Evaluation of Oral Contraceptive Counseling by Community Pharmacists in the College Health Setting

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Background: According to the Centers for Disease Control and Prevention, 49% of pregnancies in the United States are unintended.¹ Unintended pregnancies are associated with poor health outcomes for both infants and mothers. As a result, the United States has established a family planning goal in Healthy People 2020 aimed at improving pregnancy planning, spacing, and preventing unintended pregnancy.¹ One objective of Healthy People 2020 is to increase the proportion of pregnancies that are intended to 56% by increasing access to contraception, and increasing correct and consistent use of contraceptive methods among those who are sexually active and wish to delay or avoid pregnancy.¹ Pharmacists practicing within a college health setting are in a unique position to address the correct use of contraceptive methods through patient education and counseling.

Objective: To evaluate patient knowledge regarding estrogen containing oral contraceptives before and after receiving counseling from a community pharmacist in a college health setting.

Methods: This prospective study was conducted through a pharmacy located on the campus of a large university in the southeastern United States. Patients were included if they were 18 years of age or older, female, initiated on an estrogen containing oral contraceptive for the first time, and picked up their oral contraceptive prescription at the campus pharmacy. Participants were excluded if they were less than 18 years of age, previously prescribed an oral contraceptive, or non-English speaking. Prior to beginning the counseling session, each patient was given a paper survey to complete. This four-question survey included two true-false questions and two multiple choice questions that addressed missed pills, common side effects, drug interactions, and serious side effects. Once the survey was completed and collected by the pharmacist, the counseling session began. Pharmacists utilized a patient pamphlet on estrogen containing oral contraceptives to aid the encounter. At the first refill, a five-question paper survey was administered. This survey included the same content as the initial survey and also included one question related to patient satisfaction with the counseling provided during the previous encounter. Descriptive statistics was utilized to compare pre- and post-survey results for each individual patient included in the study.

Results: A total of 12 patients were included in the study and the mean age was 22 years. An 84-day supply of medication was picked up by 9 of the 12 patients. Before receiving counseling from a pharmacist, 7 patients were able to correctly identify how to address missed pills, and 9 were able to identify signs of serious adverse reactions. All 12 patients recognized common side effects and the risk of drug interactions. Thus far, 3 patients have completed the post-counseling survey.

Conclusion: Pre-counseling data suggests that patients are most unfamiliar with managing missed pills and recognizing serious side effects. Due to the majority of patients receiving an 84-day supply of medication, data collection from follow-up surveys is ongoing. Data from this project will help tailor education community pharmacists in the college health setting provide to patients receiving oral contraceptives.

References