

WOMEN'S HEALTH

Providing Contraceptive Services

Helping women prevent pregnancy requires a broad approach that addresses the range of problems and issues confronting women. Here are some things you can do:

Provide ongoing support for contraceptive use.

- Offer individual counseling about method selection based on assessments of a woman's sexual activity; relationship characteristics; other life events such as difficulties with family, work, or school; and motivations. Make no assumptions. Discuss questions in the patient brochure, *What Birth Control Is Best for You?*, to determine a woman's preferences and goals.

Assess women's attitudes toward pregnancy.

- At each visit, assess a woman's motivation to avoid pregnancy. Use this information to provide counseling about the risks of unintended pregnancy and the contraceptive methods that are most effective.
- Initiate a discussion with all women of reproductive age, including teenagers.

Improve women's knowledge of contraceptive risks and benefits.

- Provide current information about all methods. Cover benefits (including noncontraceptive

benefits), risks, side effects, and proper use, including what to do when used improperly. Use both written materials and verbal explanations appropriate to the patient's educational level and cultural background.

- Encourage the use of multiple and back-up methods to optimize effectiveness and protect against STIs.

Anticipate and manage side effects.

- At subsequent visits, ask about side effects and satisfaction with method. Address problems promptly. Discuss ways to improve compliance.
- Facilitate switching to another method if the current one is not working well.
- Provide an easy way for patients to contact staff if they have additional problems or concerns.

Offer the widest possible range of contraceptive options.

- Stay up to date on all approved methods and clinical recommendations, and make sure written information for patients is also current.
- Develop a policy and procedure for emergency contraception, and share that with patients.

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Address logistical and cost barriers.

- Be responsive to a woman's wish to start using birth control right away. For example, follow the quick-start protocol for new pill users.
- Be aware of cost barriers. Help patients find a method that fits within their budget. Encourage them to contact their health plan. Know about and share information on free or discounted services and supplies for which patients may be eligible.

Sexually active women who are not seeking pregnancy may practice contraception poorly or not at all. There are many reasons for this seeming contradiction, including personal and cultural beliefs, experiences with methods, fears about side effects, partner influences, and problems within the contraceptive care system.

Counseling that Integrates Cultural Awareness

Various cultural and religious influences can affect patients' views on contraception and reproduction. Integrating ethnic and socioeconomic considerations into discussions and recommendations may improve patient compliance.

Counseling Teenagers: A High-Risk Group

The best time to discuss contraception with teens is before they become sexually active:

- By age 19, 70% of teens have had intercourse.
- Most adolescents do not seek contraceptive services until they have been sexually active for 6 months, yet 50% of them will conceive within these first 6 months.
- Teens may have significant barriers to the use of contraceptives because of their concerns about confidentiality and affordability and their misconceptions about the efficacy and safety of birth control methods.