The state of hormonal contraception today: enhancing clinician/patient communications

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Women’s health nurses and nurse practitioners have a unique opportunity to provide high-quality primary and preventive care and play a critical role in coordinating and delivering effective contraceptive methods. The strategies and techniques that they routinely employ during counseling and education can help improve women’s adoption and appropriate use of contraceptive methods.

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The role of the nurse practitioner in female care and counseling

Women’s health nurses and nurse practitioners have a unique and expanding role in providing high-quality primary and preventive care and are a crucial part of the care team. Nurse practitioners are educated to deliver and coordinate individualized patient care. They play an important role in caring for women of reproductive age, including wellness promotion, delivery of primary care, and management of gynecologic problems and issues, not the least of which is birth control.

Considerations

How well a method prevents pregnancy depends on the inherent ability of the method when used perfectly to prevent pregnancy and whether the method is used correctly. Surveys of contraceptive methods show that less effective methods (those with the inherent ability to prevent pregnancy) are more frequently used than those methods with more inherent effectiveness (Figure 1). Methods that do not require daily intervention, such as implants, female sterilization, and intrauterine devices, are associated with higher effectiveness than those methods that require daily or coitally related use. Those methods require multiple interventions by the user and are, not surprisingly, associated with more inconsistent use and thus, decreased effectiveness in preventing pregnancy.

The major issues as educators and clinicians in improving acceptance of and adherence to effective contraceptive methods are to allay fears, myths, and misperceptions while providing the best education and counseling possible.

Choosing an appropriate method of contraception begins with determining a woman’s attitudes about contraception and pregnancy. For a woman to be satisfied with her method, her criteria for choosing or staying on a method must be met. Allowing women to make a choice about which contraceptive to use and then revisiting that choice at every visit improves adherence to the contraceptive. Frequently, a woman may be ambivalent about the possibility of becoming pregnant, and this issue has to be explored before any of her considerations about methods can be addressed. A study among adolescents demonstrated that ambivalence reduces the use of a contraceptive method. Furthermore, sex without contraception may be seen as more romantic or even more erotic than sex with effective contraception. For some young women, pregnancy may be seen as a way out of current circumstances or a way to elevate their status as women.

There is a lack of knowledge by many women not only with regard to correct information about the range of birth control options available to them but also about basic issues such as what makes a woman fertile. As a result, women may be incorrectly estimating their risks for pregnancy. Sex education should begin when a woman is in her teens and before her sexual debut. Data from the 2002 National Survey of Family Growth showed that about 10% of female adolescents reported no formal sex education. When they did receive information about birth control methods, however, their use of a birth control method at coital debut improved. Interestingly, adolescents who reported receiving birth control method information only were statistically significantly more likely to choose a reliable contraceptive method for their first sexual intercourse than were those who received sex education on both abstinence and birth control methods and those who received education on abstinence only.

Once a woman focuses on the need for birth control and on the risks of unintended pregnancy, her perceptions about birth control methods become evident. Her considerations may include:

- Hormonal or nonhormonal.
- Daily or nondaily.
- Side effects and safety.
- Perceptions about particular methods, both true and false.
- Efficacy and return of fertility after use.
- Childbearing plans.
- Noncontraceptive benefits (ie, acne, premenstrual dysphoric disorder, menstrual cycle disorder).
- Bleeding profile of method—every month, every couple of months, not at all, unscheduled bleeding issues.
- Her partner(s) responsibility in helping her to achieve her goal for not be-
coming pregnant (including the option of using condoms or vasectomy).

- Confidentiality of the visit.

**Clinician considerations in contraceptive choices**

The variety of birth control methods available provides many options for clinicians, but, ultimately, it is the woman’s choice to accept and properly use a birth control method. Although efficacy, ease of use, and favorable continuation should be women’s major concerns, in counseling women, clinicians should remember that their patients’ biggest considerations about a contraceptive method are more likely to be peer influence, partner support, whether a clinician visit is required, and cost and insurance coverage. Combining these aspects is key to good clinician-patient relationships and primarily leads to communication opportunities. Among the clinician considerations are:

- Method’s safety and contraindications.
- Noncontraceptive benefits.
- Method’s conduciveness to consistent and correct use.
- Method’s bleeding profile.
- Clinician time and counseling needed to adequately discuss the options and comprehensive review of characteristics.
- Determining whether current method is the best for her or whether other methods might offer new advantages.
- Insurance coverage and cost for method and clinical care.

