

Informed Choices:

Improving Contraceptive Outcomes for Women



Hosted by

University of Houston
Student Health Center

Sponsored by

Rowan Foundation



Table of Contents

Introduction: Panel Members

1. Opening Remarks	4
2. Contraceptive Considerations	
• Access and Availability	5
• Education and Awareness	7
• Cultural and Social Influences	9
• Innovations in Contraception	11
• Healthcare Provider Training and Support	11
• Contraceptive Equity	13
• LARCs vs. Short-Term Methods, Hormonal vs. Nonhormonal	14
• Improving Patient Satisfaction	16
• Youth and Adolescent Contraceptive Needs	17
• Side Effects	18
• Emergency Contraceptive Awareness	20
3. Calls to Action: Policy, Advocacy, and Community Engagement	21
4. Closing Remarks	25
References	

Introduction

The Rowan Foundation sponsored the expert Roundtable, "Informed Choices, Improving Contraceptive Outcomes for Women," hosted by the University of Houston Student Health Center, in March 2025. This Roundtable focused on a spectrum of contraceptive considerations and identified crucial calls to action for healthcare providers, educational institutions, policymakers, public health leaders, patients, and community advocates.

The proceedings of this Roundtable are reflected here, and can also be accessed in video format on the Rowan Foundation's website at www.alexrowanfoundation.org/roundtable.

PANELISTS

The panel of University of Houston Roundtable experts is shared below.



Moderator

Gabriela Ortiz, MD

Executive Director, Student Health Center
University of Houston



Vian Nguyen, MD
Obstetrics and Gynecology
University of Houston
Student Health Center



Rania Elkhatib, MD
Psychiatry
University of Houston
Student Health Center



Toria Jones
Program Manager
Women & Gender Resources Center
University of Houston

Opening Remarks

The concept of “modern contraception” dates back 100 years in history, with the introduction of female oral contraceptives marking a pivotal advance nearly 60 years ago. Since then, the global fertility rate, defined as the average number of children born per woman, has experienced a notable decline from 5.0 in 1960 to 2.5 in the present day. This reduction can be attributed, in part, to the evolution of various contraceptive methods, alongside the education and empowerment of women.

The Roundtable moderator, Dr. Gabriela Ortiz, emphasized the need for more personalized and informed dialogue between patients and healthcare providers to improve contraceptive outcomes for women, particularly in terms of safety and efficacy. She highlighted the historical significance of oral contraception and shed light on the advancements in contraceptive care over the past six decades.

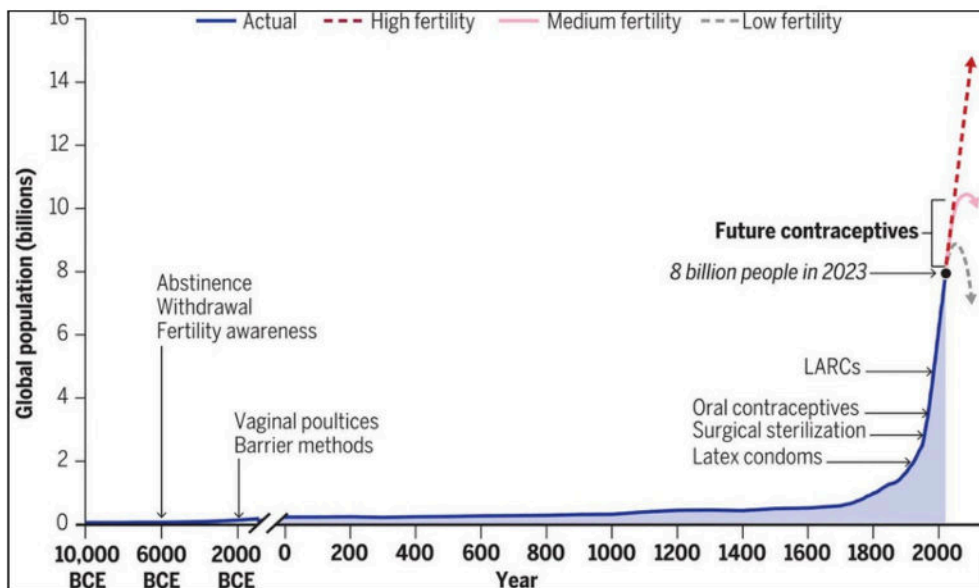
Dr. Ortiz stressed the importance of comprehensive women’s health education and advocated for increasing awareness of diverse contraceptive options, aiming to move beyond a one-size-fits-all approach. Her opening remarks framed the discussion around improving access, education, and individualized contraceptive care.

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Contraception should be individualized, and not treated as something for the masses. As doctors, not often do we have the chance to have patients asking the right questions.

~ Gabriela Ortiz, MD

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(Science, 2023)

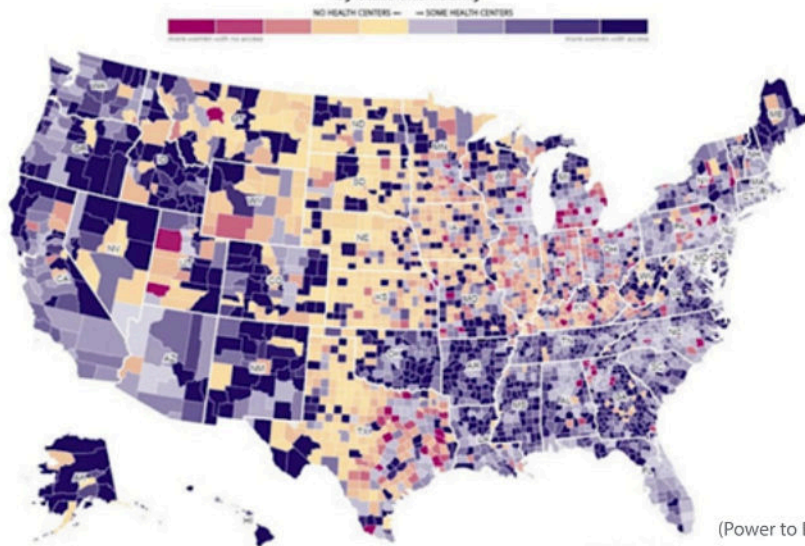
Contraception Considerations

Access

Access to contraception remains a multifaceted challenge, despite recent progress in reproductive health. The presence of technological advancements and the physical proximity to healthcare providers do not inherently guarantee access to a comprehensive selection of options.

