

CONFERENCE REPORTS

Reports from the Faculty of Family Planning and Reproductive Health Care AGM, May 2002

Schering Health Care Award – Poster Prize

Assessing the quality of information leaflets about abortion methods in England and Wales

S S M Wong, MRCOG, Fertility Control Unit, St James's University Hospital, Leeds, UK; **H L Bekker**, PhD, Unit of Psychiatry and Behavioural Sciences, University of Leeds, Leeds, UK; **J G Thornton**, MD, FRCOG, Department of Obstetrics and Gynecology, Leeds General Infirmary, Leeds, UK; **B A Gbolade**, MRCOG, FRCP(I), Fertility Control Unit, St James's University Hospital, Leeds, UK

Correspondence: Dr Sandra Wong, Fertility Control Unit, Level 4, Gledhow Wing, St James's University Hospital, Beckett Street, Leeds LS9 7TF, UK. Tel: +44 (0) 113 2067135. Fax: +44 (0) 113 2065381. E-mail: sandrasmwong@hotmail.com

The Journal of Family Planning and Reproductive Health Care 2002; **28**(4): 214–215

Abstract

This study assessed the quality of written information about abortion methods provided by clinics in England and Wales. Forty-four sets of leaflets were collected. The average leaflet was found to provide only half the possible information about benefits, risks and general procedures. Only half of the leaflets were of standard readability and accessible by 83% of the British population. Therefore, it seems unlikely that most women in England and Wales are in a position to make an informed decision about abortion method.

Background

Approximately 75 000 women a year in England and Wales have an abortion under 9 weeks' gestation.¹ Although the Royal College of Obstetricians and Gynaecologists (RCOG) supports both surgical and medical methods for early abortions,² only 18% of women choose to have the medical method.¹ The RCOG guidelines also suggest that service providers supply written information to support women's abortion decisions.² There is evidence that women are not receiving complete information to enable informed decisions to be made about type of abortion.³ This information deficit may explain in part the differential uptake rates between surgical and medical methods.

Aim

The aim of the study was to assess the quality of written information provided by clinics in England and Wales to women deciding to have medical or surgical methods of abortion.

Methodology

Sample

The sample comprised a random selection of leaflets from 44 clinics in England and Wales, servicing approximately 100 000 women per year: district hospitals (n = 27); teaching hospitals (n = 14); private sector (n = 3). Of the 44 clinics sampled, 14 did not offer the medical option.

Method

All leaflets were analysed systematically to assess information content and readability. For content analysis, a coding frame was used to classify information about treatment options, procedures, risks, consequences and

aftercare.⁴ Application of the Flesch Readability Formula assessed ease of accessibility to written information.⁵

Results

In total, 28 leaflets discussed both medical and surgical methods, 15 discussed surgical only and one discussed medical only.

The information content of leaflets was poor (Table 1)

- Of the 16 possible items of information about the surgical method (score 0–23), 26/43 leaflets scored 11 points or less.
- Of the 12 possible items about the medical method (score 0–21), 10/29 leaflets scored 10 points or less.
- Of the 11 possible items about aftercare (score 0–11), 10/44 leaflets scored 5 points or less.
- Only 14/44 (32%) information leaflets mentioned that the service was confidential.
- The date of publication was mentioned in 28/44 (64%) leaflets.

Readability scores were low (Figure 1)

- Analysis revealed that 46% of leaflets were of a standard ease only or lower.

Information content differed by service providers

- District hospital leaflets scored lower on information content than teaching hospital leaflets about the surgical (p = 0.05) and the medical (p = 0.03) methods of abortion.

Figure 1 Readability score (Flesch) of leaflets (n = 44)

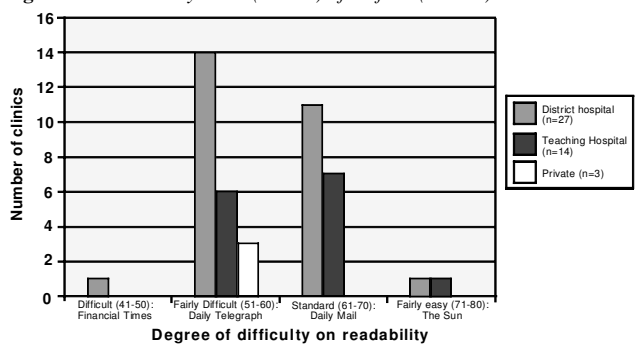


Table 1 Score on information content about surgical and medical abortions

	District hospital (n = 27)		Teaching hospital (n = 17)		Private clinic (n = 3)		Total (n = 44)	
	Mean	CI 95%	Mean	CI 95%	Mean	CI 95%	Mean	95% CI
Surgical (range 0–23)	9.7	7.8–11.5	12.5	10.4–14.6	10.0	7.5–12.5	10.6	9.3–11.9
Medical (range 0–21)	10.5	8.4–12.6	13.3	11.7–14.9	13.6	12.2–15.1	12.1	10.9–13.3
Aftercare (range 0–11)	7.3	6.2–8.4	8.6	7.5–9.6	7.0	2.7–11.3	7.7	6.9–8.4

Conclusions

The option of a medical abortion was not offered by 32% of the clinics sampled. The average leaflet provided only half the possible information about benefits, risks and general procedures. Only half the leaflets were the equivalent of the *Daily Mail* readability ease, accessible by 83% of the British population.

