Development and testing of a computerized contraceptive decision-making tool

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Executive Summary

Unintended pregnancy is a common problem in the United States. About half of these pregnancies occur in women who are using birth control in an inconsistent or incorrect manner. Decisions about which birth control method to use can be difficult and women may have trouble identifying which characteristics of contraception are the most important to them. Patient decision aids have been used in multiple medical specialties to help guide patients through complicated medical decisions where there are multiple appropriate options. Helping women make decisions about birth control consistent with their personal values may improve contraceptive use, which may in turn decrease unintended pregnancy.

In this study, we conducted focus groups with women to identify perceived barriers to use of birth control and important factors when choosing a method. We also administered a survey to a group of women to ask if they agreed or disagreed with a predetermined list of factors to identify which were the most important when choosing a birth control method.

We found that multiple factors influenced women’s decisions about birth control. The most commonly reported factors were how well the method works (effectiveness); how much the method costs; whether the method is safe and causes side effects especially changes in menstrual bleeding; and whether the method was long-lasting where women did not have to remember to use it regularly.

We then developed a computerized aid, which helps a woman decide which of these factors are most important to her. We tested this decision aid with women who were requesting to start a birth control method. We also interviewed a smaller group of women and asked them for feedback: most women found the aid easy to use and all said that they would recommend it to a friend. Women can use this aid prior to their appointment with their health care provider to help prepare her to make an informed decision about birth control.