More than 19 million women in the United States reside in areas characterized as "contraceptive deserts," where the presence of limited services, restrictive policies, and inadequate funding generates substantial barriers. Even when a clinic is accessible, its limited services may force patients to settle for options that do not effectively meet their needs.

HEALTH CENTERS OFFERING THE FULL RANGE OF BIRTH CONTROL METHODS by state and county



As the Roundtable panelists outlined, numerous instances can be observed in everyday practice, such as:

- Long appointment waiting periods
- Logistical and financial burdens linked to transportation, medical appointments, and medications
- Significant distances between patients and specialized services



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Each person is different, and each person has different barriers, so it's important for us to be mindful of the experiences of different people.
~ Toria Jones
”

A 2024 survey by the Kaiser Family Foundation revealed that nearly a quarter of women are not using their preferred contraceptive method for a range of reasons, including potential side effects, cost constraints, and availability.

Nearly a Quarter of Women Aren't Using Their Preferred Contraceptive

If you could use any type of birth control method available, would you use a different method than you're currently using, or not?

Share responding "Yes":

Contraceptive Users Ages 18 to 49 23%

Age



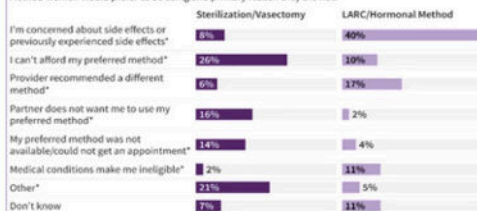
Note: Among women ages 18 to 49 who have used contraception in the past 12 months, "Estimate is statistically different from estimate for reference (ref) within group ($p < 0.05$). Women includes those who selected "woman" as their gender as well as those who identify as non-binary, transgender, or another gender and chose to answer the female set of questions with regard to sexual and reproductive health. Source: KFF Women's Health Survey 2024

Women's Health
Survey 2024 KFF

Reasons for Not Using Preferred Method by Method Preference

What is the primary reason you are not using your preferred method of birth control?


Method women would prefer to be using and primary reason they are not:



Note: Among the 23% of women ages 18 to 49 who have used contraception in the past 12 months and would use a different method than the one they're currently using. *Estimate for Sterilization/Vasectomy is statistically different than estimate for LARC/Hormonal Method ($p < 0.05$).
► Click to see definitions.

Source: KFF Women's Health Survey 2024

Women's Health
Survey 2024 KFF



The panelists also emphasized the importance of building rapport with patients while recognizing that mental health issues, such as depression or anxiety, can hinder a clinician's ability to gather the information needed to assist patients.

Dr. Elkhatab noted that it is crucial for clinicians to be aware of all medications a patient may be taking as they discuss options and assist with contraception decision-making, ensuring that there is no opportunity for dangerous drug interactions.

The panelists examined the implications of insurance limitations and out-of-pocket expenses, noting that many young patients often rely on student health plans and are compelled to choose more affordable or less effective treatment alternatives due to financial constraints. The conversation highlighted the need for equitable access to address structural barriers, deficiencies in policy-level funding, and emphasized the importance of integrated referral networks and improved service coordination.

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If someone is suffering from depressive symptoms, they're not motivated enough to ask questions about the risks and benefits of the choices available to them, and anxiety leads to avoidance. They don't want to talk about it even though they are in relationships and sexually active.

~Rania Elkhatab, MD

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Education & Awareness

A recurring theme expressed during the Roundtable discussion was the essential need to improve education and awareness about contraception and contraceptive options. Healthcare providers often see themselves as dedicated implementers working in a fast-paced environment. Resultantly, they can sometimes struggle to find enough time to connect with patients and provide valuable educational support.

Unfortunately, a personalized education approach is often missing among practicing healthcare professionals today. These circumstances may lead to misunderstandings among patients, as people can usually tell when clinicians seem rushed or don't take the time for meaningful conversations. This lack of interaction can significantly impact patients' decision-making processes.

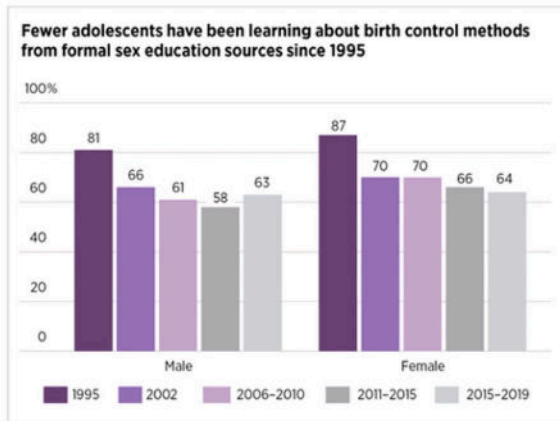
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When we don't do education, there's a gap, and then our teens and young adults are curious. They want to be healthy, and so they go seek other resources. Those resources sometimes can be valid, but a lot of times they're not.

