



**equip**  
Education Experience Excellence

# Safe pill - dangerous women

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## Background

The combined hormonal contraceptive pill (CHC) is generally safe for the majority of women however, certain risk factors render it unsafe.

The Faculty of Sexual and Reproductive Healthcare (FSRH) and the UK Medical Eligibility Criteria (UKMEC) provide evidence-based guidelines for the use of CHC in patients with risk factors.

Due to the high volume of prescriptions issued, despite this small absolute risk to individuals, the risk of an adverse incident is high.

## Aim

Ensure safe and efficient prescribing of the CHC

- no one unsuitable is prescribed the CHC
- save GP and receptionist time chasing patients up/ issuing one month scripts etc.

## Improvement Methodology

- Peer education based on the MEC criteria delivered at the practice meeting.
- I had observed that BP was reliably recorded by the practice room nurses.
- I used this as a key intervention point and provided education on the importance and rational for recording weight and smoking status.
- To help remind the staff and to empower patients to engage with their own health this poster was produced.

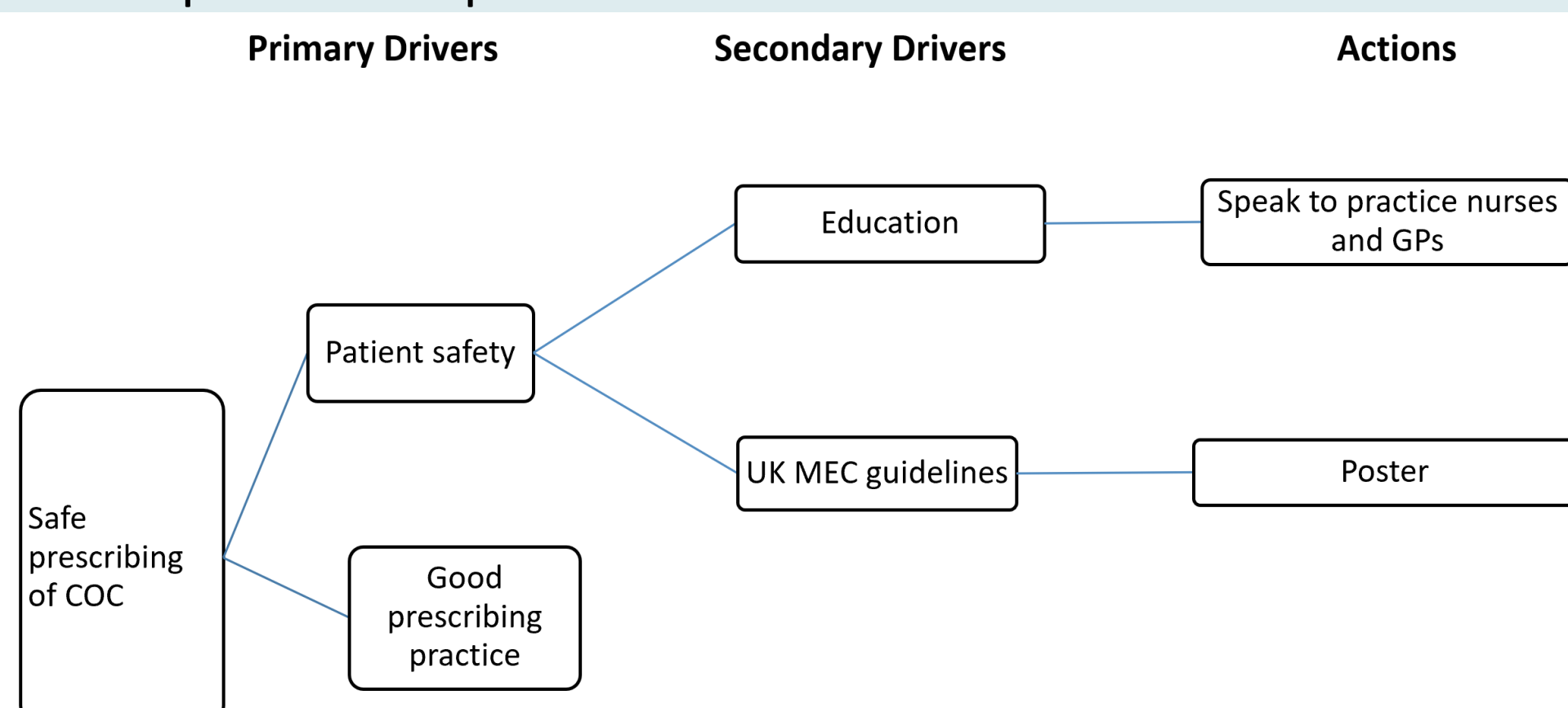
Just a reminder...  
**Are you on the contraceptive pill?**

To make sure that we can continue to repeat your script we need to check these things every year.

