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FAMILY PLANNING (A. BURKE, SECTION EDITOR)

Patient-Centered Contraceptive Counseling: Evidence to Inform Practice

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Abstract Patient centeredness is an increasingly recognized aspect of quality health care. The application of this framework to contraceptive counseling and care has not been well described. We propose a definition of patient-centered contraceptive counseling that focuses on and prioritizes each patient's individual needs and preferences regarding contraceptive methods and the counseling experience. Guided by this definition, we review recent research that has advanced our understanding of how patient-centered contraceptive counseling can be delivered in practice, focusing on how women decide on a contraceptive method, their preferences for counseling, and their experiences with counseling. This research provides evidence that women have diverse preferences around attributes of their contraceptive methods and value personal, supportive relationships with their family planning providers that focus on their individual preferences. We discuss the implications of this research for practice and review recent interventions that incorporate patient centeredness to varying degrees.

Keywords Contraception · Contraceptive counseling · Patient-centered · Decision making

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Introduction

Patient centeredness is an increasingly emphasized dimension of health care quality [1]. The Institute of Medicine recognizes patient centeredness as a marker of quality health care, designating it as one of the six aims for improvement of the US health care system [2]. In addition, the Centers for Disease Control and Prevention and US Office of Population Affairs list client-centered care—defined as care that is respectful of, and responsive to, individual client preferences, needs, and values—as one of the main attributes of quality health care [3]. A focus on patient-centered care is motivated by an ethical interest in improving patient experience of care and treating each individual with respect and humanity [4] and is further

supported by the fact that this type of care has been associated with improved outcomes [5].

Health communication is a central aspect of the provision of patient-centered care. In order to elicit and respond to a patient's individual values and preferences during a clinical encounter, providers must have the interpersonal skills necessary to develop a mutually respectful therapeutic relationship. These interactions also require the ability to provide education and counseling that integrates patient preferences with medical evidence.

In reproductive health care in general, and in family planning care and contraceptive counseling specifically, patient-centered health communication is of particular importance due to the profoundly personal and intimate nature of decisions related to reproduction and pregnancy prevention. However, how best to provide patient-centered care in contraceptive counseling has not been well described. In order to advance understanding of how to apply the framework of patient-centered communication to contraceptive care, we first propose a definition for patient- (or client-) centered contraceptive care:

> Patient-centered contraceptive services involve treating each person as a unique individual with respect, empathy and understanding, providing accurate, easy to understand information about contraception based on the patient's needs and goals, and assisting patients in selecting a contraceptive method that is the best fit for their individual situation in a manner that reflects the patients' preferences for decision making.

In focusing on patients' individual needs and goals, this conceptualization of patient-centered contraceptive counseling contrasts with other approaches to family planning care that focus on the goal of increasing use of highly effective methods [6, 7]. These approaches can be justified as being similar to promoting the most effective treatments for medical conditions such as diabetes and hypertension. However, as decisions about reproduction are qualitatively different from decisions regarding these conditions, the goals of counseling will also necessarily be different. Specifically, in contrast to many other medical conditions, like asthma, diabetes, and hypertension, where the potential outcome—such as intubation or stroke—is uniformly negative, unplanned pregnancy is much more complex. Women who are not planning pregnancies have a range of feelings about a possible pregnancy and its impact on their lives, which are influenced by their circumstances and values [8, 9, 10••]. These feelings will impact the priority women place on method effectiveness relative to other characteristics, such as how much control she has over the method and what side effects the method has.

Due to the uniform meaning of outcomes for conditions such as diabetes and hypertension, medical providers can promote use of the most effective treatment for these conditions in a patient-centered manner, with the goal of optimizing health outcomes. However, in the highly personal context of reproduction, unilaterally emphasizing effectiveness over other method characteristics can lead to non-patient-centered care by failing to prioritize the preferences of individual women. Only the individual woman can determine not only if she wishes to become pregnant but also how much risk of pregnancy she feels is acceptable when choosing a contraceptive method. Providers must therefore support women by ensuring that they have the necessary information to make informed decisions regarding potential trade-offs, while not making assumptions about the relative importance of method effectiveness for an individual patient.

This is not to suggest that patient-centered contraceptive counseling is in conflict with broad public health goals, such as reducing rates of unintended pregnancies. Interventions aiming to improve the quality of contraceptive counseling through increasing patient centeredness would be expected to improve women's experience of reproductive health care and their ability to achieve their reproductive goals. As many individuals seeking contraceptive care are highly motivated to avoid pregnancy, this would also be expected to influence unintended pregnancy rates on a population level, while prioritizing the preferences of individual patients in the context of patient–provider interactions.

