

# Lessons from the Contraceptive CHOICE Project: the Hull LARC Initiative

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# Increasing Use of IUCs and Implants

- National and local goal to increase use of intrauterine contraceptives and implants because they are the most effective and cost-effective reversible methods
- Our initiative is modeled after the Contraceptive CHOICE Project in St Louis MO, USA

# Contraceptive CHOICE Project

- Participants in St Louis who wanted to change contraceptive method (switch methods including no method to some method) were
  - offered free contraception
  - and read a brief introductory script when inquiring and when enrolling
- Goal to increase use of
  - IUCs to 6-10%
  - implants to 3% or more

# Contraceptive CHOICE Project

- Results were spectacular!
  - Among the 9,256 participants
    - Mirena: 46%
    - ParaGard: 12%
    - Implanon: 17%
- } 75%

# Implications for Everyday Clinical Practice in the UK

- Implants and IUCs cost women nothing in the UK, but their use is nowhere near that in the CHOICE project
- Perhaps the introductory script plays an independent role

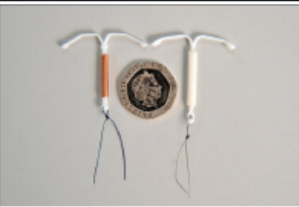
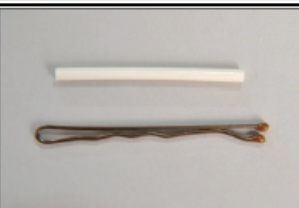
# The Hull Initiative

- Goal was to have
  - Receptionist give each woman a double-sided A4 hand-out with the Hull script (developed with advice from a focus group) on one side and the three-tiered contraceptive effectiveness chart from *Contraceptive Technology* on the other
  - A laminated version in every examination room for clinicians
  - Clinicians ask if clients have read their handout and if they have any questions

## Fit and Forget Contraception

We would like to make sure that you are aware of all your contraceptive options, especially the most effective, long lasting reversible methods.

These methods include the:

<p>Intra-uterine device (IUD) <i>'copper coil'</i></p> <p>Intra-uterine system (IUS) <i>'hormone coil'</i></p>		<p>The IUD and IUS, pictured here beside a 20-pence coin, go inside the womb</p>
<p>Implant <i>'rod'</i></p>		<p>The implant, shown here beside a hair grip, goes in the arm</p>

### They last for as long as you like!

The IUD contains no hormones and lasts for up to 10 years depending on which one you choose.

The IUS slowly releases very small amounts of hormone into the womb and lasts for up to 5 years.

The implant is a soft, bendy rod that is placed under the skin of the arm. It slowly releases a small amount of hormone. It lasts for up to 3 years.

All three can be reversed at any time if you wish to use another method or if you wish to become pregnant. Just make an appointment and you will be able to get pregnant as soon as the contraceptive is removed.

All of these methods are much better at stopping you from becoming pregnant than the pill, the injection or condoms. Please turn over to see the chart.

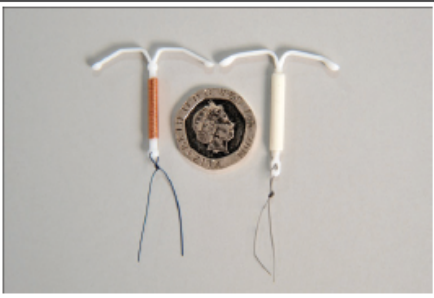
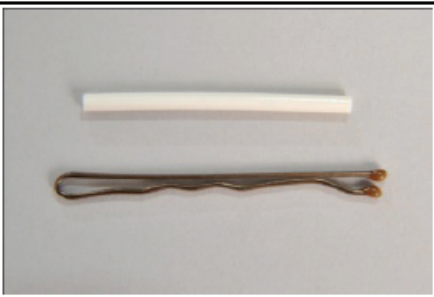
***Do you have any questions about these methods or want one of them?  
 If so, please ask!***

