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Title

A contraceptive decision tool for people with medical conditions in primary care: A mixed methods pilot study

Priority 1 (Research Category)

Women's health

Presenters

Mikayla Barea, MD, Justine Wu, MD, MPH, MPH, Murphy Van Sparrentak, MSW, Elie Mulhem, MD

Abstract

Context: Contraception is a cornerstone strategy for preventing undesired pregnancy and any related adverse outcomes. Contraception selection is complex and highly personal. Contraception decision tools have shown promise, but none are tailored for people with chronic conditions - a group that has higher rates of unplanned pregnancy and pregnancy-related complications than those without chronic conditions. Objective: To assess the feasibility and acceptability of My Health, My Choice (MHMC), a contraceptive decision tool for patients with medical conditions in primary care. Study Design and Analysis: We conducted a mixed methods pilot study and collected quantitative data (surveys at baseline, after use of MHMC, and 1 and 3 months later) and qualitative data (exit interviews). Setting: Four family medicine clinics that provide contraception, including intrauterine devices and implants. Population Studied: People aged 18-45 with at least one chronic condition and seeking contraception. Intervention: MHMC is a theory-informed, web-based and interactive tool that helps patients understand and compare their contraceptive options in context of their medical conditions and medications. Outcome Measures: Patient-rated satisfaction and usability of MHMC, Decisional Conflict Scale (a validated tool to assess decisional certainty, scored from 0-100, 0 representing the least amount of decisional conflict and 100 representing the most), contraceptive use during the last month (yes/no and method types). Results: Among 68 patients, most were 25-34 years old (44.1%), college educated (77.9%), non-Hispanic (98.5%), and White (86.8%), with a mean of 2.9 (SD 3.3) chronic conditions. Patients reported 82.8% were either highly satisfied or satisfied with MCMH, and 96.9% said they would recommend it to a friend. Decisional Conflict Scale scores significantly improved from baseline (mean score 40, 95% CI 4-91, SD 19) to after MCMH use (mean score 18, 95% CI 0-56, SD 12, $p < 0.0001$). There was a non-significant upward trend in contraceptive use between baseline and 3-month follow up (66% vs 72%, $p = 0.246$). Patients found MHMC easy to use and provided disease-specific information that improved confidence with decision-making. Conclusions: Patients felt MHMC was user-friendly and provided disease-specific information that informed contraceptive selection.