



Original research article

# Patient-provider conversations about sterilization: a qualitative analysis<sup>☆,☆☆</sup>

Katrina Kimport<sup>a,\*</sup>, Christine Dehlendorf<sup>b</sup>, Sonya Borrero<sup>c,d</sup>

<sup>a</sup>*Advancing New Standards in Reproductive Health, Department of Obstetrics, Gynecology & Reproductive Sciences, University of California, San Francisco, USA*

<sup>b</sup>*Family Community Medicine, University of California, San Francisco, San Francisco, CA, USA*

<sup>c</sup>*Department of Medicine, University of Pittsburgh, Pittsburgh, PA, USA*

<sup>d</sup>*Center for Health Equity Research and Promotion, VA Pittsburgh Healthcare System, Pittsburgh, PA, USA*

Received 1 July 2016; revised 26 October 2016; accepted 27 October 2016

## Abstract

**Objectives:** Although female sterilization is the second most commonly used contraceptive method in the US, research suggests that providers may serve as barriers to desired sterilization.

**Study design:** We conducted a modified grounded theory analysis of audio-recorded contraceptive counseling visits with 52 women who specified on a previsit survey that they wanted no future children and a supplemental analysis of visits with 14 women who wanted or were unsure about future children in which sterilization was mentioned.

**Results:** Sterilization was discussed in only 19 of the 52 visits, primarily with patients who were older women with children. Although some framed sterilization positively, many clinicians discouraged patients from pursuing sterilization, encouraging them instead to use long-acting reversible methods and framing the permanence of sterilization as undesirable. In the 33 remaining sessions, sterilization was not mentioned, and clinicians largely failed to solicit patients' future reproductive intentions. We found no clear patterns regarding discussion of sterilization in the 14 supplemental cases.

**Conclusion:** Clinicians did not discuss sterilization with all patients for whom it might have been appropriate and thus missed opportunities to discuss sterilization as part of the full range of appropriate methods. When they did discuss sterilization, they only infrequently presented the method in positive ways and more commonly encouraged patients to choose a long-acting reversible method instead. Clinicians may want to reflect on their counseling practices around sterilization to ensure that counseling is centered on patient preferences, rather than driven by their own assumptions about the desirability of reversibility.

**Implications:** Clinicians often fail to discuss sterilization as a contraceptive option with potentially appropriate candidates and, when they do, often discourage its selection. Clinicians should consider assessing reproductive intentions to ensure that potentially relevant methods are included in counseling. © 2016 Elsevier Inc. All rights reserved.

**Keywords:** Female sterilization; Contraceptive counseling; Qualitative methods; Reproductive intentions

## 1. Introduction

Female sterilization is the second most commonly used method of contraception in the United States. Currently,

15.5% of US women of reproductive age rely on female sterilization to prevent pregnancy, and low-income women and women of color disproportionately use this method [1]. The historical context of sterilization, in which many low-income women and women of color were sterilized without their consent, coupled with contemporary statistics, raises concern that providers may be promoting this method of birth control selectively.

Simultaneously, there is evidence of unmet demand for the procedure. In addition to logistical obstacles [2–10], available research suggests that providers may serve as barriers to desired sterilization by discouraging women from undergoing sterilization or refusing to perform the procedure,

<sup>☆</sup> Source of Funding: This project was supported by the Society of Family Planning and by grant K23HD067197 from the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD). The content is the responsibility solely of the authors and does not necessarily represent the official views of the NICHD or the National Institutes of Health.

<sup>☆☆</sup> Conflicts of Interest: The authors report no conflict of interest.

\* Corresponding author. Tel.: +1-510-986-8947.

E-mail address: [katrina.kimport@ucsf.edu](mailto:katrina.kimport@ucsf.edu) (K. Kimport).

often citing the patient's young age or low parity as too highly correlated with future regret [3,8,11]. Although providers are presumably well-intentioned, women have reported feeling that these types of encounters reflect a lack of respect for their preferences and decisional capacity and ultimately undermine their reproductive autonomy [3]. The increased enthusiasm around long-acting reversible contraception (LARC) overall and specifically as an alternative to sterilization [12–14] has the potential to intensify this dynamic.

