

De-medicalising contraception

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FIAPAC, Edinburgh 2012

Scope of presentation

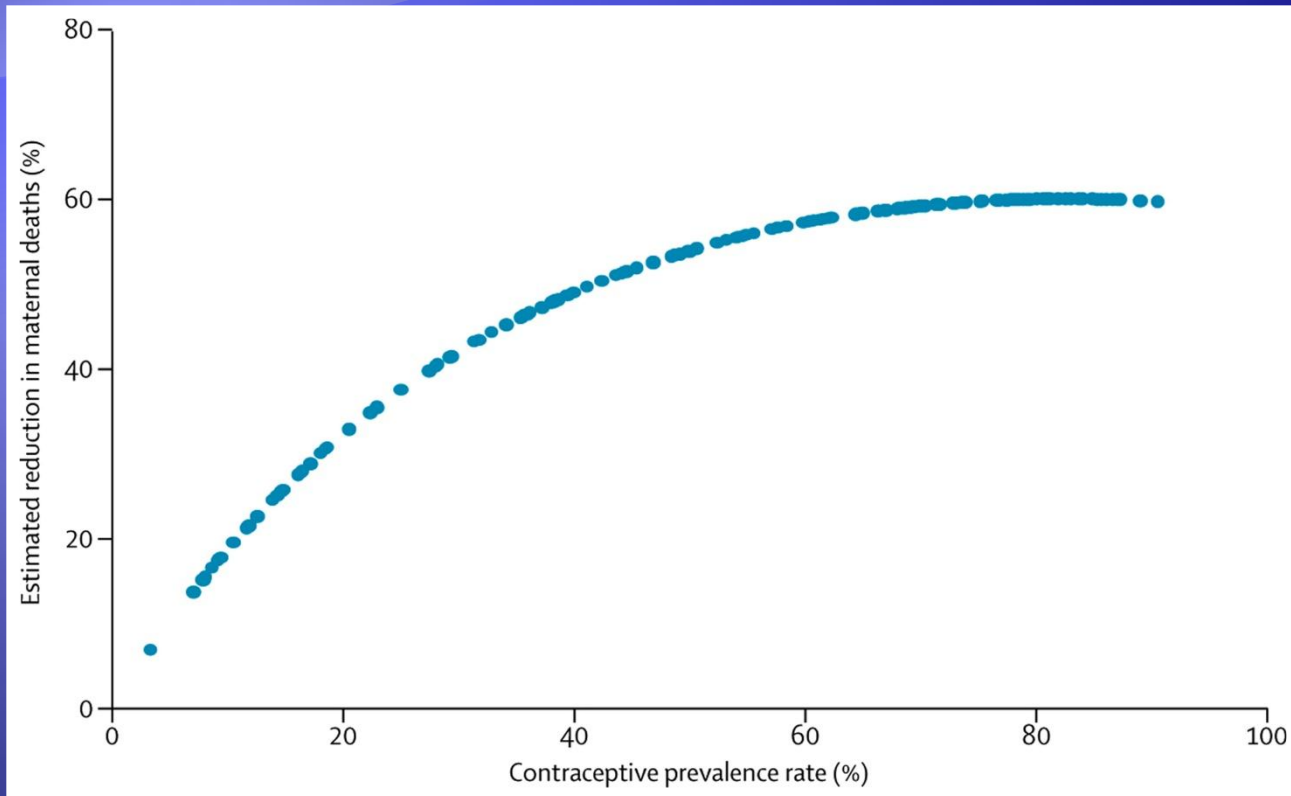
Supporting women's autonomy

- Unmet need
- Drivers and access
- OTC OC
- The South London Pilot
- Other non-medical delivery models

The unmet need

- ◆ 25% in low resource countries, [up to 300 000 000]
- ◆ In Africa alone, in 2012 unmet need resulted in 79 000 maternal deaths Darroch et al, Contraception 2012
- ◆ Access an issue in developed societies due to hierarchies
- ◆ Young people and the socially underprivileged more vulnerable
- ◆ Globally, system failures: a combination of shortage of HCPs and supplies limit access

