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Contraceptive Decision-making: A Mini Review

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Author's contribution

The sole author designed, analysed, interpreted and prepared the manuscript.

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Mini-review Article

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ABSTRACT

This mini-review article provides a comprehensive overview of contraceptive decision-making, starting with categorizing contraceptive methods into three main groups: long-acting reversible contraceptives, methods that require consistent usage, and permanent contraception options. The article emphasizes the importance of effective counseling, which includes providing comprehensive information on all available methods, such as efficacy, advantages, disadvantages, application procedures, practicality, duration, potential side effects, and when to seek help, while respecting individual beliefs and preferences. The review highlights Long-Acting Reversible Contraception (LARC) and Female Sterilization as two methods that require fewer administrations and presents alternative options like vasectomy. Informed consent and the assessment of potential regret predictors are highlighted as crucial steps in the decision-making process. The UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) is discussed as a tool for tailored recommendations according to age and conditions. The review encourages a nonjudgmental, patient-centered approach to ensure informed choices and patient autonomy. It emphasizes the importance of considering various factors such as medical history, socioeconomic status, and sociocultural practices. The article also discusses the potential non-contraceptive benefits of certain methods and highlights the importance of not pressuring women to choose LARC over female sterilization. Overall, this mini-review article provides a holistic understanding of contraceptive decision-making and offers insights into the benefits and considerations of different methods.

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1. INTRODUCTION

Contraception, often known as birth control, refers to the use of medicines, devices, or procedures to enable couples to have sexual intercourse with diminished risks of pregnancy. According to the National Institute for Health and Care Excelence NICE guideline, contraceptive methods are divided into 3 groups: (1) long-acting reversible contraceptives (contraceptive implant, contraceptive injection, intrauterine system (IUS), intrauterine device (IUD), (2) method based on the remembering to take (vaginal, transdermal patch, oral contraception, progestogen-only pill, condom, diaphragm or caps with spermicide and fertility awareness), (3) permanent methods of contraception (vasectomy and female sterilization) [1].

A. History taking and Medical Eligibility

Before choosing the contraceptive methods, taking the medical history is essential to assess the medical eligibility of the woman such as social history, general health, family history, sexual and reproductive health. Guidance by the UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) categorizes conditions for individuals on contraceptive methods [2].

According to the UKMEC category 1 (no restriction), women under the age of 40 may take combination hormonal contraception such as combined oral contraception, vaginal ring, and patch. While for progestogen-only pills, progestogen-only implants, barrier methods such as condoms, diaphragm, and cervical caps can be used starting from menarche onwards. Based on the age women 18-45 years old categorized in UKMEC 1 may use Progeston-only injectables (DMPA or NET-EN). Furthermore, women more than 20 years old have no restrictions for the use of IUDs and IUS (UKMEC Guideline). If the women are medically eligible, they are allowed to choose the way that best suits them [3,4].

B. Counselling

The most important aspect of the consultation is that the patient receives adequate information about all available methods, including efficacy, advantages, disadvantages, how the method would work, how to apply it, how it is administered, insertion and removal, practicability, how long it can be used for, risks and potential side effects, rate of failure, non-contraceptive benefits, and when they should seek help [2].

Before prescribing any form of contraception, it is critical to consider the following factors about women: contraceptive needs, sexual activity and sexual problems, personal beliefs, attitudes, preferences, sociocultural practices, social factors, medical history (hypertension, migraine, venous thromboembolism, obesity, cholestasis, trophoblastic disease and status (HIV status), and risk of transmitting STIs [5].

Methods that require people to use them consistently and correctly have a broad range of success and may vary substantially depending on factors such as age, socioeconomic situation, users' objectives to avoid or delay conception, and culture. It is critical that physicians have training and support in order to deliver general and specialty contraceptive counseling in a person-centered and non-judgemental manner [6].

C. Most recommended: Long Acting Reversible Contraception

LARC refers to contraceptive techniques that need administration fewer than once per cycle or month, such as copper intrauterine devices, progesterone-only intrauterine systems, progesterone-only injectable contraceptives, and progesterone-only subdermal implants. Women should be informed that certain LARC procedures are as successful as female sterilization and may offer non-contraceptive advantages by discussing various options and weighing the risks and benefits before making a decision [7].

However, the woman has the right to participate in the contraceptive choice and should not be pressured to choose LARC over female sterilization. Women considering LARCH should be provided with detailed information to help them choose and use a method effectively, such as contraceptive efficacy, duration of use, risks and potential side effects, non-contraceptive benefits, the procedure for initiation and removal/discontinuation, and when to seek help while using the method [8].

D. Female Sterilisation

Female sterilization is a permanent method of contraception for women who do not wish to have further children. Before undergoing sterilization, individuals wishing to undergo sterilization should provide written consent. As part of the consideration, women should consider whether or not they want more children in the future and whether or not they will change their mind because one child died, marrying again, or another partner wants more children. We also need to assess individuals for known predictors of the likelihood of regret associated with sterilization, ensuring that persons are informed that sterilization does not provide STI protection and emphasizing the need to use contraception until sterilization is completed [9].

Individuals should be informed about different choices for sterilization and contraception procedures. Vasectomy is a less invasive, faster procedure with less morbidity than laparotomy and laparoscopy for female sterilization. LARC procedures are as successful as sterilization and may have non-contraceptive advantages. As a male partner, we should discuss supporting her choice to stop her fertility, discuss the option of vasectomy, show empathy and support her through the process and recovery [10].

2. CONCLUSION

In conclusion, this mini-review article provides a comprehensive understanding of contraceptive decision-making, from categorizing contraceptive methods to effective counseling and tailored recommendations. The review highlights the importance of a nonjudgmental, patient-centered approach that respects individual beliefs and preferences and considers various factors such as medical history, socioeconomic status, and sociocultural practices.

CONSENT AND ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Author has declared that no competing interests exist.

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