SHARED DECISION-MAKING APPROACH TO CONTRACEPTIVE COUNSELING

Use this mnemonic - PICK ONE - to remember the elements of shared decision-making for person-centered contraceptive counseling, leading to a more satisfying encounter for you and your patients.

- **P**ick one past history with contraception
- **I**nquire about important factors in a method
- **C**onflict exploration to methods
- **K**now about methods with decision aid

www.PICCK.org
ASK PAST HISTORY WITH CONTRACEPTION
Ask about their past history with birth control—what methods they have tried, liked, and disliked. Knowing specifically what worked for them and what didn’t in the past can help guide counseling. This question should be seen as information-gathering, not an opportunity to discuss the biological plausibility of side effects they experienced with different methods. Validate their experiences (without committing to causality) to build trust in the encounter.

ASK IMPORTANT FACTORS IN A METHOD
Ask what the patient thinks is important about their birth control method. Providers tend to focus on efficacy, but patients often think more about other factors, such as the effect on their monthly bleeding, their control over stopping and starting the method, and possible non-contraceptive benefits. Understanding the patient’s values is vital for individualized counseling that takes into account their preferences.

EXPLORE CONTRAINDICATIONS TO METHODS
Next is to assess contraindications to any contraceptive method. If you don’t know this patient’s history, now is the time to ask pertinent questions about their medical history to determine medical eligibility for the various methods.

SHARE KNOWLEDGE ABOUT METHODS WITH DECISION AID
Now it’s time to share your knowledge with the patient about their contraceptive options. Research shows that patients value a conversation with their clinician over other ways of getting this information. We find it helpful to use a visual aid that includes information about the various methods. As you counsel, you can indicate which methods may or may not be appropriate for the patient. This approach is especially helpful if a patient doesn’t know about all the options available to them. The PICCK website has links to multiple decision aids that you can consider using with your patients.

EXPLORE OBSTACLES TO DECISION-MAKING
Explore obstacles to method use. Patients may have conflicting values about what they want in a contraceptive method, but you shouldn’t try to resolve these conflicts. Only the patient knows what value is most important to them, so explore any conflicts with them. Hearing a provider reflect back what they are saying, and showing what kinds of decisions need to be made, can help a patient select a method more confidently. Other obstacles may include cost/lack of insurance coverage or the need to keep use of a method private.

ASK IF THE PATIENT IS READY TO MAKE A DECISION NOW
After counseling about methods and answering the patient’s questions, inquire whether or not they have enough information to make a decision now. They may be ready to make a choice today, or may want to think about their options. Offer to provide written or electronic information about methods that they are interested in. You can also offer a bridge method of birth control until they return for a follow-up appointment. This bridge method could be a pill pack, a box of patches, a Depo-Provera shot, or a supply of condoms and a prescription for emergency contraception.

EXPERIENCE THE METHOD AND RETURN IF NEEDED
Finally, the patient is ready to try out their method. After they’ve used their birth control method for some time, they may want to return to your office or touch base with you to discuss their experiences. Keep the door open to them, and let them know that you’re always available to answer any questions, allay their concerns, and to change their method at any time.

www.PICCK.org