



Addressing SRH Misinformation in the Moment

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Acknowledgements

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Learning Objectives

By the end of this session, participants will be able to:

1

Apply the ASA Cycle (Affirm, Share, Ask) as a structured, repeatable framework for responding in real time to patient-voiced misinformation about sexual and reproductive health topics.

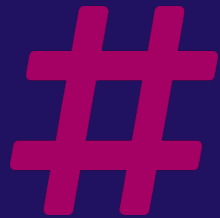
2

Practice at least one specific communication technique (e.g., non-judgmental affirmation, the "on the one hand" reflective listening technique, or a targeted follow-up question) for de-escalating misinformation-driven anxiety or hesitancy during a clinical encounter.

3

Identify personal and systemic barriers to addressing mis/disinformation (including gaps in provider knowledge, implicit bias, and the pace at which MDI evolves on social media) and generate at least one strategy to address a self-identified gap.

POWER
TO DECIDE



Mis/disinformation (MDI) in the SRH Patient Experience

DISCUSSION

**Share a piece of MDI that
you've been hearing
recently**



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TO DECIDE

How MDI shapes patient decision-making



Repetition

The illusory truth effect: a false claim becomes more believable the more often it is heard and stays believable even after clarifying information.



Risk inflation

Exposure raises perceived risk. Patients make decisions on perceived risk, not actuarial risk.



Erosion of trust

Repeated exposure wears down confidence in medical care itself, which changes how your information is received.

What the SRH research is revealing

Prior social media use was linked to higher anxiety and pain around office IUD insertion.

(Snavelly, 2026)

Among college students, fear that birth control causes infertility was associated with using less contraception, especially hormonal methods.

(Watson, 2023)

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TO DECIDE

Before you respond to MDI: starting with yourself

Take stock of what you know (and don't know)

- Where is your knowledge about MDI the strongest? Where is it thinner?
- Are there subject matter areas that you want to build your knowledge in to feel adequately prepared to counter MDI?

Acknowledge blind spots

- Not being on social media yourself ≠ patients aren't.
- "I haven't heard that" ≠ "It's not widespread."
- MDI evolves quickly and is often emotionally framed.

Examine your biases

- Do you assume patients who reference social media are misinformed?
- Do you dismiss certain sources more quickly than others?
- Are there topics where you feel defensive, frustrated, or overly certain?

Commit to ongoing learning

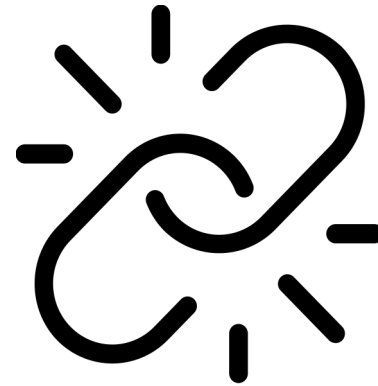
- Follow reputable public health communicators.
- Monitor emerging narratives (even passively).

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WHENEVER POSSIBLE:



