Women's recall of requirements for oral contraception prescription in Italy

In Italy the use of oral contraceptives (OCs) is low in comparison with other countries,[1] possibly because bimanual pelvic examination and laboratory tests are required before they can be prescribed. Such requirements may stop OCs being used, particularly by teenagers and young women, and so should be considered only in selected cases.[2–4] We investigated the recall of these requirements by teenagers and young women in an online anonymous questionnaire on Facebook. Duplicate responses were ignored.

A total of 842 women (mean age 21.5 (SD 1.7) years) completed the questionnaire; 236 smoked cigarettes, 177 had graduated from university, and 13 were parous.

Table 1 shows the procedures required before prescription in the whole series, by prescribing doctor and by age of the woman. Overall, medical history was required in 58% of cases (95% CI 53.1 to 63.5), blood pressure in 20% (95% CI 17.1 to 23.5), pelvic examination in 79% (95% CI 73.4 to 85.2) and blood tests in 70% (95% CI 64.6 to 76.0).

Overall, 60% of gynaecologists, 38% of general practitioners (GPs) and 63% of family planning (FP) clinic doctors took a medical history. About 20% of all groups of doctors measured blood pressure. Eighty-eight per cent of gynaecologists, 29% of GPs and 75% of FP doctors did a pelvic examination, the difference in frequency between GPs and the two other groups being significant (χ^2 GPs vs gynaecologists=181.47, P<0.001; GPs vs FP doctors=43.90, P<0.001). Seventy-one per cent of gynaecologists, 82% of GPs and 50% of FP doctors asked for blood tests, the difference in frequency between gynaecologists and FP doctors being significant (χ^2 GPs vs gynaecologists=6.41, P<0.01; GPs vs FP doctors=24.32, P<0.001). The age of the woman did not affect the results.

We found that most women (around 80%) reported having a pelvic examination. GPs seemed to require it less often because most GPs in Italy do not perform bimanual pelvic examination. In contrast, for example in California one-third of clinicians reported that they always require a pelvic examination when prescribing OCs.[5] In that report, a similar proportion of gynaecologists and family physicians reported that they always required a pelvic examination when prescribing OCs, but advanced practice nurses specialising in reproductive health were less likely to require the examination.[5]

Although not formally representative of the Italian population, our web-based study implies poor adherence in Italy to international guidelines and WHO medical eligibility criteria for the prescription of OCs.[1] This lack of adherence is a barrier to accessing contraception,

Table 1 Clinical checks before prescription of oral contraceptives by doctor and age of woman*

	Medical history	Blood pressure	Pelvic examination	Blood tests	None
All women (n=842)	488	169	668	590	32
Doctor					
Gynaecologist (n=640)	385	126	561	455	16
General practitioner (n=101)	39	20	30	84	11
Family planning clinic doctor (n=101)	64	23	77	51	5
Age of woman (years)					
<21 (n=418)	255	81	336	290	13
≥21 (n=424)	233	88	332	300	19

*Values in table are numbers of women.

especially for teenagers and young women.

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Correction notice Since this letter was first published online, the initials IB in the contributor statement have been updated to FP.

Contributors FM coordinated the data collection and wrote the letter. FP analysed the data. TM and AB designed the study. All the authors discussed the results and discussed the text. FP helped in the analysis and discussed the text.

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