Clinicians may also have their own perceptions about birth control or the patient’s ability and willingness to use a method. For example, a clinician may believe that consistent use of a birth control method will improve over time or that a monogamous couple may be better at methods that require more user intervention. Furthermore, a clinician may be influenced by perceived generalizations that may not be true for the individual (eg, all teens are at high risk for sexually transmitted infections and are irresponsible about contraception and sexually transmitted infection protection, and older women are more responsible about using contraception).

Providing a woman with information about the health benefits of hormonal contraception, as well as the importance of correct and consistent use are essential. A number of factors can be identified as those that influence adherence: patient age (what is a good contraceptive choice at age 18 years may not be the best birth control method for a woman of 30 years of age), socioeconomic status, level of education concerning birth control, side effects of the method, therapy dispensing form and mode, prescribing information, and the health care delivery system.6,7 It is also important to understand that these factors are not universal to women because of their age, socioeconomic status, etc.

**Strategies to minimize gaps in contraceptive use**

Almost all American women have used at least 1 form of contraception in their lifetimes, and, not surprisingly, the majority of them have experienced gaps in contraceptive use. For women using birth control, those methods that are most “forgettable” are those associated with high efficacy (Figure 2), but they may not be a highly chosen method. The most effective methods take the user out of the adherence equation (eg, having to remember). Meth-
ods that require the user to think about them, while highly effective, may be subject to frequent gaps in use. Oral hormonal contraceptives are the most popular method for younger women, and female sterilization is the leading contraceptive among women aged >35 years. It is the clinician’s challenge to encourage continuation in a woman’s chosen method and help her identify factors that may or may not make a particular method the best choice. But even under the best circumstances, some women do not use methods correctly or consistently. Adherence rates for oral contraceptives are as low as adherence rates for other prescribed medications,7,8 and studies have shown that even when faced with possible fatal consequences, patients may not take their medications exactly as prescribed.7,10 Unintended pregnancy continues to be a serious and very frequent problem in this country. To address these issues, clinicians need to evaluate the unique needs of each patient and develop an individualized counseling and counseling plan to address barriers to successful use of birth control methods. The relatively recent availability of emergency contraception provides clinicians with an additional tool to address gaps in contraceptive use.

Counseling basics
The clinician-patient interaction should serve 3 functions: gathering of information, educating the patient, and developing a therapeutic relationship.7,11 Whereas closed-ended questions may be time-efficient and ideal for obtaining certain patient data, open-ended questions (eg, what have you heard about the pill?) provide the detail that the clinician needs to form the basis of tailored counseling efforts. Individualization requires asking questions, listening to patients, being compassionate and nonjudgmental while encouraging safe behaviors, and following up on these efforts at each and every visit.

Setting the stage for contraceptive discussion includes obtaining information on the woman’s plans regarding childbearing (or not) and understanding what her goals are for preventing pregnancy. Preferences and priorities change over time. It is acceptable for a woman to change methods as her priorities change. Clinicians need to determine what influences a woman to choose a particular method to adequately discuss the advantages and perceived risks of that method. Clinicians can help women overcome barriers to accessing contraception. If methods are not affordable, clinicians should be able to refer patients to assistance programs and family-planning programs and offer generic versions of their chosen methods that may reduce costs. Although clinicians are thoroughly knowledgeable about forms of contraception, how they explain the methods to women impacts their acceptance and appropriate use. It is worthwhile to ask a woman to repeat her understanding of how to use a contraceptive and to reinforce that understanding at each visit. Supplying handouts and referring to Web site information provide another layer to patient knowledge and may lead to better acceptance and method use.12 Although each clinician needs to formulate his or her own techniques into practice, incorporating any of these strategies into counseling efforts will improve clinician-patient relationships and, potentially, improve method use.

REFERENCES
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