~ Vian Nguyen, MD

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Gaps in comprehensive sexual health programs in educational institutions leave many young individuals ill-equipped to make complex reproductive decisions in the future. Therefore, formal curriculum reforms, supported by related surveillance data from the Centers for Disease Control and Prevention (2021), are essential to address this gap.

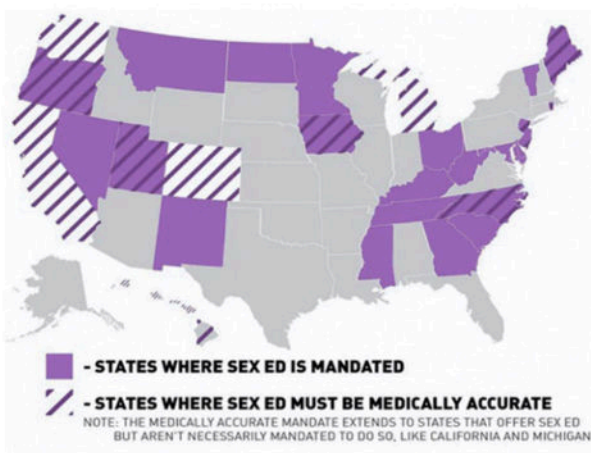


A decreasing number of adolescents are obtaining education about contraception. In 1995, 81% of male and 87% of female students received instruction. By the period of 2015 to 2019, these percentages fell to 63% for male students and 64% for female students. (Guttmacher Institute, 2022)

Often, young women arrive at their medical appointments with information about contraception gathered from informal sources, such as their peers, social media, and rumors, rather than comprehensive, evidence-based education.

The absence of formal education has resulted in various myths and misunderstandings that impede informed contraception decision-making. The panelists agreed that clinicians should consider the educational opportunities available with patients, both inside and outside the exam room, to meet patients where they are and optimize opportunities for effective engagement.

Sex Education in the U.S.



Currently, 36 states, plus the District of Columbia, mandate the provision of sex education, HIV education or both; 20 states, plus DC, require that curricula encompass information regarding contraception, and 26 states, plus DC, require that sex and HIV education be grounded in medical accuracy. (Guttmacher Institute, 2025)

Several panelists emphasized that proactive educational sessions, whether through individual counseling or community outreach initiatives, can empower women to take control of their reproductive health. They stressed the necessity of safe spaces for discussing sex education and contraception, and they noted the importance of helping young women value bodily autonomy. This is especially crucial for those who may feel pressured in their relationships, enabling them to trust themselves and their decision-making abilities.

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I personally think that students are not well aware of what all of their contraception options are, and it's very clear that they're just not quite sure what's best for them.

~Toria Jones

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Cultural & Social Influences

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As social beings, we operate within the context of our society, the social framework, and also with the psychological framework. But most importantly, it's the conversations that should individualize the encounter.

~ Rania Elkhatab, MD

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Cultural and social influences significantly impact access to information and contraceptive choices. Many young individuals are raised in households where reproductive health is shrouded in taboo, leading to a lack of understanding or an inability to seek out accurate information.

The panelists agree that information and education about contraception in the United States tend to be quite generalized, with certain elements remaining static for the last 15 to 20 years. This situation can be partly attributed to a healthcare system that limits clinicians' ability to tailor care to the degree they find necessary or appropriate.

Each patient presents unique characteristics, and each individual will experience potential stigma differently. For some, this stigma may be rooted in religious beliefs, while for others, it may be influenced by their circle of friends. In addition, some individuals may face challenges due to insufficient financial resources. Therefore, it is crucial to pinpoint any unique challenges when we speak with patients to determine their unique perspectives and needs.

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I always ask my pregnant teen patients, 'What led you to this, and how can we do a better job?' It's not uncommon to hear that in their households, they don't talk about contraception, or that they're not allowed to ask about it.

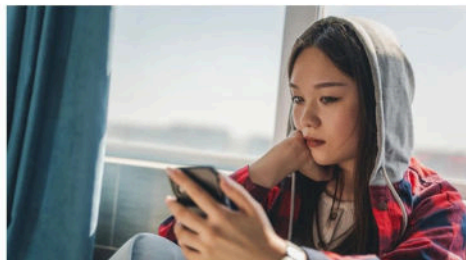
~ Vian Nguyen, MD

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Dr. Nguyen also shared that it is not unusual for her adolescent patients who are pregnant to report that their peers have suggested they would experience weight gain if they started to use contraceptive pills.

In discussing the influence of peer pressure, the Roundtable panel also noted that many young women choose a contraception method solely because of its popularity among friends, rather than its suitability for their specific health conditions.

In a society that emphasizes body image and social standing, it is imperative that we educate our youth to ensure that they understand the factual advantages and disadvantages that are genuinely relevant. Social media clearly has emerged as a double-edged sword. While it offers opportunities for spreading awareness, it simultaneously reinforces misconceptions through oversimplified or inaccurate messages.



While addressing the importance of cultural barriers, the Roundtable panel explored the topic of family health history, concluding that we do not adequately educate young people to engage in conversations and discuss family medical history with their parents or relatives, particularly in the absence of parental figures. While we have made progress in addressing traumatic experiences, we have not seen the same advancement in understanding our health history.

“*Some students feel a level of shame just for not knowing. This makes it important for us to reassure them that it's okay that you don't know and to talk to someone and make a decision that's best for you.*

~ Toria Jones

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Culturally, it is also important to acknowledge that some families may have a difficult relationship with the medical system, which raises questions about how to navigate these issues. It's crucial to motivate young individuals to inquire more. Ultimately, the emphasis should be on empowerment.


