

Birth and pregnancy experts fail to deliver on contraception advice

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Health care professionals who provide contraceptive services outside of general practice are unlikely to discuss long-acting reversible contraception such as intrauterine devices (IUDs) or implants for young women without children—despite their proven safety, effectiveness and convenience.

A review published in the *Journal of Clinical Nursing* analysed the views of non-GP health practitioners who are often tasked with delivering contraceptive advice. It found a significant reluctance to recommend these superior contraception options arising from lack of knowledge, time constraints and the influence of inaccurate or outdated personal beliefs.

The practitioners studied included family planning counsellors, midwives, obstetricians and gynaecologists in developed countries (the UK, USA and Germany.)

"Global sexual health organisations have been recommending the use of long-acting reversible contraception such as IUDs and implants for

several years, which are safe and carry a very high success rate of 99%," says Carri Welsby, a Flinders University Health Sciences (Honours) graduate and author of the paper.

"Research is strong in support of these efficient and cost-effective methods of preventing unwanted pregnancy, yet there remains low uptake compared to the [oral contraceptive pill](#)," Ms Welsby says.

"These findings highlight the need for a greater focus on education and training for non-GP [health care professionals](#) on contraception." Ms Welby says.

Her study identified incorrect views on long-acting reversible contraception centred on the risk of side effects, such as inconsistent bleeding, issues with future fertility, ectopic pregnancies and pelvic inflammatory disease.

"As such a wide range of professionals deliver contraceptive advice and services, addressing these knowledge gaps is essential if women are to receive accurate information to make informed decisions," she says.

"For example, the majority of health care practitioners in the literature would not discuss or suggest this form of contraception to women aged below 40 with no children, however a woman's age and gynaecological history should have no bearing on their suitability."

The review also highlights the significant role played by settings outside of [general practice](#) in delivering [contraception](#) services, and the need to ensure these are included in frameworks to improve clinical practice on modern and new contraceptive methods.

More information: Carri Welsby et al, A systematic review of the views of healthcare professionals on the provision of long-acting

reversible contraception, *Journal of Clinical Nursing*
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