

For Contraceptive Care Providers (Clinicians and Counselors): A Guide to the Contraception Decision Aid and Method Information Sheets

Why Use a Decision Aid?

The decision aid and method information sheets were designed to align with the principles of shared decision-making and patient-centered care. A best practice in shared decision-making is the use of a decision aid to help patients learn about their options and to visually narrow down to the option that meets their unique needs. Research has shown that to feel satisfied with counseling, patients want comprehensive information on methods. Even if they think they know what method they want, they may still want to hear about the alternative options and compare. While patients value verbal counseling, many find oral information alone insufficient and want to receive information in a written format to assist with considering all methods and their attributes. A systematic review found that patients who have a visual aid accompany their contraceptive counseling perceived their counseling to be of higher quality than those who received verbal counseling alone.

Conducting truly patient-centered counseling can be difficult for providers given the realities of visit time constraints and patients with inadequate contraceptive knowledge to make an informed choice. While subjectivity makes it challenging to design a decision aid that meets all patients' and providers' needs, this decision aid is a novel design that aims to elevate method attributes that are important to patients and communicate options in an accessible way. This decision aid offers a tool that when referenced during the patient-provider counseling interaction can break down the gatekeeping role providers have in contraceptive knowledge and center patients' needs. The decision aid highlights method attributes that patients often value, but providers will likely have to verbally share more information.

For patient-centered contraceptive counseling guidance, check out PICCK's PHI CARE model.

Suggestions for Using the Decision Aid

These materials refer to patients who were assigned female at birth as “you” and refer to people assigned male at birth as “partner.” This decision aid is designed to be used during the patient-provider counseling interaction as a supportive tool, not for patient use on their own.

- Providers may want to start by orienting patients to the decision aid's format and content. It will help them quickly understand what they are looking at and give them an opportunity to reflect on what method attributes matter to them and how methods might be grouped and narrowed down.
- It can be helpful to write directly on the decision aid to help patients visually narrow down their options, including using symbols (X✓→O★?). If you do not have resources to print a new decision aid for each patient, you can laminate the decision aid and use a dry-erase marker to write on it. If patients want to take it home and you do not have copies to give, they can scan the QR code.
- Most providers tend to start counseling on the front of the decision aid (methods in boxes), but for patients with low body literacy it may be helpful to start on the back looking at the body image to get an initial reaction from patients and provide some education on reproduction.

Suggestions for Using the Method Information Sheets

The method information sheets are uniformly organized two-page review sheets on each method that include more information than the decision aid that patients may want to know when making a contraceptive decision or using a method. Because the sheets include most patient desired information, they are dense and may not be as useful during counseling. The method information sheets can be helpful to share with patients after counseling if they are still deciding between a few methods and want to take sheets home for further consideration, if they chose a method they do not know much about and want a reference sheet, or to share with their partner to discuss options.

Inclusive and Accessible Design

- Language is gender neutral, colloquial, and limits polysyllabic words.
- The body image is a size 14, apple-shaped, and inclusive of gender identities and race.
- The fonts (Century Gothic and Proxima Nova) are dyslexia friendly.
- All colors differentiate in eight types of color blindness and greyscale for black/white printing.
- All color has purpose with no unnecessary design to limit ink usage.
- The paper format is low tech for low-resourced clinics. Any printer can print it on 8.5x11 paper.
- The materials are free online. The QR code can be scanned to bring one to a website with a PDF of this decision aid, method information sheets, and a postpartum contraception decision aid.
- The decision aid and method information sheets have been translated into multiple languages.

Front of the Decision Aid

- **Organized to encourage patient-centered counseling and discourage provider bias and coercion:**
 - This decision aid is organized by how you can access (start and stop) methods to center patient autonomy and clearly communicate method control between provider/patient.
 - Many decision aids organize methods by efficacy with IUDs and implants in the left/top. Instead, on this decision aid, IUDs and implants are in the bottom row so that they are not the first methods seen to encourage counseling on the full-range of methods.
 - Sterilization is in its own access category to clarify it is not reversible.
 - All methods have equal space (sized boxes) to not favor any methods.
 - Often multi-page decision aids split methods across pages, which can lead to providers spending more time showing certain pages/methods (usually IUDs and implants). To avoid this, the decision aid includes the same information about all methods on the same side of the sheet.
- **Includes all available contraceptive methods in the United States in ways patients can understand:**
 - All methods are on the decision aid, not just the most common.
 - Partner-controlled methods, like vasectomy, are included.
 - Oral emergency contraception is included, which may be a good primary or dual method for some patients and is a backup method for others.
 - Newly available methods are included, like *Phexxi*.
 - Method names are accurate and provide information in language patients understand.
 - Names are what patients refer to the method as, not providers: pulling out instead of withdrawal, breast/chestfeeding as contraception instead of lactational amenorrhea.
 - The names “vaginal ring” and “arm implant” include body location to clarify use for patients.
 - Brand names are used when patients most often refer to the method by brand, like *Plan B* instead of levonorgestrel 1.5 mg pill.
 - “Emergency contraception” is part of the names for *Plan B* and *Ella* to clarify use for patients.
 - Pills and condoms are divided into their types (progestin-only and combined hormonal, internal and external) to facilitate differentiation during counseling.
 - Due to space, methods that are similar in their attributes or considerations are grouped: spermicide and the sponge, diaphragm and cervical cap, and tubal ligation and vasectomy.
 - The icons are accurate (no metaphors) to avoid confusion and facilitate visual learning, e.g., pulling out is not a champagne cork, but an anatomically accurate penis ejaculating.