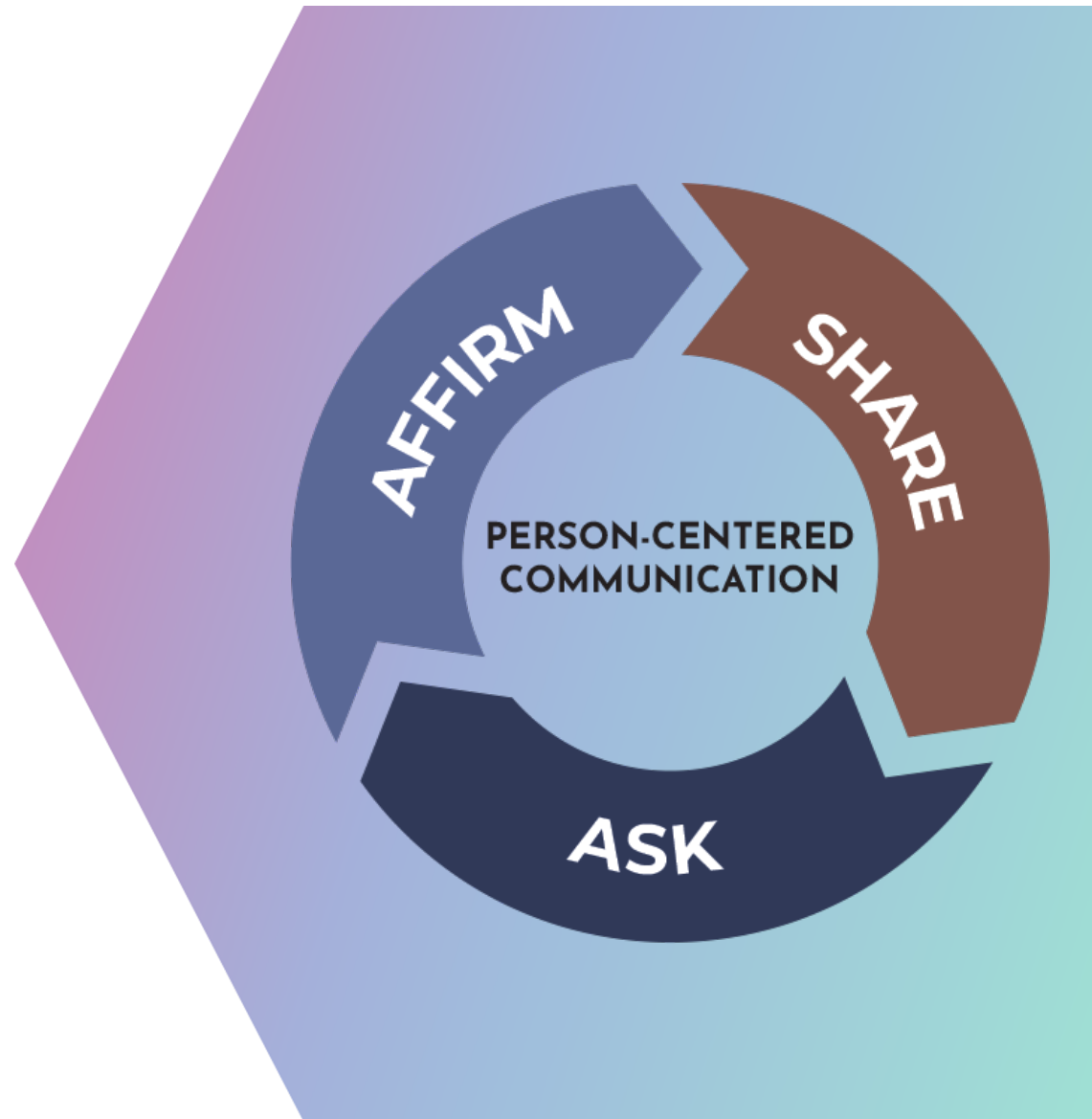
**ASK FOR
PERMISSION**



**CONNECT AN OFFER OF
SERVICES OR INFORMATION
TO SOMETHING THE CLIENT
HAS SAID**

POWER
TO DECIDE

USING ASA CYCLES TO ADDRESS MISINFORMATION





Affirm

Lead with empathy, agreement, or validation before anything else.

Share

Offer relevant information in plain language, in limited amounts.

Ask

Close with an open-ended follow-up question and start the cycle again.

(Contraceptive Technology 22nd ed. 2023)

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TO DECIDE

ASA Video Series & Palm Card

Video Series

<https://rhntc.org/resources/affirm-share-ask-cycles-patient-centered-communication-and-counseling-video-series.html>

E-learning course

<https://rhntc.org/resources/affirm-share-ask-asa-cycles-patient-centered-communication-and-counseling-elearning>

Palm card

<https://rhntc.org/resources/asa-cycles-patient-centered-communication-palm-card>

ASA Cycles for Patient-Centered Communication

Affirm/Acknowledge

Empathy

"Wow, that sounds really hard."

"I can see how concerning this must be."

Validation

"It sounds like you've thought a lot about this."

"I am so glad you asked about that. Most people find that challenging."

Agreement

"Yes, and..."

"I hear that from many clients! It's true that....and also..."

Share

Relevant information in plain language

"Your ability to get pregnant returns to whatever is normal for you."

