



**Submission to the Department of
Health Working Group on Improving
Access to Contraception**

**Dublin Well Woman Centre
July 2019**



Dublin Well Woman Centre: Overview

The Dublin Well Woman Centre (DWWC) was founded in 1978, with the aim of giving women in Ireland access to information and services around contraception, at a time when it was largely illegal. In the 1980s and 90s the organisation fought a number of court cases at the High Court and Supreme Court, eventually winning (at the European Court of Human Rights) the right to give women information on abortion and on abortion services available outside the State.

The organisation now offers a comprehensive range of women's and reproductive health services, including contraception, cervical and STI screening, PMS and Menopause clinics, fertility investigations, along with crisis pregnancy and after-abortion counselling. Since January 2019, the DWWC has also provided early medical abortions (EMAs).

DWWC operates three women's health clinics in Dublin, and employs 36 doctors, nurses, counsellors, and administrative staff. Over 35,000 consultations are provided annually, and we pride ourselves in offering services that support women at every stage of their reproductive health journey.

For further information, please check out www.wellwomancentre.ie



Executive Summary

Based on our clinical experience, it is clear that Ireland's sexual health needs have changed, with most people now having a number of sexual partners throughout their lives. Women live longer and consequently remain sexually active for longer; their needs around contraception, fertility, reproductive and sexual health, and sexual identity are more complex and relevant over longer periods. Quality services must be in place to meet these needs.

Arising from the principle of choice of service provider that governs best-practice in women's healthcare, and in provision of abortion services, we believe that women should have the right to choose their form of contraception, in consultation with their family-planning doctor or GP.

A consultation on contraception also naturally leads into a conversation around safe sex and the possibility of sexual infections. STIs in women can have a significant effect, including pelvic inflammatory disease, tubal infertility and ectopic pregnancy. Therefore, screening for STIs in at-risk populations should form part of a holistic sexual health consultation.

Contraceptive pills (OCP) are often seen as the easiest option - and they are for some women - but others experience side effects, have problems remembering to take them, or have medical conditions where they are best avoided or absolutely contraindicated. This has led to a failure rate of almost 10% in Year 1 in respect of OCPs.

We uphold 'Fit and Forget' contraceptives (LARCs) as being both the most effective form of contraception, and also the most cost-effective form of contraception in the long run.

The DWWC is therefore advocating for the provision of a fully State-funded, free-to-the-patient contraceptive service, and that appropriate resourcing is dedicated to ensuring that family planning doctors and GPs are able to offer LARCs in the range of options they discuss with the patient.



LARCs and the Dublin Well Woman Centre

The Dublin Well Woman Centre provides consultations on all forms of contraception. As an integral part of this, we provide a full range of Long-Acting Reversible Contraception (LARCs), including Mirena, Jaydess and Kyleena, which are all hormone releasing intrauterine systems, and Implanon – a hormone releasing implant placed under the skin of the upper arm. We offer Copper coils to those women who wish to use a non-hormonal option.

All of our Clinic Doctors have specialist training in fitting LARCs and we are proud to be able to offer the full range of contraceptive options to our patients.

Appropriate follow-up with the patient is essential, and the DWWC offers a 6-week free check-up appointment to all patients in whom we fit an Intra-Uterine Device / System. We find this a valuable opportunity to discuss any concerns that may have arisen, check that the device is still correctly positioned, etc.

