

Contraception Choices and Shared Decision Making

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Faculty Disclosure

- Nothing to disclose

Educational Need/Practice Gap

- Contraception needs span across a large age range and are highly varied in all of their characteristics
- Family physicians are well-equipped to understand the nuances of each kind
- Long-term relationships with patients lead to effective shared-decision making for best patient care

Learning Objectives/Expected Outcomes

- Learn the advantages and disadvantages of the various types of contraception, including risks, benefits, alternatives, duration, and efficacy.
- Describe ways to counsel patients on contraception choices.
- Apply knowledge to help patients make the best contraceptive choices for them, accounting for their plans for family building (or not) in the present and future

Case #1

You are working at University Health Service and your next patient is 19-year-old college student interested in her options for birth control.



Contraception

- Prevention of pregnancy
 - Temporarily
 - Permanently
 - Emergently
- Types
 - Barrier
 - Hormonal
 - Surgical/permanent
 - Fertility awareness/NFP

Shared Decision Making

- Physician expertise + patient values and experience
- Desirability of outcomes
 - Effectiveness of contraceptive method
 - Menstrual changes
- Patient satisfaction

Sharing decision making

- Before going in the room
 - Patient's goals
 - Patient's needs
 - Health history
 - Support person
- During the visit
 - Choosing an approach
 - Team talk
 - Options talk
 - Discussion
 - Time for questions
- After the visit
 - Resources
 - Summary
 - Follow-up

Back to our case...

- Not previously or currently sexually active
- Recently started dating and wants to consider options before becoming sexually active
- No contraindications to hormonal birth control
- Boyfriend has come to the appointment with her

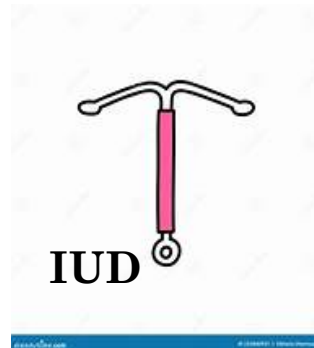


Patient factors



- Hormone vs. no hormone
 - Contraindications
- Efficacy

- Patient adherence issues
- Cost
- Safety
 - Medication
 - Personal



Case #2

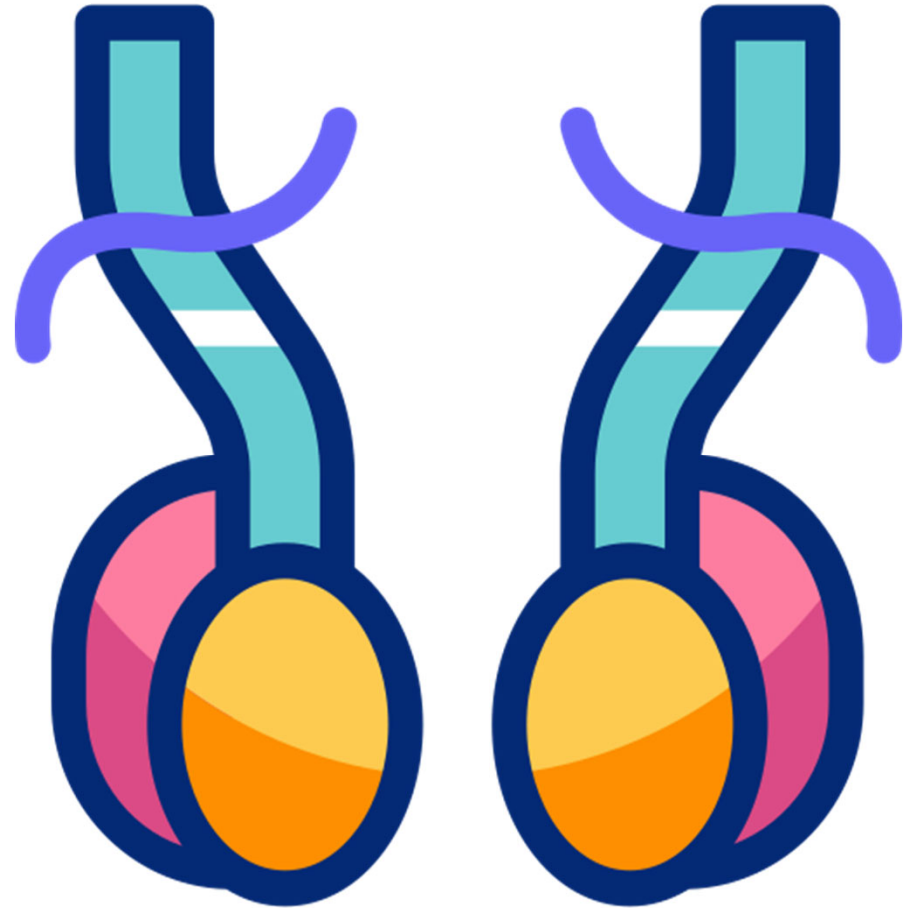


- 33-year-old patient who is due for IUD replacement in 3 months
- Family building is complete
- Wants to discuss sterilization for birth control
- Been on hormones since she was 14

Surgical contraception



TUBAL LIGATION



Patient factors

- Concerns about permanence
 - Youth
 - Regret
 - Partners
- Efficacy
- Safety/risk



Case #3

- 48-year-old patient who wants to discuss contraception needs as she approaches menopause
- No hormones
- No surgery



Barrier contraception

- External condom
- Internal condom
- Diaphragm
- Cervical Cap



Adobe Stock | #453239528



DIAPHRAGM



CERVICAL CAP

Conclusions

- Thorough knowledge of contraceptive options allows for patient-centered discussions informing shared decision-making
- Family physicians are uniquely equipped for working with patients on these decisions
- Patients are happier with and more adherent to healthcare plans involving shared decision-making

References

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