

# Determining factors in the choice of contraceptive means

Daria Gheorghe and Elise Houdebine

General practitioners

CMGF 2023 English session

# Declaration of conflict of interest

Elise Houdebine

- Declares that she has no conflicts of interest in relation to the subject being treated



Daria Gheorghe

- Declares that she has no conflict of interest in relation to the subject being treated



# Family planning and contraception methods

WHO

"Use of contraception advances the human right of people to determine the number and spacing of their children."

"Ensuring access for all people to their preferred contraceptive methods advances several human rights including the right to life and liberty, freedom of opinion and expression and the right to work and education, as well as bringing significant health and other benefits."

# Contraceptive consultation: the basics

Making the  
right choice for  
the individual

Concerning  
both men and  
women

At a crossroads  
of sexual,  
preventive and  
public health

## Contraceptive consultation

Due to the medicalization of contraception from the 1970s onward, the practitioner has had a large influence on the choice of contraception for women.

Caregivers advise and help select a contraception adapted to the life of each person, to each context and period.

Satisfaction and optimal use of methods is directly related to the choice of contraception ultimately being in the hands of the patient.

# Workshop

- The workshop is divided into 3 parts. We invite you to reflect on these 3 themes :



What contraceptives are available today ? Disadvantages / benefits



Determining factors / contraceptive norms



Counseling / Tools that can be use in consultation

# Workshop 1

## What contraceptives are available today ?

List all the different contraceptives you know.

Disadvantages / benefits.

# Contraception methods



Condom



Female condom



Oral contraception



Hormonal ring



IUD



Contraceptive injection



Surgical sterilization



Implant



Coitus interruptus



Calendar rhythm method



Vaginal douche



Contraceptive patch



Diaphragm / cap



# Contraceptive effectiveness

Pearl Index is percentage of pregnant women in the 1st year of contraceptive use classified as follows:

- < 1: "very effective"
- 1-10: "effective"
- 10-25: "moderately effective"

"Correct" use (theoretical Pearl) versus "common" use (practical Pearl)

No contraceptive method: IP = 85

0.05 (implant) to 40 ( vaginal douche) but variable according to the country, culture, age, parity, etc ...

# Contraceptive effectiveness



## APPENDIX A

### Contraceptive Effectiveness

Rates of Unintended Pregnancies per 100 Women

Family planning method	First-Year Pregnancy Rate* (Trussell & Aiken <sup>b</sup> )		12-Month Pregnancy Rate* (Polis et al. <sup>c</sup> )	Key
	Consistent and correct use	As commonly used	As commonly used	
Implants	0.1	0.1	0.6	0-0.9
Vasectomy	0.1	0.15		Very effective
Female sterilization	0.5	0.5		
Levonorgestrel IUD	0.5	0.7		1-9
Copper-bearing IUD	0.6	0.8	1.4	Effective
LAM (for 6 months)	0.9 <sup>a</sup>	2 <sup>a</sup>		
Monthly injectable	0.05 <sup>a</sup>	3 <sup>a</sup>		10-19
Progestin-only injectable	0.2	4	1.7	Moderately effective
Combined oral contraceptives	0.3	7	5.5	
Progestin-only pills	0.3	7		
Combined patch	0.3	7		20+
Combined vaginal ring	0.3	7		Less effective
Male condoms	2	13	5.4	
Standard Days Method	5	12		
TwoDay Method	4	14		
Ovulation method	3	23		
Other fertility awareness methods		15		
Diaphragms with spermicide	16	17		
Withdrawal	4	20	13.4	
Female condoms	5	21		
Spermicide	16	21		
Cervical cap/ <sup>d</sup>	26 <sup>a</sup> , 9 <sup>b</sup>	32 <sup>a</sup> , 16 <sup>b</sup>		
No method	85	85		

# Contraceptive effectiveness

## Comparing Effectiveness of Family Planning Methods

### More effective

Less than 1 pregnancy per 100 women in one year



Implants

IUD

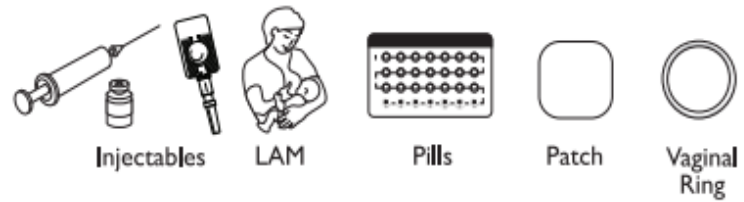
Female Sterilization

Vasectomy

### How to make your method more effective

**Implants, IUD, female sterilization:** After procedure, little or nothing to do or remember

**Vasectomy:** Use another method for first 3 months



Injectables

LAM

Pills

Patch

Vaginal Ring

**Injectables:** Get repeat injections on time

**Lactational Amenorrhea Method (for 6 months):** Breastfeed often, day and night

**Pills:** Take a pill each day

**Patch, ring:** Keep in place, change on time



Male Condoms

Diaphragm

Fertility Awareness Methods

**Male condoms, diaphragm:** Use correctly every time you have sex

**Fertility awareness methods:** Abstain or use condoms on fertile days. Newer methods (Standard Days Method and TwoDay Method) may be easier to use.