Patient-centered contraceptive counseling therefore requires that providers understand women's decision making around contraception and support these decisions in a way that meets individual women's preferences for counseling. As such, in this review, we include recent research on how women make decisions about contraception as well as women's preferences for and experiences with contraceptive counseling. We present implications of this research for future interventions and offer examples and discussion of interventions that have utilized patient-centeredness to date.

Previous Literature

Research published before 2012 provides little guidance about how best to apply the patient-centered framework to family planning care. One qualitative study found that personal experiences and stories from social networks are more salient than medical opinions in shaping safety perceptions, underlining the importance of considering women's social context when providing care [11]. Qualitative research on the aspects of family planning care valued by women found that women value personalization of care, provider empathy, and respect for their autonomy in contraceptive visits [12], as well as having a provider spend enough time explaining relevant issues [13]. Cross-sectional studies have found that a positive experience of care is associated with outcomes

including method continuation [14, 15]. While these results do not provide guidance on specific care practices, they do generally suggest the importance of understanding how best to meet women's needs in contraceptive counseling. Studies of specific aspects of women's experience of care and outcomes have found that counseling on side effects is associated with improved method continuation and satisfaction [16, 17]. In addition, women who report having received personalized contraceptive counseling in the past two years are more likely to be satisfied with their counseling and to be using contraception [18].

Previous research has also highlighted areas for improvement in contraceptive counseling. Several studies have found that women are dissatisfied with the degree of patient centeredness of their counseling [18–20]. In qualitative studies, women's dissatisfaction was associated with feeling that counseling was not adequately tailored to their needs and circumstances and that providers did not spend enough time addressing their questions and concerns [21, 22].

Finally, older research includes little evidence of what interventions might effectively increase patient centeredness in counseling and lead to positive reproductive health outcomes. One intervention had a patient-centered counseling approach that included an interview with a psychologist and an exploration of women's "contraceptive agenda." This intervention was shown to increase women's knowledge, favorable attitudes, and use of effective contraception [23].

Recent Findings

Recent research with relevance to patient-centered contraceptive counseling includes investigation of women's decision making processes around contraception, women's preferences for contraceptive counseling, how counseling currently occurs in practice, and interventions that include elements of patient-centeredness.

How Women Decide on a Contraceptive Method

Understanding how women make contraceptive decisions is necessary for the ability of providers to effectively support these decisions during visits in which contraception is discussed. Several studies have found that contraceptive effectiveness is highly important to women, although other concerns such as side effects, safety, how a method is used, and affordability were also often described as important, and women's preferences varied [24•, 25, 26•, 27]. One quantitative study found dissimilarity between women's and providers' perceptions of method attributes. Although long duration of use, high efficacy, and minimal pain were considered highly desirable by both, women ranked heavy periods as the least desirable attribute, and providers ranked low method efficacy as the least desirable [27]. These results indicate that providers may assume that method efficacy will drive women's method selection, while issues surrounding side effects, such as effects on periods, may weigh more heavily in decision making for individual women.

Multiple qualitative studies have highlighted the role of women's social communities on contraceptive behavior. In these studies, peers were reported to be valuable and influential resources when women were considering their method options [26•, 28]. Two studies about the intrauterine device (IUD), specifically, found that participants reported often hearing negative experiences about this method from their peers [26•, 28]. However, in all studies, women explicitly indicated that despite the salience of information from their social community, they recognized that people's experiences with methods varied and that each woman ultimately needed to find the "best method for her" based on her own individual needs [26•, 28].

Women's Preferences for Counseling

In order to provide patient-centered contraceptive care, evidence about influences on women's contraceptive decision making must be integrated with information about women's preferences for the counseling interaction itself. Recent research provides insight into how providers can communicate with patients in a manner that will help them make contraceptive decisions that reflect their preferences and experiences.

Multiple qualitative studies have found that women desire an intimate, friend-like interaction with providers during contraceptive counseling visits [29••, 30]. These studies also indicate that women want their provider to actively engage with them in the process of choosing a contraceptive method, including tailoring counseling to their expressed preferences [29••, 30]. Going further, many women valued suggestions from providers about methods that might be appropriate. Importantly, there was variation around preferences in this area, with some women expressing that they preferred to receive only information, with no subjective input [29••]. In one quantitative study investigating preferences around decision making, 33 % of women desired shared decision making and 18 % preferred provider-led decision making about contraception, with the remainder preferring patient-driven decision making [31]. This highlights the need for providers to understand individual patients' preferences for counseling styles when seeking to provide patient-centered care.

