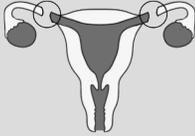


Translating Patient Preferences and Needs into Contraceptive Method Options

It is important to ask patients what they want or need from their contraceptive method during counseling. Many providers and patient education materials focus on efficacy in order to determine the best method for a patient, but there are many other method attributes that patients may consider to be as important or more important than efficacy. This handout is intended to help providers and counselors tailor their counseling and education based on the patient's preferences toward their contraceptive method. One method may not meet all of the patient's preferences; only the patient can decide what is most important to them. Providers should share the knowledge of how patient preferences translate into method options and then create the space for the patient to deliberate and decide what matters most to them in selecting their method(s).

Contraceptive method categories and options within category

 <p>Internal Condoms <i>one style</i></p>	 <p>Spermicide <i>multiple forms</i></p>	 <p>Vaginal Sponge (spermicide) <i>one brand</i></p>	 <p>Phexxi Gel (pH modulator) <i>one brand</i></p>
 <p>External Condoms <i>multiple styles</i></p>	 <p>Cervical Cap <i>fitted</i></p>	 <p>Diaphragm <i>fitted or one size</i></p>	 <p>Pulling Out <i>partner controlled</i></p>
 <p>Progestin-only Pills <i>two types</i></p>	 <p>Combined Hormonal Pills <i>70+ types</i></p>	 <p>Patch <i>two types</i></p>	 <p>Vaginal Ring <i>two types</i></p>
 <p>Plan B (progestin) Emergency Contraception <i>multiple brands</i></p>	 <p>Ella (ulipristal acetate) Emergency Contraception <i>one brand</i></p>	 <p>Fertility Awareness Methods - FAM <i>multiple ways</i></p>	 <p>Lactational Amenorrhea - LAM <i>exclusive breastfeeding</i></p>
 <p>Tubal Ligation <i>multiple types</i></p>	 <p>Vasectomy <i>two types</i></p>	 <p>Shot <i>IM or SubQ</i></p>	 <p>Arm Implant <i>one brand</i></p>
	 <p>Hormonal IUD <i>four types</i></p>	 <p>Copper IUD <i>one brand</i></p>	

Method Attributes

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- Where the method goes on the body / A device left in the body / Invasiveness
- Risk of expulsion / Risk of falling out or off
- Hormones: no hormone, progestin hormone, progestin and estrogen hormones
- Efficacy: typical use, perfect use, possible dual methods
- How pregnancy is prevented: stops ovulation, thickens cervical mucus, thins lining, prevents sperm from functioning, creates barrier
- Likelihood of error / How easy it is to use / When the patient would need emergency contraception
- Frequency of use/action: before sex, during sex, after sex, daily, weekly, monthly, 3 months, 3-12 years, once-permanent
- Postpartum safety, breastfeeding (quality and initiation)
- BMI restrictions

Logistics of Using Method

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- Requires a provider to start, stop, or for ongoing use (in-person visit, telemedicine visit, prescription, website/app)
- User control / flexibility: able to start, continue, or stop on own
- Requires planning ahead or having a product on hand for sex
- Can be used after sex to prevent pregnancy
- Discomfort with genital touching or exam
- Method or supplies need to be stored
- Cost

Relational or Social Influence

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- Prevents STIs
- Partner is willing to help with contraception
- Partner needs to agree to use or is active in use (control)
- Partner can see or feel during sex (privacy)
- Partner, roommate, or parent may know the patient is using (can see method or supplies) (privacy)
- Affecting sexual experience
- Parental notification

Body Changes or Side Effects

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- Weight gain
- Acne: lessen, worsen
- Periods: no change, regular or predictable, can skip, amenorrhea, spotting possible, lighter, heavier
- Cramps: lessen, worsen
- Vaginal flora (yeast infection, BV) or UTI
- Return to fertility
- Medication interactions (risky or make method less effective)
- Manage symptoms of PCOS or endometriosis

Other

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- Vicarious experience
- Prior experience
- Religion / moral consideration
- Needle phobia
- Medical or lifestyle contraindications

Where does it go on/in the body?

- The Ring is inserted into the vagina, left there, and changed every 3-5 weeks.
- The Patch is stuck to the skin of the belly, buttocks, back, or upper outer arm and changed once a week.
- The Hormonal IUD and Copper IUD are inserted into and left in the uterus until the patient stops using it.
- The Implant is inserted into the inner upper arm and left there until the patient stops using it.
- The Shot can be injected into the patient's outer arm, buttock, thigh, or stomach.
- The Progestin-Only Pill, Combined-Hormonal Pill, Plan B, and Ella are swallowed.
- The Diaphragm, Cervical Cap, Spermicide, Sponge, Internal Condom and Phexxi are inserted manually into the vagina before sex.
- Tubal Ligation and Vasectomy are surgical procedures.
- External Condoms are rolled onto the penis before sex.
- There are different ways to practice FAM.

