Priority-Guided Contraceptive Decision Aid
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**Problem**
- During conversations about contraception, many patients feel unable to make a decision due to insufficient knowledge on available options.
- Many patients are non-compliant with contraception because their chosen method does not match their lifestyle or personal priorities.
- A Patient Decision Aid (PDA) is a tool used by a clinician and patient together. The PDA facilitates shared decision making to educate the patient and find a treatment option that meets both the clinician and patient’s goals together.
- When a PDA is “priority-guided” (meaning organized by priorities rather than by treatment options), patients are better able to understand their options.

**Aim**
- Develop a decision aid that helps facilitate shared decision making during contraceptive counseling (by soliciting patient lifestyle and personal priorities) that will increase satisfaction and adherence with the chosen method.

**Method**
- Modeled after “Diabetes Medication Choice Decision Aid” published by Dr. Victor Montori.
- Contraceptive priorities chosen based on recurring themes in contraceptive choice literature.
- Designed for patient to choose which contraceptive “priority” is personally significant, then discuss those corresponding options with provider.
- All design and illustrations for “Choosing Your Best Birth Control” PDA are original. Content from CDC.

**Adaptability**
- PDA can be easily adapted for different clinical settings, particularly the “Easy to Get” page.
- PDA is currently being translated into Swahili, Spanish, Arabic, French, and possibly Kinyarwanda.
- Currently in use in a Duke primary care clinic, and in a refugee resettlement organization.
- Reading level of PDA needs to be lowered to 5th grade level. Currently at 8th-9th grade level.

**Potential Use**
- MDs, RNs, Health Teachers need better options for contraceptive counseling.
- Next steps: Disseminate decision aid in varied clinic settings to receive wider feedback on usability.
- Limitations: Providers and nurses need more time with patients to have effective conversations.

**Lessons Learned**
- Having NA, RN, MD, and Pharm members of the team increased success with development.
- Most effective when used in conjunction with demonstration box of contraceptive methods.
- Providers must be willing to solicit patient participation in decision-making.