One particular aspect of engagement in decision making that has received recent attention is provider self-disclosure about contraceptive use. While this type of communication has the potential to enhance intimacy between providers and patients, it also has the potential to influence decision making in a manner that may or may not be desirable. Two qualitative studies about IUDs found that patients viewed provider self-

disclosure about IUD use positively, as it adds information about the experience of using a method, rather than medical information alone [28, 30]. One quantitative study documented the potential influence of this type of communication, as it found a significant association between clinician self-disclosure about IUD use and patients' choice of this method [32].

Other aspects of counseling that are valued by women include receiving information about side effects in visits [29••, 30], a finding that complements previous research linking anticipatory counseling on side effects with method satisfaction and continuation [16, 17]. Providers may underestimate the importance to women of receiving information about side effects. One study comparing women's information priorities for contraceptive decision making to providers' information priorities for counseling found general concordance, but importantly, women ranked information on side effects as more important that providers did [33•]. This discrepancy highlights the need for providers to understand and meet patient priorities for information in counseling visits, particularly with regard to side effects.

Studies also indicate that women have preferences for how to receive information about contraception. One qualitative study investigating adolescent IUD users' experience with counseling identified the use of visual aids as a useful feature of counseling [26•], while a study of adult women indicated that women, while valuing the one-on-one interaction with a provider, often felt this alone was inadequate and desired both written and verbal information [29••].

Counseling in Practice

In addition to research investigating women's preferences and experiences around contraceptive decision making and the contraceptive visit, recent research has also examined counseling visits themselves. Such studies provide insights into areas where patient centeredness could be improved. Several analyses of a study utilizing audio-recorded patient visits indicate some incongruity between what the evidence suggests women want from counseling and what occurs in practice. An analysis of counseling specifically about IUDs found that this was usually non-interactive and did not incorporate how patient preferences related to IUD characteristics [34]. More generally, a qualitative analysis of counseling approaches found that providers infrequently engaged with patients around their preferences, with less than one quarter of patients experiencing shared decision making in which there was interactive communication around method selection [35•]. Social communication and peer influence were also infrequently addressed during patient visits [36]. In addition to these results documenting communication during visits, one recent study of adolescents who requested removal of a contraceptive implant and their perception of the care they received found that most participants felt they had not been adequately counseled on method side effects [37]. Overall, these results indicate a need for more interactive counseling to meet the needs of patients.

Implications for Counseling

Recent investigation into areas related to patient-centeredness in contraceptive counseling indicates actions providers can take to practice patient centeredness with patients (Table 1). Throughout the visit, it is important for providers to focus on the interpersonal relationship in order to develop a friendly and open patient–provider dynamic. In addition, providers should use open-ended questions to elicit patient preferences around contraceptive methods, such as "What is important to you about your birth control method?" This information can then be used to structure the conversation, with the goal of helping the patient to choose a method that best meets her priorities. Using personalized information to interact with the patient, it is important for providers to share method information that is valuable to patients, including information on side effects and efficacy. It is also necessary to understand and be responsive to patients' social, and cultural contexts when providing care, by asking questions like "What have you heard from your friends and family?" When appropriate, self-disclosure of method use can be helpful for some patients in their decision making process, although this must be done cautiously given the possibility of unduly influencing women's choices.

This focus on explicit interaction around patient preferences and the provision of decision making support contrasts

Table 1 Steps toward practicing patient-centered counseling

1. Focus on the interpersonal relationship. Intimate, friend-like interactions establish trust and openness between providers and patients and are consistent with patient preferences for counseling about contraception.
2. Elicit patient preferences for methods. Open the discussion of contraceptive method options with a question that provides a clear indication that the patients' preferences are the focus of the discussion: "What is important to you about your birth control method?"
3. Be attuned to diverse patient preferences. Patients will have varied preferences around issues including the relative importance of preventing pregnancy and the significance of specific side effects, including menstrual changes.
4. Provide relevant information in accordance with patient preferences. Prioritize sharing information about methods based on what is most important to the patient, whether that is side effects, efficacy, mode of use, or other method characteristics.
5. Be aware of and responsive to the patient's preferences for the counseling interaction. Either through direct questioning or by assessing her response to a shared decision making approach, understand and adjust counseling, and specifically the extent of provider guidance in the decision making process according to how the patient would like decisions to be made.