One effective approach to obtaining more information about health history involves motivational interviewing techniques. In these techniques, we inquire of the patient, who may lack the necessary information, how they might be able to acquire it. For instance, we may encourage the patient to communicate with a parent via text message if they are living away from home, or to engage in conversation during their next get together. Evidence indicates that when the patient takes the initiative in seeking information, the outcomes are significantly enhanced. (Dtsch Arztebl International, 2021)

“*We should keep pushing for medical schools to include patient engagement and education in the curricula. They never taught us how to talk to patients. Sometimes, it doesn't cross your mind to have a conversation or redirect it, especially with young people.*

~ Gabriela Ortiz, MD

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The panel concluded this portion of their discussion in agreement that overcoming cultural and social barriers will require strategic community outreach initiatives, culturally tailored educational programs, and active involvement from both healthcare professionals and community leaders to dispel misconceptions and foster healthier attitudes toward contraception.



Innovations in Contraception

In discussing innovations in contraception, it is evident that the available options for males of reproductive age are limited to condoms and vasectomy. Conversely, a significantly broader range of options is offered to females in the same demographic. This disparity places considerable pressure on women to stay informed about the latest developments in this field.

Culturally and socially, this raises significant questions about the disproportionate burden traditionally placed on one gender. For example, it is routine in obstetrics to inquire about breastfeeding and contraceptive preferences shortly after a mother's delivery, which underscores the significant responsibilities placed on women.

It is imperative that we establish an inclusive and accessible approach to contraception management. There is a pressing need for increased focus on various forms of contraception for each gender, but current funding is severely lacking. Therefore, improved funding and research in this area are needed to yield substantial benefits.

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Right now, we only have a few really effective nonhormonal options. It would be really nice to have more of a balance of the nonhormonal with the hormonal options for both females and males.

~ Vian Nguyen, MD

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Several institutions are actively exploring promising male hormonal and nonhormonal contraceptive methods, and there is hope that we these efforts will progress in upcoming years. However, such advancements generally require considerable time. Therefore, it is crucial to persist in advocating for these developments, as raising awareness is vital. Without it, we may fail to support innovations that could be transformative.

Sharing contraceptive responsibilities fairly between men and women, along with a variety of hormonal and nonhormonal options, is key to promoting equity in this area.

Healthcare Provider Training & Support

Effective contraceptive care fundamentally relies on the competencies and attitudes of healthcare providers. The Roundtable panel noted that many providers are not adequately equipped to engage in discussions about sexual and reproductive health, resulting in patients having a limited understanding of their options.



Medical training often fails to teach effective patient counseling techniques. As a result, physicians may lean on what they know best or are most familiar with instead of exploring all the options with their patients. This education gap can make it difficult for patients to receive the personalized treatment they deserve. Looking closely at our healthcare system and training methods, it is clear that meaningful changes require a substantial effort.

Medical school offers a comprehensive curriculum packed with information over four long years. Medical students have little downtime and, while their schedules are not completely filled with the vital activities that help foster the growth of successful and effective clinicians, there is little training, if any, focused on patient counseling and education. While many healthcare professionals engage in continuing medical education (CME) to stay up-to-date and maintain their licenses, this typically occurs once yearly and can be challenging for healthcare professionals to schedule. These CME efforts are usually focused on emerging advances and newly available treatments.

Consequently, the question is raised: How do clinicians allocate time for learning more effective communication strategies with their patients and reflecting on their potential biases and judgments? Interestingly, the answer may rest with empowering the patient.

“It starts with having a generous listening time, listening to the patient and to their specific needs. Nonjudgmental and open to what the patient is bringing to the encounter.”

~ Rania Elkhatib, MD

“How can we reshape the way we approach it as clinicians to make sure that we advocate for our patients by providing all the choices available without taking our own biases into consideration?”

~ Gabriela Ortiz, MD

When patients feel confident enough to question the physician's decisions, it is a significant moment for reassessment. Physicians might encounter situations where a patient asks, "Is that the only option available?" In that case, it is essential to reflect and suggest that you both revisit the issue after doing some additional research. Striking a balance is vital. Patients should feel empowered to hold their healthcare providers accountable.

Historically, the clinician-centric model has hindered the ability to serve patients effectively. Young women considering their contraception options often seek answers when they consult healthcare professionals in white coats. Therefore, enhancing the healthcare system's capacity to present available options is crucial. This responsibility extends beyond individual providers to encompass the entire healthcare system. Every touchpoint—the nurse, the front desk, the phlebotomist—should assist patients in asking the right questions.

Existing research supports this approach, showing that shared decision interventions can improve counseling outcomes and patient satisfaction (Dehlendorf et al., 2017). Also, the use of clinical decision aids and standardized protocols can help to ensure that all patients receive a consistent, evidence-based presentation of their options.

In conclusion, enhanced provider training in contraception counseling, and increased patient involvement, can help to improve clinical outcomes and play a pivotal role in establishing patient trust and empowerment.

Contraceptive Equity

To achieve genuine equity in contraceptive care, it is essential to understand deep-seated disparities and ensure that everyone can access vital support and information.