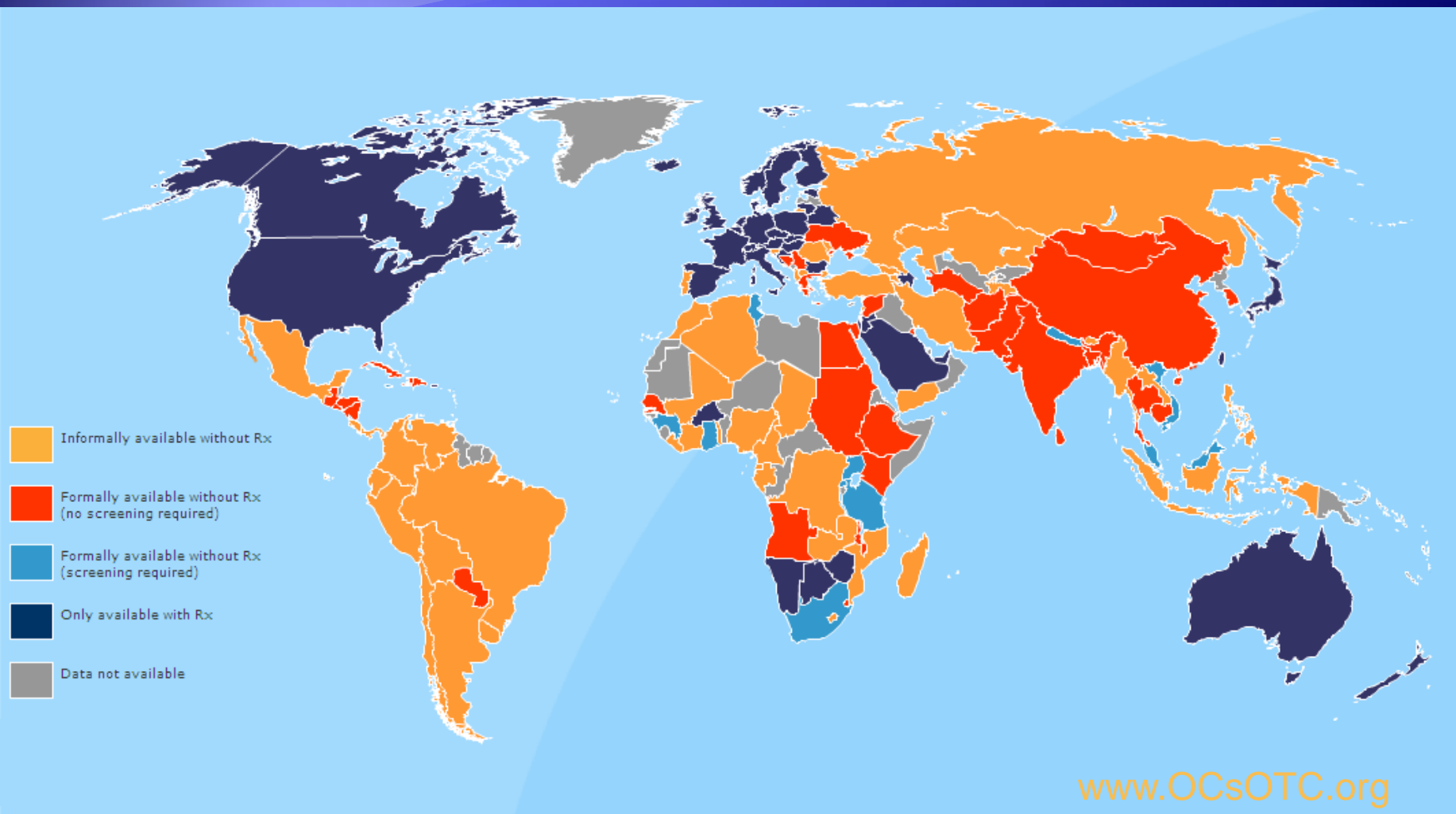
Increased access = fewer maternal deaths



Source: [The Lancet 2012; 380:111-125](#) (DOI:10.1016/S0140-6736(12)60478-4)

[Terms and Conditions](#)

Global OC prescription requirements



OTC OC makes sense

Selling birth control pills over the counter would reassure millions of women who don't take them because of misinformation about risks and side effects. The category of nonsteroidal anti-inflammatory drugs, to which [aspirin](#) and [ibuprofen](#) belong, is associated with 16,000 deaths a year, while the pill actually causes users to live slightly longer than average. The wider availability of the pill would help those who lack insurance or can't afford to go to a doctor. Today, poor women have three times as many unintended pregnancies as wealthier women.

