

FSRH Clinical Effectiveness Unit Statement: Response to recent publication

“Use of effective contraception following provision of the progestogen-only pill for women presenting to community pharmacies for emergency contraception (Bridge-It): a pragmatic cluster-randomised crossover trial.”

Cameron, et al

November 2020

The well-designed Bridge-It study, published in *The Lancet*¹, reports that individuals receiving levonorgestrel emergency contraception (LNG-EC) from a pharmacy are more likely to be using effective contraception (hormonal or intrauterine) four months later if they are given a three-month supply of progestogen-only pill and facilitated access to local SRH services.

What happened in the study?

Participating pharmacy clusters in Scotland and London each took part in the two phases of the trial. In one phase (the control phase), individuals receiving LNG-EC were advised—as is standard practice—to attend their usual contraceptive provider for ongoing contraception. In the other phase (the intervention phase), individuals receiving LNG-EC also received a three-month supply of desogestrel 75mcg POP and a card allowing them priority access to their local SRH service. The order in which the pharmacies took part in each phase of the study was randomised; the crossover allowed the pharmacies to be their own controls. After four months, participants were followed up by phone or online (their choice) and they self-reported their use of effective contraception.

What were the findings?

Over 600 individuals were recruited into either the control or intervention groups. Their mean age was 22 years, and the baseline characteristics of the two groups were similar. About two-thirds of participants in each group provided follow up information four months later. 80% of subjects in the intervention group reported using at least some of the POP provided. No significant adverse events associated with use of POP were reported.

At four months, subjects in the intervention group were 20% more likely to be using effective contraception than those in the control group, and significantly less likely to have required further emergency contraception (EC). Provision of the rapid-access card did not increase the likelihood of subjects attending their local SRH service—most chose to access ongoing contraception via their GP. The contraceptive method most commonly used at four months was POP in the intervention group and combined oral contraception in the control group. The uptake of LARC was similar and low in both groups.

What does this mean for practice?

The Bridge-It study indicates that provision of a 3-month bridging supply of a desogestrel POP by a pharmacist when an individual presents to the pharmacy requesting oral EC could increase their future use of effective contraception. In the UK, most oral EC is provided in pharmacies. The approach used in the

study harnesses an otherwise missed opportunity for initiation of contraception by pharmacists in a retail setting and could reach individuals who do not access effective contraception in other settings and may be at high risk of unplanned pregnancy. In the broad range of pharmacies included in this study, all of which regularly provide oral EC, the individuals recruited had an average age of 22; abortion is most frequent in the 20 to 24 year age group.

This model could potentially be adapted to include provision of bridging POP after ulipristal acetate EC, and provision of other methods of contraception by the pharmacist. In future, a model in which pharmacists provide contraceptive services on the high street could broaden choice for women.

References

1. Cameron ST, Glasier A, McDaid L, *et al.* Use of effective contraception following provision of the progestogen-only pill for women presenting to community pharmacies for emergency contraception (Bridge-It): a pragmatic cluster-randomised crossover trial. *Lancet* 2020;**396**:1585–94

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The Clinical Effectiveness Unit (CEU) was formed to support the Clinical Effectiveness Committee of the Faculty of Sexual & Reproductive Healthcare (FSRH), the largest UK professional membership organisation working at the heart of sexual and reproductive healthcare. The FSRH CEU promotes evidence based clinical practice and it is fully funded by the FSRH through membership fees. It is based in Edinburgh and it provides a members' enquiry service, evidence-based guidance, new SRH product reviews and clinical audit/research. [Find out more here.](#)