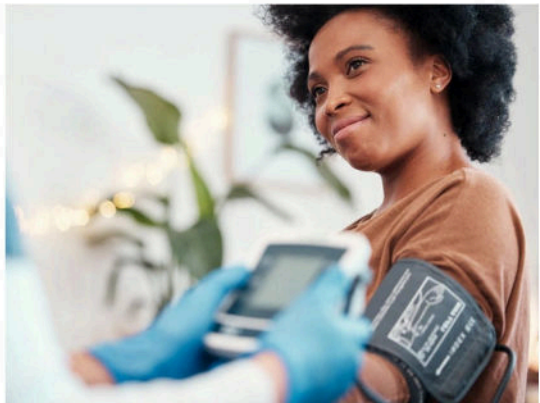
The Roundtable panelists highlighted historical injustices, such as involuntary sterilization and coercive counselling, that have created significant distrust toward healthcare institutions among various marginalized groups. The panel also observed that maternal mortality rates and unwanted pregnancies have risen in Black and Hispanic populations due to recent legislative changes.

During this discussion, Dr. Ortiz posed a thought-provoking question: “Will my medical decisions be made for me because of my minority status or because I didn’t ask the right questions?” This reflection underscores the ongoing power imbalance inherent in clinical interactions.

There is broad consensus about the need for culturally tailored counseling services. Service providers have noted that aligning contraceptive counseling with community-specific values and language can significantly enhance patient trust and adherence. Research consistently highlights that these tailored approaches are vital for addressing the effects of historical injustices. (Roberts 1997, Dehlendorf 2010)

The Roundtable panel also noted that among the many layers involved in contraceptive equity, access in rural areas is also a crucial point.

To optimize contraceptive equity, the Roundtable panel advocated for a comprehensive strategy that includes increased provider diversity, improved community outreach, and policy reforms to dismantle systemic inequities. This multifaceted approach is essential for ensuring that reproductive autonomy is accessible to all individuals, regardless of their background or socioeconomic status.



“

There are definitely contraceptive deserts across the country...where certain states have very, very limited education and also limited contraception options that they're offering, depending on the regulations of that state.

~ Vian Nguyen, MD

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LARCs vs. Short Term & Hormonal vs. Nonhormonal

During the Roundtable, a vigorous discussion emerged about the selection of contraceptive methods, particularly in terms of long-acting reversible contraceptives (LARCs) and short-term methods, as well as the distinction between hormonal and nonhormonal options.

Today, we are fortunate to have a significantly broader array of contraceptive options compared to two or three decades ago. When counseling young women, we can inquire about their motivations for considering contraception and analyze the various methods available, including barrier methods, contraceptive pills, injections, patches, and long-acting reversible contraception such as implants or intrauterine devices (IUDs). Importantly, healthcare providers can also assist women in evaluating the advantages and disadvantages relevant to their health history as they choose between hormonal and nonhormonal contraception. A comprehensive review of these options enables women to make informed decisions that align with their personal contraceptive preferences and unique healthcare needs.



However, despite a fairly broad spectrum of options, not all health centers or medical facilities offer them all. Patients frequently find themselves in a predicament due to their preference for the convenience of nearby services. Patients may inadvertently limit their choices when a specific clinic does not provide the necessary options. Even within urban environments, organizations may offer varying access levels and options.

Therefore, it is crucial that women are fully informed about their options. Likewise, providers must possess adequate knowledge and, if their facility lacks certain options, they should be able to identify alternative locations where patients can access their preferred contraception method or care.

Long-acting reversible contraception methods, including implants and intrauterine devices (IUDs), are one contraceptive method that the Roundtable clinicians agreed is largely misunderstood. Many patients are surprised to learn that IUDs, available for more than a decade, actually come in two forms: hormonal and non-hormonal.

Despite advances in the science behind IUDs, misunderstandings about their use and potential risks still exist. The scarcity of suitable channels to share information about contraception and new information is likely the reason for the slow growth in IUD use.

As a result, when students are asked about IUDs, they often reply, "Oh no, I don't want that," swayed by negative representations, for example, in TikTok videos that portray their usage as overly painful. While this reaction is understandable, it underscores the lack of comprehensive resources available to women.

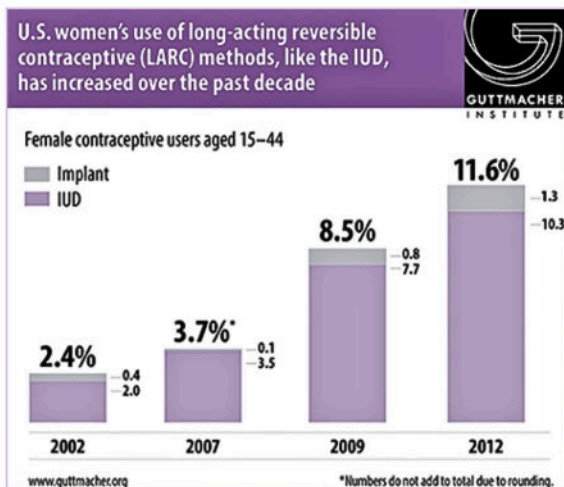
The Roundtable panelists noted that outreach efforts, including social media, grassroots workshops, one-on-one counseling, and other forms of direct engagement, are effective for sharing information with young women about their contraception options.

“
I'm a strong believer in meeting people where they are, and if we can somehow get to them directly it is helpful.

~ Toria Jones

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health to embrace this influencer era and connect with young people on social media and the internet, where they are obtaining their healthcare information.





Improving Patient Satisfaction

As a patient, one of the most empowering experiences is having access to clear and accurate information while making decisions about your health. In the realm of contraception care, the Roundtable clinicians agreed that, regardless of the option a patient might select, they should feel thoroughly informed and supported. Feeling well-informed is essential to achieving satisfaction with healthcare choices.