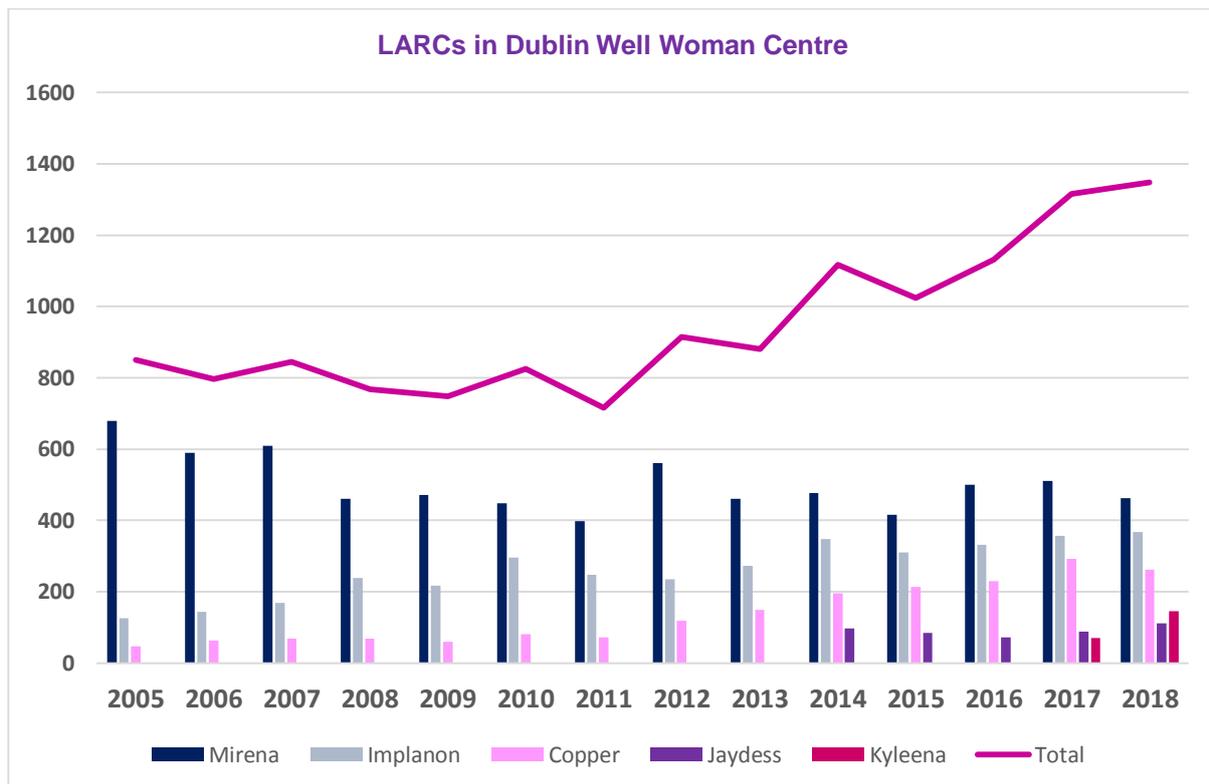
Many factors need to be considered when a woman presents for the initial consultation with a Well Woman Clinic Doctor – age, health, family medical history, lifestyle, previous sexual relationships.

We also find that ethnic and sociographic factors can impact on decision; for example, we note that some of our patients from the Traveller community tend to favour Depo-Provera. However, demand for Depo-Provera across the three clinics is small with only sixty women or so per year requesting it.

Although this comes under the definition of a LARC, it needs to be re-administered every 12 weeks, so the contraceptive failure rate is 10 times higher than the other LARCS, due to women not returning on time for repeat injections. It can often take up to one year for the contraceptive effect to fully reverse unlike the other LARCs where the contraceptive effect is reversed within one cycle, making Depo-Provera a less effective form of contraception.

Choice over Contraception

In the Dublin Well Woman Centre, we have seen a growing demand for LARCs (see graph below). Women have often researched their options before making an appointment, and request a particular device or wish to talk through the pros and cons of hormonal versus non-hormonal devices.



