Minireview Article

Contraceptive decision-making: a mini review

Abstract:

Contraception, commonly referred to as birth control, plays a pivotal role in enabling couples to engage in sexual intercourse with reduced pregnancy risks. This mini-article review navigates the landscape of contraceptive decision-making, presenting a holistic understanding of the process. It begins by categorizing contraceptive methods into three main groups as per the NICE guideline: long-acting reversible contraceptives, methods that require consistent usage, and permanent contraception options. Ensuring informed decisions start with medical history assessments based on the UK Medical Eligibility Criteria for Contraceptive Use (UKMEC), allowing tailored recommendations according to age and conditions. Effective counseling is underscored as a cornerstone of the consultation, emphasizing the importance of providing patients with comprehensive information on all available methods. This includes details on efficacy, advantages, disadvantages, application procedures, practicality, duration, potential side effects, and when to seek help, all while respecting individual beliefs and preferences. The review highlights the need for a nonjudgmental, patient-centered approach, considering various factors such as medical history, socioeconomic status, and sociocultural practices. Long-Acting Reversible Contraception (LARC) is examined in detail, offering insights into methods requiring fewer administrations, including intrauterine devices and subdermal implants. Readers are encouraged to explore the benefits and considerations of LARC methods, with a strong focus on patient autonomy and informed choices, ensuring they are not unduly pressured into choosing LARC over other options. The review also delves into Female Sterilization as a permanent contraceptive method. Informed consent and the assessment of potential regret predictors are highlighted as crucial steps. Alternative options like vasectomy are presented, offering couples choices that align with their needs. Incorporating all these critical components, this mini-article review equips healthcare professionals and individuals with a comprehensive understanding of contraceptive options and the factors that influence decision-making. It serves as an invaluable resource for navigating the complex landscape of contraception, ultimately promoting informed and personalized choices in reproductive healthcare.

Keywords: contraceptive, LARC, IUD, decision making

Introduction:

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A. Definition and Types of Contraceptives

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(Hubacher and Trussell, 2015).According to the 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,

Comment [SĐ1]: Please explain what this abbreviation means.

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)(Excellence., (2019)).

B. 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) categorizesconditions for individuals on contraceptive methods(FSRH, (2019a)
).

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 18-4 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(FSRH, (2019a)
).If the women are medically eligible, they are allowed to choose the way that best suits them.

Comment [SĐ2]: Please clarify this sentence. It is not clear what these four years refer to.

C. Counseling

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(FSRH, 2019).

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.

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(FSRH, 2020). It is critical that physicians have training and support in order to

deliver general and specialty contraceptive counseling in a person-centered and nonjudgmental manner.

D. 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.

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.

E. Female Sterilisation

Female sterilization is a permanent method of contraception for women who do not wish to have further children(Organization, 2018). 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(FSRH, 2014).

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(Organization, 2018).

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Comment [SĐ3]: The names of the authors should be written.