Patient satisfaction does not stem from being directed on what actions to take. Instead, it comes from the experience of being listened to, respected, and confident in one's choices. Whether a young woman is considering contraception, testing, or other services, clinicians should be prepared to guide patients through the advantages and disadvantages of each option. There is no obligation to make an immediate decision. We should encourage follow-up visits and ongoing dialogue. Many patients find that allowing time for reflection fosters a more comfortable and relaxed decision-making process.

The Roundtable panelists also emphasized that it is important to understand that starting a contraceptive method, especially a short-term one, does not mean that a patient should feel committed to it. They should understand that they have the freedom to change their mind. Simply knowing that they can discontinue a method if it doesn't work for them can provide women a significant sense of relief and enhance their satisfaction with the overall experience.

Some patients enter these conversations feeling anxious, sometimes due to past trauma or misinformation encountered elsewhere. We've observed how prevalent this is, particularly among young people who may fear procedures or medical decisions. That's why it is essential to create a safe, respectful space. Acknowledging and validating those concerns can significantly influence how someone feels about their care.

An important aspect of successful patient education is "normalizing" these important but at times very personal discussions and encounters. The anxiety a young woman may feel about having a pelvic exam for the first time is valid. Therefore, it is important to have a clear and transparent discussion with the patient about what to expect. By taking a little extra time to guide her through the exam, a more comfortable atmosphere is created. This can open the door to a lasting relationship, in which she can return to discuss any contraception issues or other related concerns.

Ultimately, the role of the healthcare provider is to be a trusted guide, not to pursue perfect ratings or scores on the internet, but to offer thoughtful, evidence-based support so women can make decisions that meet their needs. Their comfort, confidence, and satisfaction are what matter most.

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With my patients in the psychiatry clinic, I always start with a very direct approach because it makes it non-judgmental. I'll just say, have you ever had a formal education visit with a healthcare provider about sex education and contraceptives? Just a very simple question. Some of them say, well, my friends told me. That's when I refer them to the providers in the clinic for just education visits.

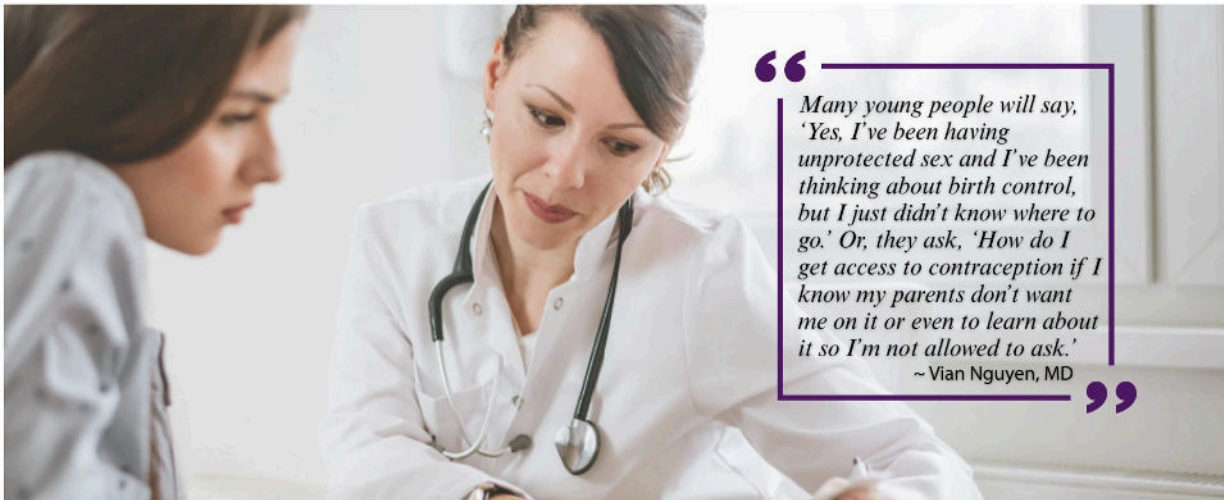
~ Rania Elkhatib, MD

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Youth & Adolescent Contraceptive Needs

When considering the issues related to youth and adolescent contraceptive needs, the topic does not inherently connect to enhancing accessibility to contraception. Rather, it frequently has more to do with access to healthcare or health facilities.

While this is concerning, given the spectrum of widely available contraceptive options, it is not uncommon. Once a healthcare center can be identified or accessed, the issue shifts to education, patient engagement, and a safe space within which healthcare professionals can engage with patients and provide care.



“*Many young people will say, ‘Yes, I’ve been having unprotected sex and I’ve been thinking about birth control, but I just didn’t know where to go.’ Or, they ask, ‘How do I get access to contraception if I know my parents don’t want me on it or even to learn about it so I’m not allowed to ask.’*”
~ Vian Nguyen, MD

“*Education is always key, and empowering helps young people to grow and make informed decisions. We ask about diet, exercise, and sexual activity, and it can be part of this conversation. We don’t have to refer for contraception during the first encounter, but it’s something we can follow up on. Contraception is definitely part of this holistic approach.*”

~ Rania Elkhatib, MD

Further, the panelists agreed that contraception, particularly among younger individuals, including college-aged patients, should involve a holistic approach, involving other healthcare providers such as primary care, family physicians, and mental health experts.

Side Effects


Side effects and other adverse events are crucial factors to consider when selecting a contraceptive method. This is especially true for hormonal contraceptive methods, which can come with more serious complications, like elevated blood pressure and even life-threatening blood clots.

When choosing a method of contraception, as with any medication that a physician might prescribe, it is crucial to weigh the benefits of that medication against its potential risks.

