Increasing uptake of long-acting reversible contraception after menstrual regulation

A mobile phone innovation to increase access

Presented by: Barbara Reichwein, Marie Stopes International
Rationale

- **Menstrual regulation (MR)**: permitted up to 12 weeks from the last period, but barriers to quality services

- **Post abortion contraception** is an effective way of reducing subsequent unintended pregnancy

- Short-term methods of contraception are widely used, but have higher rates of failure and discontinuation than long-acting contraception

- In the public sector, 73% of women receive post-MR contraception on the day of the procedure, but 80% of these choose short-term methods.

- 97% have access to a mobile signal
What does the evidence tell us?

**Mobile Technology for Improved Family Planning 2013: MSI study in Cambodia**

RCT focused on post abortion contraception:
- 6 interactive voice messages over 4 months
- Link to call centre counsellor at MSI clinic for information, support and appointment booking

<table>
<thead>
<tr>
<th></th>
<th>4 months post abortion</th>
<th>12 months post abortion</th>
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<tbody>
<tr>
<td></td>
<td>RR</td>
<td>95% CI</td>
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<td>Effective method</td>
<td>1.39</td>
<td>1.17-1.66</td>
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<tr>
<td>LARC</td>
<td>3.35</td>
<td>2.07-5.40</td>
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**Cochrane Review 2015:**
- Five studies, only one high quality
- Three effective (continuation of short-term methods + MOTIF study)
- Two ineffective (pill adherence and contraceptive use)
Formative research: listening to clients

High demand for the intervention

Discussion of privacy
If a member of family sees this message, will there be any problem?
“*No, what problem? There will be no problem.*”

Understanding modalities
Demand for call centre support
Preference for voice messages over SMS
“In my opinion, it is better to listen.”
Preference for interactive messages

Content
Personalised information preferred
Information about current contraceptive methods
What contraceptive methods can be used?
“I would like to know what methods can I use after MR.”
“After MR, what type of method should be used before intercourse?”
Designing the intervention to respond to women’s needs

10 interactive voice messages sent to post-MR clients over 4 months.

1. Voicemail used instead of SMS

2. No mention of MR in the messages

3. Test message to assess sensitivity

4. Messages are tailored to women’s individual contraceptive choice + general messages about long-acting methods

5. Clients have option to contact Marie Stopes call center, for individualised support

“Hello! I'm your Doctor Apa speaking. We are going to help you feel safe from unwanted pregnancy so that you can take good care of your family and yourself. Remember, if you want to get confidential information, our call centre counsellor is here for you”
**Evaluation of the intervention**

**Design:** Randomised Controlled Trial

**Setting:** 41 MSB and Ipas-supported government clinics, Bangladesh

**Sample size:** Minimum 960 participants

**Intervention:** Standard counselling + call centre number + voice messages

**Comparator:** Standard counselling + call centre number

**Randomisation:** Individually randomised using remote system, 1:1 ratio

**Blinding:** Research assistants and providers blinded at recruitment.

**Primary outcome:** LARC use at 4 months post MR

**Secondary outcomes:**
- LARC use at 2 weeks and 12 months
- Any effective contraceptive use at 2 weeks, 4 and 12 months
- Pregnancy, subsequent MR and Intimate Partner Violence
- Discontinuation and Switching

**Measurement:**
- In-person interview at baseline
- Telephone interview at 2 weeks, 4 and 12 months
Process evaluation:

1. Developed behaviour change model and theory of change

2. Establish whether intervention had an effect on intermediate factors in theory of change

3. Explore intervention fidelity using routine data from voice message system

4. Assess experience of intervention for study participants using in-depth interviews
Conclusions

mHealth offers a platform for supporting post–abortion contraception

• Demand for information on contraception post abortion

• Strong interest in an intervention expressed

Robust evaluations needed to determine effectiveness and monitor potential adverse events
Thank you!

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