# The Hull Initiative Script

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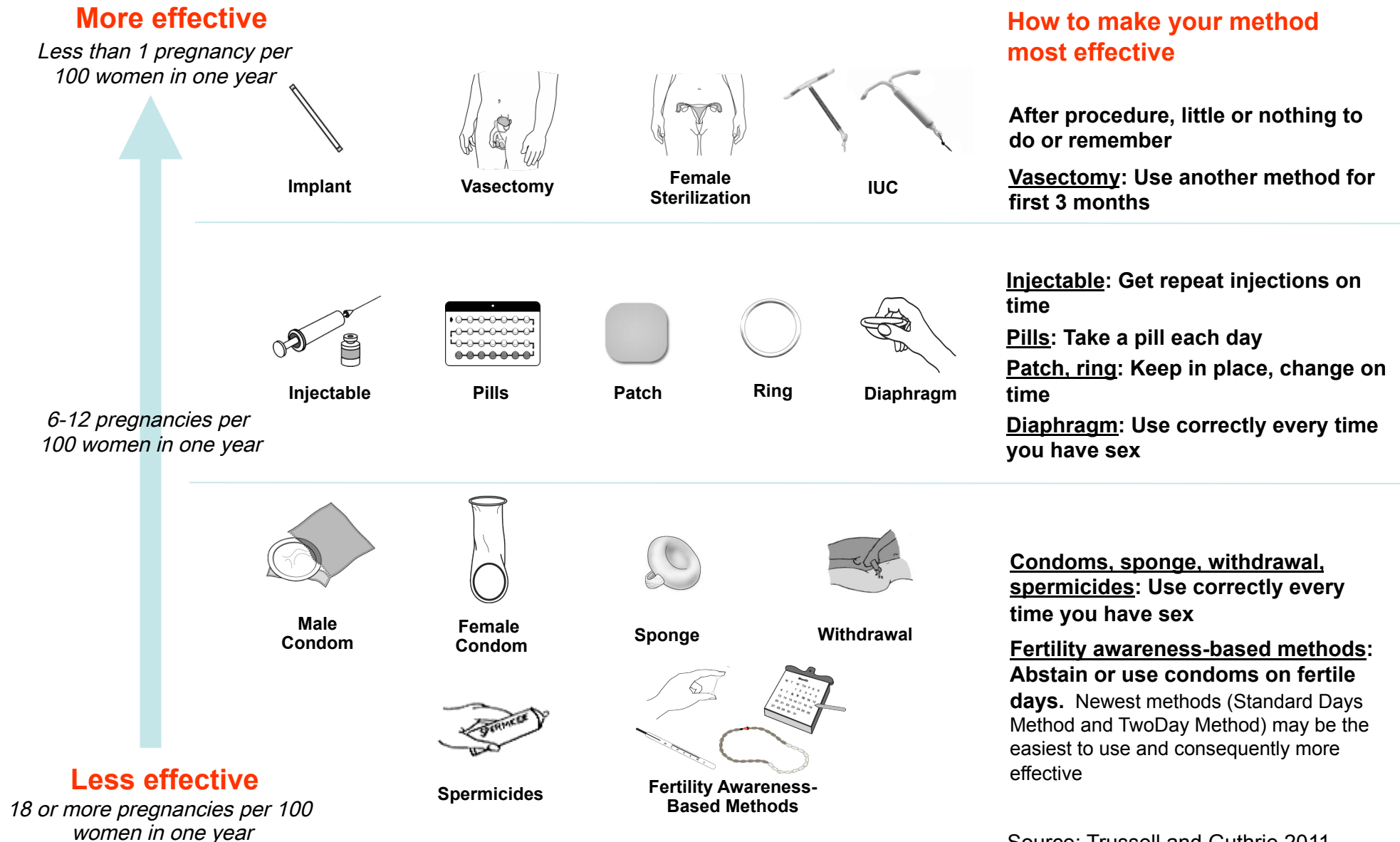
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# Comparing typical effectiveness of contraceptive methods



Source: Trussell and Guthrie 2011

# The Hull Initiative

- Goal was to implement at all family planning, unplanned pregnancy, and prenatal clinics, GP practices and at pharmacies that delivered oral emergency contraception by patient group direction (PGD)
- Hand-outs and laminated versions for exam rooms printed with a grant from Bayer