The written information supplied by service providers to support women’s choices about abortion method is not sufficient to enable informed decision making.⁶

Recommendations

1. Accurate, complete and readable information about abortion choices should be written by service providers.
2. Leaflets should be evaluated by (a) a standard of information quality and (b) a measure assessing decision facilitation.
3. The leaflet contents should be regularly updated in the light of changing technologies and findings of their effectiveness.

Statements on funding and competing interests

Funding. None identified.
Competing interests. None identified.

References

- 1 Office for National Statistics. Abortion Statistics: legal abortions carried out under the 1967 Abortion Act in England and Wales, 2000. Series AB No. 27. London: The Stationery Office, 2001
- 2 Royal College of Obstetricians and Gynaecologists (RCOG). The care of women requesting induced abortion. *Evidence-Based Guidelines*, No. 7. London: RCOG, 2000.
- 3 Slade P, Heke S, Fletcher J, et al. A comparison of medical and surgical termination of pregnancy: choice, emotional impact and satisfaction with care. *Br J Obstet Gynaecol* 1998; **105**: 1288–1295.
- 4 Duman M, Farrell C. *The POPPi Guide: Practicalities of producing patient information*. London: The King’s Fund, 1999.
- 5 Ley P, Florio T. The use of readability formulas in health care. *Psychol Health Med* 1996; **1**: 7–27.
- 6 Bekker H, Thornton JG, Airey CM, et al. Information decision making: an annotated bibliography and systematic review. *Health Technology Assessment* 1999; Vol. 3, No. 1. Southampton: The National Coordinating Centre for Health Technology Assessment, 1999.

Organon Laboratories Award – Oral Presentation Award

Screening for genital *Chlamydia trachomatis* in teenagers attending a family planning youth clinic: A prevalence study using a strand displacement assay on urine samples

Aisling Baird, MRCOG, DFFP, Career Grade Trainee in Family Planning and Reproductive Health Care, Central Health Clinic, Sheffield, UK; **Tana Green**, MRCP, Specialist Registrar in GUM, Department of Genitourinary Medicine, Royal Hallamshire Hospital, Sheffield, UK; **Helen King**, MFFP, Consultant in Family Planning and Reproductive Health Care, Central Health Clinic, Sheffield, UK; **George Kinghorn**, FRCP, Consultant in GUM, Department of Genitourinary Medicine, Royal Hallamshire Hospital, Sheffield, UK; **Goura Kudesia**, FRCPath, Consultant Virologist, Sheffield Virology Services, Sheffield Teaching Hospital Trust, Northern General Hospital, Sheffield, UK

Correspondence: Dr Aisling Baird, Central Health Clinic, 1 Mulberry Street, Sheffield S1 2PJ, UK. E-mail: aislingbaird@email.com

The Journal of Family Planning and Reproductive Health Care 2002; **28**(4): 215–217

Abstract

Background. Chlamydia trachomatis is the most common bacterial sexually transmitted infection. Rates are highest in the 16–24-year-old age group. Untreated it can be a significant cause of morbidity. At least 50% of men and 70% of women with C. trachomatis are asymptomatic.

Study aims. The aims of the study were:

- To determine the prevalence of C. trachomatis.
- To determine the success of our referral policy to genitourinary medicine (GU clinic).
- To determine the characteristics of the population with C. trachomatis.
- To estimate the level of recognition of ‘chlamydia’ as a concept.

Participants. Attendees at our youth clinic between October 2001 and March 2002.

Method. Ethical approval was obtained for this ongoing study. All attendees who were sexually active were asked to participate. An information leaflet was provided. Those who agreed to participate answered a questionnaire, which included a number of lifestyle questions, and provided a urine sample for C. trachomatis testing using a strand displacement assay. Positive results were forwarded to the GU clinic, which provided antibiotic therapy, contact tracing and follow-up.

Results. The ongoing study has yielded 616 results with 73 positive (11.9%). To date 66 individuals (90%) have attended the GU clinic and 41 (50%) of the possible 82