Malcolm Potts 2012 LA Post

Advocacy: the league table

- ◆ International [FIGO, FIAPAC, ESC, FSRH]
- ◆ Regional [IBIS]
- ◆ Consortia [ICEC, ECEC]
- ◆ Country specific [fpa, OCsOTC]

What's good about a prescription?

- ◆ Generates money to the Healthcare system/private physician
- ◆ Allows consultation, screening and full choice
- ◆ safer
- ◆ But substantial savings likely with OTC
- ◆ BUT WHO SPRs do not require an Examination & choice is achievable through targeted information & BCAS SHOWS 91% PAP coverage vs 85% national coverage
- ◆ But the user is best placed to recognise risk factors and can self select

Can women self select?

- ◆ Most can
- ◆ For some; facilitated self management is appropriate and provided by a trained pharmacist
- ◆ A few need in-depth counselling
- ◆ No difference in identifying contraindications in OTTC vs clinic based services
White K. et al, Contraception 2012

Apps enabled consultation

Pill Kiosks

A team at the University of Pittsburgh created a computer kiosk to help women determine if they should take birth-control pills or whether they smoked, had migraines with an aura or other conditions that may make taking the pills inadvisable.

Challenge myths: Can you misuse an OC?

- You can give it to your plant
- You cannot get high on OCs
- You can't overdose
- You can put it in the vagina –works better?
- It does not make you infertile

Would it encourage irresponsible behaviour?

Evidence from EHC says not likely

Glasier A. Contraception 2012

Two studies from the Border Contraceptive Access Study

BCAS researchers have published two papers from the Border Contraceptive Access Study in the March 2011 issue of *Obstetrics & Gynecology*. The first paper shows that women who obtain oral contraceptives over the counter in Mexico are likely to stay on the birth control pill longer than those who obtain pills by prescription at U.S. clinics. In the second paper, the researchers found that women who obtained combined oral contraceptives, in Mexico were significantly more likely than U.S. clinic users to have health conditions such as hypertension

Would pharmacists cope?

- ◆ They do this all the time
- ◆ They are better placed to check interactions and contraindications
- ◆ But need the right environment
 - ◆ Privacy
 - ◆ Professionalism
- ◆ Formulary?

What the women say about privacy; the South London experience

- ◆ It is a quick way to get contraception, it is very private unlike a clinic where everyone knows what you are there for

Would advisors to regulatory bodies give the green light?

- ◆ Initiation vs. continuation
[? Repeat pills only]
- ◆ POP to go OTC 1st
- ◆ Agree if within a network
- ◆ Quality assured training

Patient Group Directions for the supply of Hormonal contraceptives by authorised community pharmacists in Lambeth & Southwark PCT

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1. Combined Oral Contraceptive Levonorgestrel, Norethisterone	4
1. Combined Oral Contraceptive Desogestrel, Gestodene	7
1. Combined Oral Contraceptive Norgestimate	10
1. Progestogen Only Oral Contraceptive Levonorgestrel, Etonodiol Diacetate, Norethisterone	13
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The South London experience

- ✓ Started in October 2009
- ✓ Standardised training to pharmacists with attachment to clinics
- ✓ PGD based service
- ✓ Initiation and refills
- ✓ Already provide EHC, Chlamydia testing and treatment, free condoms
- ✓ Established a London Pharmacy Contraceptive Group