# Evaluation

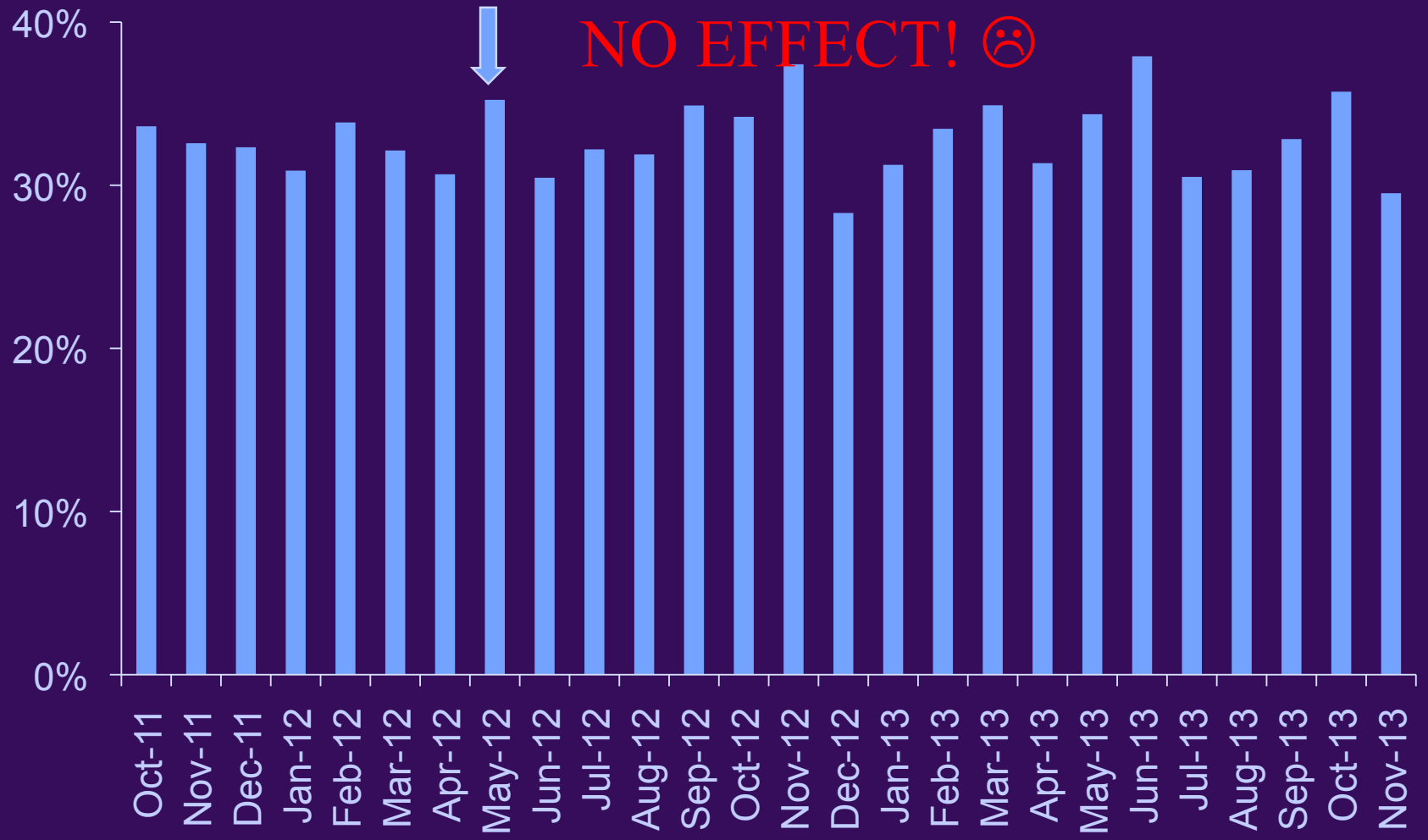
- Initiative evaluated by examining whether uptake of IUCs and implants increased at family planning clinics GP practices because these have routine electronic reporting
- Not feasible to pull charts for women who had abortions or delivered (and pointless for women who delivered as no contraception provided before discharge)

# GP Practices

- Project phased in from June to December 2012
- No change in the proportion of women provided IUCs or implants, essentially flat at 2.8% over the period October 2011- November 2013
- We conclude project was never implemented, perhaps because they feared competition

