

# Patients' knowledge of emergency contraception

## Aims

To assess knowledge and understanding of emergency contraception for all women attending nurse-led clinics in general practice for contraception advice or collecting a prescription for oral contraceptives or a barrier contraceptive from a community pharmacy.

Both sites could be involved at the same time: the women who have completed the questionnaire with the first professional would need to be excluded from the second sample and a record kept of their number.

## Introduction

The following views raise some of the key issues in this area:

*"Community pharmacists may serve as a first contact point for information about emergency contraception. They have an important role to play in providing good clinical information through the distribution of leaflets. They can also make customers aware that they have a choice of using either local clinics or general practitioners."*<sup>1</sup>

*"One of the important roles as nurses is to empower women to take control of their own sexual health and well-being."*<sup>2</sup>

*The health of the nation set an objective "to reduce the number of unwanted pregnancies" and a main target "to reduce the number of unwanted pregnancies in the under-16s by at least 50% by the year 2000".*<sup>3</sup>

*Emergency contraception (post-coital contraception; "morning-after pill" or insertion of a coil device) may enable many women to avoid the trauma of an unwanted pregnancy and is currently available from multiple agencies. Many women, however, still fail to use it owing to either lack of knowledge of its existence or a misunderstanding that it can only be effective the*

*"morning after".*<sup>4</sup> This would suggest that there is a need to improve information on emergency contraception.

## Criteria and standards

### Criteria

All patients receiving either contraceptive advice or collecting prescriptions for contraceptives (oral or barrier) should:

- be aware of emergency contraception
- know the correct timing of emergency contraception for it to be effective
- know how and where to obtain emergency contraception

### Standards

The actual % should be set by the individual practice.

### Data collection

- by nurses

Women attending for contraceptive advice during a two-month period will be invited to complete the structured interview during their consultation. Upon completion of the questionnaire, the woman will receive information on the availability and correct use of emergency contraception.

- by pharmacists

Women presenting a prescription for either oral or barrier contraceptives from a community pharmacy during a one-month period will be invited to take part in the audit. Upon completion of the questionnaire, the woman will receive information on the availability and correct use of emergency contraception.

## Sample form to be used in data collection

### Patient's knowledge of emergency contraception

Please tick appropriate boxes

Age:

- under 16   
16-18   
19-25   
26-35   
36-45   
over 45

1. Have you heard of (emergency) contraception that you can use after sex? Yes  No

2. Do you know what type of contraception can be used in an emergency after sex?

- Pills   
IUD (coil)   
Both   
Don't know   
Other
- 
- 

3. What is the time limit for taking emergency contraception pills after unprotected sex?

- Within 12 hours (the next morning)   
Within 24 hours   
Within 48 hours (2 days)   
Within 72 hours (3 days)   
Don't know   
Other
- 
- 

4. What is the time limit for having an IUD (coil) fitted after unprotected sex?

- Within 12 hours (the next morning)   
Within 24 hours   
Within 48 hours (2 days)   
Within 72 hours (3 days)   
Within 4 days   
Within 5 days   
Don't know   
Other
- 
- 

5. Where can you go to get emergency contraception?

---

---

6. Have you ever used emergency contraception?

- Yes  No  Don't Know   
Decline to answer

7. Have you ever read a leaflet about emergency contraception? Yes  No

8. If you have read an emergency contraception leaflet, where did you find it?

- GP surgery  Family planning clinic   
Pharmacy/chemist shop   
Other
- 
- 

9. Was it given to you by a:

- doctor  nurse  pharmacist   
shop assistant  friend  no one   
Other
- 
- 

**There are no more questions. Thank you for your help.**

## Results

A record of the total number of women eligible to take part in the audit will be made.

Questionnaire results will be used to calculate the percentage of women who:

1. have heard of (emergency) contraception that can be used after sex
2. know what type of contraception can be used in an emergency after sex
3. know that the time limit is 72 hours for taking emergency contraception pills after unprotected sex
4. know that the time limit is five days for having an IUD (coil) fitted after unprotected sex
5. know where to go to get emergency contraception
6. have ever used emergency contraception
7. have ever read a health promotion leaflet on emergency contraception.

The most common point of information for the women involved in this audit will also be recorded.

The results given by 1 and 2 above are the standards achieved for the first criterion.

The results given by 3 and 4 above are the standards achieved for the second criterion.

The result given by 5 above is the standard achieved for the third criterion.

The data can be analysed to give the actual standard attained by each nurse or pharmacist and reported in relation to the collated results.

## Making the change

Emergency contraception involves a wide range of service providers and can therefore be difficult to evaluate in a single clinical setting. If you are conducting an audit in a single clinical setting, please keep in mind that the problems identified by your audit may be caused by information and services that are beyond your control. Patients may have received conflicting advice and support before coming to your clinic or pharmacy. After their visit, they may seek advice and support regarding their treatment from other sources. When conducting a single site audit,

findings of relevance to other providers should be shared with them whenever possible<sup>1</sup>.

If the audit is carried out as a collaborative audit on both sites simultaneously a meeting between the participating practice nurse(s) and community pharmacist(s) and local general practitioners should be arranged to discuss the results,

Issues which may be covered during the meeting include:

- should women attending nurse-led clinics in general practice for contraception advice or collecting a prescription for oral contraceptives or a barrier contraceptive from a community pharmacy be offered advice on emergency contraception on a regular basis?
- is the current distribution of health promotion leaflets effective?
- could other sites reach more women?

Other research issues raised by this audit that may be taken further include:

- contraceptive care before and after the use of emergency contraception
- what form of contraception was being used immediately beforehand?
- is there any change in future contraceptive practice that could be attributable to the use of emergency contraception?

## When to re-audit

Set a date after which changes may be expected to be evident, for example, one year.

## References

1. *Emergency contraception audit kit*, The University of Hull, May 1996
2. And then what *happens?* Burke, A, *Practice Nursing*; Nov 1992; 21
3. *The health of the nation*, Department of Health, London, HMSO, 1992
4. *Emergency contraception - a prescription for change*, Kishen, M and Presho, M *The British Journal of Family Planning*, 1996; 22:25-27