"This could make your period heavier/lighter..."

Ask

Open-ended, focused questions

"How would that be for you...?"

"What is most important to you about...?"



**POWER
TO DECIDE**

**AFFIRM /
ACKNOWLEDGE**



Start with either:



Display of empathy



Agreement



Validation



Strength-based positive

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TO DECIDE

FIND THE YES

(Agreement)

Find something in
what the client is
saying to agree
with or support

Avoid saying “No”
or “But”

Yes! ... And _____

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TO DECIDE

Validation

"Lots of people have that question."

"I was confused about that, too"

"Many clients I see wonder about that."

"Yeah, that's a great way to put it. I wouldn't have thought about it that way."

"That must have been hard to deal with"

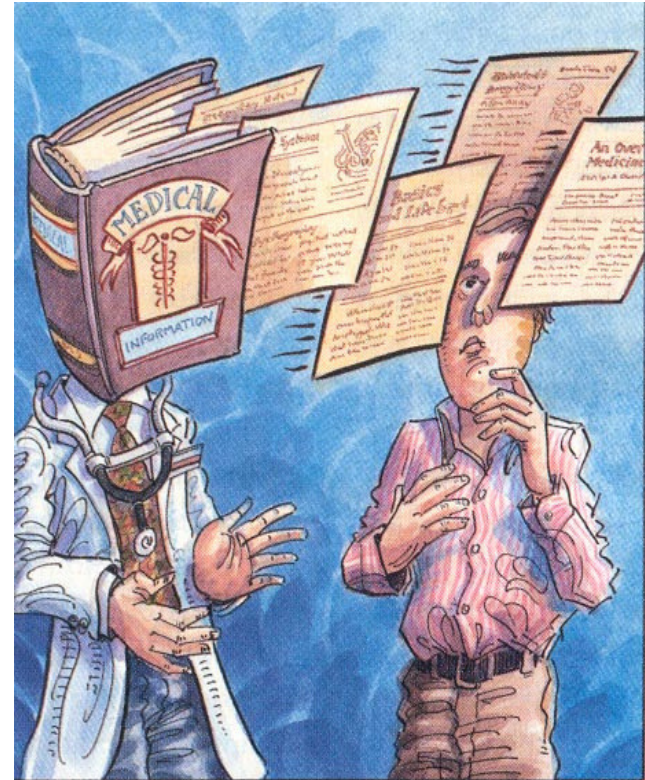


SHARE INFORMATION



Support Integration of New Knowledge

- Present information that is relevant to the individual
- Use plain language
- Limit the amount of information
- Use their own words
- 5 out of 100 people rather than 5%



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TO DECIDE



Use visual and tactile aids when discussing complex information

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TO DECIDE

ASK A FOLLOW UP QUESTION



A follow-up question:

1) Clarifies
informational
needs and
preferences

2) Helps the client
to **integrate new
information**

How would that be for you?

Has that ever happened before?

How did you manage it?

Do you have a sense of how you would
manage it?

Knowing that, how would it be?

(Hatcher. 2018)

POWER
TO DECIDE



Vanessa

17 y.o. G2P0 (h/o SAB x1, MAB x1)

- Nexplanon placed 4 weeks ago at the time of MAB appointment
- Had routine follow up appointment to confirm complete MAB
- In clinic for removal
- Unhappy with spotting for the last month

"I've been bleeding for a month straight. I saw a bunch of people online saying that means it's messing up your body. I just want it out."

How would you affirm what Vanessa just said?

IUD and Implant Removals

Many providers are reluctant to remove devices because they are so effective

Clients do not have to justify why they want a device removed from their body

When discussing placement, even before the client is using the device, let the client know that it is their right to have it removed at any time!



(Gomez, 2018)

Request for removal

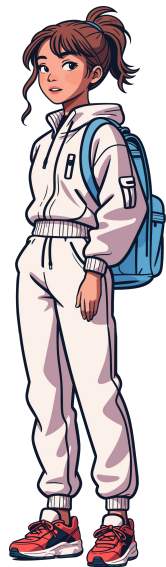
Begin with assurance that you will remove the device.

Then, you can ask for permission to query about what is going on with the method

So

You can offer accurate information if the request or concern is based on misinformation.