# FP Clinics

NO EFFECT! ☹️



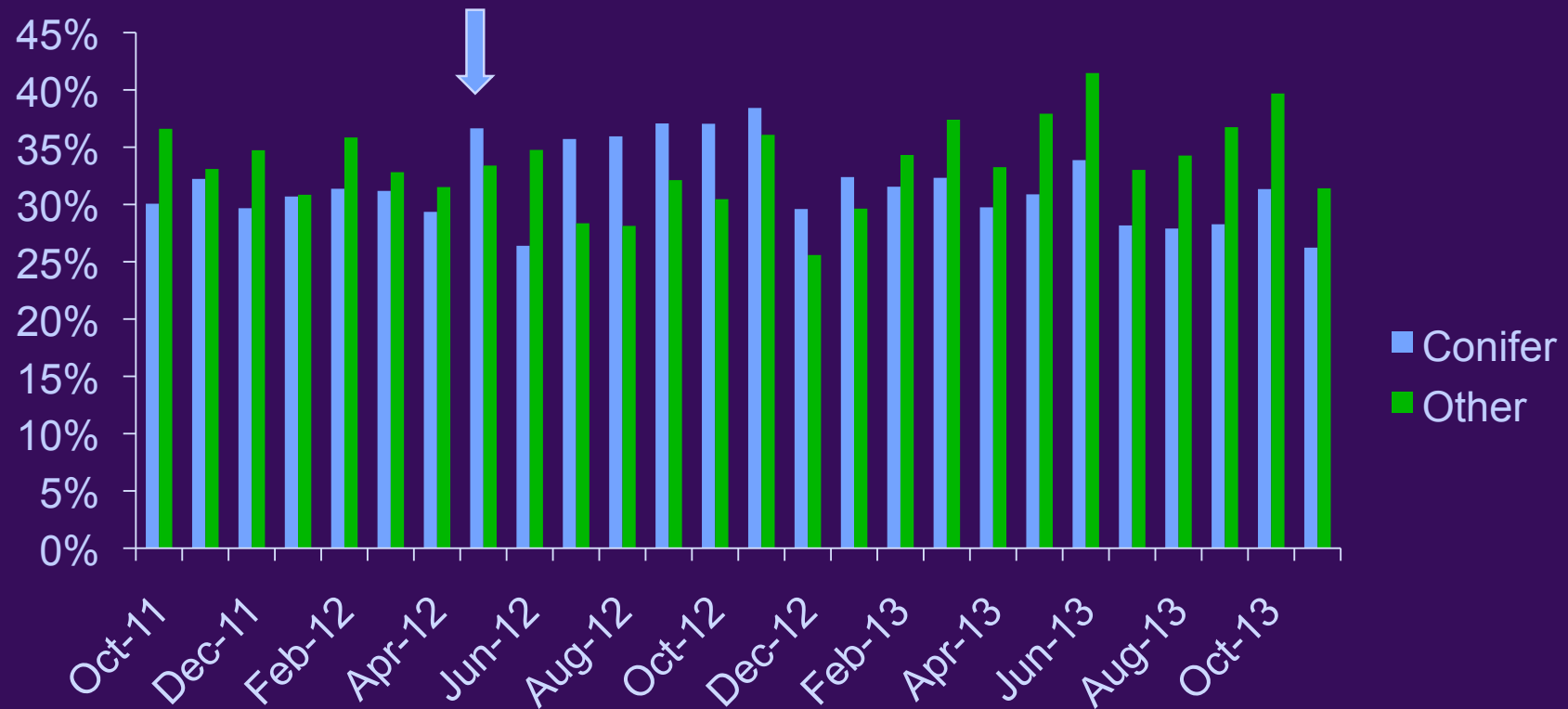
# Family Planning Clinics in Hull

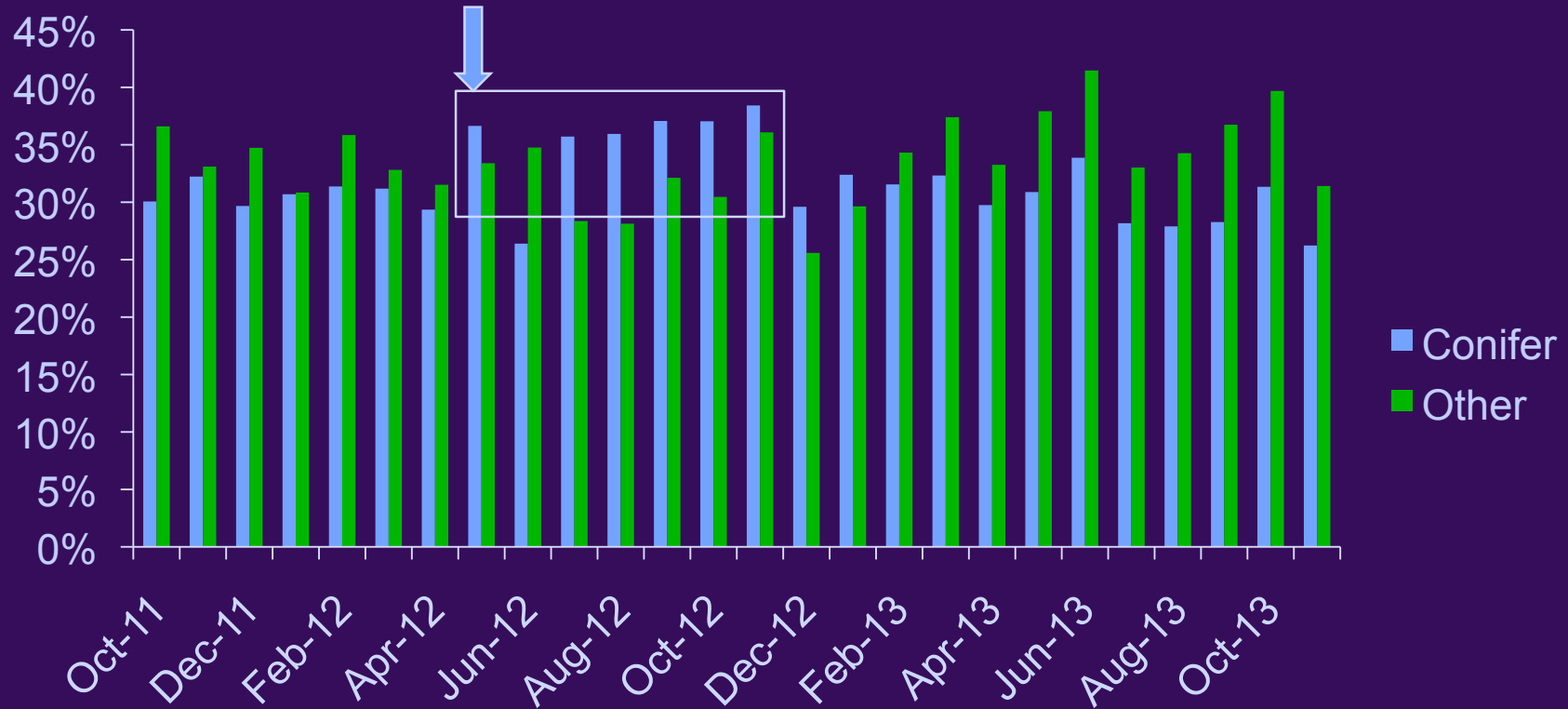
- Only the main clinic, Conifer House, is open daily (except Sunday) and has permanent sexual health staff on the reception desk
- All the other satellite clinics are open for only a few hours once or twice a week; not all reception staff are purely sexual health and staff engagement for project work in general is more challenging; logistical problems as well. Project never really implemented
- Therefore we examined results for Conifer House and all other clinics separately