During the roundtable discussion, clinician panelists reported that the most prevalent concern expressed by their young patients regarding contraception is weight gain. While weight gain is often the primary side effect noted on social media and in conversations among young women's peers, it is not a factor for all birth control methods. For example, for one individual, a specific brand of contraceptive pill might lead to more headaches or greater water retention than another brand. This demonstrates how communication about contraception with patients can become increasingly complex.



The side effects that young women hear about most often, such as weight gain, are the ones that are more recognized, while less common side effects are frequently overlooked. Given the existing gap in understanding common side effects, it's even more daunting to discuss less common side effects like high blood pressure or blood clots, such as deep vein thrombosis (a blood clot in a person's leg or arm) or pulmonary embolism (a blood clot in a person's lung). These topics are not widely discussed, creating a critical information gap.



The likelihood of developing blood clots from hormonal contraception, including the pill, patch, and ring, varies based on factors such as estrogen dose, progestin type, family health history, and other factors. Generally, women who use combined hormonal contraceptives face a three- to five-fold increased risk of blood clots compared to women who do not utilize hormonal contraceptives. This risk significantly increases when women on hormonal contraception also have additional risk factors, such as obesity, smoking, or inherited clotting disorders. For example, the clotting risk is 35 times greater among women who use hormonal contraception and are also affected by the genetic clotting disorder factor V Leiden. (Pediatrics, 2011)

While the absolute risk for blood clots linked to hormonal contraception is low, comprehensive education about both common and less common side effects can significantly enhance patient understanding and, most importantly, help to reduce complications and even save lives.

Many young patients do not recognize the less common but more serious side effects because they are young, healthy, and lack the knowledge that would prompt them to consider these factors. This situation creates an awareness gap that amplifies the importance of educational consultations.

“It’s unrealistic for a nonclinical person to be expected to understand that even within the range of birth control pills, there are different types of hormones that cause different types of potential side effects. So, I think that’s where things can get a little bit challenging in terms of our ability to express that to patients.”

~ Vian Nguyen, MD

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“We make appointments to see our doctors, to treat, to correct, to get better from a symptom or something that we might be experiencing. But rarely do we make an appointment to prevent, and even more rare is making an appointment to get educated.”

~ Gabriela Ortiz, MD

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The panelists agreed that education and awareness regarding contraception function as a two-way street: Providers must meet patients where they are, while patients should proactively seek knowledge about their contraception choices. They also noted that nonhormonal contraception, especially nonhormonal IUDs, should be a primary consideration for patients with a personal or family health history that raises blood clot risks, a view reflected in comprehensive guidelines from the American College of Obstetricians and Gynecologists (Practice Bulletin 206, 2019; Practice Bulletin 186, 2017). The discussion emphasized the importance of tailoring contraceptive counseling to include both patient preferences and an in-depth medical history to optimize outcomes.



The discussion of potential contraception side effects can be normalized and reflect the same types of conversations had with patients who are prescribed antibiotics or scheduled for surgery.

Furthermore, follow-up consultations focused on side effects after treatment begins can help patients feel at ease, particularly if they understand that they do not need to make an immediate decision about which contraceptive option to choose, and that they can easily discontinue short-acting methods, like the pill or patch.

In summary, the panelists stressed that no matter which contraceptive method is selected, the most critical factor is making a choice rooted in thorough information. Studies show that when patients clearly understand the benefits and possible risks, their satisfaction and long-term commitment notably increase. (Dehlendorf et al., 2017)

Emergency Contraception

Emergency contraception is a crucial aspect of reproductive healthcare. However, it is frequently misinterpreted by both patients and healthcare providers, and Roundtable panelists aptly cautioned that Plan B should never be Plan A.

Panelists discussed how the potential over-reliance on emergency contraception often stems from gaps in education. Many students, lacking knowledge of standard contraceptive methods, resort to emergency contraception after unprotected intercourse.

Reliance on emergency contraception not only highlights an educational void but also raises concerns about proper usage and potential side effects when it is misused. The window for effectiveness with emergency contraception is extremely narrow, and without proper guidance, patients may mistakenly believe that using emergency contraception repeatedly is a safe alternative to routine contraception.

“
*We pass out emergency
contraception on campuses...
we don't pass out education
with it.*

~ Vian Nguyen, MD

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In addition, frequent use of emergency contraception can lead to irregular menstrual cycles and hormonal imbalances, further complicating a young woman's overall reproductive health. The Roundtable group agreed that clear, evidence-based guidelines must be communicated to ensure that emergency contraception is used appropriately.

In summary, the conversation about emergency contraception focused on the importance of thorough education that defines its role as a backup option, not as a replacement for regular contraception. Educational campaigns should highlight these aspects and provide patients with the tools they need to make informed choices in case of an unplanned encounter.



Calls to Action

The Roundtable panel identified a broad and multi-pronged call to action that encompasses providers, policymakers, public health professionals, patients, and the wider public. These imperatives are outlined for each target category below:



