

Pregnancy Tests: A Best Kept Secret to Expand Access to Family Planning?

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New and Underused RH Technologies Caucus Meeting
October 3, 2012

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Denial of FP Methods to Non-Menstruating Women: A Substantial Medical Barrier

Menstruation requirement remains a common barrier to contraceptive service delivery

- Campbell M, Sahin-Hodoglugil N, Potts M. Barriers to fertility regulation: a review of the literature. *Stud Fam Plann* 2006;37(2):87-98.
- Shelton J, Angle M, Jacobstein R. Medical barriers to access to family planning. *Lancet* 1992;340(8831):1334
- Stanback J, Diabaté F, Dieng T, Duarte T, Cummings S, Traore M. “Ruling Out Pregnancy Among Family Planning Clients: The Impact of a Checklist in Three Countries,” *Studies in Family Planning*; December 2005; 36(4):311-5.

Few non-menstruating clients are actually pregnant

- Stanback J, Qureshi Z, Sekadde-Kigonde C, Gonzalez B, Nutley T. “Checklist For Ruling Out Pregnancy Among Family Planning Clients in Primary Care,” *Lancet*; August 14, 1999; 354(9178):566.
- Stanback J, Nanda K, Ramirez Y, Rountree W. “Validation of a Job Aid to Rule Out Pregnancy Among Family Planning Clients in Nicaragua,” *Pan American Journal of Public Health*, February 2008; 23(2):116-8.



Menstruation requirement: Rwanda Non-Use Study

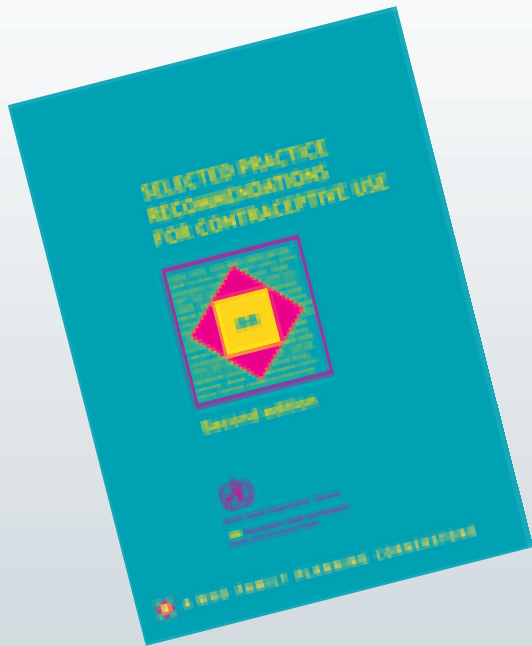
“When you get there for the first time, they ask if you are having your period. When it is no, they give you another appointment. But when it is yes, they give you cotton wool and you go somewhere discreet to put some blood and come back to show it to the provider. It is only then that the provider shows you the methods.”

(49 year-old injectable user)

PRUDENCE

“She can start _____ immediately if it is reasonably certain that she is not pregnant.”

WHO “Selected Practice Recommendations for Contraceptive Use,” 2nd Ed. 2004



“The Prudence Continuum”



CARELESSNESS

PRUDENCE

MEDICAL BARRIERS

Partial Solution: The Pregnancy Checklist

How to be Reasonably Sure a Client is Not Pregnant

Ask the client questions 1–6. As soon as the client answers **YES** to *any question*, stop, and follow the instructions.