P-value for change before to after

Conifer: 0.15

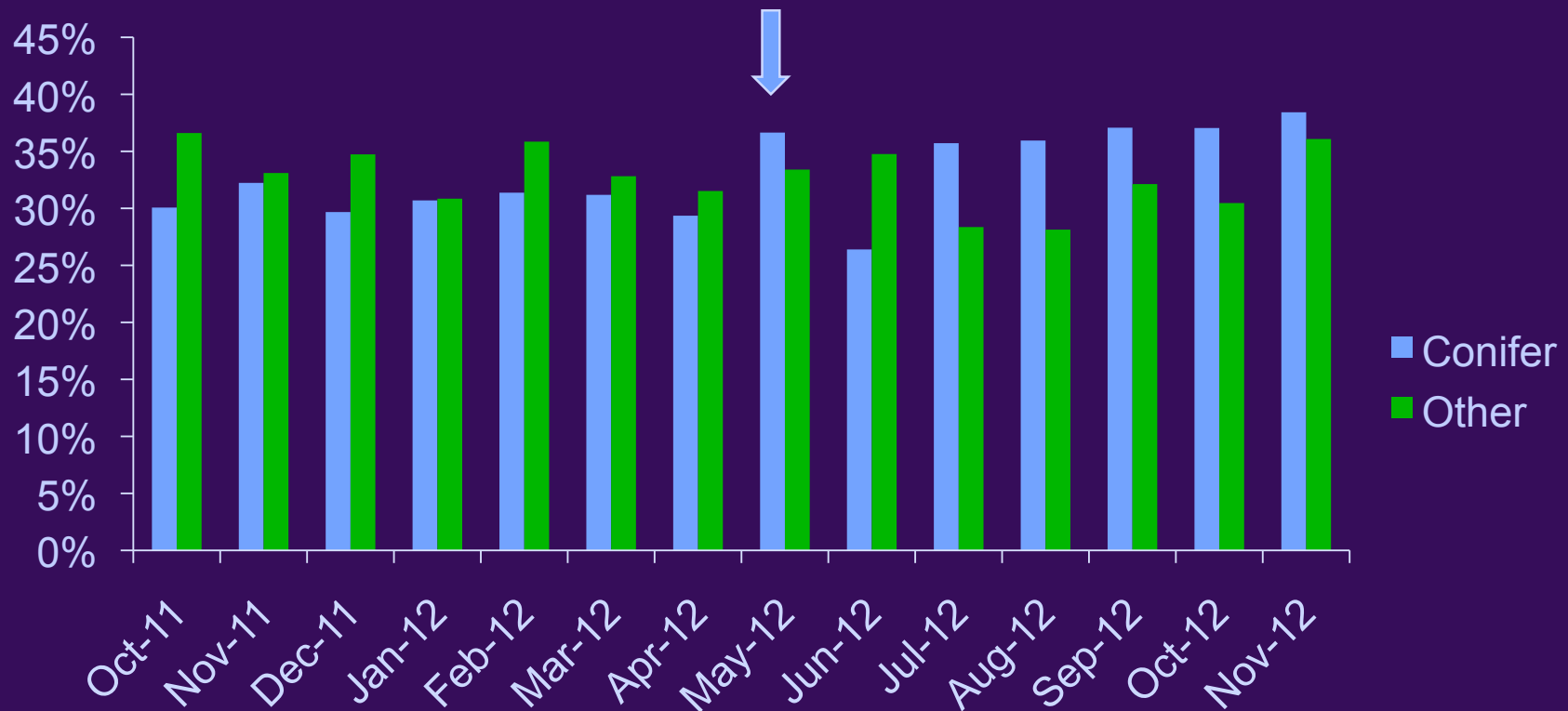
Other: 0.80







P-value for change before to after  
Conifer: 0.0002, increase = 15.0%  
Other: 0.20, decrease = 4.6%



# Why Only a 7-Month Effect?

- Change in clinic procedure to reduce waiting times; an 'express' clinic run by health care assistants was instituted for 'walk-in' clients just wanting condoms, pregnancy tests and asymptomatic screening
- Already overworked reception staff had the added responsibility to triage clients and direct them to different queues, so they dropped what they considered their least important task of dispensing hand-outs

# Conclusions

- Very simple and cheap intervention can increase uptake of IUCs and implants
- Off, on, off implementation enhances confidence that the initiative was effective
- Impact would possibly be greater when baseline use is lower than at Conifer House
- Prompt feedback on the impact of the initiative probably would have enhanced staff engagement

# How To Enhance Impact

- A supervisor/manager for planning, monitoring, and providing feedback on impact
- A dedicated team (reception staff and clinicians) for implementation
- Ongoing reception staff and clinician engagement

## References

- Secura GM, Allsworth JE, Madden T, Mullersman JL, Peipert JF. The Contraceptive CHOICE Project: reducing barriers to long-acting reversible contraception. *Am J Obstet Gynecol* 2010;203:115.e1-7.
- Peipert JF, Madden T, Allsworth JE, Secura GM. Preventing unintended pregnancies by providing no-cost contraception. *Obstet Gynecol* 2012;120:1291-7.
- <http://www.choiceproject.wustl.edu/>
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