### Less effective

About 20 pregnancies per 100 women in one year



Female Condoms

Withdrawal

Spermicides

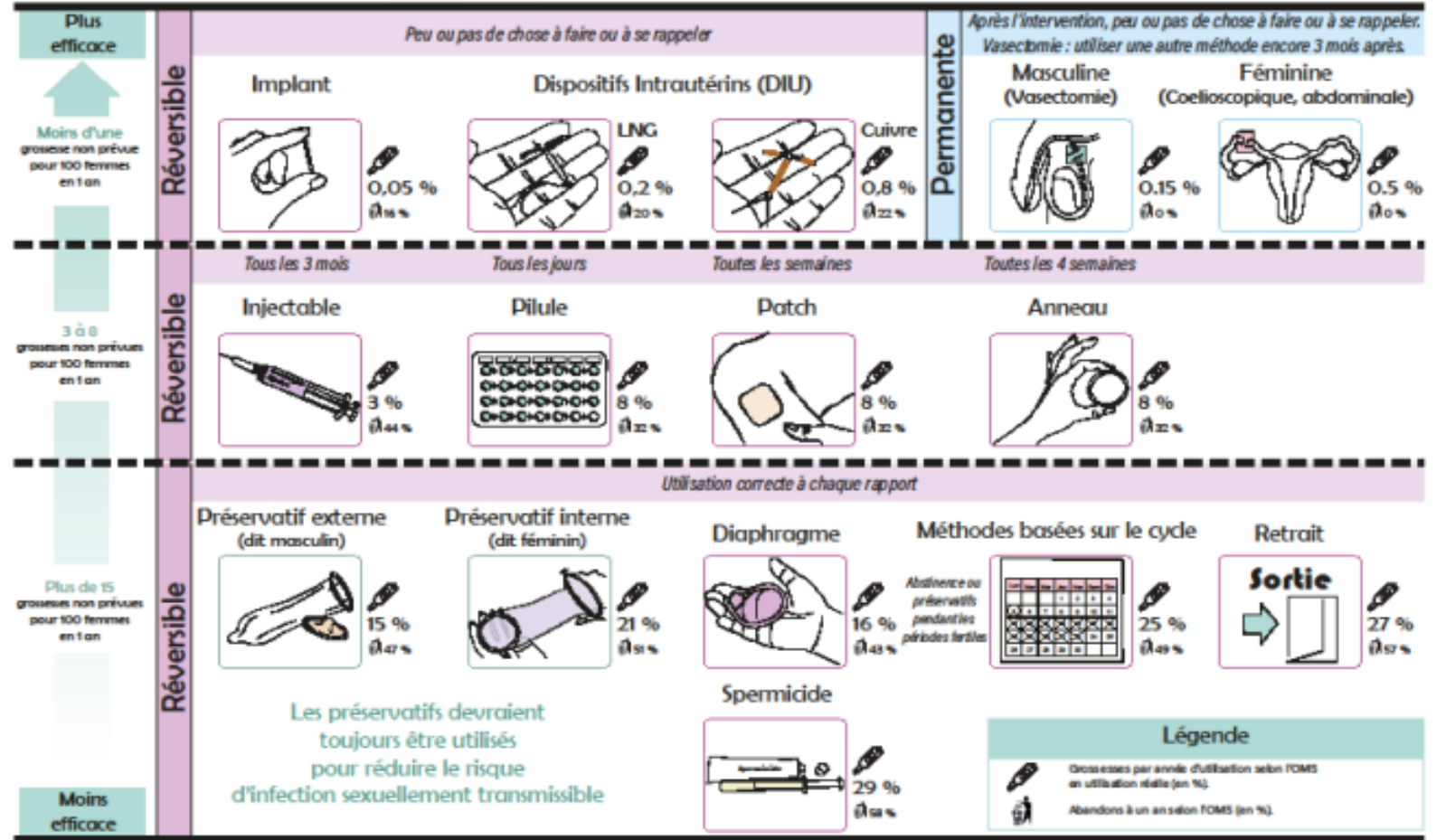
**Female condoms, withdrawal, spermicides:** Use correctly every time you have sex



# Contraceptive effectiveness

Drop-out rates

## Méthodes contraceptives en fonction de leur efficacité



Il existe d'autres méthodes : (1) Aménorrhée lactationnelle : méthode très efficace, temporaire ; (2) Contraception d'urgence : pilule contraceptive ou DIU au cuivre après un rapport à risque de grossesse.  
 © 2019 - T. Linet, MC Martin-Gabrie, C. Villamena, C. Vinson et le collectif Fomagny. Adapté de OMS - Guide de la planification familiale et de CDC - 2016 U.S. Medical Eligibility Criteria for Contraceptive Use

## Workshop 2

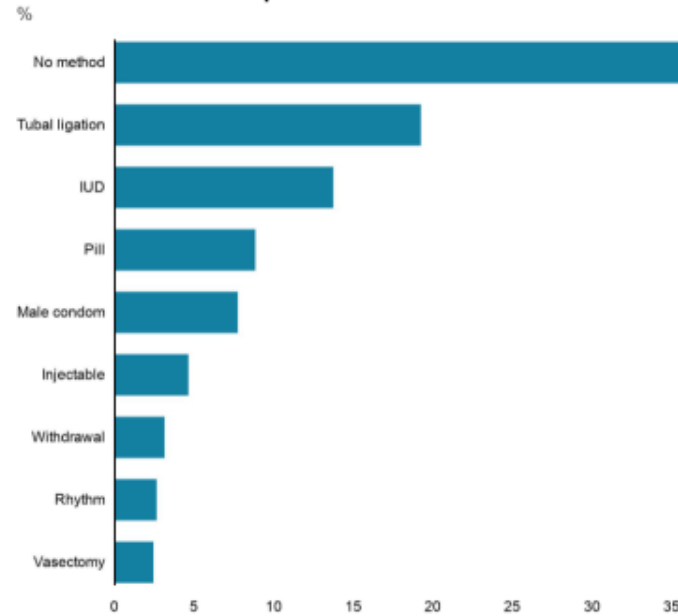
What are the determining factors in  
contraceptive choice ?