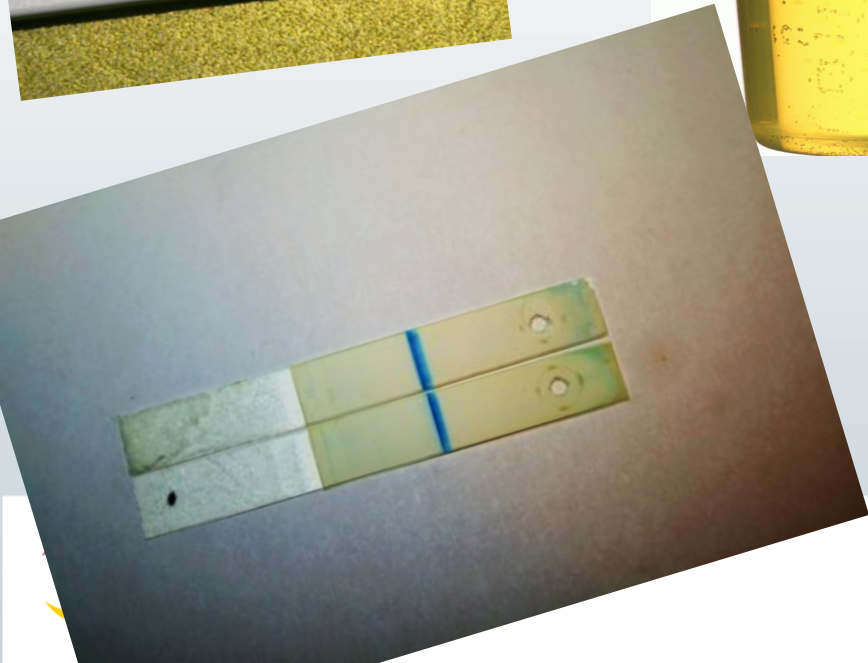
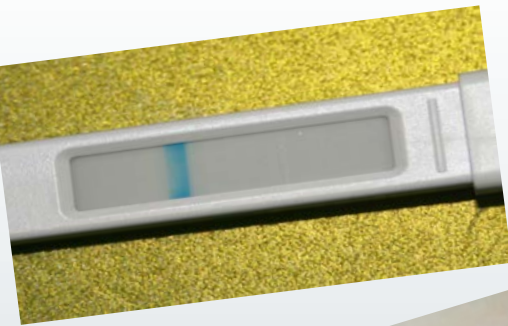
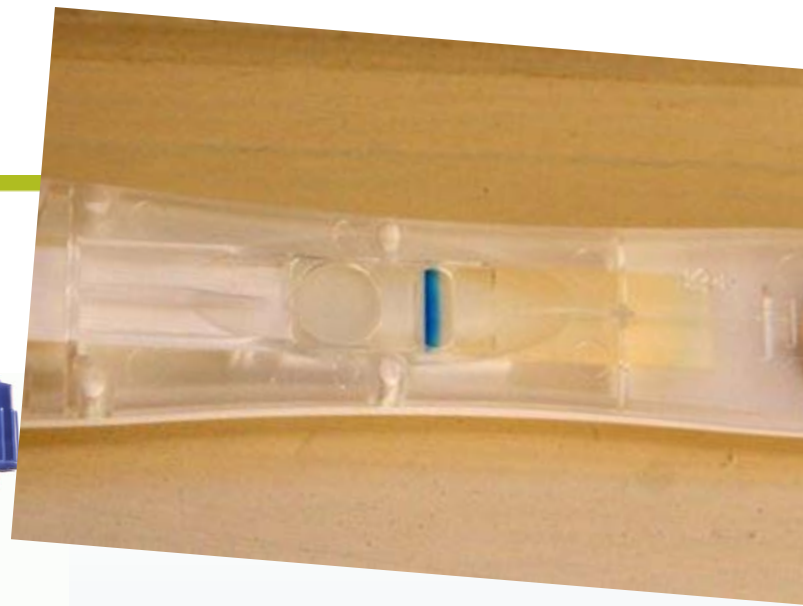
NO	1. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then?	YES
NO	2. Have you abstained from sexual intercourse since your last menstrual period or delivery?	YES
NO	3. Have you had a baby in the last 4 weeks?	YES
NO	4. Did your last menstrual period start within the past 7 days (or within the past 12 days if you are planning to use an IUD)?	YES
NO	5. Have you had a miscarriage or abortion in the past 7 days (or within the past 12 days if you are planning to use an IUD)?	YES
NO	6. Have you been using a reliable contraceptive method consistently and correctly?	YES

If the client answered **NO** to *all of the questions*, pregnancy cannot be ruled out. The client should await menses or use a pregnancy test.

If the client answered **YES** to *at least one of the questions* and she is free of signs or symptoms of pregnancy, provide client with desired method.



- Research demonstrates that the checklist is effective at ruling out pregnancy
- Included in the *Global Handbook for Family Planning* and in the *WHO Decision-Making tool*
- Instances when the checklist cannot exclude pregnancy
- Some providers don't like/trust the checklist



What about Pregnancy Tests?



= \$ 23

What about Pregnancy Tests?



≈ \$ 2.00

Source: <http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=DMP&language=English>

