

right for me

# Frequently Asked Questions

# What is shared decision-making?

The process of health professionals and patients making health decisions together.

# What are the Right For Me Decision Aids?

A set of seven one-page tools that compare birth control methods. They are intended to be used by health professionals during the health care visit. The Decision Aids are available in English and Spanish.

# Who developed the Decision Aids?

Researchers at Dartmouth College and their project partners, including patients, health professionals, and other stakeholders. Decision Aid authors are listed in a Supporting Document, along with a conflict of interest disclosure statement. There is a link to the Supporting Document on each Decision Aid.

# Where did the information come from?

Reviews of scientific evidence, relevant national and international guidelines, and existing patient resources. Information sources are listed in a Supporting Document. There is a link to the Supporting Document on each Decision Aid.

# Where did the questions and format come from?

A survey of over 600 women and health professionals<sup>4</sup>, focus groups with patients in three states, and best practice guidelines for decision aid development.

# Who can use the Decision Aids?

Any health professional who provides information or counseling about contraception to patients receiving health care in your clinic.

# With which patients can the Decision Aids be used?

Any English- or Spanish-speaking patients receiving health care in your clinic. You may wish to use the Decision Aids with patients who are considering contraception for the first time, already using a contraceptive method, or interested in changing methods. The reading level of each Decision Aid is 8th grade or less.



# Are the Decision Aids intended to be used by the patient alone?

No. The decision aids are a framework for a conversation with a health professional. Patients may need medical terminology explained. You may also wish to share further information, such as non-contraceptive benefits, other side effects, usage instructions, mechanism of actions, brand names, or off-label use.

# How can I use the Decision Aids with patients?

A demonstration of how to use the Decision Aids is provided in the Decision Aid Training Video. As explained in the Training Video, following three steps may help:

- ① Explain It
- ② Give It
- ③ Use It

# How do I know which Decision Aids to use?

You are encouraged to use as many or as few Decision Aids as makes sense for the patient. The 'Types of Birth Control Methods' Decision Aid may be helpful to use with patients without a lot of background knowledge before narrowing down to a more specific Decision Aid.

# What if some contraceptive methods are unsafe for a patient?

The U.S. Medical Eligibility Criteria for Contraceptive Use and published updates<sup>1-3</sup> provide guidance on who can safely use each method of contraception and may be used to facilitate the provision of individualized information on method safety.

# Can I write on the Decision Aids?

Of course. You are welcome to add or change content to suit the individual patient.

What does 'not always following the instructions' mean?

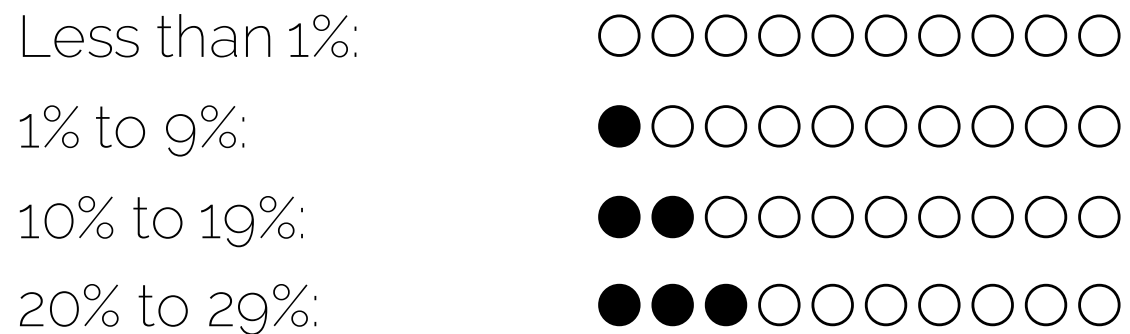
This is the terminology adopted to convey 'typical-use effectiveness' after consultation with patients.

# What does 'always following the instructions' mean?

This is the terminology we adopted to convey 'perfect-use effectiveness' after consultation with patients.

# What do the dots mean?

To enhance comprehension, effectiveness data are displayed both using raw numbers (“X in 100 people”) and using a visual aid based on the following:





# Why are some side effects listed and not others?

Side effects routinely cited in the evidence, guidelines, and existing patient resources reviewed were prioritized for inclusion in the Decision Aids. Due to space constraints, the list of side effects is not exhaustive.

Under side effects, what does a blank cell mean?

This signifies that the side effect was not attributed to the contraceptive method in the evidence, guidelines, and existing patient resources reviewed.

# References

1. Centers for Disease Control and Prevention. U.S. Selected Practice Recommendations for Contraceptive Use, 2013. *MMWR Recomm Rep*. 2013;62(5):1-60.  
<http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usspr.htm>.
2. Centers for Disease Control and Prevention. Update to CDC's U.S. Medical Eligibility Criteria for Contraceptive Use, 2010: Revised Recommendations for the Use of Hormonal Contraception Among Women at High Risk for HIV Infection or Infected with HIV. *MMWR*. 2012;61(24):449-452.  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6124a4.htm>.
3. Centers for Disease Control and Prevention. Update to CDC's U.S. Medical Eligibility Criteria for Contraceptive Use, 2010: Revised Recommendations for the Use of Contraceptive Methods During the Postpartum Period. *MMWR*. 2011;60(26):878-883. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6026a3.htm>.
4. Donnelly KZ, Foster TC, Thompson R. What matters most? The content and concordance of patients' and providers' information priorities for contraceptive decision making. *Contraception*. 2014;90(3):280-287.  
doi:10.1016/j.contraception.2014.04.012.