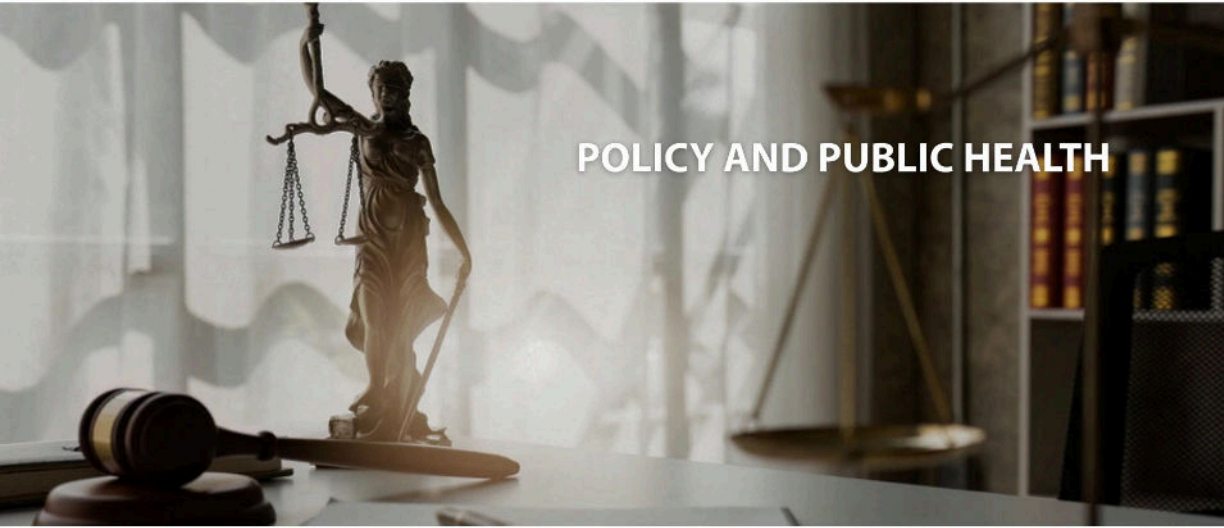
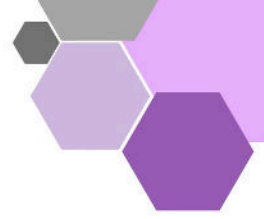
HEALTHCARE PROVIDERS

- **Integrate preventive education:** Create dedicated appointments for contraception education within standard practice, free from the immediate pressure of selecting a method.
- **Implement trauma-informed, bias-free counseling:** Train all clinical staff in cultural competence, motivational interviewing, and comprehensive risk assessment (e.g., detailed family history evaluations for clotting disorders).
- **Adopt shared decision-making:** Utilize decision aids and structured counseling sessions that empower patients, reinforcing that preferences can evolve and follow-up support is available.



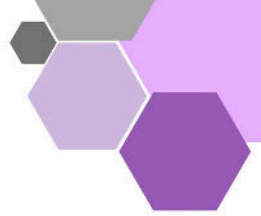
EDUCATIONAL INSTITUTIONS

- Integrate comprehensive reproductive health programs: Mandate evidence-based sexual health education within school curricula and orientation sessions, ensuring that reproductive health literacy begins early.
- Expand university-based health services: Enhance campus clinics to provide a full spectrum of contraceptive options and develop peer-education networks that connect accurate information with real-world experiences.
- Ensure referrals or pathways to other resources or preferred care as needed.




POLICY AND PUBLIC HEALTH

- **Increase funding and resource allocation:** Invest in clinics and mobile health services, particularly in contraceptive deserts, to ensure all communities can access a full range of contraceptive methods.
- **Mandate medically accurate sex education:** Enforce policies requiring comprehensive, culturally appropriate, evidence-based reproductive health curricula in public and private educational institutions.
- **Support contraceptive innovation and affordability:** Provide subsidies for nonhormonal long-acting contraceptive devices and support research into nonhormonal alternatives and male contraceptive methods.



PATIENTS AND ADVOCATES

- **Make education accessible and interactive:** Create and mobilize multifaceted educational tools that demonstrate the spectrum of contraceptive options, including clear and accurate information about benefits and risks.
- **Storytelling:** Give voice to the community, using compelling patient portrayals to inform and inspire young women, thereby empowering them to make informed contraception decisions.
- **Capitalize on Technology:** Create or collaborate with apps to enhance awareness of contraception options and their associated benefits and risks, produce podcasts (audio and video) to reach women with targeted health messaging.
- **Empower informed decision-making:** Patients should seek accurate information from reputable sources and participate in discussions with their providers.
- **Voice your needs:** Participate in patient advocacy, sharing experiences, ask informed questions, demanding transparency about risks, including clotting disorders, and benefits.
- **Engage in Grassroots Outreach:** Community leaders should partner with local clinics, schools, and online platforms to disseminate evidence-based reproductive health information, helping to counter misinformation from informal networks.



Closing Remarks

In closing, the Roundtable panelists reiterated that true reproductive autonomy is achieved when patients are fully empowered through comprehensive education, empathetic clinical support, and equitable access.

As envisioned by the information and opinions shared during this Roundtable, informed contraceptive choice involves not only carefully selecting a certain method but also understanding that young women should possess the right, the power, and the support to shape their own future.

This vision underscores the responsibility of all stakeholders, from healthcare providers to patients, educators, policymakers, and community advocates, to build a reproductive healthcare system that is transparent, culturally sensitive, and adaptive to the needs of every individual. As these Roundtable proceedings have emphasized, patients are better equipped to advocate for themselves and achieve optimal health outcomes when they are active consumers in the decision-making process.

The community can drive the systemic changes necessary to dismantle long-standing barriers by amplifying patient voices and relying on evidence-based best practices. Patients, when properly informed, become the most powerful advocates for their own care. Through continued collaboration, education, and advocacy, we can make significant strides toward a future where contraceptive care is genuinely patient-centered, equitable, and effective.

The Rowan Foundation extends its appreciation to the University of Houston Student Health Center, as well its expert Roundtable panelists, for hosting this program.

To view the full proceedings of this Roundtable in video format, please visit the Rowan Foundation website: www.alexrowanfoundation.org/roundtable.

Contact info@alexrowanfoundation.org with comments or questions.



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