

Addressing unmet contraception needs in women who access drug and alcohol services: A pilot study integrating a reversible contraception clinic into an Australian service

Authors:

McNamara KA^{2,3}, Deacon RM^{1,2}, Malcolm A¹, Lintzeris N^{1,2}, , Black KI².

¹*Drug and Alcohol Services, South Eastern Sydney Local Health District, Sydney, Australia.* ²*The University of Sydney, Faculty of Medicine and Health.* ³*Royal Hospital for Women, South Eastern Sydney Local Health District, Sydney, Australia*

Presenter's email: kmcn6256@uni.sydney.edu.au

Introduction and Aims:

Australian studies show women who access drug and alcohol (D&A) treatment have lower rates of contraception use and higher rates of unintended pregnancies than the general population. These are associated with a range of maternal, fetal and neonatal adverse outcomes.

We aim to demonstrate that a facilitated pathway to a contraception clinic improves rates of contraception use in women who access D&A services.

Design and Methods:

Women were recruited from two public D&A services in 2017. Participants completed a baseline questionnaire on risk of unplanned pregnancy, pregnancy history and future fertility plans, then watched a video on contraception options. Interested women were offered referral to an onsite contraception clinic. Participants were followed up at 12 months to assess contraception uptake and pregnancy rates.

Results:

Eighteen women, median age 39 years, were enrolled. Of 9 women who reported (heterosexual) intercourse in the last month, 4 had not used an effective method of contraception. Most women had previously been pregnant, and for 12 women their first pregnancy was unplanned.

Eight women were referred to the onsite clinic. Of four women subsequently prescribed, three were interested in an intra-uterine device (IUD) which could not be provided onsite and required referral to an external service. None attended, due to a variety of access issues including in one instance the need to obtain a cervical screening test from a third external service.

Twelve-month follow up data will be available to present at the conference.

Discussions and Conclusions: Despite demonstrable high need and interest in uptake of contraception, there were particular barriers to uptake of IUDs for these women.

Implications for Practice or Policy: Further exploration of facilitated pathways for women attending D&A clinics to receive contraception, in particular IUDs, need to be addressed.

Disclosure of Interest Statement: