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The emergency contraception checklist study

Master Thesis

Christina Thommen

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> Supervisors Prof. Rhonda Clifford Dr. Sajni Gudka Pharmacy Practice Education Evaluation and Research Group University of Western Australia

> > **Co-Supervisors** Prof. Dr. Kurt E. Hersberger Dr. phil. II Isabelle Arnet Pharmaceutical Care Research Group University of Basel

Abstract

Background: The Emergency contraception (EC) Levonorgestrel has been available in Australia over-the-counter since 2004. An EC checklist was created and recommended by the Pharmaceutical Society of Australia (PSA) to be completed by consumers when requesting pharmacy-based EC. However there was not an official guideline in place for EC checklist practice in Australia and a number of other different EC checklists were produced and are in use to make up for this.

Objectives: To identify EC checklists in use, to create a consumer profile of EC users and to assess how effectively these EC checklists are completed by consumers.

Methods: Completed EC checklists from the previous six months were collected from four different pharmacies from the Perth Metropolitan Area. The information from the checklists was entered into a database and the data was used to create a consumer profile. Additionally, answers from consumers were assessed to see how EC checklists were completed. The consumer profile of this study was also compared to a consumer profile of pharmacy-based EC users which was created in 2008.

Results: A total of 396 EC checklists were collected. Five different EC checklists were found to be in use, with 30% of them being the most recent updated PSA 2013 EC checklist. The average age of the pharmacy-based EC consumer was found to be 25.6 years (SD: 6.5 years). 64% of the consumers used condoms as the main contraceptive method. The majority of EC requests were made due to contraceptive failure (46.4%) and a large portion (58.8%) of women requested EC within 12 hours after unprotected intercourse. The EC users which were found in 2014 were on average one year older compared to 2008 (p=0.006). There was no difference in the usual means of contraception (p=0.14) or in the reasons for EC requests (p=0.94) between the 2008 and 2014 EC users. On the PSA 2013 EC checklist it was found that a large amount (63.5%) of women answered the section on menstrual cycle incorrectly.

Conclusion: It was found that pharmacies were able to provide a timely access to EC. To present a more consistent service to the public, the use of a standardized EC checklist should be a requirement for EC consultations in Australia. Therefore a new official EC checklist must first be created which needs to be tested for readability, consumer interpretability and usability. Additionally there needs to be a better communication and dissemination strategy by the PSA to ensure the use of this new EC checklist.