To date, studies describing provider behaviors around sterilization counseling are primarily retrospective accounts from the patient perspective. There are no studies describing the presence, content and tone of sterilization counseling using recordings of patient visits. In this study, we analyzed audio-recorded contraceptive counseling sessions to examine the frequency and content of conversations in which sterilization was discussed or would have been appropriate to discuss.

## 2. Methods

This study draws from a body of 342 audio-recorded contraceptive counseling sessions of women of reproductive age (16–53) seeking family planning services at one of six San Francisco Bay Area family planning, primary care or general gynecological clinics. Because of public programs, all patients at these sites had insurance coverage for contraception. All counseling was conducted by health professionals, including licensed nurse practitioners, physician assistants, certified nurse midwives and physicians. The study was described to patient and provider participants as an investigation of communication about contraception, with the goal of improving understanding of women's experience with contraception.

Recruitment took place between August 2009 and January 2012. Patients were eligible if they wished to discuss starting or changing a birth control method during their visit, spoke English, were not and did not desire to become pregnant in the next year and identified as Black, Latina or White. All participating patients completed a previsit and a postvisit paper survey, which included questions on their fertility intentions, previsit method preference, postvisit selected method(s), planned start date and demographic characteristics. Patient participants were compensated for their time with a US\$25 gift card. Clinicians also completed a brief demographic survey. Written informed consent was obtained from both patients and clinicians prior to recording.

The entirety of the contraceptive counseling visit was recorded by a recording device left in the room; no member of the study team was present for the visit. The sessions ranged in length from 10 to 45 min, averaging about 15 min. Recordings were transcribed verbatim. Study protocols were approved by the Committee on Human Research at the University of California, San Francisco.

To examine the frequency and content of discussions around sterilization with potentially appropriate candidates in contraceptive counseling visits, we sampled from the 342 sessions all visits for those patients who specified in the previsit survey that they wanted no future children, surmising that these were patients for whom sterilization would have been appropriate to discuss as a possible method. Response options for the previsit survey question about desire for future children included “yes,” “no” or “I don't know,” rendering the choice of “no” a nonambivalent answer. As a supplemental analysis, we created a second sample of any additional visits where female sterilization was mentioned, however briefly.

For this study, sessions were analyzed according to grounded theory analytic techniques [15] in Atlas.ti 7 (Scientific Software Development GmbH). The first author read all transcripts and developed a preliminary codebook. She then coded the data using this preliminary list and added new codes as they emerged, simultaneously compiling brief reports and memos. As themes began to emerge, she discussed her findings with the second and third authors who gave feedback on patterns and perceived redundancies. Disagreements were resolved through discussion until consensus. When no new codes emerged and the authors agreed on the thematic patterns, coding was considered complete.

## 3. Results

Fifty-two patients indicated in their previsit survey that they did not want future children. Patient characteristics are reported in Table 1 and method preferences, choices and planned start dates in Table 2. Six women expressed a previsit preference for female sterilization. However, only two women left with a plan for female sterilization (Table 2).

The counseling sessions spanned 30 different providers (see Table 3 for clinician characteristics).

### 3.1. Discussion of sterilization

Sterilization was discussed in 19 of the 52 visits in the sample (37%). Generally, the sessions in which sterilization was discussed also included the patient conveying to the clinician that she did not want future children. In seven cases (with seven different clinicians), the clinician introduced sterilization as a possible method, in all cases after first soliciting the patient's fertility intentions and, then, based on patients' response that they did not desire future children, suggesting sterilization. The women in these seven sessions were 37 years old or older and had a history of one or more pregnancies, whereas the overall sample was more heterogeneous (Table 1), suggesting a pattern for whom clinicians considered asking about future pregnancy intentions and considered as potential candidates for sterilization.

Download English Version:

<https://daneshyari.com/en/article/5694292>

Download Persian Version:

<https://daneshyari.com/article/5694292>

[Daneshyari.com](https://daneshyari.com)