October 09-June 2011

741 consultations in 4 pharmacies

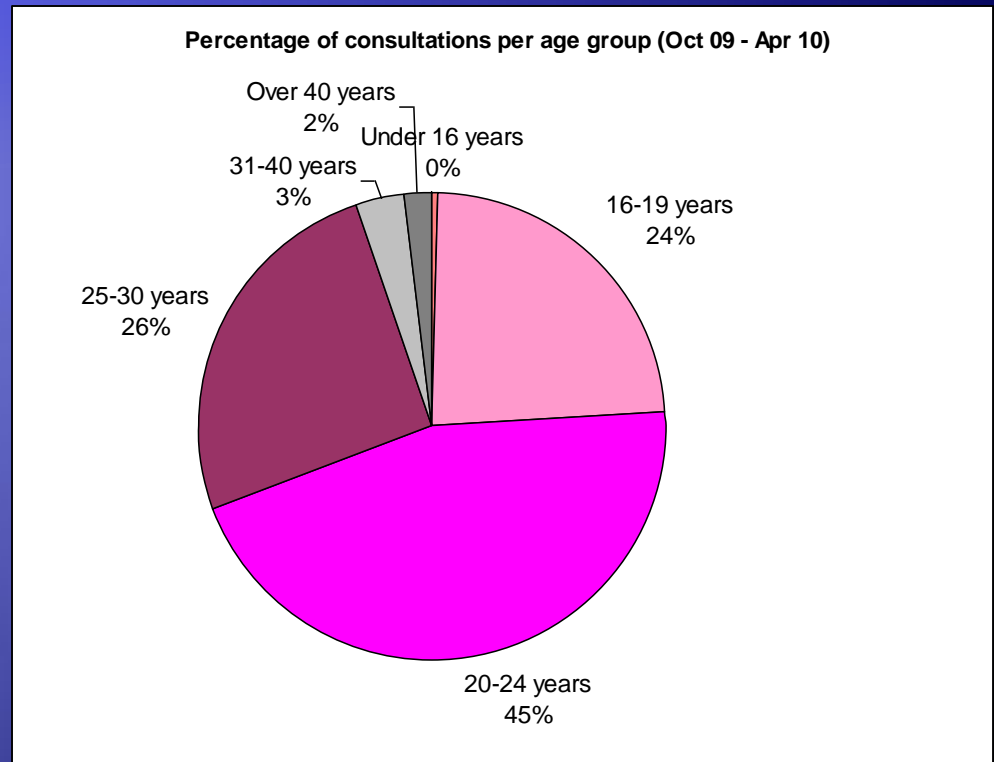
outcome	%	notes
Initiating OC in established user/1 st user	69	25% had never used OC
Continuation OC	24.4	
General referral to other service	4.9	Had other needs
LARC referral	1.2	Eventually will provide on site
< 16 referral	0.4	1/4 <19