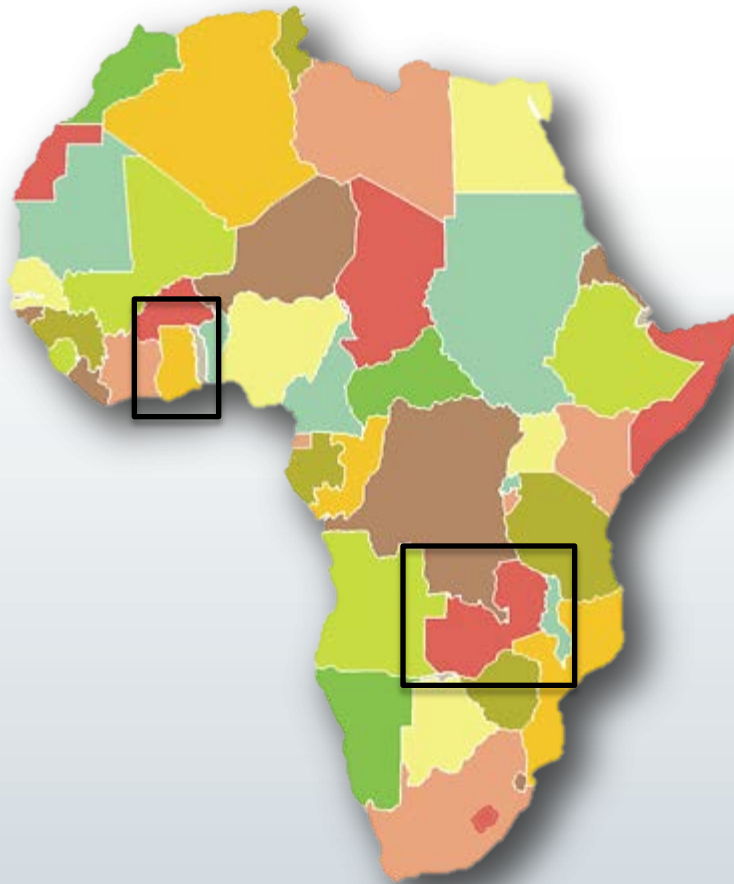
What about Pregnancy Tests?



= \$ 0.09

Source: AccessRH Catalog

Two-Country Study: Ghana and Zambia

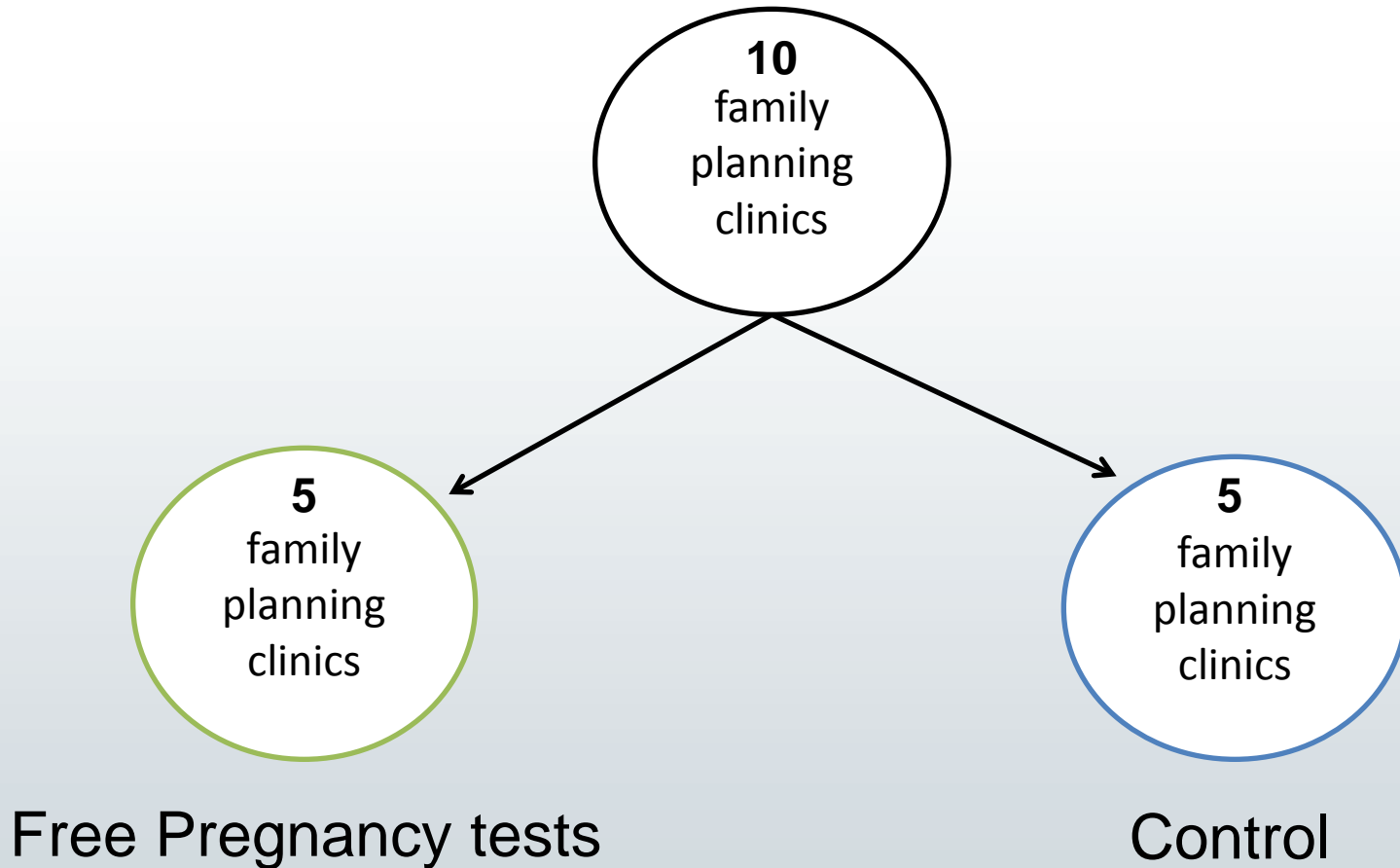


Hypothesis Tested:

Free access to pregnancy tests will reduce the proportion of clients who are denied an effective method.

Simple Design

Cluster Randomized-Controlled, Pre- Post Observations



Free Pregnancy tests

Control

Data Collection

Family planning providers in all clinics documented information about each client:

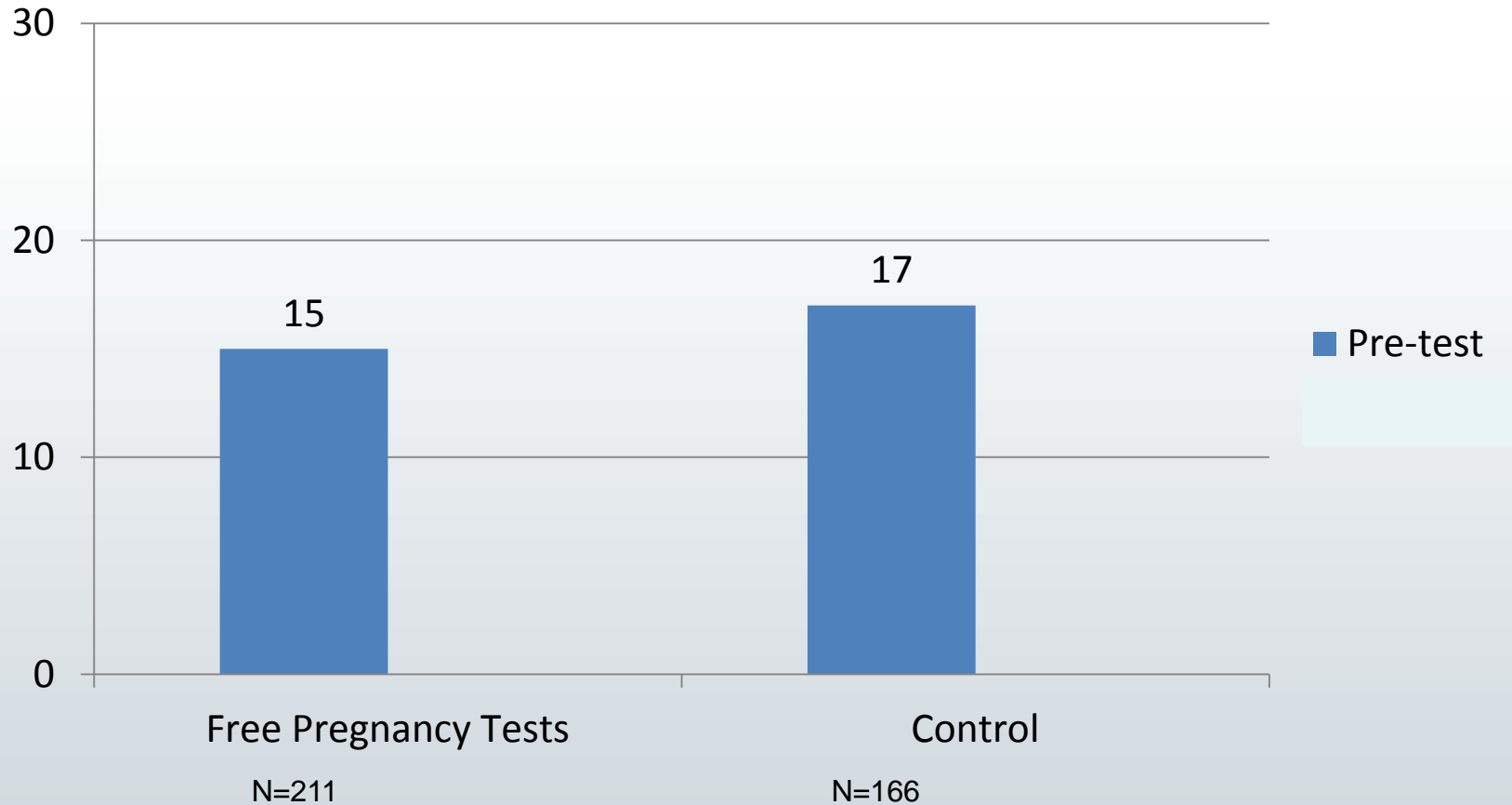


- Method requested
- Method received
- Menstrual status
- Reason for not receiving desired method (if not received)

Results

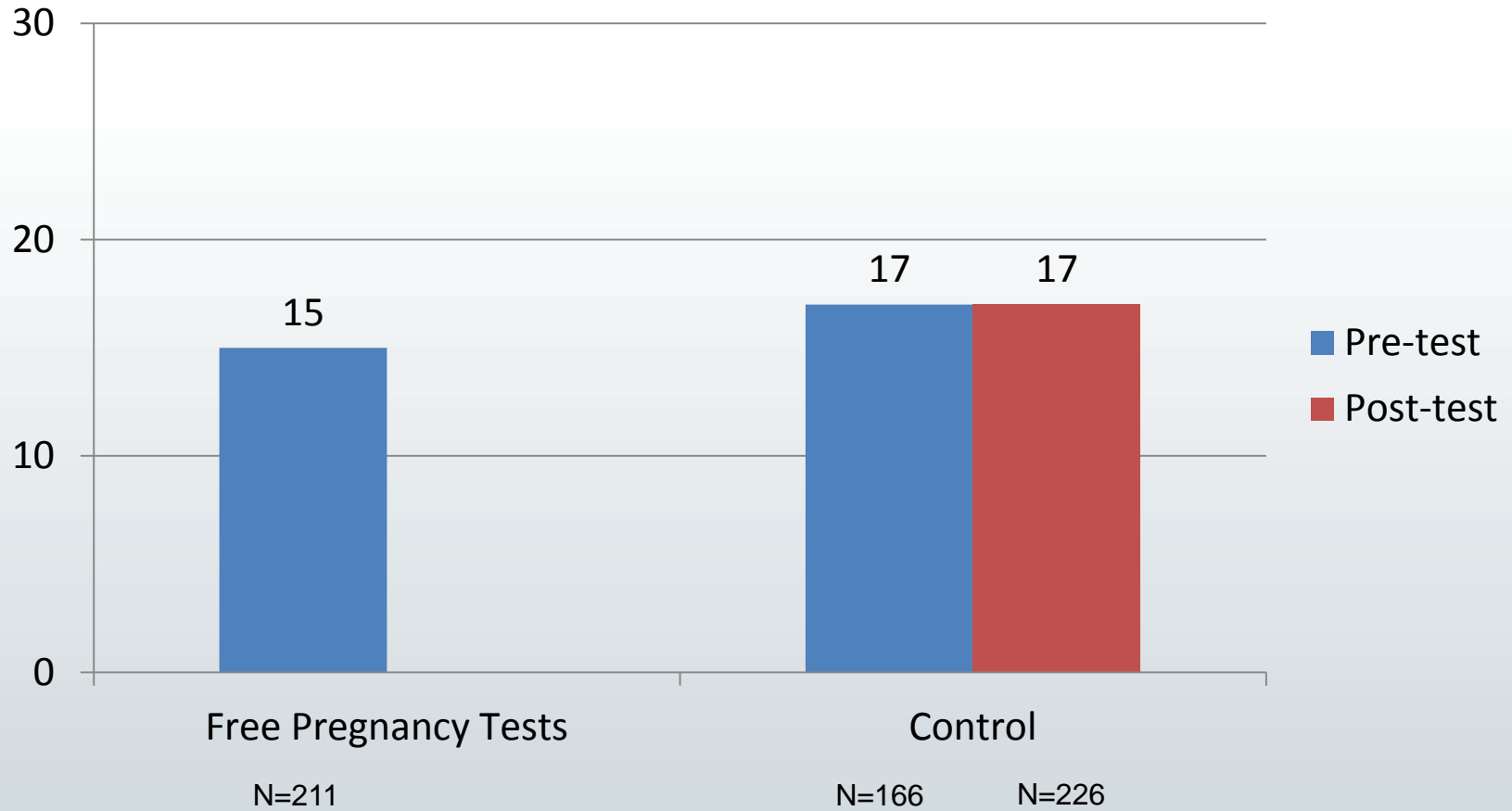
Results: Zambia

% New, Non-Menstruating Clients Denied Effective Method