# Contraception – a different prescription



# Contraception in world

Most common contraceptive methods worldwide

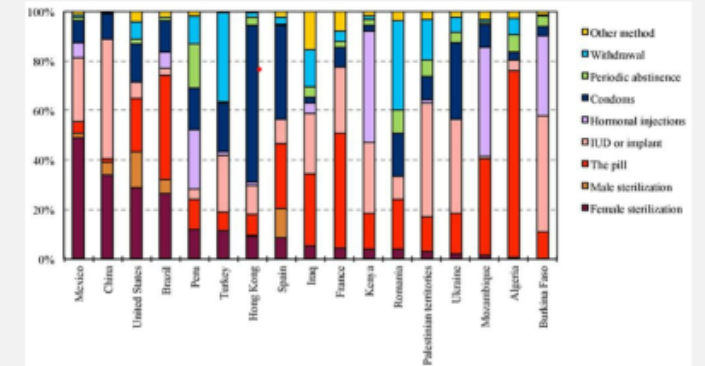


\*female sterilisation

Source: UN, 2015

Figure 1

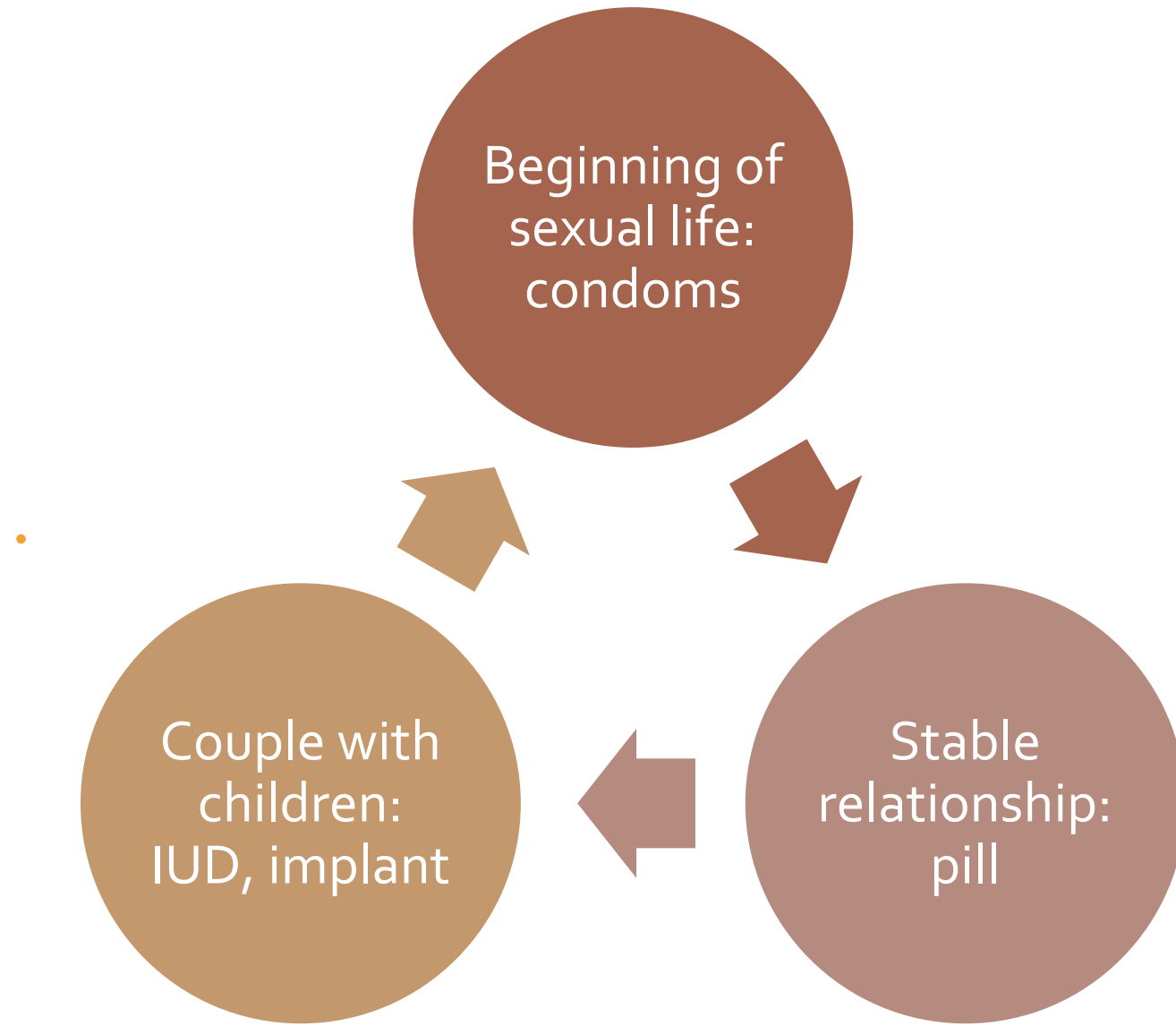
CONTRACEPTIVE USAGE IN SELECTED COUNTRIES ACROSS THE WORLD



Population: Women aged 15 or over in a cohabiting union and using a method of contraception. The countries were selected to show diversity of contraceptive models while ensuring data comparability (women's conjugal status; age; sum of contraceptive methods = 100%).

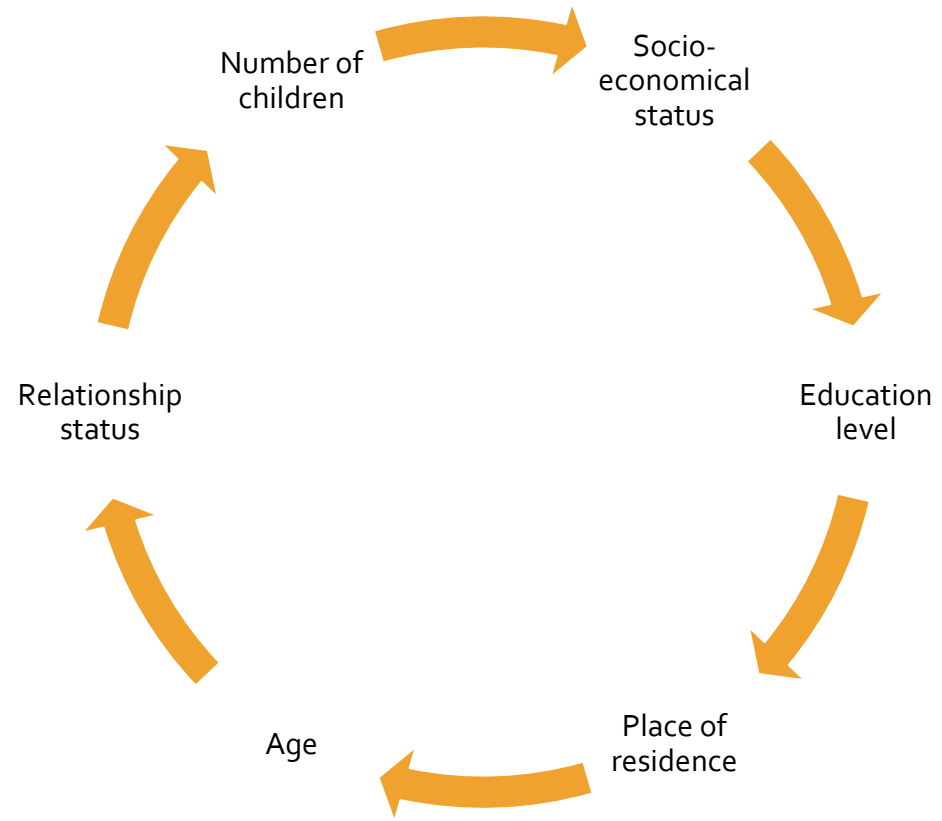
— M. Le Guen et al., *Population & Societies* n° 549, Ined, november 2017 Source: United Nations, World Contraceptive Use 2017 [1]

