Qualitative analysis of approaches to contraceptive counseling

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Context

- Underuse and inconsistent use of contraceptives contribute to the continued high rate of unintended pregnancy in the United States.
- High-quality interaction between patient and provider about contraception is associated with improved contraceptive use.
- Women have reported dissatisfaction with the contraceptive counseling they receive.
- Little is known about how providers support patients in the contraception decision-making process.

Methods

- A random sample of 50 family planning visits was selected from a larger sample of 342 audio-recorded visits to six clinics in the San Francisco Bay Area between 2009 and 2012.
- Transcripts were qualitatively analyzed, using grounded theory techniques, to determine counseling approaches and patterns in the use of these approaches.

Results

- Three contraceptive counseling approaches were identified and defined based on provider behavior (see Table 1):
  - One *emergent* approach
    1. **Foreclosed**
  - Two *previously defined* approaches
    2. **Informed choice**
    3. **Shared decision making**
- Use of these approaches varied by patient's age (see Table 2):
  - Women 25 or younger experienced the **Foreclosed** approach more often than older women.
  - Providers played little role in contraceptive decision making among women in the two youngest age groups.
  - Patients older than 35 were far more likely to experience the **Shared decision making** approach.
- Counseling sessions utilizing the **Foreclosed** approach discussed the lowest number of methods, with **Informed choice** and **Shared decision making** mentioning closed to twice as many methods (see Table 1).

Table 1
Definitions of the three contraceptive counseling approaches; and percentage distribution of sessions and number of methods mentioned, by approach

Approach	Definition	% of sessions (N=50)	No. of methods mentioned	
			Range	Mean
Foreclosed	Provider offers information about methods that patient explicitly mentions, but does not introduce methods, actively guide the conversation or take a role in decision making	48	1–5	2.2
Informed choice	Provider shares method information and may introduce methods into the conversation, but leaves all decision making to the patient	30	2–10	5.0
Shared decision making	Provider serves as a source of method information, introduces methods, and interactively and responsively participates with the patient in method selection	22	2-12	5.2
Total		100	-	-

*Includes only methods proposed for regular contraceptive use, not as bridge methods. Condoms were counted only when proposed for pregnancy prevention.

Table 2
Percentage distribution of patients, according to age-group, by contraceptive counseling approach

Approach	17-25 (N=30)	26-35 (N=13)	>35 (N=7)
Foreclosed	60	38	14
Informed choice	33	38	0
Shared decision making	7	23	86
Total	100	100	100

Note: Percentages may not total 100 because of rounding

Provider counseling approaches

"So now, you know, we've had you on the Yaz in the past, is that something you want to go back on?"

Foreclosed

"You think you want to do the pill?...or if I end up giving you the shot for Depo Provera, which also can cause irregular bleeding, you know, I can't get it back. It stays in your systems for three months. Pills you can stop. NuvaRing you can pull out and throw away, you know, if you're not happy. There's another long term method is the IUD that sits up inside the uterus. Are you familiar with that?"

Informed choice

Patient - "I don't know. I'm very forgetful sometimes. So, I'm kind of worried about if I started [the pill], I don't know. . ."

Provider – "If you're worried about taking something every day, the other option is the patch or the ring."

Shared decision-making

Discussion & Conclusions

- In most visits analyzed, providers did not actively engage with patients in the contraceptive decision making process.
- The difference in counseling approach by age may be related to providers being more comfortable engaging in interactive discussion with patients closer to their own age.
- Shared decision making, which has been increasingly recognized as a desirable, patient-centered approach to clinical communication, may be underused in the family planning context.
- Contraceptive counseling interventions should encourage providers to responsively engage with patients of all ages to better meet their contraceptive needs.
- Research examining how and why providers help patients make counseling decisions is an important area for future investigation.