What methods can they use if they want hormonal contraception?

- **Progestin-only methods:** Progestin-Only Pills, Shot, Implant, Hormonal IUD, Plan B
- **Progestin and estrogen methods:** Combined Hormonal Pills, Patch, Ring

What methods can they use if they don't want hormonal contraception?

- **Non-hormonal methods:** Internal Condoms, External Condoms, Diaphragm, Cervical Cap, Spermicide, Sponge, Phexxi, Copper IUD, Tubal Ligation, Vasectomy, Pulling Out, LAM, FAM, Ella

What if they have concerns about the method falling off, falling out, or expelling?

- Expulsion of a Hormonal IUD or Copper IUD is when the IUD moves down in the uterus or into the vagina. This is rare, random, and not harmful.
- The Ring can fall out of the vagina if not far enough in. Rinse, dry, and reinsert it.
- The Patch can fall off the body. If possible, put it back on. If it does not stick or is lost, start a new patch and they should ask the provider for an extra patch.

How frequently do they need to do something for it to work?

- **Before sex:** Internal Condoms, External Comdoms, Diaphragm, Cervical Cap, Spermicide, Sponge, Phexxi
- **During sex:** Pulling Out
- **After sex:** Plan B, Ella
- **Daily:** Progestin-Only Pill, Combined-Hormonal Pill, FAM, LAM
- **Weekly:** Patch
- **Monthly:** Ring
- **Every 3 Months:** Shot
- **Every 3-12 years:** Implant, Hormonal IUD, Copper IUD
- **Once (permanent):** Tubal Ligation, Vasectomy

How well does the method prevent pregnancy?

- **Most effective:** Implant, Copper IUD, Hormonal IUD, Tubal Ligation, Vasectomy, LAM (only with perfect use)
- **Moderately effective:** Progestin-Only Pills, Combined Hormonal Pills, Patch, Ring, Shot, Plan B, Ella
- **Less effective:** Internal Condoms, External Condoms, Diaphragm, Cervical Cap, Spermicide, Sponge, Phexxi, Pulling Out, FAM
- Many moderately and less effective methods can be more effective if used perfectly every time.

How is pregnancy prevented?

- **Stops ovulation, thickens cervical mucus, and/or thins uterine lining:** Progestin-Only Pill, Combined Hormonal Pill, Patch, Ring, Shot, Implant, Hormonal IUD
- **Prevents sperm from functioning properly:** Spermicide, Sponge, Phexxi, Copper IUD
- **Creates temporary barrier:** Internal Condoms, External Condoms, Diaphragm, Cervical Cap, Pulling Out
- **Creates permanent barrier:** Tubal Ligation, Vasectomy
- **Track signs of fertility:** FAM
- **Stops ovulation:** LAM
- **Delays ovulation temporarily:** Plan B, Ella

Is it safe to use right after they have a baby?

- **Safe immediately postpartum:** Internal Condoms, External Condoms, Progestin-only Pills, Spermicide, Phexxi, Shot, Implant, Hormonal IUD, Copper IUD, Tubal Ligation, Vasectomy, LAM, Pulling Out, Plan B, Ella
- **Safe after 6-weeks postpartum:** Combined Hormonal Pills, Patch, Ring, Diaphragm, Cervical Cap, Sponge
- **Do not use postpartum:** FAM

How does weight affect contraceptive options?

- **May not be effective if BMI is 26 or higher:** Plan B
- **May not be as effective if BMI is 25-30:** Twirla Patch
- **Should not use if BMI is 29 or higher:** Annovera Ring
- **Should not use if BMI is 30 or higher:** Patch (both)
- **May not be effective if BMI is 35 or higher:** Ella
- **Can use at any weight:** all other methods

What methods can they start on their own?

- **Methods that can be started on their own, without a provider (visit or prescription):** Internal Condoms, External Condoms, Spermicide, Sponge, Pulling Out, FAM, Plan B
- The patient can get a prescription to decrease out of pocket cost for Internal Condoms, External Condoms, Spermicide, Sponge, Plan B.

What methods can they stop on their own?

- **Methods to stop on their own:** Internal Condoms, External Condoms, Progestin-Only Pill, Combined Hormonal Pill, Patch, Ring, Diaphragm, Cervical Cap, Spermicide, Sponge, Phexxi, Shot, LAM, FAM, Pulling Out
- **Methods they could stop on their own, but may want a provider to stop:** Hormonal IUD, Copper IUD
- **Method they need a provider to stop:** Implant
- **Methods that cannot be stopped (permanent):** Tubal Ligation, Vasectomy

What are methods that require a provider in order to start?