- **Includes many method attributes that are most important to patients when considering their options:**
 - The method icons and names are color coded by hormone. Hormones often matter to patients, whether due to a contraindication or preference. The three colors do not include red to avoid implying caution. The methods are organized with non-hormonal methods on the right side of the decision aid and hormonal methods on the left, with estrogen-containing methods grouped. This visual grouping can help patients narrow down methods, e.g., if they want to avoid hormones, focus on the right side of the decision aid and cover the left.
 - Within the double arrow circle is the frequency a person must take an action to use the method. This information is important to help patients consider if the method will fit into their daily life and/or sexual encounters. These frequencies reflect data on extended use of LARC.
 - In the middle of each box is an often-considered attribute, including BMI restrictions, STI prevention, emergency contraception use, diversity of method types or options for use, delayed return to fertility, evidence-based weight gain, and partner involvement.
 - At the bottom of each box is the method's effect on periods. Even if this is not important to patients in selecting a method, counseling patients on possible bleeding changes helps them to understand what to expect when using the method to avoid unnecessary confusion or alarm. Possible spotting, timing changes, heavier and lighter periods, and amenorrhea are listed. Information on skipping periods is on the method information sheets.

Back of the Decision Aid

- **Contextualizes complicated patient considerations so that patients can better compare how methods fit into their life.**
 - The left column contains an image of a body with methods to show patients how to use each method and to consider if it will fit into their life, especially if privacy or invasiveness are important to them. The body and the illustration of reproductive organs can teach patients with low body literacy how big their reproductive organs are in their body and that the uterus, vagina, and fallopian tubes are different. Many patients do not know how an IUD is positioned in a uterus.
 - The bottom of the left column has notes elaborating on common questions about privacy, dual method use, age restrictions, and interaction with gender affirming hormone therapy.
 - In the center and right of the decision aid is a table that can be read across the rows: method, efficacy, and when to consider using emergency contraception.
 - Efficacy is portrayed in a format, X out of 100 people in a year who get pregnant using the method, that is more accessible to patients than percentages. It is also presented visually with 10 people for comparison and for those with low numeracy. The method information sheets include graphics depicting 100 people.
 - Method efficacy is compared to average fertility using no method (row 1). This contextualization highlights that all methods are more effective than using nothing and patients should use the method that is right for them, which may not be the most effective one. Dual method use can facilitate achieving desired efficacy while meeting other patient preferences.
 - Efficacy is not tiered like on other decision aids with terms like “most effective” or star ratings because tiers can be judgmental and shame people who want to use less effective methods.
 - The decision aid uses typical use efficacy, which is the average experience, but the method information sheets include both typical and perfect use.
 - Efficacy can be confusing to patients who do not understand why methods fail: is failure random or due to something they did? Helping patients understand failure and indications for emergency contraception allows them to decide if a method is compatible with the reality of their life. This helps patients prepare to need emergency contraception and know how to access and use it before they do, which is aligned with sharing typical use efficacy rates.

Design Process

An interdisciplinary team designed the materials. Literature reviews were conducted on patient's contraceptive values and preferences, standards for patient decision aids and education materials, health literacy and accessibility guidelines, and contraceptive counseling and patient-centered care frameworks. Existing contraception decision aids and method information sheets were reviewed. The development process was an exploratory sequential mixed-methods study informed by the *Ottawa Decision Support Framework*, *User-Centered Design Framework*, and *International Patient Decision Aid Standards*. Each of the study's phases of data collection ended with iteration of the decision aid or method information sheets based on results prior to the next phase. Focus groups with patients and providers identified what they wanted in a decision aid and what information they needed to satisfactorily choose a method or support patients. Focus groups with providers and patients reviewed draft decision aids. The decision aid was tested with patients. The method information sheets underwent an in-depth expert review by patients, providers, and public health professionals. Providers field tested all materials together during their routine service delivery. In addition to these focus groups, interviews, observations, and structured review processes, surveys accompanied each phase to evaluate the materials using validated assessment tools.

Study Results

For full results, contact [natashalerner\[at\]gmail\[dot\]com](mailto:natashalerner@gmail.com). The decision aid received an *International Patient Decision Aid Standards instrument* assessment average of 3.31/4. The method information sheets received a *Patient Education Materials Assessment Tool for Printable Materials* assessment average of 96% for understandability and 95% for actionability. The decision aid has a *SMOG Readability Formula* assessment of 8th grade-level, and the method information sheets averaged a 9th grade-level. The development methodology scored a 10/11 on the *UCD-11*, a measure of user-centered design for patient tools. Patients and providers found the decision aid and method information sheets to be acceptable, high quality, and feasible to use during counseling.

Sources and Update Policy

All sources of information were from peer-reviewed literature and leading organizations in family planning. Information was selected and synthesized in an iterative process and was reviewed for a clear evidence base. When data were limited, contradictory, or too nuanced to be summarized in the limited space of the decision aid or method information sheets, it was excluded. Major sources included: *Contraceptive Technology*, Planned Parenthood, Reproductive Health Access Project, UpToDate, FDA-approved pharmaceutical package inserts, Centers for Disease Control and Prevention, CDC US Medical Eligibility Criteria for Contraceptive Use, and The American College of Obstetricians and Gynecologists. For full citations, contact [natashalerner\[at\]gmail\[dot\]com](mailto:natashalerner@gmail.com). Plans to update the materials with new methods and information are still being finalized.

Funding and Team

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