SAFETY FIRST: Combined oral contraceptive prescribing in primary care

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BACKGROUND

80% of contraceptive care occurs in the general practice (GP) setting.¹ UK Medical Eligibility Criteria (UKMEC) provides clear guidelines for the safe provision of appropriate contraception. The Faculty of Sexual and Reproductive Health (FSRH)² and the National Institute of Clinical Excellence (NICE)³ offer further recommendations for combined oral contraceptive pill (COCP) initiation and continuation.

AIMS

To establish if primary care COCP prescribing was compliant with national safety and best practice guidelines.

METHODOLOGY

The EMIS database of an average size, inner city GP surgery was used to analyse COCP consultations between 11/10/2015 and 11/01/2016 to establish compliance with existing guidance.

UKMEC GUIDELINES

- Recommend establishing and documenting the following:
 - blood pressure, body mass index, history of migraine, cardiovascular risk factors (including thrombophilia and previous venous thromboembolism and smoking status), current and previous medical conditions, family history, and use of enzyme inducing medications
- UKMEC 3 Conditions: prescribe COCP on specialist advice only
- UKMEC 4 Conditions: avoid prescription of COCP
- Advocate a pill check three months after initiation followed by annual pill checks subsequently

NICE GUIDELINES

- Recommend assessment as above plus:
 - Exclude pregnancy
 - Confirm personal and family medical history
 - Check BP, weight and BMI
 - Assess STI risk and advise further management
 - Provide information about missed pill rules and long acting reversible contraception (LARC) options

REFERENCES

1. All Party Parliamentary Pro-Choice and Sexual Health Group. 2007. A report into the delivery of sexual health services in general practice. Available at:

<http://www.fpa.org.uk/sites/default/files/all-partyparliamentarypro-choiceandsexualhealthgroupreportintosexualhealthservicesingeneralpractice2007.pdf>

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2. CEU Combined Hormonal Contraception Guidance. 2006. Available at:

<http://www.fsrh.org/pdfs/CEUGuidanceCombinedHormonalContraception.pdf>

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3. Contraception- combined hormonal methods. 2014.

<http://cks.nice.org.uk/contraception-combined-hormonal-methods/#scenario> [Accessed 12th February 2016]

RESULTS

In total, 56 women aged 14-39 years were prescribed the COCP. In 41% of consultations reviewed, substandard documentation of medical eligibility was identified.

% Consultations that lacked documentation

The COCP was prescribed without specialist input for three patients with a UKMEC 3 condition: systolic blood pressure of 143mmHg, undiagnosed breast lump and first degree family history of venous thromboembolism.

Of the 56 women, 87% did not receive advice about missed pill rules; and 21% of eligible women were not advised on the benefits of LARC. Two patients (both age <21) had a preceding pregnancy risk and received a delayed prescription for COCP with no documented discussion about consideration of quick starting, or use of barrier methods.

50% of audited patients fell into a high risk chlamydia age group but only 8% were risk assessed for sexually transmitted infections (STIs). Despite 100% patients residing in area where national guidelines recommend routine HIV testing, no patients were offered HIV screening.

DISCUSSION

The safety of community COCP prescribing could be enhanced by improved application of UKMEC criteria. Consultation time acts as a barrier to documentation of eligibility; this could be mitigated by changing clinic practice guidelines to advocate an initial three monthly review with subsequent annual prescriptions. Despite a high incidence of STIs and local availability of LARC options, consultations frequently represented a missed opportunity to promote safe sex. Presentation of these results revealed that general physicians often presumed their patients to be at low risk of STIs, without any history to support that assumption, and felt under-confident quick starting the COCP. Further education, adaptation of local protocols, and use of an amended EMIS template (to include UKMEC criteria) may help to improve the safety of community COCP prescribing.