- **In person visit to start:** Diaphragm, Cervical Cap, Implant, Hormonal IUD, Copper IUD, Tubal Ligation, Vasectomy, Shot (IM)
- **In person visit or telehealth visit to start, or website/app to get a prescription:** Progestin-Only Pills, Combined Hormonal Pills, Patch, Ring, Shot (SubQ), Phexxi, Ella

What methods need visits (annually or more frequently) with a provider to keep using them?

- **Prescription needed:** Progestin-Only Pills, Combined Hormonal Pills, Patch, Ring, Phexxi, Shot (SubQ), Ella
- **In-person visit needed:** Shot (IM)

What methods do they need to have on hand before sex?

- Internal Condoms, External Condoms, Spermicide, Sponge, Diaphragm, Cervical Cap, Phexxi

What methods would work to prevent pregnancy after sex?

- **Emergency contraceptive pills:** Ella, Plan B
- **Emergency contraceptive IUDs (can be left in for ongoing contraception):** Hormonal IUD (Liletta and Mirena), Copper IUD

Cost

The cost of contraception can vary greatly depending on insurance status and coverage. Most methods should be covered by insurance without a co-pay. It is possible to get a prescription for most methods, which may lower the cost. Without insurance, methods may still be free or on a sliding fee scale at some clinics. There are also websites and apps that prescribe contraception after a consultation. Many of these websites and apps offer pills for as low as \$7 per pack. For more information, refer to PICCK's guide on Birth Control Methods You Can Get Without an In-Person Visit.

What if they move frequently or cannot store methods or supplies?

- **Requires storage:** FAM, Internal Condoms, External Condoms, Spermicide, Sponge, Progestin-Only Pills, Combined Hormonal Pills, Patch, Phexxi, Diaphragm, Cervical Cap, Ring, Shot (SubQ)
- Extra NuvaRings need to be refrigerated prior to use.

They are uncomfortable with a genital exam or genital touching

- The Hormonal IUD and Copper IUD require a genital exam prior to insertion. During insertion, the provider will put a speculum into the patient's vagina and then use a special inserter to put the IUD through the opening of their cervix and into their uterus.
- The provider will need to do a genital exam in order to figure out the best size Diaphragm or Cervical Cap for the patient.
- In order to use the Internal Condom, Ring, Diaphragm, Cervical Cap, Spermicide, or Sponge, the patient needs to insert them into their vagina using their fingers. Each method has different insertion and removal instructions and techniques with varying degrees of genital touching.
- Phexxi is a gel that comes in pre-filled applicators, meaning it involves slightly less genital touching (similar to using a tampon) than spermicides, however some Spermicides also come with applicators so check the packaging.

What methods would prevent sexually transmitted infections (STI)?

- Internal Condoms and External Condoms are the only methods that can reduce the risk of all sexually transmitted infections.
- Spermicide and Sponge, if used multiple times a day, may cause irritation that makes them more susceptible to STIs.

What methods could they use if their partner is willing to help with contraception?

- **Permanent:** Vasectomy
- **At the time of sex:** External Condoms, Internal Condoms, Pulling Out
- Can also support the patient by reminding them about using an ongoing method (if the patient wants) or by picking up refills.

They have concerns about a method affecting sexual experience

- **Must be used with each act of penis-vagina sex, and therefore may affect sexual experience:** Internal Condoms, External Condoms, Diaphragm, Cervical Cap, Spermicide, Sponge, Phexxi, Pulling Out
- The Ring may be removed before each act of penis-vagina sex for up to 3 hours, but it is not necessary.
- Partners may be able to feel the strings from the Hormonal IUD or Copper IUD with their fingers or penis during sex, however the strings can be cut shorter if this happens and is unwanted.
- Partners may be able to tell that the patient is using Diaphragm, Cervical Cap, Spermicide, Sponge, or Phexxi during sex if they feel it inside of them. Spermicide has an unpleasant taste and can be harmful to ingest a lot. Phexxi has a citrus taste and is safe to ingest.

Parental notification

- Parents in some states can be shielded from the insurance line item bill. Some methods may require multiple visits (such as every three months for the shot) and parents might wonder why they are going to the doctor if they are receiving the Explanation of Benefits.
- **Whether a minor requires parental consent to receive a method depends on, among other factors:** state law, specific age, whether they want a procedural method, who funds the clinic, whether it is post-abortion, postpartum, or not recently pregnant.

How feasible it is to keep a method private depends on the patient's ability to confidentially seek health care and privately store medications. A discussion with their provider about how to keep their chosen method confidential in their life circumstances may be helpful.