- Weight
- Blood pressure
- If you smoke



If you think our information is out of date see the nurse.



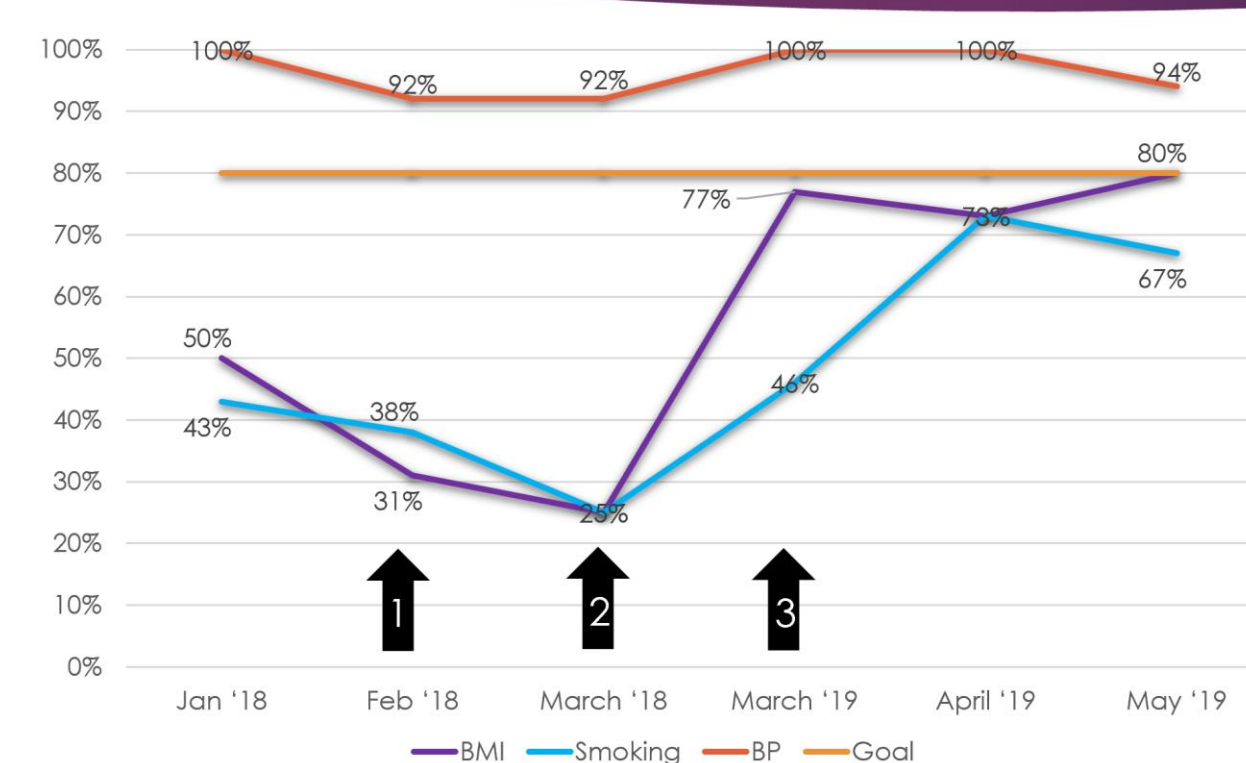
## Outcome Measures

After each PDSA cycle that I implemented I measured the percentage of CHC scripts prescribed with up to date

- BP
- Smoking status
- BMI

## Outcome

### Run Diagram



- Intervention 1  
Discussed with nursing staff
- Intervention 2  
Placed information poster around key clinical areas
- Intervention 3  
Re-discussed with staff and renewed posters following parental leave.

- Modest improvement in recording of smoking status and BMI
  - These improvements were seen after initial interventions 1 and 2
  - Improvements were reinforced after maternity leave with re-discussion
- Despite improvements numbers remained below 80% and well below the 100% which would be required to ensure all prescriptions are issued safely
- Ongoing quality improvement is required in this area

## Next Steps

- The ideal systems change would be a practice computer system which prompts when the information required needs updated for any patient prescribed the CHC
- During the data review I noticed two patients who have migraine with aura who were also prescribed the CHC.
  - There is a risk of stroke in this patient group.
  - Future QI projects could address this.