

Contraceptive counseling and provision in clinical practice increases its use and reduces unintended pregnancy

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A review and meta-analysis of 38 randomized controlled trials found that

counseling patients about contraceptive use and providing contraceptives for patients wanting them in various clinical practice settings increases contraceptive use without increasing the risk for sexually transmitted infections (STIs) or reducing condom use compared to usual practice. Counseling and provision interventions also decrease unintended pregnancy in trials designed to evaluate this outcome. At a time when abortion rights are threatened, an accompanying editorial suggests that contraceptive counseling and provision must immediately become a routine part of medical care. The analysis is published in *Annals of Internal Medicine*.

Contraceptive care supports [patients](#) in achieving their reproductive goals by providing counseling, provision, and follow-up services as needed. Contraceptive care is a standard preventive health service in the United States, and the use and safety of contraceptives are well-established through both professional organization recommendations and Food and Drug Administration clearances. However, access to and coverage of contraceptive care can be limited.

Dr. Heidi D. Nelson from the Kaiser Permanente Bernard J. Tyson School of Medicine was principal investigator of the study that included a team of researchers from the Oregon Health and Science University and University of Southern Maine. The team analyzed 38 randomized controlled trials of the effectiveness of contraceptive counseling and provision interventions for women to increase use of contraceptives and reduce unintended pregnancy.

The trials demonstrated the effectiveness of enhanced contraceptive counseling, provision, and follow-up services; providing emergency contraception in advance; and delivering services immediately postpartum or at the time of abortion. Results showed consistently higher contraceptive use during the months following the interventions for adolescents and women compared to usual care or controls, such as

receiving educational materials without accompanying counseling. Unintended pregnancy was also reduced in the few trials designed for this outcome. The trials also indicated no adverse effects of counseling and provision interventions related to STIs or condom use, although none evaluated additional potential harms, such as anxiety, stigma, and reproductive coercion.

An accompanying editorial by *Annals* editor in chief Dr. Christine Laine highlights the importance of the effectiveness of contraceptive counseling and provision at a time when Americans' access to abortion is becoming increasingly limited. She also notes that the findings have important implications for clinicians who care for patients who can become pregnant, as pregnancy, particularly if unintended, can be associated with adverse patient outcomes. These risks are particularly important for patients with underlying medical conditions. Dr. Laine also encourages internists to assume responsibility for contraception counseling and provision when delivering healthcare to patients who may become pregnant.

More information: Heidi D. Nelson et al, Effectiveness and Harms of Contraceptive Counseling and Provision Interventions for Women, *Annals of Internal Medicine* (2022). [DOI: 10.7326/M21-4380](https://doi.org/10.7326/M21-4380)

Christine Laine, Contraceptive Counseling: An Essential Component of Preventive Health Care, *Annals of Internal Medicine* (2022). [DOI: 10.7326/M22-1485](https://doi.org/10.7326/M22-1485)

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