# Contraceptive norm in France





# Different outlooks on contraception



Reasons  
behind  
choosing a  
contraception

More than limiting unwanted  
pregnancies

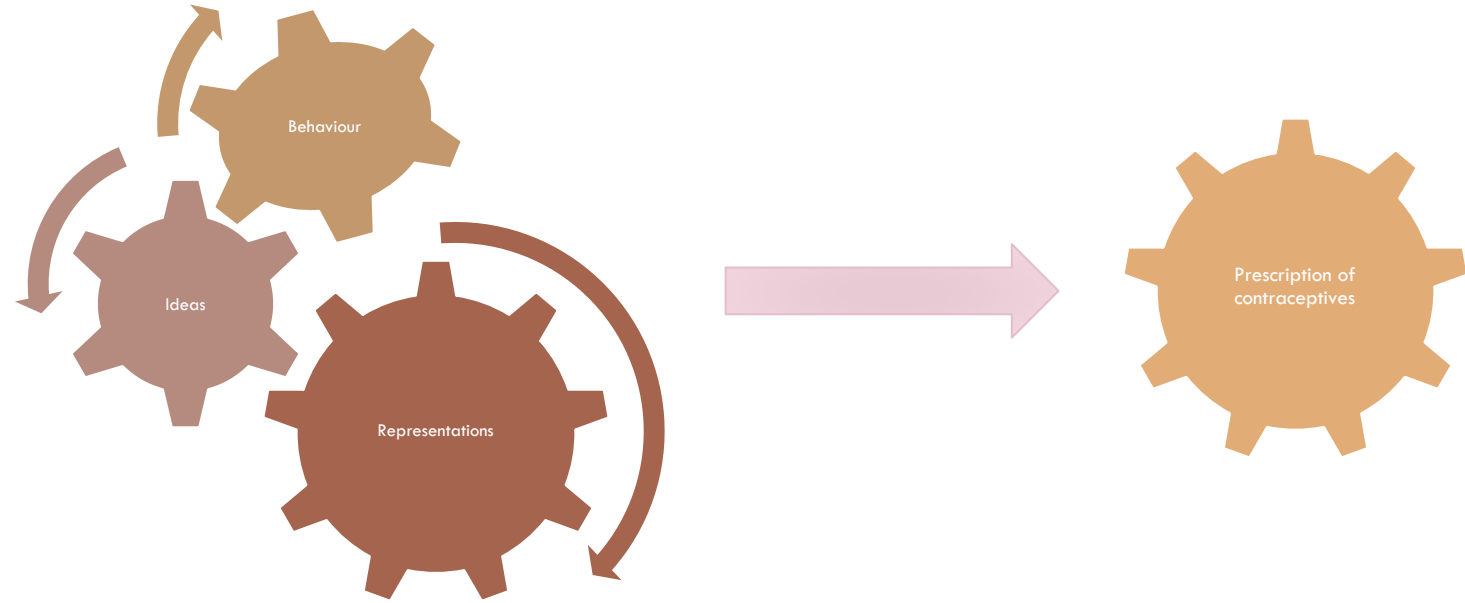
Stable and  
harmonious  
relationship

Reconciling beliefs  
and ideas

Independent  
decision making

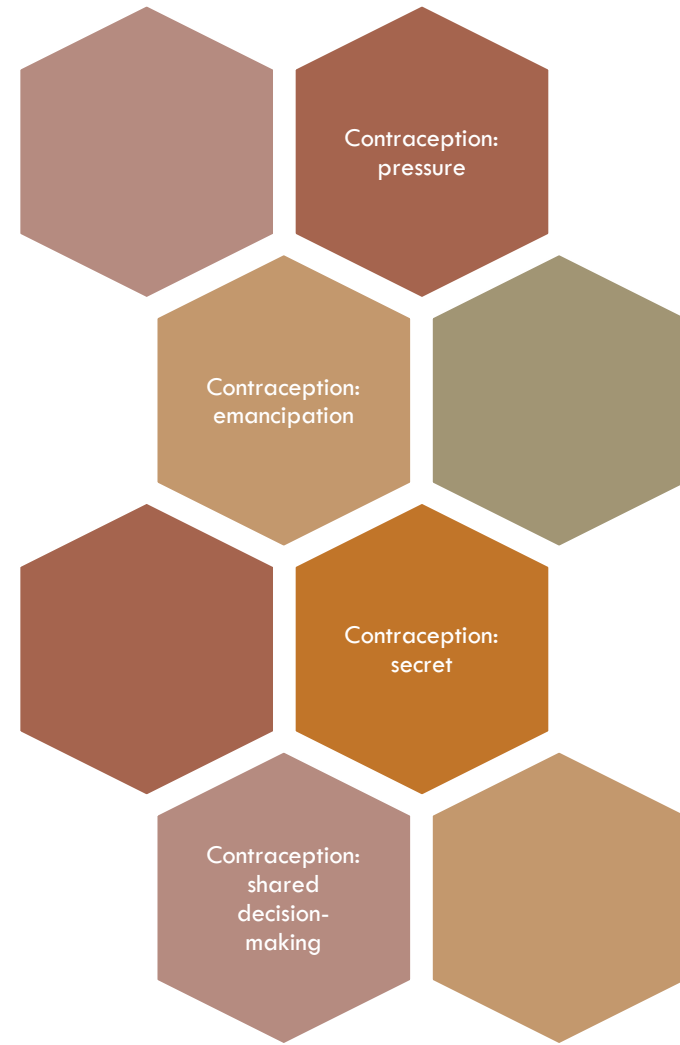
Experience based

# The place of the General Practitioner in prescribing contraception



- Be accommodating towards patients
- Be mindful of influencing factors
- Be aware of generalisations
- Adapt the prescription and care plan based on the needs of the patient