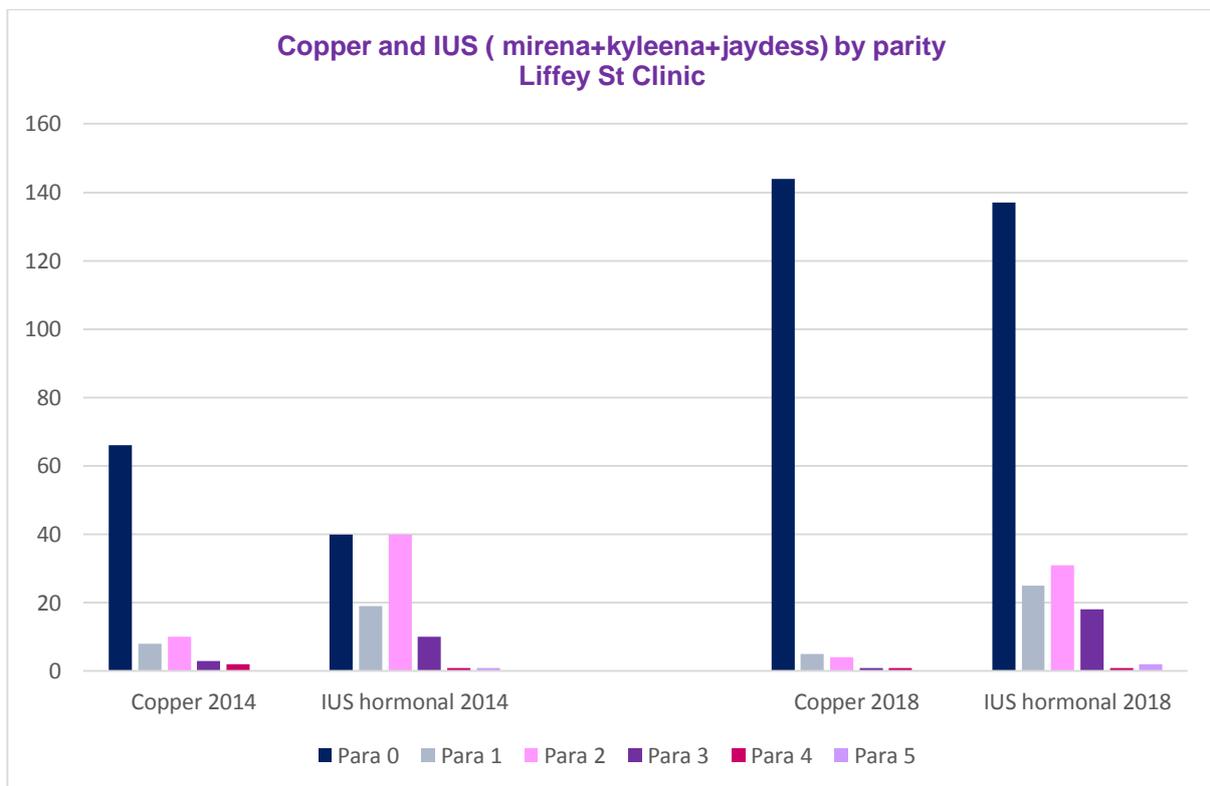
We believe women should have choice of a full range of LARCs as part of a State-funded scheme to support their right to choose the most effective and suitable form of contraception for them.

Women need to be aware of contraception for a time-span of 30-35 years. Over that period, they will have different contraceptive needs and preferences at different stages in their lives.

We find that there is growing demand among women in Ireland for LARCs, with many women increasingly aware, when presenting to a Well Woman Clinic Doctor for their initial consultation, of the benefits of LARCs.

Women who have not yet had a pregnancy can tend to be unaware that LARCs are also suitable for nulliparous women, suggesting the need for an education campaign around this.

Interestingly, in our clinics we fit more LARCs in nulliparous women than in women who have had a pregnancy. This number has more than doubled for both copper and hormonal intrauterine systems between 2014 and 2018 (see graph below, which details our Liffey Street clinic).



International clinical guidelines state that all women requiring contraception should be both informed of, and offered, a choice of all methods, including LARCs.¹ Additionally, a recent study found that 81% of women across all age ranges (18–49 years) would consider a LARC if provided with substantial information by their healthcare professional on this method.²

¹ NICE Guidelines, 2014

² European TANCO Study, 2018



Sexually Transmitted Infections

The Health Protection Surveillance Centre (HPSC) reports on weekly and annual statistics for STIs detected through testing in STI clinics and GP/sexual health clinics throughout Ireland.

The numbers continue to increase year on year, with over 7,000 testing positive for chlamydia alone in 2017 (HPSC report). While the RSE programme in schools, and more recently the Crisis Pregnancy Programme, has tried to address this with information campaigns over the years, we find that in general, sexual health knowledge in terms of risk practices and risky sexual behaviour needs improvement.

The contraception consultation is an ideal time to introduce information on safe sex and STIs, and to screen at-risk groups.

Practitioners in general practice and women's health clinics such as the DWWC should also be resourced to screen more people. In women, STIs can have a significant effect including pelvic inflammatory disease, tubal infertility and ectopic pregnancy. In Well Woman we screen over 4000 women annually for chlamydia (see graph below) and gonorrhoea, and around 1500 for HIV, Hepatitis B and C, and syphilis.

The number of chlamydia tests taken in our clinics in 2018 was lower than in the two preceding years. This is largely due to pressure on appointments caused by the significant impact of the crisis of confidence in CervicalCheck in 2018, which led to a huge increase in demand for smear tests (and which displaced other appointments).

However, it is worth noting that this service is offered widely in our clinics alongside other pre-booked services. Young women under 30 account for the majority of positive tests.

Chlamydia Tests in Dublin Well Woman





Effectiveness of LARCs

LARC methods of contraception are at least 10 times more effective than any other form of reversible contraception.

