

Pharmacy staff perceptions and self-reported behaviors related to providing contraceptive information and counseling

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Abstract

Objective: To evaluate pharmacy staff perspectives of a 2-year pharmacy intervention aimed at reducing unintended pregnancy in 18- to 30-year-old women.

Design: Pharmacy staff completed a 48-item, self-administered paper survey consisting of scaled and open-ended questions.

Setting: 55 community pharmacies in 12 Iowa counties.

Participants: All pharmacy staff participated, including pharmacists, pharmacy technicians, and other pharmacy employees.

Intervention: Online continuing education (CE) training was made available to all pharmacy staff. Promotional materials—including posters, brochures, and shelf talkers—were displayed in all of the pharmacies.

Main outcome measures: Pharmacy staff perceptions and self-reported behaviors related to displaying posters, brochures, and shelf talkers in their pharmacies and providing contraceptive information and counseling to patients/customers.

Results: A total of 192 (43% return rate) pharmacy staff responded. Only 44% of respondents consistently provided contraceptive information and counseling, yet more than 90% felt that talking with patients/customers about contraceptives was easy, and more than 50% could do so privately. The study showed increased pharmacy staff desire to make this topic a priority.

Conclusion: Community pharmacy staff can play a key role in educating and counseling young adult women about contraceptive health and pregnancy planning. This study indicates that staff are comfortable providing this service and that patients/customers are open to receiving guidance from pharmacists. However, pharmacy staff are missing additional opportunities to provide information and counseling. There is also a need for greater attention to provision of nonprescription contraceptive education.

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An unintended pregnancy is one that is either mistimed or unwanted, and almost 50% of pregnancies in the United States are unintended.^{1,2} Evidence suggests that reducing risky sexual behavior, promoting use of effective contraception, and improving appropriate use of all contraceptive methods remain important national public health goals for reducing the number of unintended pregnancies.³

About two-thirds of all women of reproductive age use contraception, with oral contraceptives being the most common hormonal method.⁴ Often, prescription and nonprescription contraceptive products are obtained at community pharmacies. Pharmacists are highly skilled and accessible health care providers, yet not all have capitalized on their health education and counseling role, particularly as it relates to contraceptive use.^{3,5,6} In their review, Farris et al. concluded that pharmacists may increase contraceptive access via the use of collaborative agreements with physicians/clinicians.⁷

Available literature on pharmacist attitudes, behaviors, and perceptions related to contraceptive access mainly focuses on emergency contraception (EC).^{8,9} A 2008 mail survey of 272 Florida pharmacists found that correct information about EC products is crucial in predicting pharmacist dispensing of EC and concluded that

pharmacists need to be better informed in order to expand the availability of EC.¹⁰

A few additional studies have focused on oral contraceptive products only. For instance, a 2004 nationally representative random-digit-dial telephone survey in the United States on women's attitudes toward and interest in pharmacy access to hormonal contraception concluded that the pharmacy is an important place for sexual health education, screening, and supplies.¹¹ The study found that disadvantaged and minority women had an even stronger interest in pharmacy access. A more recent study of community pharmacists in Brazil used simulated patients to evaluate oral contraceptive dispensing practices in community pharmacies. Of the 185 community pharmacists contacted, 22 were enrolled to participate in the study, but only 3 asked the simulated patients a question about their prescriptions.¹²

The Iowa Initiative to Reduce Unintended Pregnancies, active from 2007 to 2012, sought to use policy, access to contraception, and research interventions to reduce the rate of unintended pregnancy in the state.¹³ Five research interventions were included in the program, all focused on persuading adult women aged 18 to 30 years to seek and access contraception if they wished to delay or prevent pregnancy. The interventions included a social marketing campaign, radio serial dramas, a salon/stylist intervention, and a community pharmacy intervention. This study describes pharmacy staff reactions to the community pharmacy intervention, including perceptions and self-reported behaviors related to providing contraceptive information and counseling availability. The main results have been reported elsewhere.¹⁴

The community pharmacy intervention had two components: (1) a brief online training for pharmacy staff on contraceptive counseling and (2) placement of educational materials in pharmacies to enhance awareness and knowledge of contraceptive choices and to improve effective use. The study used a 2-year quasi-experimental design in which research assistants placed unintended pregnancy-related educational brochures, posters, and shelf talkers in 55 independent and grocery pharmacies in 12 counties across Iowa from fall 2009 to fall 2011.¹⁵

Methods

Design

At the completion of the community pharmacy research intervention in fall 2011, a 48-item, self-administered survey with an incentive was offered to all participating pharmacy staff, including pharmacists, pharmacy technicians, and other pharmacy employees. Pharmacy technicians and other pharmacy employees were included in this study because, in many instances, they are the front line of support for patient/customer questions about nonprescription products, including contraceptives. This study was approved as exempt by the University of Michigan Institutional Review Board and the Uni-

Key Points

Background:

- Prevention of unintended pregnancy continues to be a national public health goal.
- Pharmacists and pharmacies are well placed to provide contraceptive health education, counseling, and products (prescription and nonprescription) to patients/customers.

Findings:

- Almost 80% of pharmacy staff felt patients and customers were likely to talk to them about prescription contraceptives, but only 50% felt they were likely to talk to them about nonprescription contraceptives.
- Almost 90% of pharmacists reported that they counseled on new contraceptive prescriptions, but this number dropped to 15% when counseling on refill contraceptive prescriptions. Further, the majority of pharmacists reported counseling on the potential interaction between antibiotics and oral contraceptives; however, fewer than 20% reported asking women obtaining oral contraceptives if they smoke.
- A 2-year pharmacy intervention revealed an opportunity for pharmacies to increase counseling for all contraceptive products.

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