Demographics - age

95% aged 30 and under

70% 24 and under

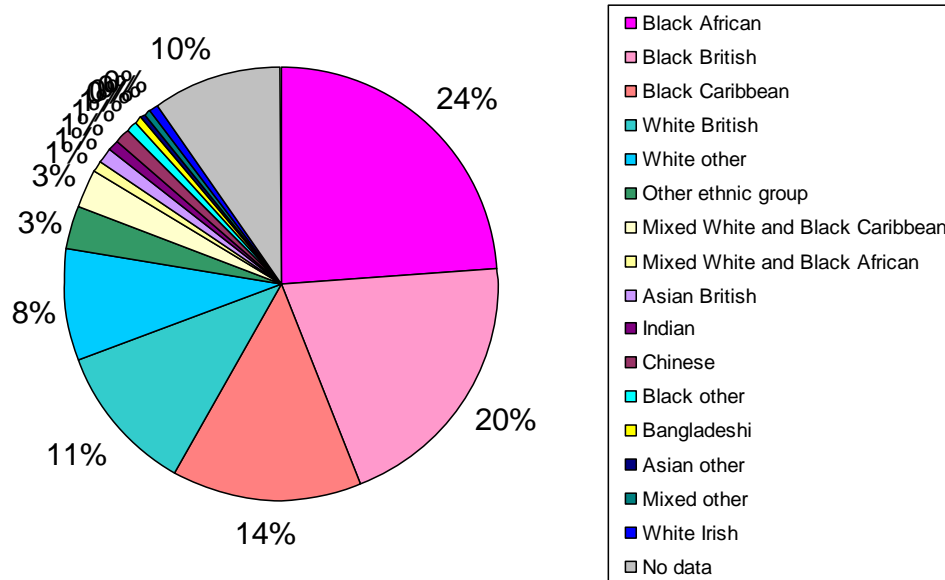
25% 19 and under



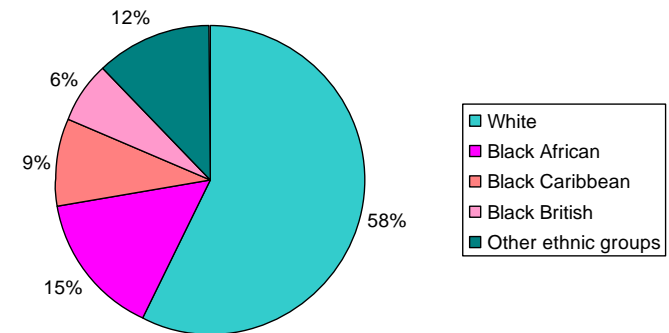
Demographics - ethnicity

- Black African/ British/ Caribbean/ other – 59%
- White British/ Irish/ other – 20%
- Mixed white & black African or Caribbean/ mixed other – 4%
- Asian British/ Indian/ Bangladeshi /other – 3%
- Other ethnic group – 3%
- No data – 10%

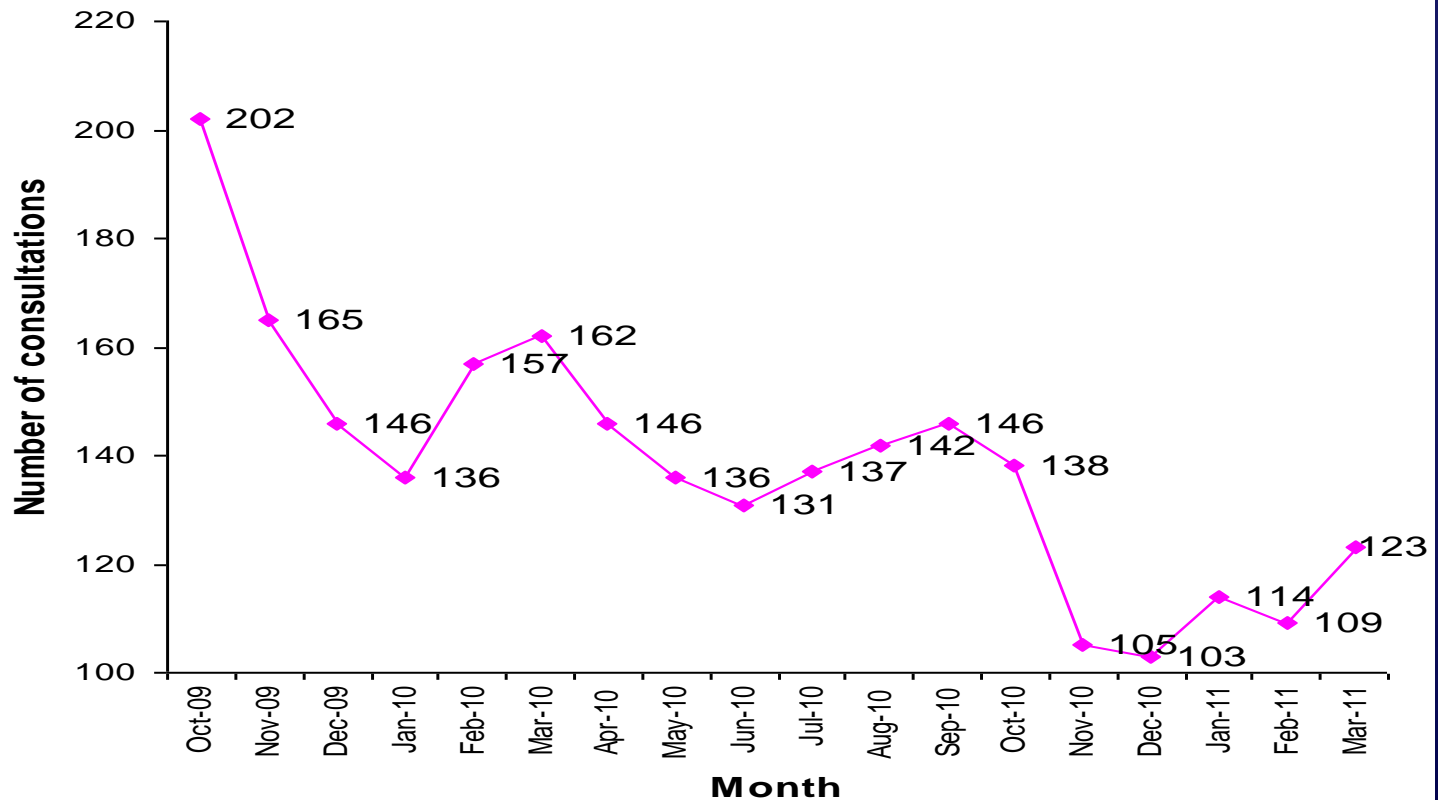
Percentage of consultations per ethnic group (Oct 09 - Apr 10)



