

Responding to 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.

Patient Concern: I can't use hormones.

Possible Response(s):

Validating/normalizing/expressing empathy	<i>I hear that from a lot of my patients!</i>
Be curious/ask clarifying questions	<ul style="list-style-type: none"> • <i>Tell me a little bit more about what using hormones means for you.</i> • <i>What concerns do you have about hormones?</i> • <i>Have you ever been told by a medical provider that you can't use hormones? Tell me more about that.</i>
Responding to the concern	<p>Responses will vary depending on where your conversation goes. Here is a sample responses:</p> <p>Some people have been told they can't use hormones; however, in many cases, even if they can't use estrogen, they may be able to use a method that has progestin.</p>

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

Possible Response(s):

Validating/normalizing/expressing empathy	<ul style="list-style-type: none"> • <i>Great question!</i> • <i>That's a really common question – I hear it a lot!</i>
Be curious/ask clarifying questions	<i>Some people prefer to have a monthly period, and some prefer not to. How do you feel about having a regular period?</i>
Responding to the concern	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 to you.

	<ul style="list-style-type: none"> If a patient would prefer not to 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. There's no physical harm if you stop getting your periods when you're using one of these methods. What are your thoughts about this? If the patient would prefer to have a monthly period: Let's talk about some options that wouldn't cause your period to stop. Just remember you don't have to decide today, but we can help you if you do!
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Patient Concern: Will birth control make it hard for me to get pregnant in the future?

Possible Response(s):

Validating/normalizing/expressing empathy	<i>That's a good question. Thanks for sharing with me!</i>
Be curious/ask clarifying questions	<ul style="list-style-type: none"> <i>What have you heard about birth control and fertility?</i> <i>What are your thoughts on getting pregnant in the future?</i>
Responding to the concern	<p>The only method of birth control that will reduce your ability to get pregnant in the future (after you stop using it) is permanent contraception like a tubal ligation.</p> <p>When you stop using <pill/patch/ring/IUD/implant>, your fertility will return to whatever is normal for you fairly quickly, or even immediately.</p> <p>The shot <u>can</u> cause a delay in a return to fertility, so if you're considering that method, we can talk more about that so you can decide if there may be another option that you prefer.</p>

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

Possible Response(s):

Validating/normalizing/expressing empathy	<i>I'm glad you asked! This question comes up sometimes. It can be confusing!</i>
Be curious/ask clarifying questions	<i>What have you heard about how IUDs work?</i>
Responding to the concern	<p>IUDs work by preventing pregnancy in the first place when used either for primary contraception or as emergency contraception.</p> <p>IUDs do not work by causing an abortion – an IUD won't disrupt a pregnancy that has begun.</p> <p>When used as primary contraception OR emergency contraception, they mainly work by preventing sperm and egg from meeting.</p> <p>There is a hypothetical possibility that the IUD could also work by interfering with implantation – when a fertilized egg implants into the wall of the uterus (when a pregnancy begins). No form of emergency contraception will work after implantation.</p> <p><i>Pregnancy</i> begins when an embryo implants in the wall of the uterus. When <i>a life</i> begins is a philosophical question and something that only you can answer for yourself. I'm happy to talk with you more about this if you'd like.</p>

Patient Concern: What if I want my IUD/implant out before (3-5, 8, 10-12) years?

Possible Response(s):

Validating/normalizing/expressing empathy	<i>That's a great question!</i>
Be curious/ask clarifying questions	<ul style="list-style-type: none"> • <i>What have you heard about how long IUDs/implants last?</i> • <i>Would you like to talk about what the removal process might be like?</i>
Responding to the concern	These methods can last for several years, but you can have them removed at any time you choose, for any reason.

Patient Concern: My grandma says that IUDs make you infertile.

Possible Response(s):

Validating/normalizing/expressing empathy	<i>Thank you for sharing that. I can see how that could be concerning for your grandma or for you.</i>
Be curious/ask clarifying questions	<ul style="list-style-type: none"> • <i>How does this impact whether or not you would consider an IUD as a form of birth control?</i> • <i>What other questions or concerns do you have about IUDs?</i>
Responding to the concern	<p>In the 1970's, there was one brand of IUD that caused major issues, including infertility, which is what your grandma may be thinking about.</p> <p>That IUD is not in use and hasn't been available for several decades. Current IUD models are different, are very safe, and will not impact your ability to become pregnant in the future.</p>

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

Possible Response(s):

Validating/normalizing/expressing empathy	<ul style="list-style-type: none"> • <i>I hear this a lot!</i> • <i>Thanks for letting me know. Totally get it!</i>
Be curious/ask clarifying questions	<ul style="list-style-type: none"> • <i>I'm curious to learn a bit more about what having something inside means to you.</i> • <i>Tell me about your concerns about having something inside of you.</i> • <i>Some people are concerned they might feel an IUD or implant inside. Or that a partner will feel the IUD. What's concerning for <u>you</u>?</i>
Responding to the concern	<ul style="list-style-type: none"> • If desired by patient, 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. <ul style="list-style-type: none"> • Offer to discuss IUD self-removal. • Offer other options that allow patient autonomy to start/stop on their own.