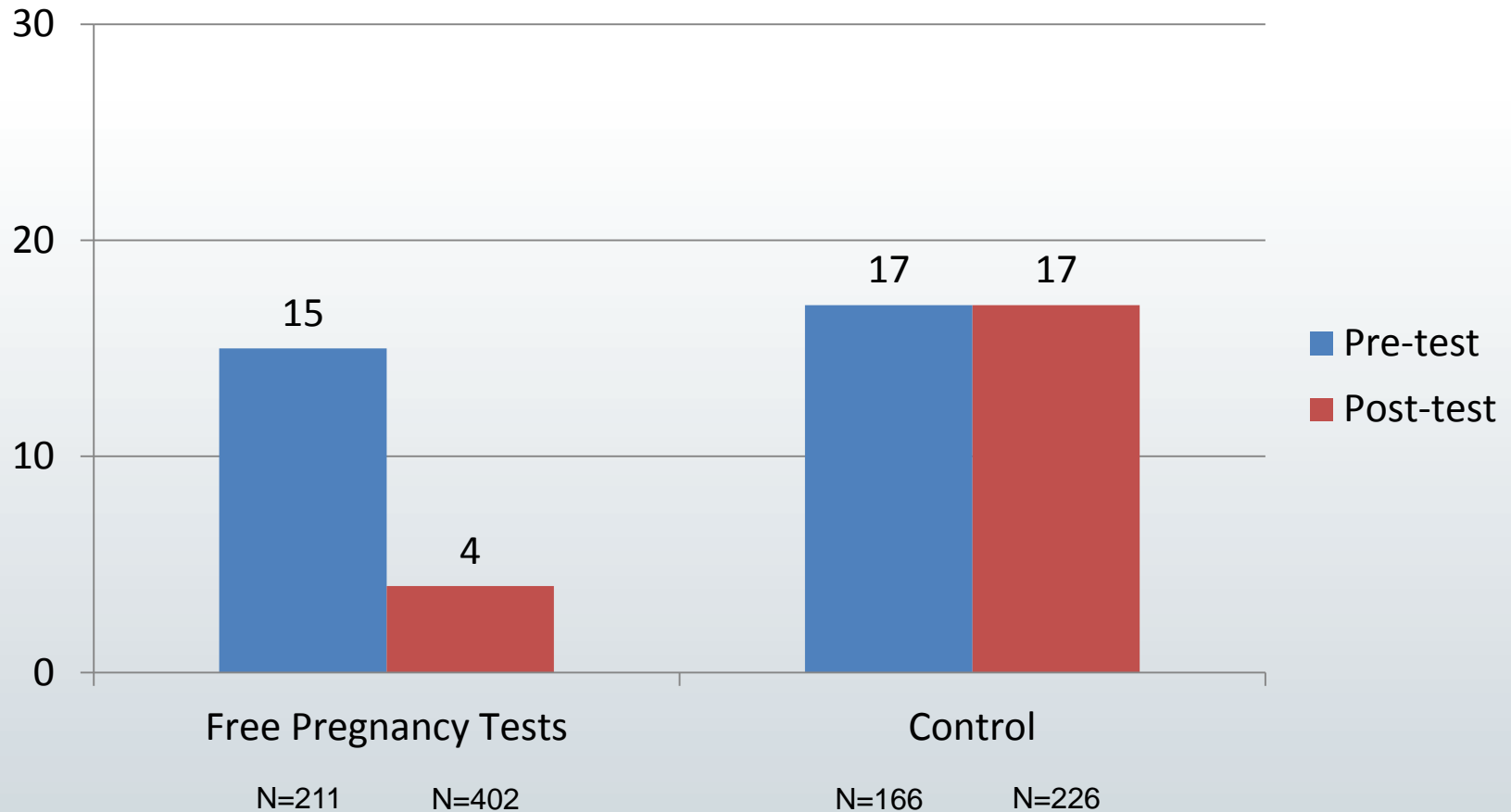
Results: Zambia

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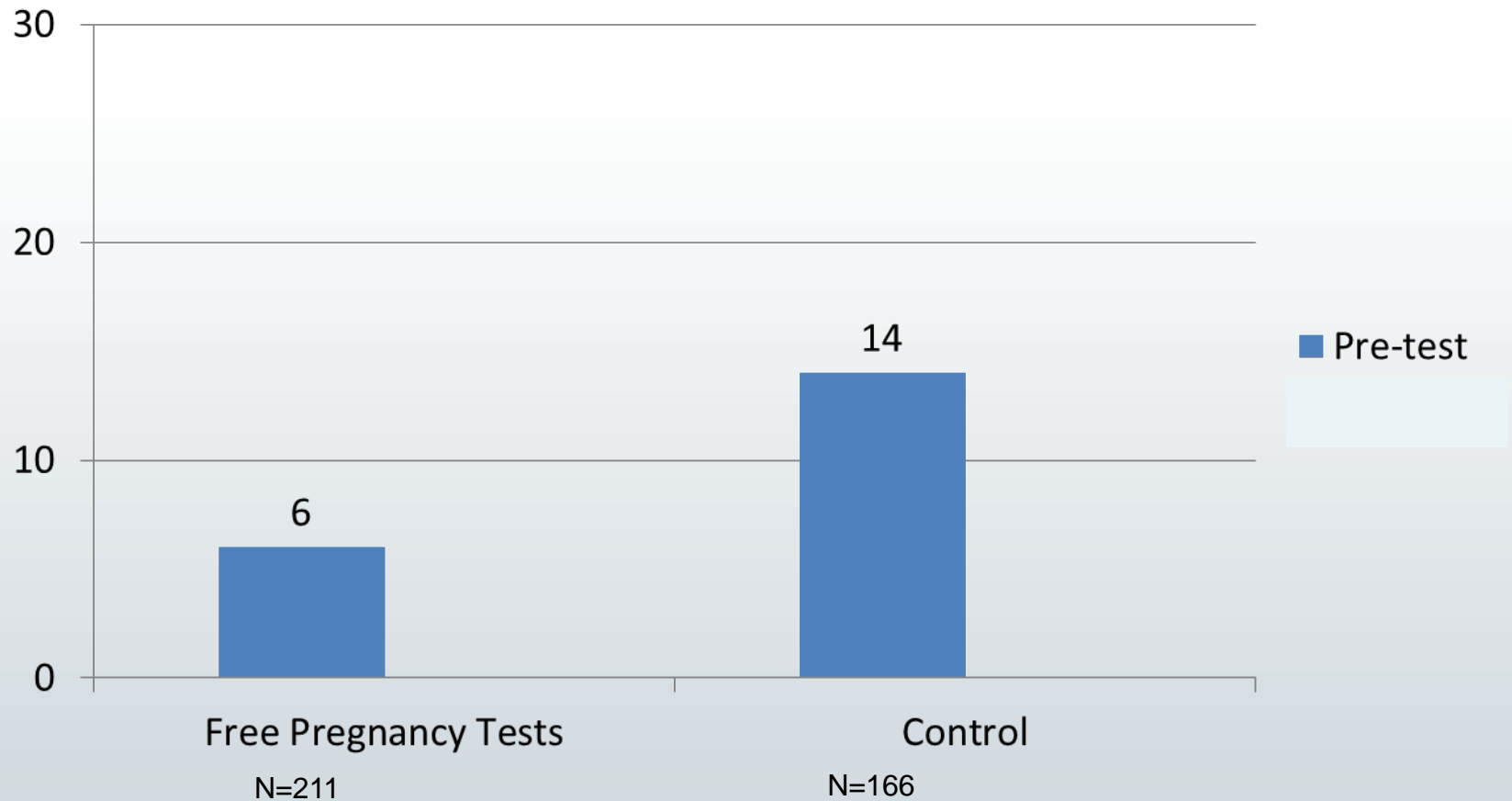
