

Original research article

Reasons for Brazilian women to switch from different contraceptives to long-acting reversible contraceptives^{☆,☆☆}

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Abstract

Objectives: Long-acting reversible contraceptives (LARCs) include the copper-releasing intrauterine device (IUD), the levonorgestrel-releasing intrauterine system (LNG-IUS) and implants. Despite the high contraceptive efficacy of LARCs, their prevalence of use remains low in many countries. The objective of this study was to assess the main reasons for switching from contraceptive methods requiring daily or monthly compliance to LARC methods within a Brazilian cohort.

Study Design: Women of 18–50 years of age using different contraceptives and wishing to switch to a LARC method answered a questionnaire regarding their motivations for switching from their current contraceptive. Continuation rates were evaluated 1 year after method initiation. Sample size was calculated at 1040 women. Clinical performance was evaluated by life table analysis. The cutoff date for analysis was May 23, 2013.

Results: Overall, 1167 women were interviewed; however, after 1 year of use, the medical records of only 1154 women were available for review. The main personal reason for switching, as reported by the women, was “fear of becoming pregnant” while the main medical reasons were nausea and vomiting and unscheduled bleeding. No pregnancies occurred during LARC use, and the main reasons for discontinuation were expulsion (in the case of the IUD and LNG-IUS) and a decision to undergo surgical sterilization (in the case of the etonogestrel-releasing implant). Continuation rate was ~95.0/100 women/year for the three methods.

Conclusions: Most women chose a LARC method for its safety and for practical reasons, and after 1 year of use, most women continued with the method.

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1. Introduction

One third of the 182 million pregnancies that occur annually worldwide are unintended, and in the United States of America (US), about half of all pregnancies are unplanned [1,2]. It has also been reported that during 2009, over

400,000 births in the US occurred among women under 20 years of age, with 19% of those being adolescents who had already given birth to one or more children [3].

In the US, combined oral contraceptives (COCs) and condoms are the most commonly used reversible contraceptives [4–6]. This scenario is similar in Brazil, where COCs are the most prevalent (20.7%) reversible form of contraception followed by condom (4.4%) among users of contraceptive methods [7]. Depot medroxyprogesterone acetate (DMPA) and once-a-month combined injectable contraceptives (CIC) are other options available to women; however, despite their high efficacy, the use of both DMPA and CIC is low in Brazil [7].

Although many women use contraceptive methods, the rates of unplanned pregnancies remain high, and this

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apparent contradiction can be explained by the incorrect or inconsistent use of these methods [8]. For this reason, there is great interest worldwide in the use of long-acting reversible contraceptives (LARCs), also referred to as “forgettable contraceptives” [9]. The LARC family includes the copper-releasing intrauterine device (IUD), licensed for 10 years’ continuous use, with evidence that it may be able to be used for even longer [10,11], the levonorgestrel-releasing intrauterine system (LNG-IUS), approved for up to 5 years’ use, and the levonorgestrel- and etonogestrel- (ENG) releasing subdermal implants, which are approved for up to 5 and 3 years’ use, respectively [3,4,12].

The LARC methods are the most efficient contraceptives with extremely low failure rates (less than 1/100 women–years) similar to those with female sterilization [12,13]. In addition, they are the most cost-effective [4] and are not user dependent; therefore, they represent excellent tools for avoiding unintended or mistimed pregnancies. The United Kingdom National Institute for Health and Clinical Excellence [14] and the American College of Obstetricians and Gynecologists [15] suggested that these methods have a great potential for reducing the number of unplanned pregnancies and could change the current situation. However, despite these characteristics, LARCs are largely underutilized in many settings [16].

Due to the scarcity of data on women’s motivations for choosing LARC methods, the objective of this study was to assess women’s reasons for switching from contraceptive methods that require daily or monthly compliance [fertility awareness-based methods of family planning, condom, diaphragm, COC, progestin-only pill (POP), DMPA, CIC, patch or vaginal ring] to LARC methods and to assess the continuation rate of the chosen method up to 1 year after initiation.

2. Materials and methods

This was a prospective study carried out at the Human Reproduction Unit, Department of Obstetrics and Gynecology, School of Medical Sciences, University of Campinas, Campinas, SP, Brazil. The protocol was approved by the institutional review board, and all women signed an informed consent form before participating in the study.

Women of 18 to 50 years of age who were using fertility awareness-based methods of family planning, the male or female condom, COC, POP, DMPA, CIC, transdermal patch or vaginal ring and who came to the clinic asking to switch from their current method to the copper-IUD (TCu380A, Optima, Injeflex, São Paulo, Brazil), LNG-IUS (Mirena, Bayer Oy, Turku, Finland) or the ENG-releasing subdermal contraceptive implant (Implanon, Merck, Oss, Holland) for contraceptive purposes alone were included in the study. The women received counseling before they initiated the use of a LARC method about effectiveness, safety and side effects and about the fact that users of the LNG-IUS could be in

amenorrhea or a change their bleeding pattern. In compliance with Brazilian law for the public sector, all the methods were provided free of charge to the women; with the exception of the ENG-releasing implant that was not always available at the clinic due to the high cost of this contraceptive on the market.

A questionnaire was developed for the study and pretested several times until a final version was reached. This instrument contained questions regarding the women’s sociodemographic characteristics, the current contraceptive method and the main reasons given by the women for switching from their current contraceptive method to any one of the three LARC methods available at the clinic and approved for use in Brazil. Trained professionals conducted face-to-face interviews on the day of the women’s medical appointment. The women who choose a copper-IUD and the LNG-IUS were instructed to return to the clinic 45 days and 1 year after placement, and users of the ENG-releasing implant were oriented to return 7 days and 1 year after placement. One year after placement, the medical records of all the women interviewed were reviewed to assess whether they were still using the LARC method of their choice. If not, the reason and date of removal were recorded. This information is mandatory for the medical records at our clinic. In the case of the women who were lost to follow-up, telephone interviews (up to three attempts) were done to obtain information regarding continuation of use of the chosen LARC method or, in case of discontinuation, the date and reason for discontinuation.

Sample size was calculated based on an estimated proportion of 42% of women switching from any contraceptive method to a LARC method due to the fact that “the LARC method is more practical,” with an absolute difference of 3% between the proportions of the sample and the general population and a Type I (alpha) error of .05. The study population was thus calculated at 1040 women. Taking into account a possible lost to follow-up, sample size was increased to 1156 women.

Life table analysis was used to evaluate clinical performance. The statistical significance of the differences between the groups (LARC method) was tested using the Wilcoxon–Gehan test. The data were presented as cumulative proportion surviving at 12 months (in percentage) and correspondent standard error of the mean (S.E.M.) for each LARC method. Significance was established at $p < .05$. The study was conducted between May 2011 and May 2013, and the cutoff date for analysis was May 23, 2013, considering one year of use after placement of any LARC method.

3. Results

A total of 1199 women were invited to participate; 32 women refused to participate, and consequently 1167 women were included in the study. At the end of the first year after method initiation, the medical records of only 1114

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