

# The general practitioner contraceptive appointment. More than just a script?

Donohue C (1), DiDio A (2), Quinlivan J (1,3)

1. ANU Medical School, College of Health and Medicine, Australia National University, Canberra, Australia

2. Yarralumla General Practice, Yarralumla, Australia

3. Institute for Health Research, University of Notre Dame Australia, Fremantle, Australia

## Introduction:

It has been proposed that the contraceptive pill could be prescribed over the counter, but little is known of the content of a general practice contraceptive consultation (1,2). The aim was to audit of the context of the GP contraceptive appointment and determine if there were secondary health benefits.

## Methods:

An online GP survey in the ACT region. Questions covered demographics, whether consultations addressed a secondary health issue, consultation management and qualitative feedback. Ethics approval and consent were secured.

**Table 1: Other management performed at consultation**

	N(%)
Managed another health issue during consultation	100(96%)
Excluded pregnancy	24(23%)
Excluded urine infection	19(18%)
Excluded chlamydia or gonorrhoea	68(65%)
Excluded candida or vaginitis	23(22%)
Reviewed other health issues requiring blood test	11(11%)
Reviewed other health issues requiring imaging	3(3%)
Checked if CST was required	60(58%)
Counselled about sexual health	103(99%)
Counselled about psychological conditions	75(72%)
Counselled about other contraceptive options	104(100%)
Discussed long acting reversible contraception	101(97%)
Exclude contraindications to hormonal pill	102(98%)

**Table 2: History, examination and discussion**

	Response
Check the patients age	104 (100%)
Check smoking status of patient	104 (100%)
Check alcohol consumption	67 (64%)
Check use of illicit drugs	45 (43%)
Check patients other medications	103 (99%)
Check the allergies of the patient	103 (99%)
Blood pressure	103 (99%)
Weight, height, or BMI	84 (81%)
Abdominal assessment	14 (13%)
Gynaecologic assessment performed	23 (22%)
Breast examination performed	14 (13%)
Urine analysis performed	12 (12%)
Respiratory assessment performed	8 (8%)
Mental state examination	49 (47%)
Discuss relationship history	94 (90%)
Discuss other medical conditions	104 (100%)
Discuss risk of STI	98 (94%)
Discuss cervical screening history	102 (98%)
Discuss bowel health	23 (22%)
Discuss bladder health	35 (34%)
Discuss employment status/history	60 (58%)
Discuss previous pregnancies	82 (79%)
Discuss previous abortions	50 (48%)
Discuss the psychological health	74 (71%)



## Results:

104 GPs responded. 96% of GPs stated they had diagnosed a secondary health issue when prescribing the OCP (Table 1). Complex management occurred in consultations (Table 2). The major themes emerging from qualitative analysis were the complexity of consultations, the wider social and medical situation, discussions about switching to long acting contraceptives and the consultation providing an opportunity for preventative healthcare.

## Conclusion:

The majority of consultations to issue a prescription for the OCP also involved management of a secondary health issue. If women did not see a general practitioner for their prescription, then secondary health issues might be missed.

Ethics approval: ANU

References: 1. Goldhammer DL, Fraser C, Wigginton B, Harris ML, Bateson D, Loxton D, et al. What do young Australian women want (when talking to doctors about contraception)? BMC Family Practice. 2017;18(1):1–10. 2. Campbell SM, Roland MO. Why do people consult the doctor? Family Practice. 1996;13(1):75–83.