



Increasing uptake of long-acting reversible contraception after menstrual regulation

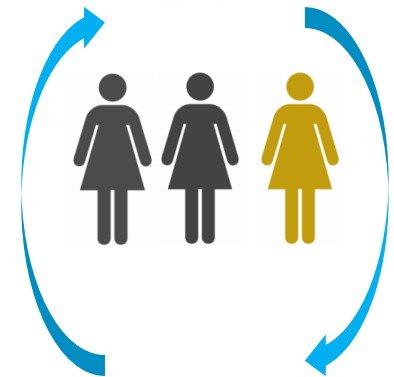
A mobile phone innovation to increase access

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

At the Facility Level



Beyond the Facility



What does the evidence tell us?

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

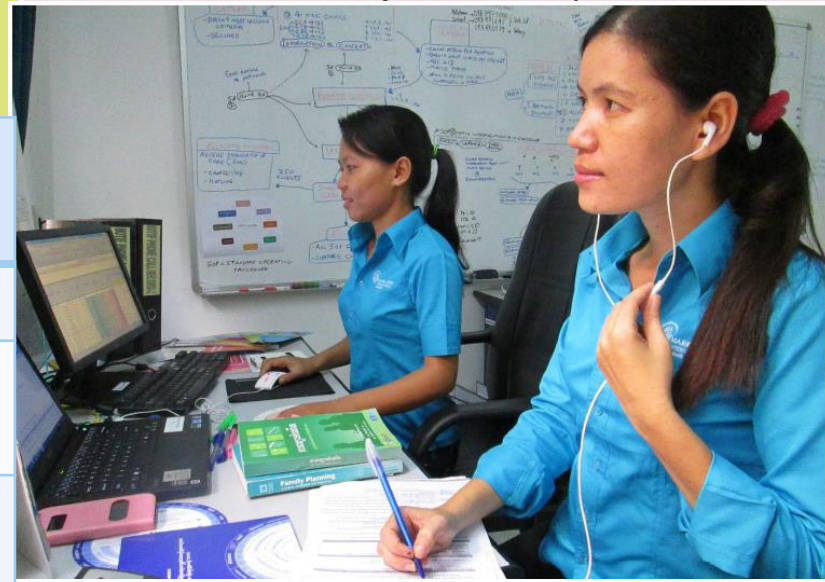
RCT focused on post abortion contraception:

- 6 interactive voice messages over 4 months
- Link to call centre counsellor at MSI clinic for information, support and appointment booking

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)

	4 months post abortion		12 months post abortion	
	RR	95% CI	RR	95% CI
Effective method	1.39	1.17-1.66	1.16	0.92-1.47
LARC	3.35	2.07-5.40	2.08	1.27-3.42





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?

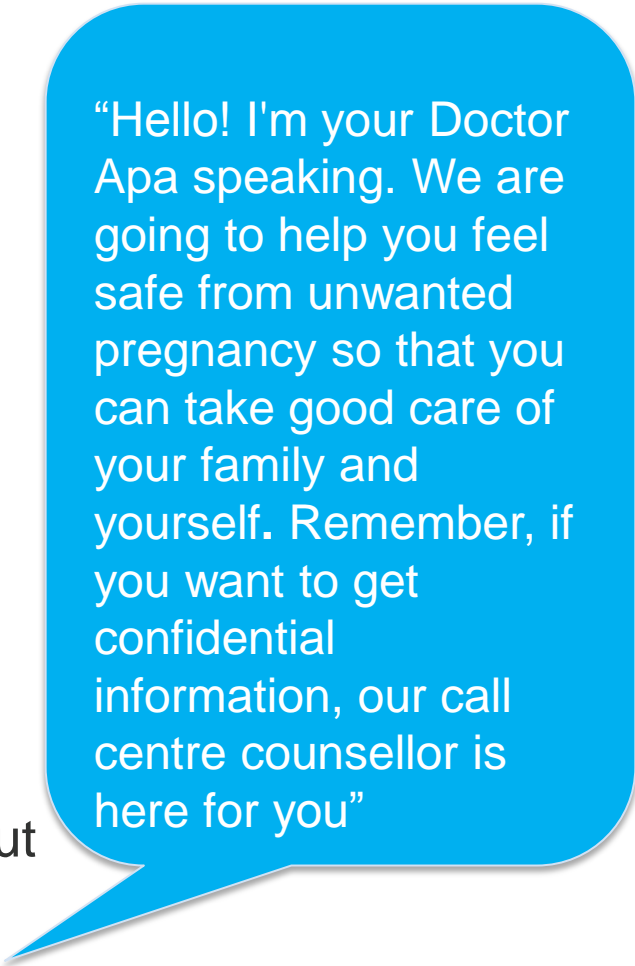
“I would like to know what methods can I use after MR.”

