Development of a contraception clinic at Royal Prince Alfred Hospital Drug Health Services: A pilot study

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BACKGROUND

– Women in DHS have lower rates of contraceptive use and higher rates of unplanned pregnancies than the general population (Black et al. 2012 ANZJOG)

– More adverse outcomes for mothers and infants
  – preterm birth, low birth weight, adverse developmental/social outcomes, child protection involvement

– Access to contraception is a human right (UN)

– Long acting reversible contraception (LARC) most effective

– Contraception delivered primarily through general practice
  – preference for oral contraception prescribing - 69% vs LARC 15% (Mazza et al., MJA 2012)
AIMS

To assess the feasibility and acceptability of integrating a women’s health/contraception clinic within an OST clinic focused on improving access to long acting reversible methods of contraception (LARC)

Focus on increasing access to intrauterine devices (IUDs) and implants
METHODS

Clinic

– Contraception clinic operating onsite at the OST one day/week
  – Clinic operated by an on-site doctor with GP and contraception training

– Oversight provided by hospital-based gynaecologist
  – *Implants provided and available for insertion onsite*

– All female clients ‘at risk’ of pregnancy
  – in particular: sexually active, aged <50yrs, no contraception, not wishing to fall pregnant

– Appointment booking system in place with OST clinic, drop-in appointments available
METHODS
Baseline Survey

- All women attending the OST were invited to take part in a brief survey on reproductive health and contraception
  - ~20 minutes, on site at OST clinic

- Informal referral to onsite clinic

- Participation voluntary and reimbursed with $30 shopping voucher

- Human Research Ethics Approval
RESULTS

Demographics

– OST dispensed to 55 women during the survey week
  – 38 women interviewed (69% response)

– Median age 39 years (range 24-54)

– 37 (97%) born in Australia

– All reported main source of income as government benefits
RESULTS

Drug treatment & BBV

- Maintenance treatment
  - 31 (89%) methadone, 5 (13%) buprenorphine/naloxone, 2 (5%) buprenorphine
  - 1-5 years was the most common duration for current treatment [reported by 17 (45%)] and 16 (42%) women had been in treatment for \(\leq 12\) months

- 1 woman HIV+ve (self-report)
- 29 (76%) anti-HCV+ve (self-report)
  - 15 (52%) reported clearing infection (10=spontaneous, 5=antiviral treatment)
RESULTS

Reproductive histories

- Only 1 woman reported never being pregnant

- 20 years median age at first pregnancy (range 14-28)
  - 32 (89%) first pregnancy unplanned

- 6 women pregnant in last 12 months
  - 2/6 planned pregnancy

- 20 (61%) of women reported prior Family and Community Services (FACS) involvement with children
## General population

<table>
<thead>
<tr>
<th></th>
<th>Our sample n=37 (%)</th>
<th>% Aust. Population*</th>
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</thead>
<tbody>
<tr>
<td>Live birth</td>
<td>33 (89%)</td>
<td>92%</td>
</tr>
<tr>
<td>Still birth</td>
<td>3 (8%)</td>
<td>3%</td>
</tr>
<tr>
<td>Miscarriage</td>
<td>23 (62%)</td>
<td>33%</td>
</tr>
<tr>
<td>Termination</td>
<td>19 (51%)</td>
<td>23%</td>
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*Smith et al., 2003 ANZJPH*
Pregnancy intention

- 3 women reported trying to get pregnant in last 12 months
- 23/38 (61%) women trying to avoid pregnancy
Current contraception use

21 (55%) women reported using contraception in the previous month

Contraception method*

- Condoms
- Implant
- Tubal ligation
- IUD
- Pill
- Depo provera
- Withdrawal
- Menopause

*>1 option
Reason for not using contraception

17 (45%) women reported using no contraception in the previous month

Reason for not using contraception*

- Not sexually active
- No period
- Lesbian
- Self/partner wants a child
- No reason
- Don’t like contraception

* >1 option
Long acting reversible contraception (LARC)

Use and attitudes to intra-uterine devices (IUD)

- 28 women had heard of IUDs
- 3 currently using one
- 7 women reported they would consider using an IUD
Long acting reversible contraception (LARC)

Use and attitudes to implants

- 33 women had heard of implants
- 5 women reported current implant use
- 14 women reported they would consider using an implant
Access to contraception

- Only 5 (13%) women reported difficulties accessing contraception services
  - 6 reported difficulties accessing termination

- 33 (87%) women agreed or strongly agreed that it was OK for their drug and alcohol doctor and case manager to talk to them about contraception
  - Only 2 women disagreed
Clinic uptake

– Of the 38 women baseline interview: 32/38 (84%) eligible for clinic (6 ineligible - sterilised or aged ≥50 years)

– 12/32 (31%) sexually active, aged <50 years, no contraception, not wishing to fall pregnant

– At 6 months following survey:
  – 2 women had been assessed at the clinic
    • 1 successful implant replacement
    • 1 requested implant, but HCV+ve with some stigmata of liver disease, did not return following referral for further HCV assessment
  – At least 2 OST prescriber referrals, no presentations
Follow-up

- 32 eligible for clinic and follow up
  - 27/32 (84%) outcome data (17 women interviewed at 6 months, 10 women outcome data via medical records)
  - 5 left the clinic (no outcome data accessible)
Pregnancies

— Two women were pregnant at 6 months follow-up
  — Both unplanned
  — Both have children <18 years
    • 3 children aged <18 in care of another
    • 5 children aged <18 at home
  — Both FACS involvement
DISCUSSION

- High prevalence of adverse pregnancy outcomes relative to general population
  - Similar to previous research (Black et al., 2012 ANZJOG)

- Low uptake of contraception service
  - on-site clinic
  - expressed need, service and LARC modes acceptable
  - unplanned pregnancies
Further work

- Pilot in at least one other OST clinic

- Focus on all women in the DHS services

- Consider a different model/point of care

- Brief intervention training for DHS clinicians (discussing contraception)
Disclosure of interests

– The survey was partially supported by the University of Sydney Early Career Research Scheme

– Dr Black was paid on a sessional basis by MSD as an 'Implanon' trainer for MSD from 2011 to 2012 and she was a board member of an international advisory board for Bayer Healthcare between 2010 and 2014.

– The authors wish to thank the women who participated in the survey and the staff of Drug Health Royal Prince Alfred Hospital