Percentage of females aged 15-24 per ethnic group (Lambeth and Southwark average)



Impact on EC pharmacy work



Non-medical delivery models

- ◆ Task sharing to
nurses/auxiliary
nurses/community health
workers/client support
workers/pharmacists
- ◆ OTC + working with a care
pathway to refer for LARC or
other care
- ◆ OTC without pathway
- ◆ Web based support

Tasks that can be delivered effectively at lower cost: by client support workers

- ◆ Venepuncture
- ◆ Advising patients how to self swab/sample
- ◆ Pregnancy testing and advice
- ◆ Asymptomatic STI screens
- ◆ Uncomplicated contraception
- ◆ Vaccination
- ◆ Maintenance of clinical environment/manage vending machines

Task sharing: nurse delivered, consultant led service for IUCs, implants, prescribing

- ❑ A safe practice
- ❑ Same training standards and competency thresholds
- ❑ Strong nursing leadership
- ❑ Nurse prescribers support
- ❑ Redefinition of roles
 - ❑ Specialists for complex work
 - ❑ Sharing outreach work and care of vulnerable groups
- ❑ Primary care role

Shortage of doctors in LDCs means most FP interventions delivered by non-medics

- ◆ static clinics
- ◆ mobile clinics
- ◆ rural outreach teams
- ◆ community volunteers
- ◆ social marketing
- ◆ social franchising - BlueStar
- ◆ work-based initiatives
- ◆ peer education programmes
- ◆ community based-activities
- ◆ refugee / IDP camps

Social marketing

- ◆ Utilises existing expertise and commercial resources.
- ◆ Makes contraceptives readily available at affordable prices in the community
- ◆ Mobilises customer-driven, not provider determined systems.
- ◆ Bypasses inefficient, bureaucratic Government channels.
- ◆ Introduces an element of cost recovery.
- ◆ Is highly efficient and cost-effective.

MHealth/EHealth[health on the move]: The simple text message represent a quantum leap in LDCs

- ◆ Text for:
 - ◆ Appointment
 - ◆ Information
 - ◆ To ask if supplies OK [UNICEF mTrac]
 - ◆ To feedback on a service
 - ◆ To monitor health care activities [e.g. is free HIV testing available?]
- ◆ Web and social media:
 - ◆ virtual clinics
 - ◆ Information
 - ◆ Community mobilisation
 - ◆ alerts

Conclusion

Many advantages to de-medicalising contraception and SH interventions

- ◆ Empowers users to take control of their health through:
 - ◆ Information/myth busters
 - ◆ Self selection using MEC
 - ◆ Harnessing potential of mobile/web & social media
- ◆ For the provider- greater effectiveness
 - ◆ through increasing access, to meet rising demand
 - ◆ Cost effectiveness through task shifting and networks
 - ◆ Outreach, high street, & virtual provision gets to difficult to get to groups
- ◆ But to make it happen, we must:
 - ◆ Adopt EB Practice/regulations
 - ◆ Strengthen multidisciplinary pathways/protocols
 - ◆ Advocate a rights and choice agenda

Every child a wanted child

Thank you

“I regard
golf as an
expensive
way of
playing
marbles.”

See you in Copenhagen



**First global conference
on contraception,
reproductive and
sexual health**

Copenhagen, Denmark

22-25 May 2013

Organised by the European Society
of Contraception and Reproductive Health

www.escrh.eu/events/esc-events/2013

