Impacts of Recent Combined Oral Contraceptive Shortages on Users in Aotearoa New Zealand

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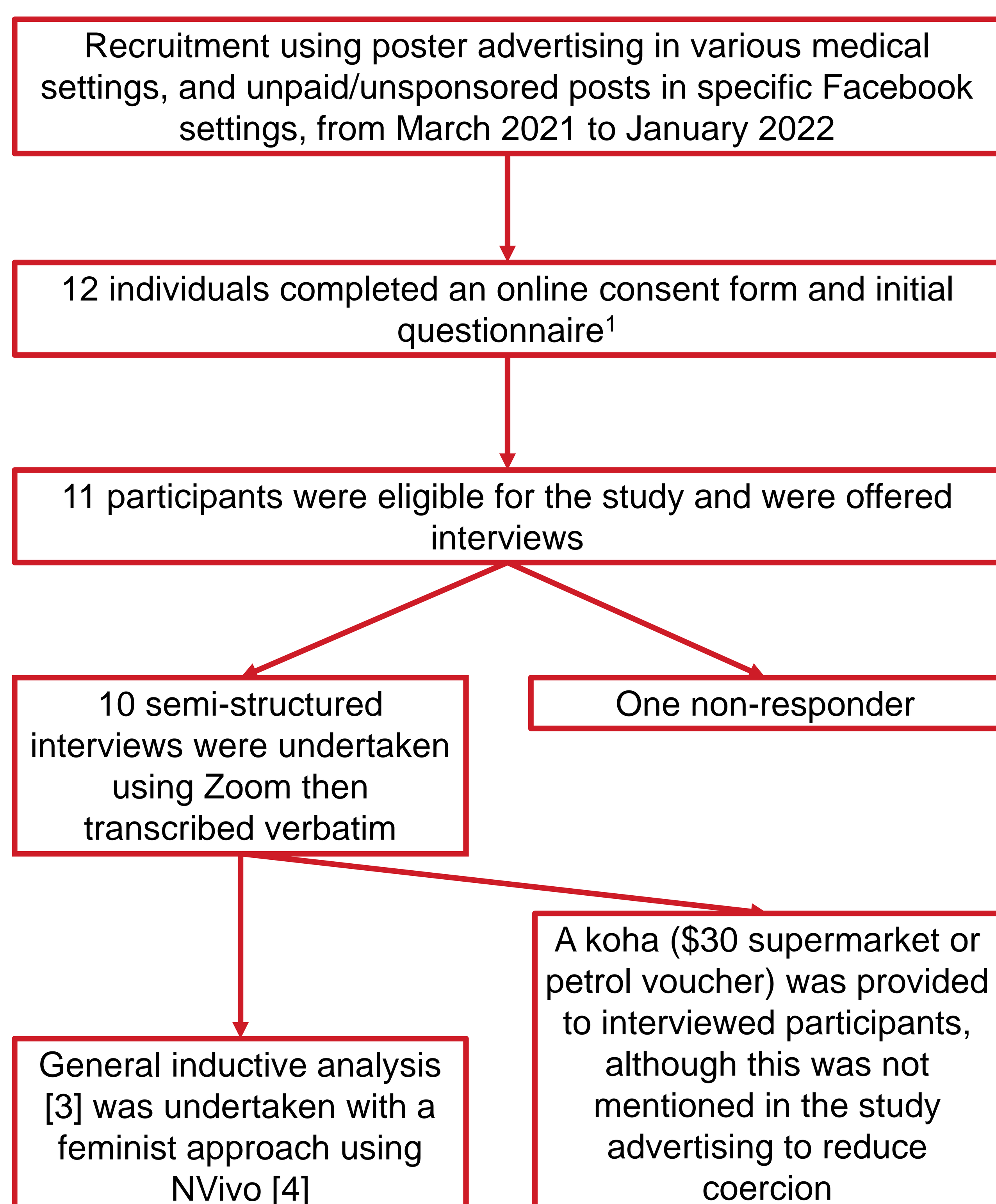
Background

The contraceptive pill had its advent over 60 years ago and is recognized to have substantial societal impact [1]. It remains the most commonly used modern contraceptive method in Aotearoa New Zealand [2].

There have been several shortages, associated with reduced or unavailable supply, of various combined oral contraceptives (COC) in Aotearoa New Zealand in recent years. The most recent shortage occurred during the ongoing COVID-19 pandemic. This study sought to hear experiences from affected users.