with the informed choice model of counseling that is frequently emphasized in family planning [38]. In this model, the role of providers is to give information about methods and relegate decision making to patients; therefore, patient autonomy is appropriately prioritized, but women who desire more engagement will not receive the care that best meets their needs. Given that many women value this engagement, we suggest that a shared-decision making approach toward contraceptive counseling may be appropriate for many patients. In this model, the expertise of both the provider and patient is recognized, with the provider being the medical expert and the patient being the expert on her own values and preferences [39]. The provider's role is to share information, facilitate the identification of patient preferences, correct misinformation that may inform preferences, help patients consider their preferences in relation to contraceptive options, and support the patient in coming to a decision [40].

It is important to note that as there is variation in the degree to which patients desire involvement with decision making about contraception [29••], and therefore providers should flexibly accommodate this diversity. Providers may learn about patient preferences for the decision making process by asking at the beginning of the visit, "How would you like me to support you in choosing a birth control method?" Alternatively, the provider can begin with a shared decision making approach and then assess the patient's response to counseling to understand how much information and decision-making input the patient would like from the provider, and adjust counseling accordingly.

A shared decision making approach is relevant in consideration of recent scholarly work addressing the enthusiasm among health professionals for highly effective, long-acting reversible contraceptive (LARC) methods, and the potential pitfalls with respect to patient centeredness of efforts to increase use of these methods [41••, 42]. Paradoxically, the public health aim to increase LARC use on a population level, and interventions that work toward this aim, may negatively impact women's autonomy by diminishing the focus on individual preferences and values and how they relate to what method is best for each woman [41••]. A shared decision making approach provides a structure to acknowledge the superior efficacy of LARC methods, through ensuring women are informed about differences in method effectiveness, while maintaining a continued focus on each women's preferences across the range of method characteristics.

The need for caution around counseling designed to increase use of LARC methods has specific relevance to the care of women of color, given a history in the USA of coercive practices by family planning programs [43], as well as ongoing evidence that women from these populations are more likely than white women to have the IUD recommended to them by providers [44] and to receive counseling encouraging them to limit their family size [45]. As such, the provision of contraceptive counseling that emphasizes method efficacy over other method characteristics that may be of interest to the individual could interact with unconscious bias to contribute to inequities in care. Further, as mistrust of family planning providers is not uncommon among black women [46], efforts to promote specific methods may further contribute to suspicion regarding provider's motives and impair therapeutic relationships, regardless of the actual presence or absence of bias [42, 47].

Interventions to Date

Several counseling interventions have been implemented in recent years that incorporate elements of patient centeredness, such as the foregrounding of patient priorities and consideration of contextual factors in the counseling visit. These interventions, including reproductive life planning, motivational interviewing, and decision support tool interventions, are patient-centered to varying degrees. However, there is the potential for population-based outcomes and directive counseling toward specific methods to overshadow patient priorities and experiences in many of these interventions.

In reproductive life planning interventions, providers engage with patients in planning their future, in terms of having children and reaching other life goals, and counsel around contraceptive method choice based on these goals. Such interventions may be considered patient-centered in that they activate providers and patients to consider how contraceptive methods fit into the lives of patients. However, it is important to recognize that the planning of births may not be the patient's highest priority in deciding on a method and that pregnancy planning may not be a relevant construct for all women [10••]. As such, the focus on a pregnancy planning framework has the potential to be non-patient-centered for some women. Furthermore, providers' ideas of appropriate pregnancy planning may include normative markers of "readiness," such as financial stability, career and educational achievement, and a long-term partner, that categorically exclude young, poor, and single women [48]. Interventions that emphasize planning may allow for this bias to figure more prominently in the counseling interaction, at the cost of attention to individual women's circumstances and preferences.

Another counseling intervention included contraceptive training program for non-health-professional, peer-like counselors to discuss contraceptive options and side effects with patients, and to ensure patients were able to make an autonomous decision about their contraceptive method [49]. The intervention was patient-centered in its acknowledgment of the importance of peer influence, and assurance to women that contraceptive decisions were theirs to make. However, this intervention also included tiered effectiveness counseling, in which the most effective methods without contraindications (usually LARC methods) are presented to the

patient first, regardless of patient preference, and all women received a brief uniform script about LARC effectiveness. As this structure of counseling was uniform, without taking into account specific preferences or experiences with these methods, it diminishes the patient centeredness of the intervention. Recent studies of both this intervention and a reproductive life planning intervention found no significant effects on patient use of an effective contraceptive method, while other, more patient-centered outcomes have not been investigated [49, 50].