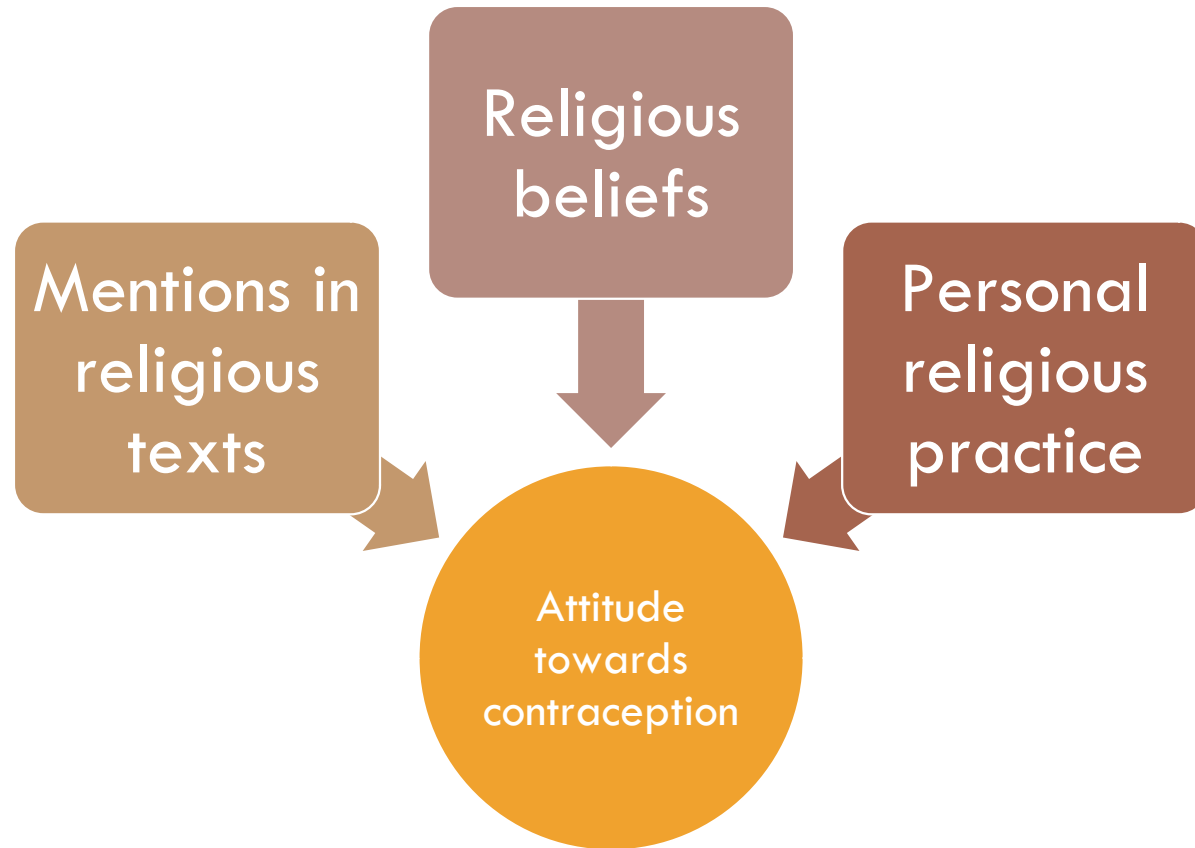
# The place of the partner and family in choosing a contraception



# The place of migration in choosing a contraception



# The place of religion in choosing a contraception



# Contraception and precarity

Lack of a stable job or income

Isolation and less contact with healthcare professionals

Mastering of the country's language

Every woman is unique and every prescription  
and interaction should be made with that in  
mind



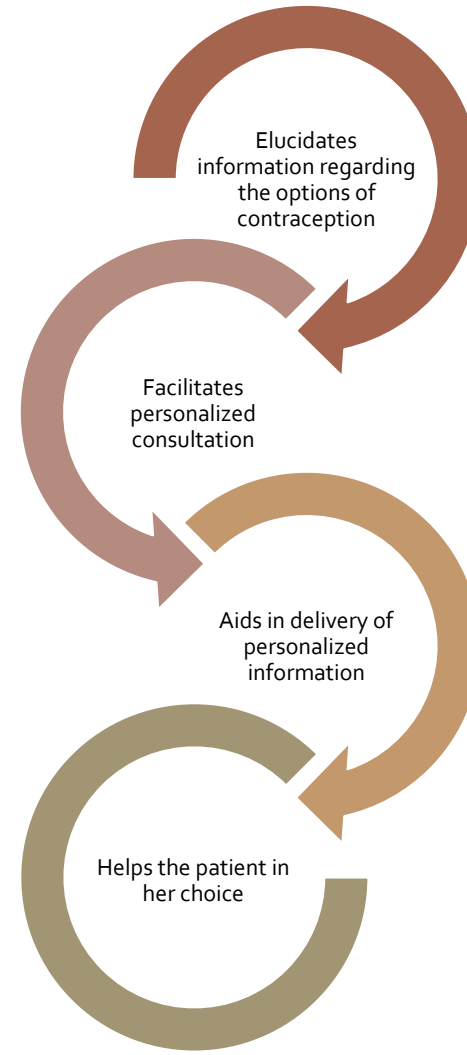
Les déterminants des choix  
contraceptifs des femmes migrantes  
primo-arrivantes en France

Femmes migrantes face à la  
contraception

## Workshop 3

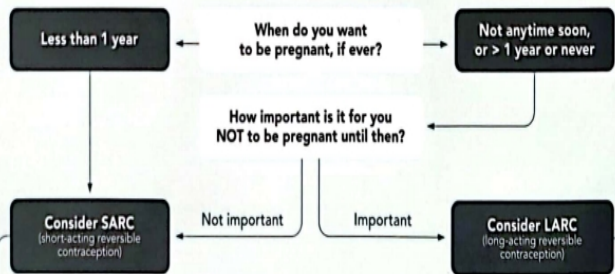
What tools can be used in consultation ?

# Why use tools in contraceptive consultation



"It's a plan how effective is my birth control"

### IT'S A PLAN – CONTRACEPTION WHICH BIRTH CONTROL METHOD IS RIGHT FOR YOU?



Visit [www.itsaplan.ca](http://www.itsaplan.ca) to learn more about which method of contraception is right for you.

Adapted from Dr. Ripinder Toor, NE Calgary Women's Clinic. Provided as a guide; should not substitute clinical judgment.