You can offer management if the client is open to the conversation (and if there is a management option)



"We can absolutely take out the implant today. Before we do that, would it be ok if we talk a little more about the spotting?"

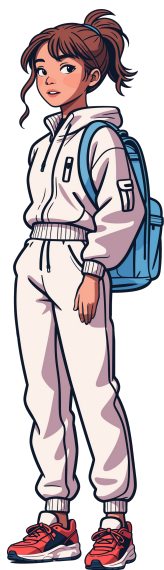
"Yeah, sure"



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TO DECIDE

"It sounds like the spotting has been really annoying. I think many people would find that hard to deal with."

"It's been gross to have to wear a pad everyday."



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TO DECIDE



"Totally. And actually Irregular spotting is the most common thing people notice in the first few months. What's happening is the hormone is keeping the lining of the uterus very thin and healthy. *(show a picture)* . It's important to know its not harming or messing up your body. Knowing that, what other questions do you have about the spotting?"

"Hmm...Ok. But how long is this going to last for?"



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Taylor

29 y.o. G1P1 (h/o NSVD 3 years ago)

- 1 cis-male partner
- Using OCPs off and on for last 6 years (before and after pregnancy)
- Clear that she doesn't want to be pregnant in the next year or two

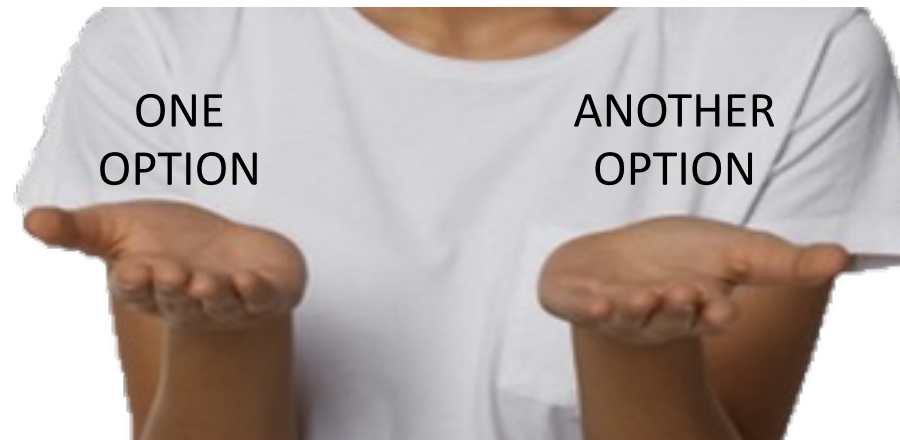
When you ask how the pill is going, she says:

"Oh, I stopped it a couple months ago. I felt like it was important to detox from it for a while."

Write a follow-up question you'd ask Taylor.

ON THE ONE HAND TECHNIQUE

- This is a type of reflective listening
- Helpful experience for clients who appear to be experiencing ambivalence

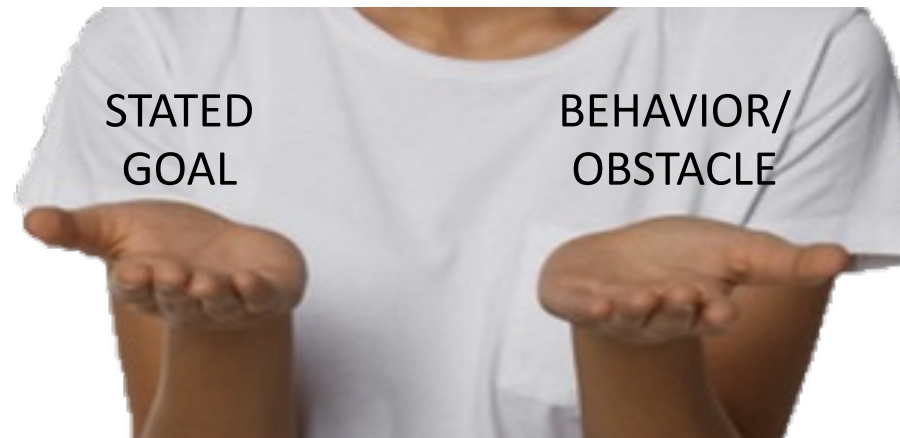




"It sounds like on the one hand its important to you right now to not get pregnant. On the other hand, you're wanting a break from hormonal birth control."

