Group A methods are the best at preventing pregnancy and most convenient. They are inserted here at the health center by a clinician. • Group B methods require some sort of action to work, like taking a pill every day, but are also very good at preventing pregnancy when used accurately. • Group C methods still work to prevent pregnancy as long as you use them every time you have sex." "Are there any methods you would like to learn more about?"

Additional Resources

- *See Appendix 1: Star Chart*

5 – Make a plan for accurate use

Research says	What to say & do
Using a method inaccurately or inconsistently undermines the efficacy of many methods. For example, the perfect use effectiveness rate of the pill is greater than 99% but the typical use effectiveness rate is 91%. This disparity is because of inaccurate and inconsistent use of the pill and translates into thousands of unintended pregnancies. Issues of use accuracy and consistency are critical to address	• "How will you remember to take your method as described?" • "What will you do if you make an error using your method?" • "How will you remember to pick up your refills?" → Discuss common errors made when using method the patient is considering.

6 – Make a plan for side effects

Research says	What to say & do
Switching methods is often associated with gaps in protection or switches to less effective methods. Side effects are one of the most common reasons patients give for switching methods.	• "Most side effects are temporary, usually lasting 2-3 months. • I'm going to share a few common side effects. Tell me which, if any, might be hard for you and I'll help you make a plan to deal with them." → Discuss common side effects for the method the patient is considering

7 – Address lifestyle and broader context (POISE)

Research says	What to say & do
In addition to the attributes of a given contraceptive method, you need to make sure that the chosen method fits with the lifestyle and life circumstances of the patient, more generally. It is not enough to just talk about effectiveness, side effects, and other method characteristics. A good choice considers broader considerations as well.	• Pros and Cons: "What are the positives and negatives for you using this method?" • Others' Views: "How would people important to you feel about you using this method?" • Image: "How does this method fit with how you see yourself?" • Self-Efficacy: "If you decided to use this method, how easy or hard do you think it would be for you to use it correctly?" • Emotions: "What positive and/or negative feelings do you have about this method?

8 – Make a plan for method switching

Research says	What to say & do
Switching to a less effective method increases the risk of an unplanned pregnancy, sometimes substantially so. Research shows that if people have "action plans" ahead of time for what to do when encountering unanticipated difficult situations, they are more likely to cope with and resolve those situations effectively – in this case, by avoiding a gap in protection.	"If you decided you wanted to switch, how would you switch to another method?" [Call the health center and continue taking a method of birth control.]

9 – Talk about condoms for STI protection

Research says	What to say & do
STIs are widespread, far more than most people realize. There are over 8,000 new, serious infections in the United States every day. Some STIs, like herpes, are incurable and others, like HIV, are deadly. Some STIs do not show symptoms, but left untreated, can have serious health consequences. The methods most effective at preventing pregnancy offer no protection against STIs.	"This method doesn't prevent STIs so if you are concerned about that it's a good idea to use condoms."

10 – If possible, begin patient on chosen method that same day

Research says	What to say & do
For some birth control methods, women who start a method on the day of the clinic visit, instead of waiting for the next menstrual cycle or for another appointment, are more likely to start the method, use it correctly, and continue to use the method.	"We can start you on this method today so that you don't have any gaps in protection."

Appendix 1: Star Chart

Choosing a Method of Birth Control

Group A (Low-maintenance; health center sets it and you forget it)	Implant	★★★★
	IUD (Hormonal)	★★★★
	IUD (Non-hormonal)	★★★★
	Sterilization (Vasectomy, Tubal Ligation, Essure)	★★★★
Group B (Once every 3 months, monthly, weekly, daily)	Shot (Depo)	★★★
	Vaginal Ring	★★★
	Patch	★★★
	Pill	★★★
Group C (Must use every single time)	Male Condom	★★
	Female Condom	★★
	Diaphragm	★★
	Sponge	★★
	Cervical Cap	★★
	Fertility Awareness Method	★
	Withdrawal	★
	Spermicides	★

Approximate effectiveness: ★★★★ = 99% ★★★ = 91% ★★ = 85% ★ = 75%

Remember, most of these methods do not protect against STDs.
Use a condom to lower your chances of getting an STD.

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