### BIRTH CONTROL OPTIONS – FREQUENCY AND EFFECTIVENESS

Relative efficacy of contraceptive options: perfect use vs. typical use

↓ Pregnancies for every 1,000 women during first year of use

	Frequency	Perfect Use <sup>1</sup>	Typical Use <sup>1</sup>
Contraceptive Implant	3 years	0.5	0.5
Hormonal Intrauterine Contraceptive (Hormonal IUC)	5 years	2	2
Copper Intrauterine Contraceptive (Copper IUC)	3-12 years	6	8
Injectable Contraception	Every 3 months	2	60
Oral Contraceptive Pill	Every day	3	90

SARC*	Contraceptive Patch	Every week	3	90
	Vaginal Ring	Every month	3	90
	Male Condom	Every time	20	180
	Female Condom	Every time	50	210
	Withdrawal (pulling out)		40	220
	Natural Birth Control Methods		50	240
	No Method		850	850

Adapted from Canadian Contraception Consensus, 2015

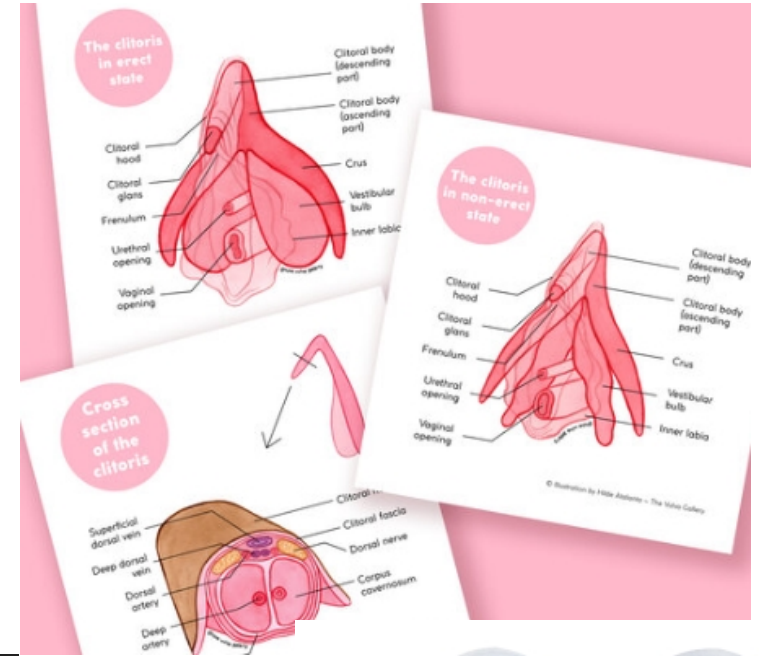
For STI protection, it is advisable to use condoms and/or dental dams.

To learn more about contraception methods, visit [SexandU.ca](http://SexandU.ca)

\*SARC, Short acting reversible contraception; LARC, Long acting reversible contraception (The relative effectiveness of a birth control method is defined in two ways: actual effectiveness and theoretical effectiveness. Actual effectiveness refers to the "typical use" of a method, meaning how effective the method is during actual use including inconsistent and incorrect use. Theoretical effectiveness refers to the "perfect use" of a method, which is defined by when the method is used correctly and consistently as directed. This material is made possible through the support of Bayer Canada Inc. and Merck Canada Inc. The opinions expressed in this material are those of the authors and do not necessarily reflect the views of Bayer Canada Inc. or Merck Canada Inc. PPH-WHCC-CA-002114\_1/2015E



