New Zealand Medical Association
Te Hauora mō ngā Iwi Katoa

20 July 2020

Allen + Clarke for the Ministry of Health

By email: ncgsubmissions@allenandclarke.co.nz

Aotearoa New Zealand's guidance on contraception

Dear Sir/Madam

The New Zealand Medical Association (NZMA) wishes to provide feedback on the above consultation. The NZMA is New Zealand's largest medical organisation, with more than 5,000 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. We recognise the principles of te Tiriti o Waitangi and the special obligations to Māori, particularly to ensure equity and active protection. Current disparities in health outcomes between Māori and non-Māori are unacceptable. The NZMA is committed to advocating for policies in health and the social and wider determinants of health that urgently address these disparities and contribute to equity of health outcomes. Our submission has been informed by feedback from our Board, Advisory Councils and members.

We welcome the development of national guidance on contraception. We note this is to be complemented by the development and implementation of national training, and that the guidelines and training are intended to achieve the following: i) increase access to effective contraception options; ii) support informed choice; iii) increase uptake of long-acting reversible contraception (LARC), and iv) support health practitioners to have consistent, culturally safe and youth friendly conversations on sexual health and contraception.

We are broadly comfortable with the guidelines and strongly support the intended objectives above. While guidelines and training for health practitioners are welcome, our main concerns relate to costs and delays to women wanting contraception, particularly LARC. The current cost of around $150 for an IUCD insertion is a major barrier as is the need for a woman to find time to return to a surgery on another date for its insertion. While the guidelines support the use of IUCDs as a first-choice contraception and identify Cu-IUCDs as the most efficacious emergency contraception, funding these insertions must be urgently addressed, otherwise the cost will remain a barrier to many women and undermine the objective of increased uptake of LARC.

Of note is that women in rural areas wanting access to LARC are disadvantaged compared with their urban counterparts who can access Family Planning Clinics that receive funding specific to their tasks. This inequity is unacceptable. We suggest that rural clinics need specific funding to be able to provide LARC and other contraceptive services free of charge to women living in these areas. Our other feedback is summarised below.

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- The cartoon images on the cover were not universally liked. Some of the stylised illustrations of contraceptive options are not obviously recognisable.

- We suggest more prominently listing the members of the National Contraception Guidelines Steering Group along with their qualifications and affiliations.

- Page 9, point 11: We suggest "without delay" be added to the end of the sentence such that it reads "they must refer the person to a health practitioner who is competent to provide the services without delay".

- Page 13, point 2.8: We believe that the guidelines should also require practitioners to take a history and conduct an examination. For example, it is important to know about hypertension, diabetes or venous thromboembolism.

- Page 24: With respect to the comment that "concomitant use of enzyme-inducing drugs may reduce the efficacy" we suggest that it may be useful to provide some examples of such drugs.

- Page 35, points 4 and 5: With respect to the comment about the use of combined hormonal contraception being associated with a very small increased risk of MI and ischaemic stroke, we suggest that it would be useful to quantify these risks by giving absolute rates. It would also be useful to quantify the risks for breast and cervical cancers.

- Page 38, point 7: We suggest that it may be useful to give examples of the enzyme-inducing drugs.

- The discussion on the COC was felt to be rather light with inadequate detail about contraindications and risks, including of thromboembolic events. We suggest that the guideline should allude to the need to take a full history and perform a physical examination including taking the pulse, measuring the blood pressure and auscultating the heart. It would also be useful to recommend opportunistic diabetic and lipid screening with the inclusion of LP(a) which is recommended by the European Guidelines to be done at least once for all women.

- Health literacy in the general public needs addressing in addition to the capabilities and competencies of health professionals. It would be useful for the guideline to consider this. We refer to our policy briefing on improving health literacy.[1]

- The accessibility of the training needs consideration in terms of the medium used and giving particular consideration for the rural sector.

We hope our feedback is helpful and look forward to publication of the final guidelines.

Yours sincerely

Dr Kate Baddock
NZMA Chair

[1] NZMA. Improving Health Literacy. Policy Briefing. March 2017. Available from https://bit.ly/37IwY0v