Results: Zambia

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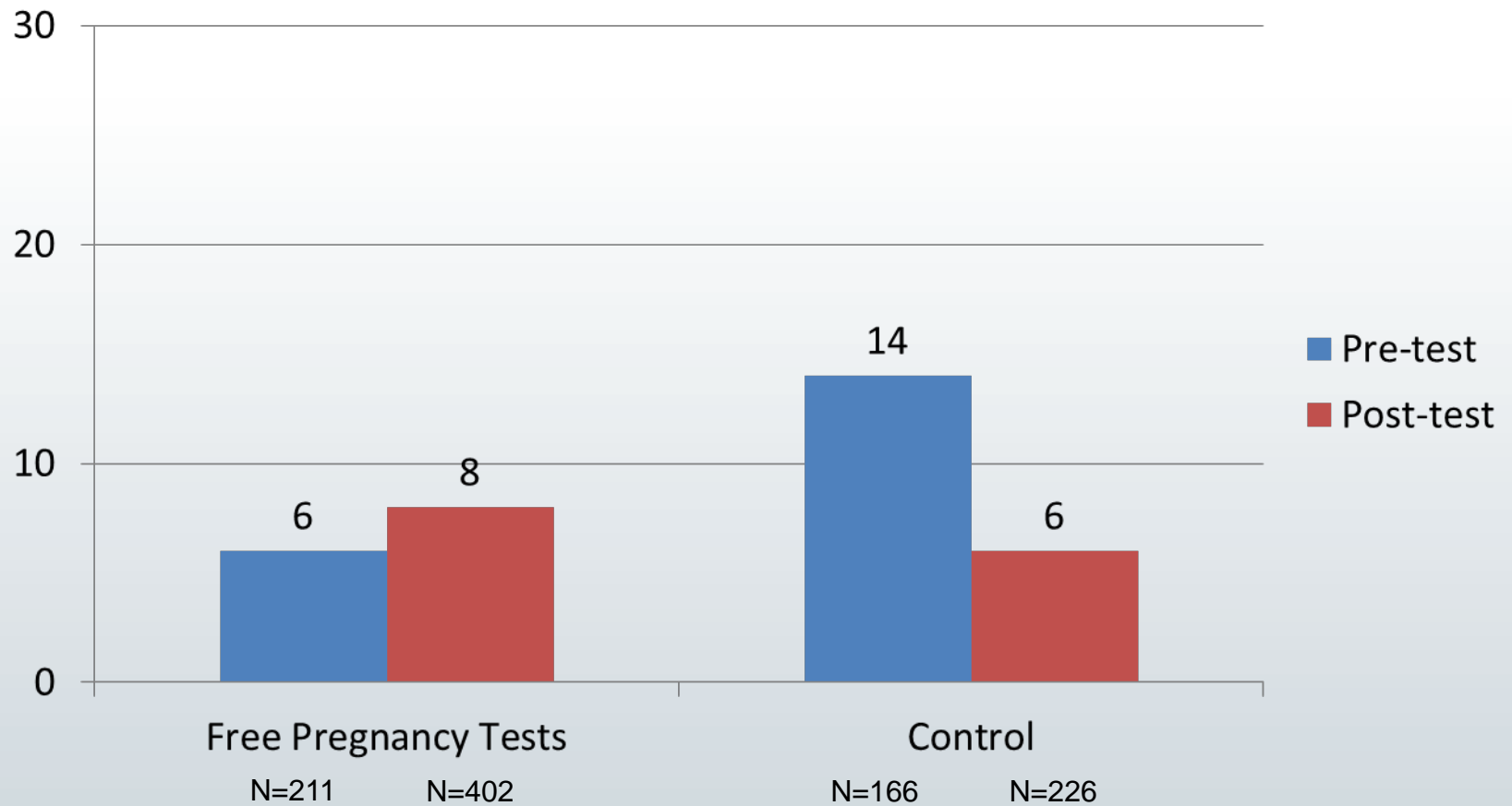
Results: Ghana

