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Original research article

What matters most? The content and concordance of patients' and providers' information priorities for contraceptive decision making ☆,☆☆

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Abstract

Objective(s): The objective of this study was to identify women's and health care providers' information priorities for contraceptive decision making and counseling, respectively.
Study Design: Cross-sectional surveys were administered online to convenience samples of 417 women and 188 contraceptive care providers residing in the United States. Participants were provided with a list of 34 questions related to the features of contraceptive options and rated the importance of each. Participants also ranked the questions in descending order of importance. For both women and providers, we calculated the mean importance rating for each question and the proportion that ranked each question in their three most important questions.
Results: The average importance ratings given by women and providers were similar for 18 questions, but dissimilar for the remaining 16 questions. The question rated most important for women was "How does it work to prevent pregnancy?" whereas, for providers, "How often does a patient need to remember to use it?" and "How is it used?" were rated equally. The eight questions most frequently selected in the top three by women and/or providers were related to the safety of the method, mechanism of action, mode of use, side effects, typical- and perfect-use effectiveness, frequency of administration and when it begins to prevent pregnancy.
Conclusion(s): Although we found considerable concordance between women's and provider's information priorities, the presence of some inconsistencies highlights the importance of patient-centered contraceptive counseling and, in particular, shared contraceptive decision making.
Implications: This study provides insights into the information priorities of women for their contraceptive decision making and health care providers for contraceptive counseling. These insights are critical both to inform the development of decision support tools for implementation in contraceptive care and to guide the delivery of patient-centered care.

Keywords: Contraception; Shared decision making; Family planning; Patient education; Patient-centered care; Needs assessment

1. Introduction

In the United States, 51% of pregnancies are unintended [1], with 43% of these attributable to incorrect or inconsistent contraceptive use [2]. Imperfect contraceptive use has often been framed as failure on the part of the user [3] but could equally be viewed as a predictable consequence of poor alignment between a woman's unique needs, preferences and circumstances and her chosen contraceptive method. Research has shown that women seeking contraceptive care receive outdated or erroneous information about method characteristics, eligibility, risks and benefits [4–7]; biased counseling based on racial/ethnic background, socioeconomic status and/or gynecologic history [4,5,8–11]; and pressure to adopt a specific method rather than participate in shared discussion and deliberation [12,13]. These deficits in care are problematic given that both satisfaction and correct and continued method use are increased when women are given personalized tools and accurate information to identify the contraceptive method that best fits their lifestyle, preferences and goals [14–19]. It is critical that poor-quality contraceptive decision making be

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addressed. In the United States, this is particularly salient given the significant expansions in access to contraceptive care and methods recently enabled by the Affordable Care Act [20].

Shared decision making — the process by which health care providers and patients make decisions collaboratively on the basis of evidence, clinical expertise and patient preferences [21] — is an obvious strategy to improve contraceptive decision quality and women's satisfaction with, and correct and consistent use of, their contraceptive method [19,22]. Decision support tools that provide information about available options and their salient features have potential to facilitate shared decision making [23]. It is for this reason that we intend to develop a contraceptive decision support tool using the Option Grid model [24,25]. Option Grids are one-page tools that provide information on health options in the form of answers to up to eight frequently asked questions, presented in a tabular format. In contrast to traditional decision aids, Option Grids are designed for use within the encounter (i.e., as an adjunct to counseling) to facilitate evidence-based deliberation about options by patients and providers together.

Both the uptake and utility of decision support tools like Option Grids rely largely on the extent to which they respond to the information priorities of their intended end users — in this case, women seeking contraceptive care and the health professionals that provide contraceptive counseling. Currently, however, published evidence in this area is insufficient to inform tool development. While some previous research has assessed women's perceptions of the importance of different contraceptive features [26–29], studies have typically provided participants with only a limited list of features to rate, have recruited only women early in their reproductive lifespan or those choosing particular methods, and/or have found ceiling effects in importance ratings, precluding insights into the relative importance of different features. Furthermore, to our knowledge, no research has comprehensively assessed the importance providers place on different contraceptive features for their contraceptive counseling.

Given this gap in knowledge, we sought to identify the information most salient to women for their contraceptive decision making and to health care providers for contraceptive counseling. This paper describes the findings of cross-sectional surveys administered to women of reproductive age and contraceptive care providers residing in the United States and provides insights relevant both to decision support tool development and to the delivery of patient-centered contraceptive care.

2. Materials and methods

2.1. Study design and participants

We undertook a cross-sectional survey study with convenience samples of women and health care providers. For the former, we invited women aged 15–45 years who lived in the United States, were comfortable reading and writing in English, and self-identified as using or interested in contraception to participate. For the provider sample, we invited individuals who lived in the United States, were comfortable reading and writing in English, and self-identified as having counseled about or prescribed contraception in the past year to participate. We sought to recruit a larger sample of women than providers based on an assumption of greater homogeneity in providers' perspectives.

2.2. Recruitment

Adopting a snowball recruitment strategy, we used a variety of channels to recruit women and contraceptive care providers (e.g., licensed practical nurses, registered nurses, nurse-practitioners, certified nurse-midwives, midwives, physician assistants, physicians and others) throughout the United States. We partnered with *Planned Parenthood Northern New England* in order to e-mail the online survey invitation to providers in their network of 21 clinics in the states of Vermont, New Hampshire and Maine. *Planned Parenthood Northern New England*, the *Bedsider Birth Control Support Network*, *Ibis Reproductive Health* and other organizations disseminated information about both patient and provider surveys via their social medial channels (e.g., Facebook, Twitter, Tumblr). We also used existing international, national and regional e-mail distribution lists; print publications; and professional association and organization mailing lists to raise awareness about the study. Recruitment materials encouraged individuals to forward the invitation to their colleagues and friends. The sociodemographic characteristics of respondents were monitored over the data collection period, with particular efforts made to target underrepresented subpopulations of women in the later stages of recruitment.

2.3. Measures

We developed a 26-item women's survey and a 22-item provider survey for online administration, using a combination of standard, adapted and newly developed items. The women's survey assessed sociodemographic characteristics, reproductive history and pregnancy intentions, interest in different contraceptive methods, information priorities for contraceptive decision making, experiences of contraceptive care and contraceptive decision support preferences. The provider survey assessed sociodemographic characteristics, training and practice characteristics, information priorities for contraceptive counseling and contraceptive decision support preferences. Both surveys were informally pilot tested for length and comprehension. Data on information priorities for contraceptive decision making and counseling are presented here.

2.3.1. Women's survey

Women's sociodemographic characteristics including age, gender, country of residence, language ability, language spoken at home [30], educational attainment [31], ethnicity and race [32], relationship status, health insurance coverage