

## Responding to Common Patient Concerns About Contraception

The responses offered below should always be tailored to the question or concern and the unique details shared by your patient. These responses represent some suggestions for possible ways to address these common concerns. It's important to:

- ❖ Validate/normalize/express empathy,
- ❖ Be curious/ask clarifying questions,
- ❖ And *then* respond to the specific concern.

Remember that these types of conversations may happen multiple times in a visit, and it's okay to "keep the door open" for future concerns as well.

### General Concerns

**Client Concern:** I can't use hormones.

#### Possible Response(s):

- I hear that from a lot of my patients!
  - Tell me a little bit more about what using hormones means for you.
  - What concerns do you have about hormones?
- Some people have been told they can't use hormones, however in many cases, they can't use *estrogen* but may be able to use a method that only has *progestin*.

**Client Concern:** Aren't I supposed to get a period? What happens if I don't?

#### Possible Response(s):

- Great question! Some people prefer to have a monthly period, and some prefer not to. How would *you* feel about this?
  - It's common for periods to become lighter or even stop when using certain birth control methods. There are also options that won't cause your period to stop. You can decide what feels right for you.
- If patient would prefer **not** have a monthly period and their concern was primarily around safety/healthy concerns:
  - It's not medically necessary to have a monthly period on birth control here's no physical harm if you stop getting your period when you're using one of these methods.
- If patient would prefer to have a monthly period:
  - Let's talk about some options that wouldn't cause your period to stop.

**Client Concern:** Will birth control make it hard for me to get pregnant in the future?

**Possible Response(s):**

- That's a great question. The only method of birth control that will reduce your ability to get pregnant in the future (after you stop) is permanent contraception like a tubal ligation. When you stop using <pill/patch/ ring/IUD/implant>, your fertility will return to whatever is normal for you fairly quickly, or even immediately.
  - The Depo shot can cause a *delay* in a return to fertility, so if you're considering that method, we can definitely talk more about that so you can decide if there may be another option that you prefer.

### Concerns Specifically Related to IUDs & Implants

**Client Concern:** How do IUDs work? Do they cause an abortion?

**Possible Response(s):**

- This is a really common question. IUDs work by preventing pregnancy in the first place when used either for primary contraception or emergency contraception.
  - IUDs do not work by disrupting an implanted pregnancy.
  - When used as primary contraception OR emergency contraception, they mainly work by disrupting the process by which the sperm and egg meet (by preventing fertilization).

**Client Concern:** What if I want my IUD/implant out before (3, 5, 6-7, 10-12) years?

**Possible Response(s):**

- That's a great question. These methods *can* last for several years, but you can have them removed at any time you choose, for any reason.
  - Would you like to talk about what the removal process might be like?

**Client Concern:** My grandma says that IUDs make you infertile.

**Possible Response(s):**

- I can see how that would be concerning. There *were* some problems with one specific brand of IUD in the 70's which is what your grandma may be thinking about. That IUD has not been available for several decades, and modern IUDs are actually very safe.
  - What are your thoughts about this?
  - What other questions do you have about the safety of IUDs?

**Client Concern: I don't want anything inside of me.**

**Possible Response(s):**

- I hear this a lot! Tell me a little bit more about what makes you feel this way.
- Some people are concerned that they will be able to feel it inside. Or that your partner(s) will feel it. What's concerning for *you*?
  - Provide anatomical education, allow patient to feel IUD strings vs. hard plastic body of IUD.
  - Ask follow-up questions re: concerns about partner – assess for IPV/ coercion/privacy vs. general concerns around partner's pleasure.
- Some people don't like the idea of having to see a health care provider to have their method removed.
  - Offer to discuss IUD self-removal.
  - Offer other options that allow patient autonomy to start/stop on their own.