ON THE ONE HAND TECHNIQUE

- This is a type of reflective listening
- Helpful experience for clients who appear to be experiencing ambivalence





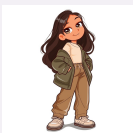
Cindy

16 y.o. G0

- Cindy has no medical problems
- She is here to start on birth control
- Cindy is sexually active with cis-guys and would like a birth control method that could help with her crampy, heavy periods.

When you discuss options where Cindy wouldn't get a period she says:

"I heard it's not healthy to not to get my period."



"I heard it's not healthy to not to get my period."

AFFIRM

"You're right!... when you are not on hormonal contraceptives, it is important to get a monthly period. It's great that you know that."

— or —

AFFIRM

"I'm so glad you know that when you are not using birth control with hormones and you miss your period you need to come in so we can see what's up!"

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TO DECIDE



"I heard it's not healthy to not to get my period."

SHARE

"Interestingly, if someone is using birth control that is hormonal, the hormones keep their uterus very healthy and thin." *(Show a picture)*

ASK

"Knowing that, how would it be for you to use a method where you didn't get a regular period?"

— or —

ASK

"Can you tell me a little more about what you've heard about not getting a period?"

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TO DECIDE

Birth control detoxing

[About](#)[Past viral videos](#)

Birth control detoxing

[Jump to ...](#)[What are patients seeing on social media?](#)[What's the evidence?](#)[Talking with patients about "detoxing"](#)[Key takeaways](#)[Patient resources](#)

What are patients seeing on social media?

"Birth control detox" content frames hormonal contraception as something that builds up, disrupts your hormones, or needs to be flushed out. A common storyline is: stop hormonal birth control for 3-6 months and reset with tea, supplements, or "seed cycling" and then choose a "clean" method. This messaging often shows up alongside fertility anxiety content focused on fear-based claims about long-term impacts.

Mis/Disinformation Guides

Social media trends patients are seeing, and guidance to address mis/disinformation

Filter by: [Cancer Risk](#) [Fertility](#) [Hormonal Birth Control](#) [Menstruation](#) [Mental Health](#) [Safety](#) [Side Effects](#) [View all](#)



MIS/DISINFORMATION GUIDES

Birth control and micronutrients

What are patients seeing on social media about micronutrients and birth control, and how do you respond?

Jul 21, 2026

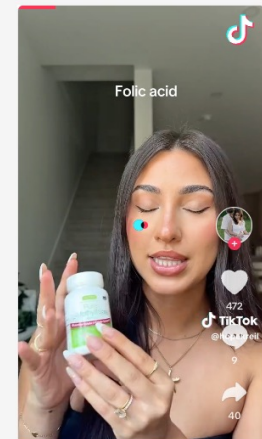
BEDSIDER PROVIDERS

Three mis/disinformation trends going viral now

Trends updated weekly by Bedsider Providers editors

1. "Post-pill" supplement marketing

This video is part of a growing "birth control detox" trend that frames the body as needing recovery support after stopping hormonal contraception. The creator suggests that supplements can "rebalance" hormones, improve fertility, and manage post-pill symptoms, reinforcing the idea that birth control leaves the body in a state requiring correction. There is no medical basis for detoxifying after contraceptive use, and symptoms that emerge after discontinuation typically reflect a return to baseline rather than evidence of lingering harm. By presenting supplementation as a necessary step in coming off birth control, the video reinforces misconceptions about hormonal contraception and can steer patients toward unproven products in place of evidence-based care.

[go to the birth control detoxing guide](#)

iting videos on TikTok

[Watch now](#)

@hopekreil

Replying to @smithy



Bedsider Providers gives you timely insights on what's shaping patients' sexual and reproductive health beliefs, and clinical resources to respond with confidence.

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Q&A

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- RHNTC. ASA Cycles Patient-Centered Communication Palm Card. <https://rhntc.org/resources/asa-cycles-patient-centered-communication-palm-card>