Notably, there is a failure rate of almost 10% in Year 1 in respect of OCPs, and we understand there are countries where free OCP access sits alongside a high abortion rate, suggesting that they may not have a significant impact on prevention of crisis or unplanned pregnancy.

Method	Typical Use %	Perfect Use %
No method	85	85
Fertility - awareness based method	24	0.4 - 5
Female diaphragm	21	5
Male condom	18	2
Combined hormonal contraception	9	0.3
Progesterone - only pill	9	0.3
Progesterone - only injection	6	0.2
Copper - bearing intrauterine device	0.8	0.6
Levonorgestrel - releasing IUD	0.2	0.2
Progesterone releasing implant	0.05	0.05
Female sterilisation	0.5	0.5
Vasectomy	0.15	0.1

Percentage of women experiencing an unintended pregnancy within the first year of use

Ref: Trussell et al Contraceptive Technology 20th ed 2011



Cost and other Barriers to Access

LARCs are more cost-effective than any other form of contraception in the longer-term. However, cost can be a barrier for many women, especially students and younger women, and this can deter women from proceeding to have a LARC fitted.

Device	Consultation	Pharmacy	Fitting	Removal	Years of Use	Annual Cost
Implant	€60	€124	€125	€150	3	€153
Jaydess	€60	€124	€195	€75	3	€151
Kyleena	€60	€124	€195	€75	5	€91
Mirena	€60	€124	€195	€75	5	€91
Copper T300	€60		€230	€75	3	€122
Copper mini TT 380	€60		€230	€75	5	€73
CopperT 380	€60		€230	€75	10	€37

The above table shows current costs to non-GMS patients attending DWWC clinics. Hormonal devices cost €124 in the pharmacy under the Drug Payment Scheme, while copper coils are not available on prescription so we stock them in the clinics. (The annualised costs shown in the graph above assume that the device is used for its full license period.)

International research and experience shows that improved education and the removal of cost barriers increases demand for LARCs.³

We have been asked by patients periodically if we could offer a payment installation plan for LARCs. While we do not have the administrative capacity to provide this, it does underline the extent to which cost can influence the decisions a woman makes regarding contraception.

We suggest that provision of a realistically-resourced, State-funded LARC-fitting service, within the context of a holistic sexual health consultation with an experienced family-planning doctor or GP, could be beneficial on a number of levels:

- Increased uptake of LARC methods will reduce the number of crisis pregnancies;

³ 'Development Economics. Unprotected Nation: The Financial and Economic Impacts of Restricted Contraceptive and Sexual Health Services, 2013', published by www.fpa.org.uk



- Increased uptake of LARC methods will decrease the risk of contraceptive failure among women currently using short acting forms of contraception with a failure rate that is at least 10 times greater than those using a LARC, and;
- Increased uptake of LARC methods are not only suitable for women of child-bearing age, but can also carry benefits for perimenopausal women.

Having a LARC fitted allows for full contraceptive compliance; i.e., once the LARC is *in situ*, a woman cannot forget to take it. This is important, as other methods are susceptible to human error, and also to the impact of occasional sickness.

It is our experience that many women have tried contraceptive pills as their first form of contraception and have had problems with side effects such as headache and nausea or are worried that they frequently miss pills and therefore are not covered for contraception.

Apart from cost, the other barrier to access is around the specialist training of doctors and healthcare professionals. All DWWC Clinic Doctors are trained and certified in the fitting of LARCs.

The Irish College of General Practitioners runs a LARC training programme and some trainee GPs receive LARC training during their two-year general practice training. However, depending on the demographics of the practices and whether or not a trainer in one of the practices is a LARC tutor they may graduate without proficiency in LARC fitting.

As LARC usage becomes more widespread the issue of training and maintaining competency will become less of an issue.



Summary

Women require access to effective contraception for much of their reproductive years, which in most cases spans thirty years or more.

All methods of contraception have pros and cons; depending on medical history and lifestyle, different options may be more preferable at different life stages, and women should be able to access 'Fit and Forget' contraceptive methods such as LARCs without being impeded by the present cost barrier.

This will require commitment of funding on the part of the State, and the creation of a realistic resourcing model to enable family planning doctors and GPs to provide a LARC service that is free to the patient, and that can be managed by service providers in line with business requirements.

Contraceptive consultations should include screening for STIs in at-risk groups to provide a holistic approach to sexual and reproductive health.

Finally – though not a part of this consultation process – there is significant scope to improve the quality and relevance of relationship and sexual health education programmes delivered in schools.