Measuring quality in contraceptive services

Preventing unintended pregnancies and preserving sexual and reproductive health are of fundamental importance for both public and individual health and well being. Control of fertility is complex (with parenting, education, youth culture, social conditions, and economic circumstances all playing a part), and the provision of effective contraceptive services are obviously important. The task of defining and providing the most effective contraceptive care for those who need it—including young people—is an urgent issue in all countries. A recent issue of Effective Health Care\(^1\) presented a systematic review of the research evidence on approaches to preventing and alleviating the effects of teenage pregnancy (an edited version of this bulletin is included in this issue of *Quality in Health Care*\(^2\)). This review found (in the United Kingdom) a complete lack of controlled evaluations of the effectiveness or cost effectiveness of different approaches to the delivery of contraceptive services to young people. As the United Kingdom has the highest teenage pregnancy rate among 15–19 year olds in western Europe this is an area that should be considered an urgent research priority.

Many factors stand in the way of setting up the necessary research work in the United Kingdom. There are perceived difficulties about approaching people to provide information for research into sexual health and behaviour.\(^3\) There is a multiplicity of contraceptive providers (both professional and retail) and methods available. Few agreed outcome measures and quality standards for contraceptive services exist. And, importantly, resources are needed to support such research programmes. But none of these potential difficulties should stop us from tackling the necessary work and a paper from Finland published in this issue of *Quality in Health Care*\(^4\) provides the opportunity to consider our current position.

As in the United Kingdom the Finnish healthcare system provides a variety of outlets for professional contraceptive advice and prescription, with specialist clinics, general practitioners and public health nurses in health centres, and non-profit making and private providers. By surveying a large sample of women, selected from the comprehensive Finnish population register Hemminki and colleagues assessed the quality of contraceptive care from the women’s experiences of contraceptive services and their knowledge of fertility and contraception. The dimensions of quality used to assess services in Finland offer a model of interest both to providers and commissioners of contraceptive services in other countries.

Provision and availability of contraceptive services in the United Kingdom are usually seen in terms of the timing and accessibility of clinical care. But the assessment of contraceptive services by Hemminki et al also included questions that allowed the service users to register the extent to which they thought that their opinions were considered in consultations to choose contraception, and their satisfaction with those consultations. As most contraceptive methods need careful and consistent use to be effective in preventing pregnancy (and minimising unwanted side effects),\(^5\) understanding how well services are perceived to be responding to the needs of users should be central to all services and will be necessary in the National Health Service.

Attempting to measure appropriateness of contraceptive method chosen without access to details of the individual woman’s circumstances is likely to prove difficult. For example, the contraceptive needs of women with infrequent and unpredictable cycles differ from those with greater coital frequency; and the number of sexual partners, type of sexual liaisons, and individual beliefs will also influence appropriateness of the method chosen. The approach taken by Hemminki et al uses several indicators in an attempt to make this difficult assessment—including some clinical detail (use of unreliable methods, and use of intrauterine devices by nulliparous women), cost, and satisfaction. We need to examine appropriateness avoiding too simplistic use of “best” contraceptive method that does not allow for the individuality and complexity of sexual life. But concern about oversimplification should not prevent us exploring such an approach to assessing appropriateness.

Indicators of preventative care chosen for this study as measures of the quality of services are open to criticism as these elements of services (such as routine pelvic examination, breast palpation) do not in all contexts represent good care and can take time better used for other aspects of the consultation. More work is needed to define the key elements in promotion of sexual health.

It is easy to pass the buck when considering whose responsibility it is to provide the information on the basic biology of reproduction necessary to underpin effective contraceptive use. Contraceptive care providers commonly assume a level of basic knowledge in their service users, and assume that the instructions for using methods successfully are well understood, although this is by no means always realistic. An important area of research is to explore the level of this knowledge about reproduction among women in the United Kingdom (where we cannot be confident about the effectiveness of sexual health education in our school system).

Although the appropriate and effective use of contraception depends on many factors outside the direct influence of the health services, its importance to health demands that we review and refocus the effort to improve provision of services. Health care purchasers and those who provide contraceptive services in many different settings must extend their assessment of provision of services to encompass the experience of the service users. The work describing the quality of contraceptive services in Finland shows one way to measure some of these experiential factors and uses them to compare and examine service provision that has relevance to contraceptive services in other countries. In particular those responsible for contraceptive services in the United Kingdom will understand the necessity for coordinating and strengthening the research and development effort in National Health Service provision of contraceptives. The absence of controlled trials should be rectified by researchers, clinicians, and funding bodies. Methodologies must also be refined to allow us to consider and understand the contribution of both service provision and service users to the effectiveness of contraception in normal use. A coordinated programme of research and development in contraceptive and sexual health care is urgently needed if we are to use the resources available for contraceptive care effectively. This is an essential part of improving the rate of unintended pregnancies, which is lamentable in the United Kingdom compared with other countries in western Europe. Published results from other countries should stimulate our thinking and endeavours.

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1 Preventing and reducing the adverse effects of unintended teenage pregnancies. NHS Centre for Reviews and Dissemination. Effective Health Care 1997;3:1.
Measuring quality in contraceptive services.

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Qual Health Care 1997 6: 59
doi: 10.1136/qshc.6.2.59

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