

A Decision Aid to Help Women Choose and Use a Method of Birth Control

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What was the research about?

Many kinds of birth control are available. In this study, the research team created a decision aid called My Birth Control to help women choose among birth control methods based on what's most important to them. For example, a woman might want to take a pill every day instead of getting a shot every three months.

The research team wanted to see if the decision aid helped improve women's experiences of choosing a birth control method. The team also looked at whether women continued to use birth control after several months.

What were the results?

The research team found no differences between women who did or didn't use the decision aid in:

- Using the same birth control method four and seven months after the study started
- Interest in and use of birth control methods that are more effective at preventing pregnancy
- Number of unplanned pregnancies
- Satisfaction with their healthcare visit overall
- Whether they rated their visit as much better than their previous visit about birth control

But compared with women who didn't use the decision aid, women who did:

- Were happier with discussions with their providers
- Felt like they knew all their options
- Knew more about birth control methods
- Were more satisfied with the information about side effects
- Felt surer about their birth control choice

Who was in the study?

The study included 758 English- and Spanish-speaking women getting care at four health clinics that serve patients with low incomes in San Francisco, California. Of these, 23 percent were white, 16 percent were Asian or Pacific Islander, 11 percent were African American, 11 percent were other races. Also, 39 percent were Hispanic or Latina. Almost half were under age 25.

What did the research team do?

The study included 28 healthcare providers working at the clinics. The providers were nurse practitioners, nurse midwives, physician assistants, or health educators. The research team assigned the providers by chance to either use or not use the decision aid with patients.

Patients using the decision aid looked at it on a tablet, in either English or Spanish, while waiting for their visit. They read about different birth control methods, answered questions about what was important to them about birth control, and checked off the methods they wanted to learn more about. The

provider got a printout of this information. The patient and provider then talked about those methods during the visit. Providers who weren't using the decision aid followed their regular procedures.

Patients filled out a survey right before and after their visit. They also took surveys four and seven months after their visit.

The research team worked with patients, providers, and staff from women's health groups throughout the study.

What were the limits of the study?

Providers who didn't use the decision aid may have talked about it with providers who did use it and may have changed how they talked with their patients.

All patients received care at health clinics that serve patients with low incomes in one city. Results might be different for patients who get care at other locations or types of clinics.

Future research could test how the decision aid works in other locations or with different groups of patients.

How can people use the results?

Clinics can offer this decision aid to patients who want to choose a birth control method.

To learn more about this project, visit www.pcori.org/Dehlendorf134.