# A box with different contraceptive methods

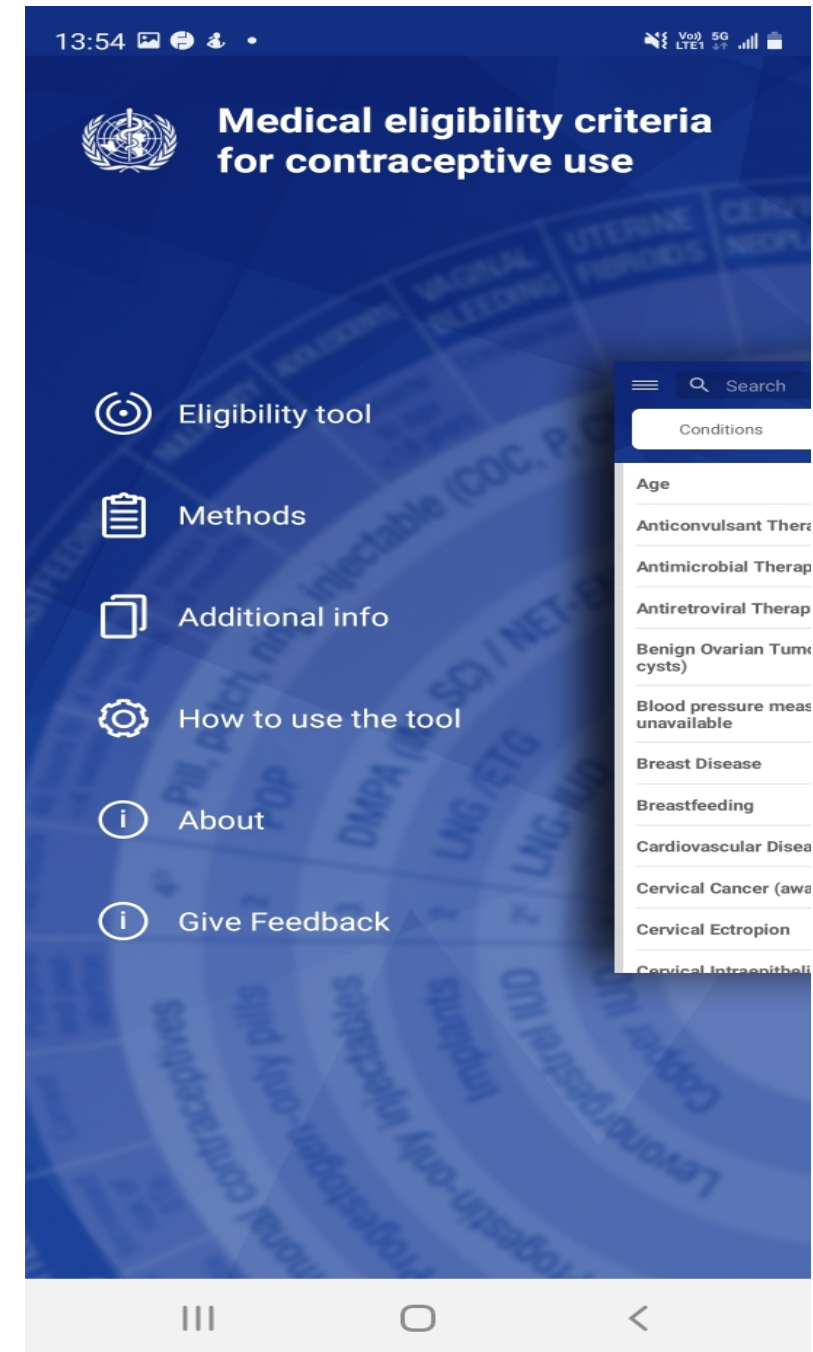


Vulva with insertable clitoris- Model 2 - Silicone/ plastic

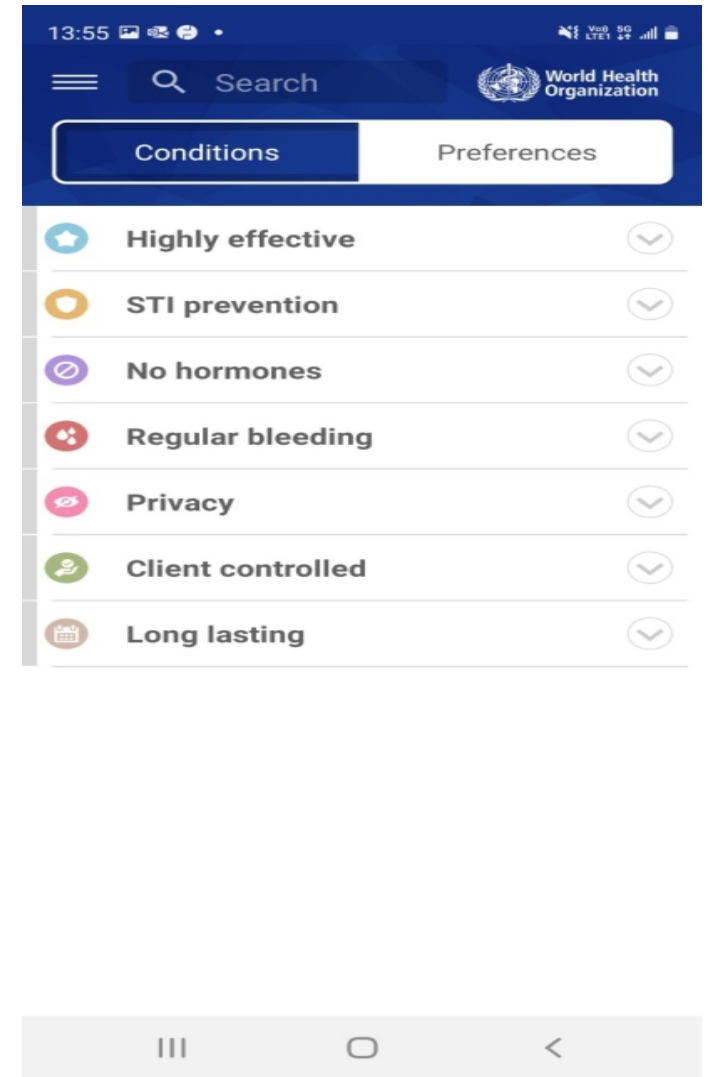
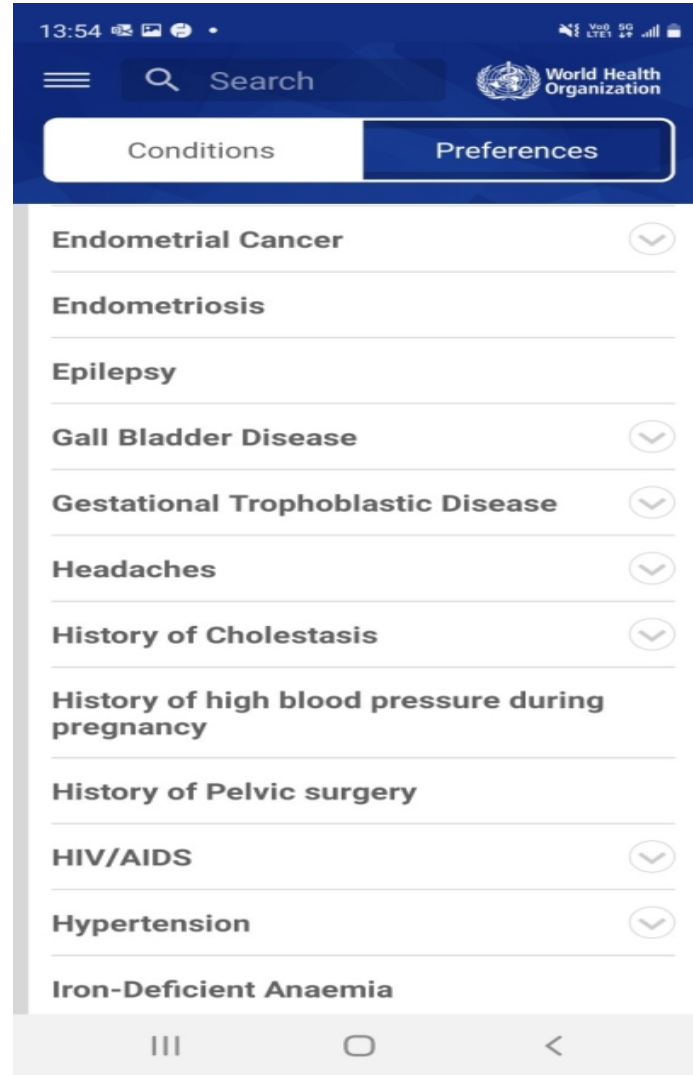
# Useful consultation tools

- "CONTRACEPTION"
  - WHO recommendations

1	<b>CATEGORY 1</b> A condition for which there is no restriction for the use of the contraceptive method
2	<b>CATEGORY 2</b> A condition where the advantages of using the method generally outweigh the theoretical or proven risks
3	<b>CATEGORY 3</b> A condition where the theoretical or proven risks usually outweigh the advantages of using the method
4	<b>CATEGORY 4</b> A condition which represents an unacceptable health risk if the contraceptive method is used
MISCELLANEOUS	
1	<b>METHOD INITIATION</b>



