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Provision of contraception after emergency contraception from the pharmacy: evaluating the acceptability of pharmacy for providing sexual and reproductive health services

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ABSTRACT

Objectives: Community pharmacies in the United Kingdom (UK) provide sexual and reproductive health (SRH) services such as emergency contraception (EC), although there is scope for provision of additional services. We conducted a pilot study of pharmacy based interventions for initiating effective contraception after EC. By determining the views of participating women and pharmacists we aimed to identify barriers and facilitators to providing interventions from pharmacies routinely.

Study design: In the pilot study, women presenting for levonorgestrel EC to community pharmacies, were provided with either standard care or one of two interventions: one packet of progestogen-only pills (POPs); or an invitation to present the empty EC packet to a local family planning clinic for contraception. A sample of women participating were asked to undergo a further interview. Operational difficulties with research in the community pharmacy were also documented by the research team.

Methods: Semi-structured interviews were conducted with 12 women, four from each arm of the pilot study, using a standardised topic guide. Pre- and post-study interviews were conducted with the pharmacists involved.

Results: All women welcomed the interventions indicating the benefit of having different options available. They also identified possible advantages and disadvantages of each intervention. All pharmacists were positive about their involvement in the study. Methodological problems included difficulty in retention of participating pharmacists, slow recruitment and failure to accurately complete study paperwork.

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Conclusions: Women welcomed the interventions offered. Pharmacists viewed their participation in the study positively. The problems encountered provide valuable feedback to inform the development larger scale studies of such interventions.

Introduction

Community pharmacies in the UK are well placed to provide sexual and reproductive health (SRH) services, with many already providing emergency contraception (EC). Women rate these services highly, perceived benefits including anonymity and ease of access.[1,2] Although a small number of pharmacies currently provide enhanced SRH services, such as provision of oral contraception, there is scope for more to do so and for even greater development.[3,4] Research exploring pharmacy based provision of such services is important to determine whether it really is advantageous for patients. An evaluation of community pharmacy provision of oral contraception demonstrated that pharmacists were competent to provide the service and clients were satisfied with it.[5] Several studies have sought the views of pharmacists regarding the provision of chlamydia screening in the pharmacy. While pharmacists are willing to provide screening there are difficulties, such as pharmacists feeling uneasy about offering screening to all women in all circumstances and tending to select groups for screening, such as those presenting for EC, or those under 16 years of age.[6–8]

As SRH services develop within the pharmacy setting, there are increased opportunities to undertake SRH research within this setting. Whilst SRH research, including a pilot of expedited partner therapy for chlamydia, has previously been conducted effectively from the pharmacy setting,[9] research undertaken in this setting is not without challenges. Some of the challenges documented by previous SRH researchers in the pharmacy included; difficulty in calculating a response rate as no record of those declining participation in the study was kept; slow recruitment; and problems ensuring patient confidentiality.[10]

UK guidelines recommend that women using EC should be provided with an effective contraceptive to start either with the onset of their next period, or immediately if they will not abstain from sex.[11] In a meta-analysis of 11 trials among almost 5000 women having sexual intercourse after using EC but in the same cycle, the relative risk of pregnancy was more than two times that of women who abstained from sex.[12] We conducted a pilot study of pharmacy based interventions for initiating effective contraception after EC, in community pharmacies in Edinburgh, UK in 2012.[13] Pharmacies were cluster randomized to provide either standard care or one of two interventions: (a) one packet of progestogen-only pills (POPs), giving women 1 month to arrange ongoing contraception; (b) invitation to present the empty EC packet to a family planning clinic (FPC) for contraceptive advice (rapid access (RA)). Pharmacists who had previous experience of undertaking research[9,14] or who dispensed at least ten courses of EC monthly, were invited to participate. Eleven pharmacists from eleven different pharmacies agreed to take part. Four pharmacies were randomised to the POP intervention arm of the study, four to the rapid access arm and three to standard care. All participating pharmacists underwent pre-study training with two members of the research team.

Between 23rd April 2012 and 21st December 2012, the 11 study pharmacies were asked to invite all women aged 16 years and over, presenting for EC, who had been using either no contraception or a barrier method, to participate. After EC was dispensed by the pharmacist a short verbal description of the study and a written patient information leaflet were provided to eligible women, and written consent obtained by the pharmacist. Demographic data and contact details (mobile/landline telephone numbers and email addresses) were recorded.[13] Pharmacists were asked to note the number of women declining to participate and the number of eligible women who were not invited to participate (e.g. when the pharmacy was particularly busy). Women were contacted 6–8 weeks later for a telephone interview, during which they were asked what method of contraception they were using, and about their experience of obtaining EC from the pharmacy. The aim of the study was to determine the feasibility of a larger study to ascertain if pharmacy based interventions can increase the uptake of effective contraception after EC.[13] Recruitment to and follow-up of participants in that study, and the methodology of this study is described fully elsewhere.[13] In this paper we report the views of both the women and the pharmacists regarding the provision of these interventions from the pharmacy setting. Using these findings our primary aim was to identify possible barriers and facilitators to providing such interventions from the pharmacy in practice. In addition, during the study we documented any operational problems that arose with research in the pharmacies, to help inform the development of larger scale studies of such interventions from the pharmacy.

Methods

Semi-structured interviews with women

In the pilot study, women were contacted for a telephone interview at 6–8 weeks post EC, to determine contraceptive use at that time. A purposive sample of 12 women (four from each study arm), were recruited at time of telephone follow-up to undergo a face-to-face interview to allow further evaluation of the intervention (or lack of it in standard care arm).