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Original research article

Stopping and switching contraceptive methods: findings from Contessa, a prospective longitudinal study of women of reproductive age in England☆

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Abstract

Background: Discontinuation of, and change in, use of contraceptive methods contributes to high unplanned pregnancy rates. The aims of the Contessa study were to estimate the prevalence of and reasons for discontinuation and change and to assess the implications for preventive intervention.
Methods: Prospective cohort study of 1091 potentially fertile women aged 18–49, carried out during 2008, using a sample drawn from the Health Survey for England 2006, a random probability survey of health. We carried out a baseline survey followed by three further waves, exploring patterns of contraceptive use, characteristics of women experiencing each, and reasons for discontinuation and change.
Findings: A percentage of 3.7 of women were at risk of unplanned pregnancy and discontinued and/or changed a contraceptive method in a year, compared with 4.7% who were at risk of unplanned pregnancy and used no method. Compared with continuous users, stoppers and switchers were younger, better educated and more likely to be single. Women discontinued or changed their contraceptive method for reasons of ease of use, reliability, side effects or concerns over health effects. Barely a quarter of such decisions were influenced by medical staff.
Interpretation: Effective strategies to aid contraceptive adherence have proved elusive but, if found, could reduce unplanned pregnancy rates appreciably. Understanding of the factors contributing to successful contraceptive practice is essential to prevention of unintended pregnancy.
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Keywords: Contraceptive discontinuation; Stopping; Switching; Unplanned pregnancy; Contraceptive methods

1. Introduction

Despite the high prevalence of contraceptive use in wealthier countries [1,2], rates of unintended pregnancy are high and have changed little in the past 20 years. In Britain, one in six pregnancies is estimated to be unplanned [3].

Nearly half (48%) of unintended pregnancies occur while the woman is using contraception [4], and studies of abortion suggest that discontinuation of contraception and/or change to a different method are major contributory factors [5–7]. Existing evidence is that discontinuation rates are high [8], but studies have for the most part examined cessation in relation to a single contraceptive method [3,8–10], in specific population subgroups [11,12] or in clinical settings [8,10,13].

[14,15] Studies examining discontinuation rates in population-based samples are rare, and prospective evidence has been largely drawn from clinical trials, in which the bias towards methods requiring medical consultation introduces problems of generalisability, and in which continuation rates may be artificially inflated compared with routine practice.

The aims of this study of contraceptive method stopping and switching in the UK (Contessa) were to estimate the

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prevalence of discontinuation of contraception, by method type and by characteristics of women, and to increase understanding of the reasons for discontinuation and its implications for risk of unplanned pregnancy.A prospective cohort study was carried out of a national probability sample of women of reproductive age, tracking patterns of contraceptive use together with reasons for changes and switches, health-seeking behaviour and reproductive outcomes.

2. Methods

2.1. Sampling and interview procedures

The sampling frame for the Contessa study was the 2006 Health Survey for England (HSE), a national probability sample survey of health conducted annually by NatCen Social Research [16]. Nine thousand five hundred forty-four women were interviewed for the 2006 HSE (overall response rate 72%) [17], and 87% agreed to be recontacted. Women who were recruited to the Contessa study are those who had been interviewed for HSE in the last three quarters of 2006; consented to be recontacted; provided a valid telephone number; were aged 18 to 49 on March 1, 2008; and reported in the HSE 2006 survey that they were currently menstruating and had not undergone sterilisation or other surgical procedures resulting in infertility. One thousand six hundred women met these criteria.

Computer assisted telephone interviews (CATI) were carried out by trained and briefed interviewers using a questionnaire piloted in spring 2008 with 50 respondents from the last quarter of HSE 2005. Data for all variables in the HSE 2006 questionnaire were available for all women in the sample, including general health, smoking, drinking, psychological health (General Health Questionnaire 12), socioeconomic status, social capital, use of health services and medication. The questionnaire used in the Contessa baseline survey updated sociodemographic information likely to have changed in the intervening period. A contraceptive history was taken, including date of starting the current method of contraception and, for the 12 months prior to interview: use of contraception, including emergency contraception; experience of stopping and/or changing a contraceptive method; heterosexual intercourse and partnerships; occurrence of unprotected sex, perceived risk of unplanned pregnancy as a result of discontinuation of a contraceptive method or nonuse; intention to or attempts to conceive and experience of pregnancy; and outcome(s) of pregnancy. Planning status of pregnancies was ascertained for women who were pregnant either at interview or in the past year, using the validated London Measure of Unplanned Pregnancy [18].

Follow-up CATI occurred in three waves: 6–7, 12–13 and 18–19 months after the baseline interview. For each, women were invited to participate if in the previous interview they reported that they were not sterilized and consented to be contacted again in 6 months. At each wave, advance letters were mailed before the start of fieldwork and thank you letters and retail vouchers afterwards.

Questions included in follow-up interviews included many used at baseline, but the recall period was the previous 6, rather than 12, months. Women were asked to report periods of use of different methods and for each, any breaks within that period, together with duration and start date. They were also asked whether they had changed methods and whether there was a period of using no method when switching between methods. For each break or switch, participants were routed into additional question modules which collected information about the reasons for, influences on and circumstances of the break or switch and service use experience at the time. Modules were repeated for multiple breaks or switches.

2.2. Analysis

Data from the baseline survey relating to the previous 12 months were used to describe patterns of contraceptive use and unplanned pregnancy risk. Women were classified into one or more categories of contraceptive use in the past year: “stoppers,” “starters,” “switchers,” “breakers,” “continuous users” and “non-users.” Stoppers were defined as women who discontinued using a method and had since restarted neither this nor another; starters, as those who began using a method having previously used none during that period; switchers, as those who had changed method at least once or had a break from a current method for longer than a week and used another method during this break; breakers, as those who had stopped and restarted the same method of contraception where the break of a week or more fell within the year before interview; continuous users, as those reporting no change in contraceptive method use; and nonusers, as those reporting use of no method.

Within each of these categories, we created three mutually exclusive categories according to potential risk of unplanned pregnancy in the past year, using responses to questions about sexual activity and pregnancy intention and experience. The three categories were (a) women who had been at risk of unplanned pregnancy through stopping, breaking or switching method; (b) women at risk of unplanned pregnancy through nonuse of contraception; and (c) women not at risk of unplanned pregnancy, who had either used a method continuously or, during periods of noncontinuous use, had been sexually inactive, intentionally pregnant or trying to conceive. We estimated the proportion of women in each of these categories. In the case of women who experienced more than one change in the past year, we consider their most recent change and use of contraception at that time.

For the analysis of discontinuities in method use, and the reasons for them, a dataset of switches and a dataset of breaks were created, pooling information across the entire 30-month fieldwork period, including baseline and follow-up. Breaks in contraceptive method attributable to attempts to conceive

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