How can they make sure their partner doesn't know they're using contraception?

- **Partner will definitely know they are using method:** Internal Condom, External Condom, Vasectomy, LAM
- **Partner will not know the patient are using method:** Shot (IM)
- **Partner might find method, but they may be able to hide it:** Progestin-Only Pills, Combined Hormonal Pills, Shot (SubQ), FAM, Plan B, Ella
- **Their partner may know they are using it because they may see or feel it during sex or on their body:** Patch, Ring, Implant, Hormonal IUD, Copper IUD, Phexxi, Spermicide, Sponge, Diaphragm, Cervical Cap

What methods can they use if no one in their home (roommate or family, but not partner) can know they're using contraception?

- **Cannot tell they are using:** Shot (IM), Hormonal IUD, Copper IUD, Tubal Ligation, Vasectomy, Pulling Out
- **May see or feel the method on their body:** Patch, Implant
- **May find method or supplies stored:** FAM, Internal Condoms, External Condoms, Spermicide, Sponge, Progestin-Only Pills, Combined Hormonal Pills, Patch, Phexxi, Diaphragm, Cervical Cap, Ring, Shot (SubQ)
- **Needs to be refrigerated prior to use:** Extra NuvaRings

What methods might work for them if...?

They want to avoid weight gain

The Shot and Implant are the only two methods linked to causing weight gain.

They want to improve acne

- **Methods that contain estrogen can improve acne:** Combined Hormonal Pills, Patch, Ring
- **Methods that are progestin-only can worsen acne:** Progestin-Only Pills, Shot, Implant, and Hormonal IUDs
- **No effect on acne:** all other methods

They want lighter periods

- **Lighter period:** Progestin-Only Pills, Combined Hormonal Pills, Patch, Ring, Shot, Implant, Hormonal IUD
- **Possible heavier period:** Shot, Copper IUD

They want predictable periods

- **Regular or predictable period:** Combined Hormonal Pill, Patch, Ring
- **Spotting possible:** Progestin-Only Pills, Combined Hormonal Pills, Patch, Ring, Shot, Implant, Hormonal IUD, Copper IUD, Plan B, Ella

They want to improve menstrual cramps

- **May improve cramping:** Progestin-Only Pills, Combined Hormonal Pills, Patch, Ring, Shot, Implant, Hormonal IUD
- **May worsen cramping:** Copper IUD
- **No effect on cramping:** all other methods

They don't want their periods to change

- **No change to period:** Internal Condoms, External Condoms, Diaphragm, Cervical Cap, Spermicide, Sponge, Phexxi, Tubal Ligation, Vasectomy, Pulling Out, FAM
- **May change period:** all other methods

They want to skip their periods

- **Amenorrhea (stop getting periods) possible:** Shot, Implant, Hormonal IUD
- **Can use continuously to skip period:** Combined Hormonal Pill, Ring
- **Will not get period:** LAM

They want to avoid vaginal infections

- **May improve infections:** Phexxi
- **May worsen infections:** Copper IUD
- **No effect on infections:** all other methods

They want their fertility to come back as soon as they stop using it

- **Possible delayed return of baseline fertility:** Shot
- **Immediate return of baseline fertility:** all other methods

They are taking other medications

Many medications can affect the efficacy of contraception or vice versa, such as St. John's Wort, seizure medications, and HIV medications. Always confirm what medications, vitamins, and supplements a patient is taking and any interaction they may have with contraception.

They want to treat symptoms of PCOS or endometriosis

Hormonal IUD, Implant, Shot, Progestin-Only Pills, Combined Hormonal Pills, Ring, Patch

Some patient preferences are unique to the patient's individual circumstances and therefore cannot always be translated into standardized recommendations. The following prompts can bring out patient preferences or considerations that may help the provider further tailor their counseling and education.

Vicarious experience

You may hear patients share questions or concerns about contraception based on experiences of family, friends, others in their community, or something they saw on TV, social media etc. These vicarious experiences may weigh heavily on patients' views toward acceptability of different methods.

Prior experience

You may hear patients describe how a prior experience using contraception informs their perspective today.

Religious/moral considerations

Some patients may bring up religious or moral considerations in regard to contraception. For example, bleeding may interfere with religious practices. A patient may want to discuss the risk of pregnancy complications in the event of an IUD failure, as avoiding the need for abortion may be essential.

Needle phobia

Methods that require use of a needle are the Shot and the Implant.

Medical or lifestyle contraindications

Some medical or lifestyle conditions may inform a patient's perspective toward contraception. For example, a patient who experiences frequent vomiting due to an illness may have concerns about taking a daily pill. Or a patient who travels frequently may not want to have to remember to pack extra patches.