Methods

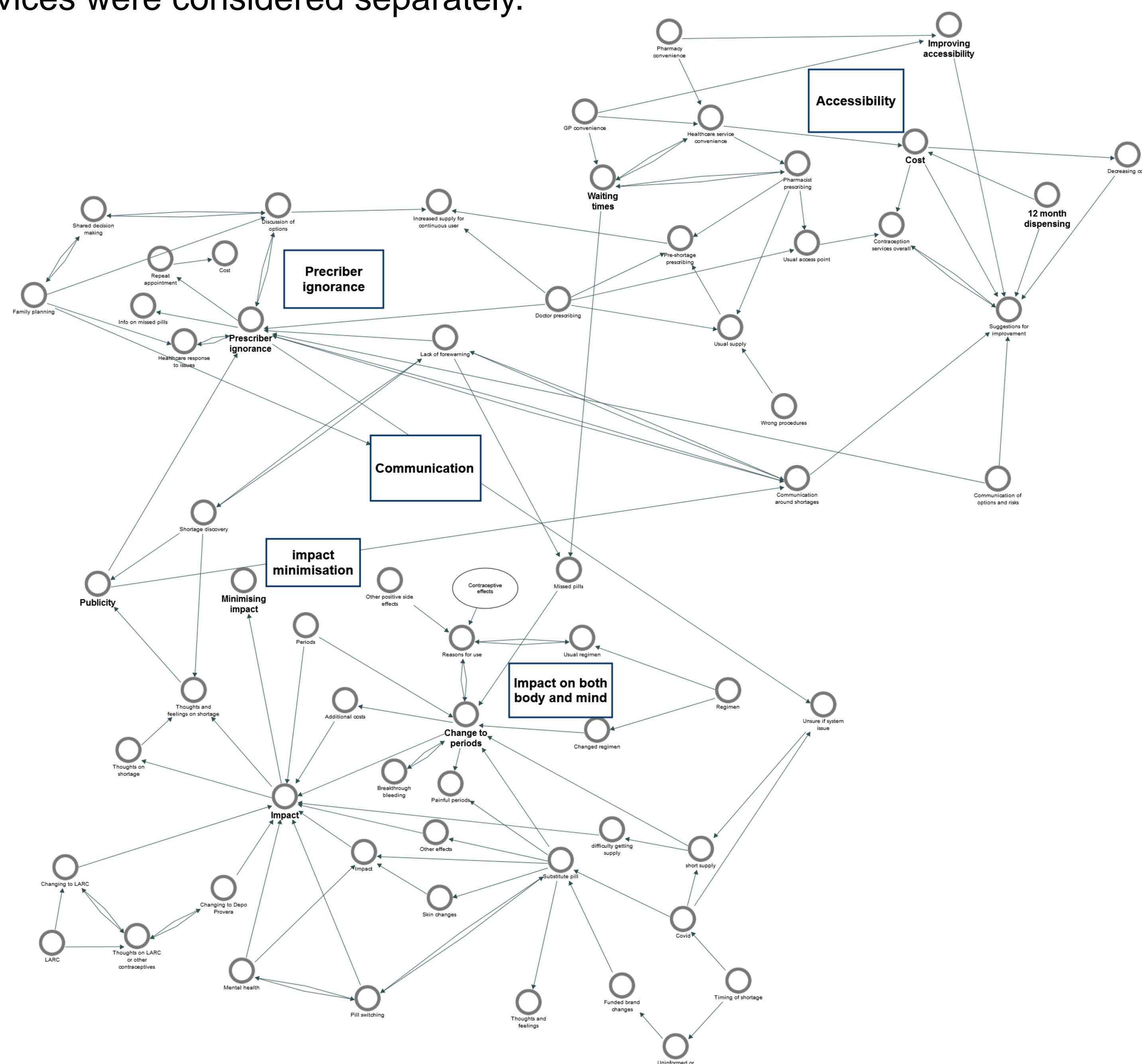


[1] Purposive sampling of questionnaire responders to ensure geographic and demographic representation was intended. Low response numbers meant all responders were offered interviews.

This project has been reviewed and approved by the University of Otago Human Ethics Committee, (Health). Reference: H20/121.

Findings

During analysis 64 codes were generated, from which five major themes were drawn, informed by the relationships between codes as demonstrated with the mind map below. Participants' suggestions for improvement of contraceptive services were considered separately.



Findings (continued)

Themes identified were accessibility, communication, prescriber ignorance, impact on body and mind, and impact minimisation.

Accessibility: Covers everything from restrictive pharmacy hours making it difficult to pick up prescriptions, to GP waiting times, to cost. Financial implications included petrol costs to travel between several pharmacies to find supply, cost for repeated GP visits for prescription changes, and having to buy pads/tampons and condoms where participants usually don't have to.

Communication: Interviews often demonstrated a poor (or complete lack of) communication from prescribers to patients, from PHARMAC (the government pharmaceutical management agency in charge of purchasing medicines) to prescribers, and from PHARMAC to the public. It was a common experience among participants to only discover there was a shortage once at the pharmacy, after already getting a script from the GP or when arriving to pick up a repeat.

Prescriber ignorance: Either prescribers being ignorant to the shortage and/or changes to brands funded, or responding poorly to issues that arose. These poor responses were due to things like not discussing prescription changes with users, or lacking the knowledge about the differences that exist within the COC class.

Impact on body and mind: Impacts due to short supply or brand/formulation changes included menstrual (breakthrough bleeding, loss of cycle control, dysmenorrhoea), acne, stress, anxiety, mental health disturbances, and a few participants stopping the pill for days to weeks (putting them at increased risk of unintended pregnancy, although this was not mentioned by participants).

> 'It's quite funny how they tell you these things are all very similar but actually when you take them they can be quite different, I guess that's a good thing 'cause different things work for different people but Levlen[2] really did not work for me at all. I um, I got really terrible unexpected periods, like the worst periods I've ever had in my life […] I did about one month of Levlen and within that time I had like the three worst periods I've ever had in my life'

- ID #17, age 30-34, ethnicity Māori and European/Other, region Other South Island, on Norimin (norethisterone 500µg/ethinyloestradiol 35µg and 7 inactive tabs) affected during COVID

Impact minimisation: When describing the impact of a shortage, several participants used language that actively minimised the effect a shortage had on them.

Suggestions for improvement: includes increase to 12-month supply per script and dispensation, improving accessibility, improving communication around shortages, decreasing cost, improving communication of options and risks, and shared decision making.

[2] levonorgestrel 150µg/ethinyloestradiol 30µg and 7 inactive tabs

Take home messages

Despite having been around for decades, easy and equitable access to the full range of contraceptive options remains a challenge in Aotearoa New Zealand. Shortages of COC added another layer onto this complexity for users to navigate. Consistent access should be aimed for in the management of future shortages, as should improved access more generally.

Contraceptive counselling needs to involve shared decision making, and good communication of options and risks associated with each option.

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References

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