Motivational interviewing is another approach to counseling that includes both patient-centered and non-patient-centered elements. In this approach, family planning providers promote the use of contraception by asking them to explore their feelings around preventing pregnancy, with the goal of enhancing their internal motivation to avoid pregnancy [51]. Consistent with the literature around motivational interviewing more generally [52], the use of this type of counseling in family planning has been described as a "patient-centered, directive, and collaborative approach," with the patient-centered label being derived from the attention to the patient's individual motivations and to the relationship between the provider and patient [51]. However, as this intervention is typically designed to increase use of contraception, and specifically highly effective methods, this is not patient-centered with regards to respecting patient priorities for method characteristics in the context of this highly personalized decision.

Decision support tools are another type of intervention that is being increasingly applied to contraception. These tools may enhance patient centeredness by facilitating informed, preference-concordant decisions in the context of preference-sensitive decisions. They may be especially useful in contraceptive decision making, given the complexity of the decision; most women having ten or more potential methods available to them, and preferences for method characteristics are highly individualized and contextual in nature. One promising aspect of decision support tools is their potential to include individualized content based on patient input. In one recent study, patients who used a computer-based contraceptive assessment module with tailored messaging were more likely to continue use of a chosen method at 4 months compared to patients who received generic messaging [53, 54]. These results suggest that personalization of information aligning with patient goals can lead to improved reproductive health outcomes. Of note, however, this tool did not prioritize women's preferences consistently, as method effectiveness was incorporated into the methods recommended by the tool uniformly regardless of women's preferences. Several other decision support tools have been developed that have elements of patient centeredness with respect to eliciting patient preferences. However, these also, either explicitly or implicitly, privilege effectiveness over women's preferences for other method characteristics [55, 56]. In addition, a systematic review of decision aids for contraceptive methods developed between 1985 and 2013 found that the contraceptive attributes important to women were inconsistently included in decision aids [57]. Overall, these findings indicate the importance of future decision aids to be informed by a patient-centered framework by including and prioritizing individual women's preferences in their choice of a contraceptive method.

Conclusion

Focusing on patient centeredness in contraceptive counseling can enhance patients' experience of care and ability to achieve their own reproductive goals. Research has begun to explore women's decision making processes and preferences, revealing that women have diverse, contextualized preferences around attributes of their contraceptive methods and value personal, supportive relationships with their family planning providers that focus on their individual preferences. Aspects of contraceptive decision making and counseling with relevance to patient-centered care that have not been well studied include the influence of partners, as well as how best to support women's contraceptive decision making in the clinical context within the time constraints imposed by our health care system. Further, given documented deficiencies in women's knowledge about contraceptive methods, including relative effectiveness, safety, and side effects [58–60] as well as challenges with health literacy and numeracy [61], further information about how to provide women with the information they need to make informed decisions can inform patient-centered care.

As we continue to advance research designed to improve contraceptive counseling, it is essential to maintain clarity on the goals of counseling and the relevant outcomes of counseling interventions. As evident in recent discussions regarding whether it is appropriate or desirable to institute quality measures for contraceptive care based on the proportion of women using highly effective methods, there is a tension between a public health perspective focusing on decreasing unintended pregnancy and a patient-centered perspective focused on women's experience with family planning care and reproductive health more generally [47]. While these two goals are not necessarily in conflict on a population level, bringing the public health perspective into individual family planning visits can interfere with the ability to provide patient-centered care. Consistent with the movement on a national level toward a focus on outcomes defined by and of relevance to the patients of interest [62], future work in contraceptive counseling would benefit from further engagement with women receiving contraceptive care to define a research agenda. For comparative studies in particular, it is crucial to pay concerted attention to ensure that measured outcomes are of relevance to patients. By engaging with women on research priorities and measures,

we can advance the goal of enhancing women's reproductive life experiences and outcomes, while attending to the ethical mandate, embodied in the patient-centered care movement, of treating and respecting each patient as a unique individual.

Compliance with Ethics Guidelines

Conflict of Interest Christine Dehlendorf, Edith Fox, Lauren Sobel, and Sonya Borrero declare that they have no conflict of interest.

Human and Animal Rights and Informed Consent All procedures performed in studies by the authors involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

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