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Cost per “Additional New Client”

$$\frac{\text{Total cost of tests used}}{\text{\# New clients not turned away}} = \frac{\$9.81}{17} = \$0.57$$

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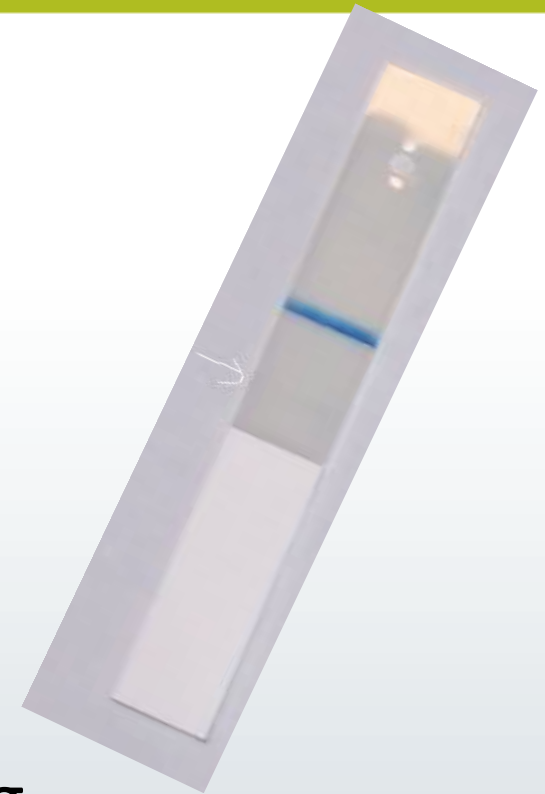
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- 🥤 Where service denial to non-menstruating clients is a problem (e.g., Zambia), free pregnancy testing in FP clinics may increase FP uptake.
- 🥤 Cost per additional client served is modest.
- 🥤 FP programs should consider making pregnancy tests available at no cost to clients.

Other Potential Benefits of Pregnancy Testing

- 🧴 FP demand generation
- 🧴 Social marketing including by CHWs
- 🧴 Tool for improving continuation of progestin-only methods
- 🧴 Contribute to decrease in gestational age for clients seeking ANC and abortion services



- Morroni C & Moodley J. The role of urine pregnancy testing in facilitating access to antenatal care and abortion services in South Africa. BMC Pregnancy and Childbirth 2006, 6:26.

Overview: Benefits and Limitations of Pregnancy Test and Pregnancy Checklist

Pregnancy Test

Pros:

- Easy to use; minimal training
- Effective, but not before at least **1 week after missed menstrual period**
- Does not depend on client responses or recall
- Low cost

Cons:

- Not effective at identifying early pregnancies (before menstrual period is missed)

Pregnancy Checklist

Pros:

- Cheapest option
- Effective at identifying women who are not pregnant **before pregnancy test can be used**
- No commodity procurement

Cons:

- Requires some initial training
- Does not work for all women
- Not acceptable to some providers

Pregnancy Test & Checklist Used in Combination

- **Providers should be equipped with and trained in use of both pregnancy checklist and pregnancy tests**
 - Use checklist first. If pregnancy cannot be ruled out, follow up with pregnancy test.
 - Exception 1: If menses are late, skip checklist & confirm pregnancy with pregnancy test.
 - Exception 2: Do not use a pregnancy test between two normal menses.

Discussion

- What are the opportunities to increase availability of free pregnancy tests for clients?
- What are the challenges associated with scaling up pregnancy tests?
 - If stock-outs were to occur, would we be undermining positive work with pregnancy checklist?
- What role could the Coalition play in helping expand access to this “underused” technology?

Thank You !