# Useful consultation tools



# BERCER Method

## 1. Welcome

- Greeting and welcome

## 2. Consultation

- Listen to the medical history

## 3. Information

- Give complete but individualized information

## 4. Choice

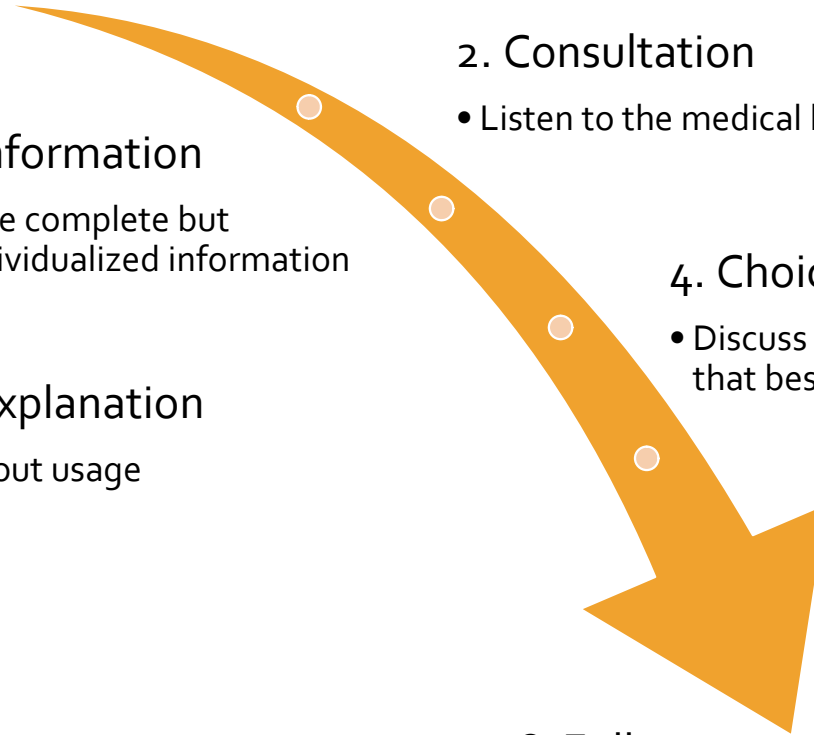
- Discuss the contraception that best suits the needs

## 5. Explanation

- About usage

## 6. Follow-up

- See the patient again





# BERCER Method

NOT "I decide for you"

Displaying your contraceptive choice decreases patient satisfaction : lower satisfaction if practitioner-by-practitioner decision-making/joint decision could decrease contraceptive use

Individualised messages and personalized contraceptive counselling: increase in use and satisfaction at two years

1. NP1 - Dehlendorf C. *Contraception* 2017. – 2. NP4 – Kalmuss D. *Fam Plan Perspect*
2. NP4 – Weisman CS. *Womens Health Issues Off Publ Jacobs Inst Womens Health* 2002

Person-centeredness  
is a critical component of quality  
in family planning

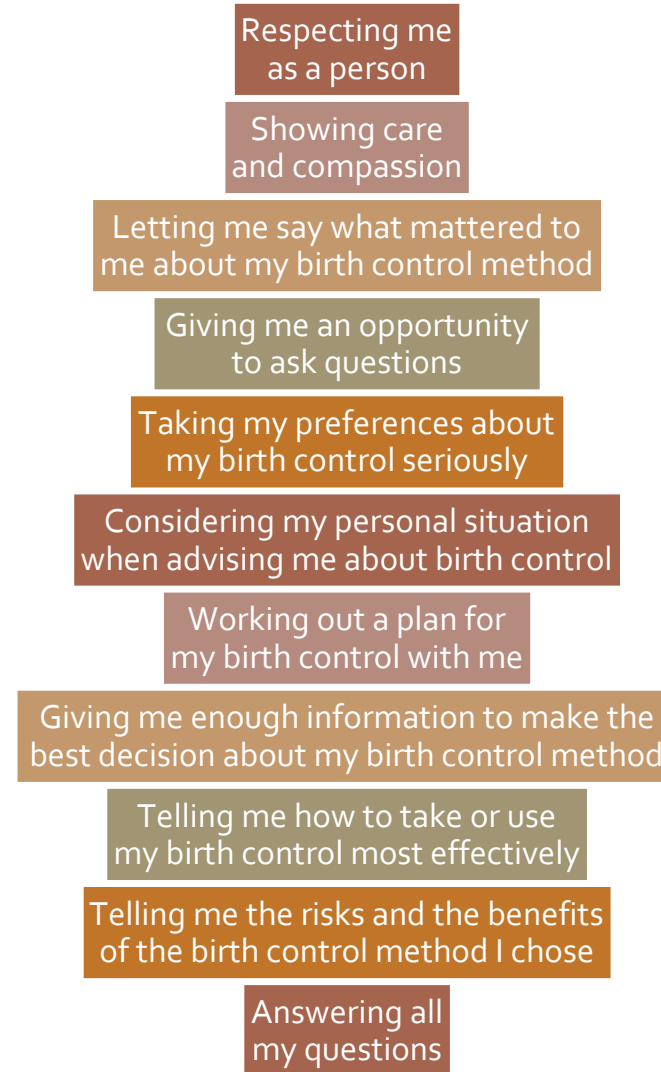
# IQFP

## Interpersonal Quality of Family Planning care (IQFP) scale

11 items

Validated scale

Dehlendorf C. Am J Obstet Gynecol 2016.



Satisfaction and optimal use  
of methods is directly related to the choice of  
contraception ultimately being in the hands of the  
patient.

# Aid in shared decision- making

[www.questionnaire.choisirsacontraception.fr/questionnaire\\_femme/](http://www.questionnaire.choisirsacontraception.fr/questionnaire_femme/)

[www.vasectomie.net](http://www.vasectomie.net)

[www.mayoclinic.com/health/birth-control/MY01182](http://www.mayoclinic.com/health/birth-control/MY01182)

<https://www.arhp.org/you-decide-tool-kit/>

# Montreal Women's Health Centre



CENTRE DE SANTÉ  
DES FEMMES  
DE MONTRÉAL

An autonomous, feminist, community-based organization of women working in sexual and reproductive health

An organisation renowned for its feminist approach, shares its knowledge and expertise

Women participate in popular education workshops which are proposed in community and women's groups

It's a model of community health practice

# Take home messages

Each woman is unique

Individualized care based on the needs of the patient

Beware of preconceived ideas and prejudice

Collaboration between healthcare professionals and patients