“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

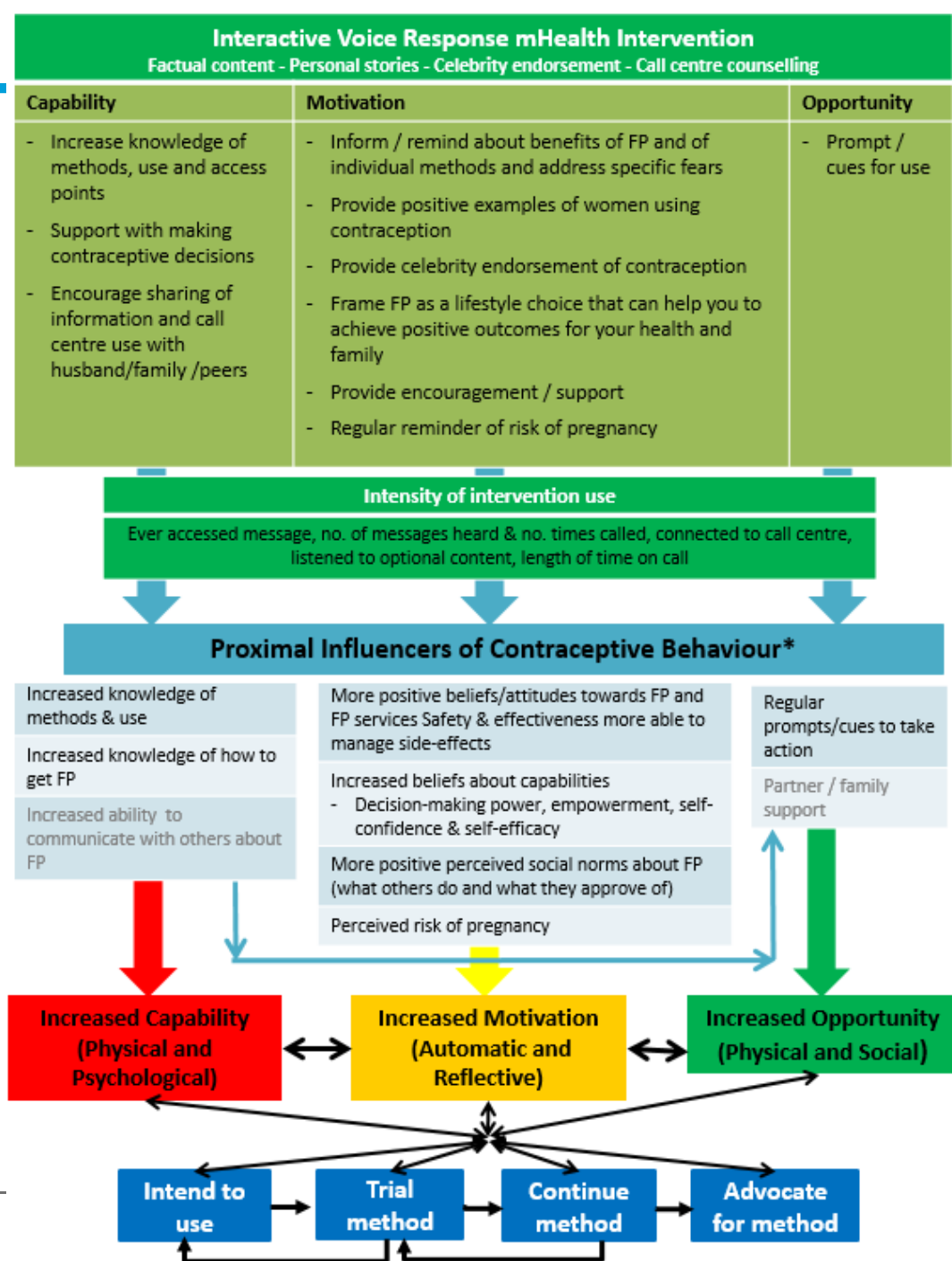
Discontinuation and Switching

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!

Acknowledgements: Kate Reiss (PI)

Ipas (US and Bangladesh)

Kathryn Andersen, Erin Pearson, Jamie Menzel and
Kamal Biswas

Marie Stopes Bangladesh

Sadid Nuremowla, Fahmida Taleb, Pronab Choudhury

