Comment on 'An emergency contraception algorithm based on risk assessment: changes in clinicians' practice and patients' choices': authors' response

We thank Drs Cogswell and Lipetz¹ for their comments on our article² and for sharing the interesting results of their audits. They have clearly demonstrated the importance of staff training in increasing uptake of the emergency intrauterine device (IUD). Further work within our service supports their conclusion.

In response to the apparent fall in IUD uptake when ulipristal acetate (UPA) was introduced, the results of our study were disseminated and all staff reminded of the importance of offering an IUD as first line to all eligible women.

In the 15 months following the data period for our article, 733 patients attended for emergency contraception; 76% received levonorgestrel, 13% received UPA and IUD uptake was 11% (up from 8.7% during the study). Although this improvement is modest, within this interval is a 3-month period during which IUD uptake was significantly higher at 17.9%. This followed the introduction in October 2012 of a patient group directive for UPA that was accompanied by a face-to-face teaching session.

Our initial study, subsequent audit and the findings of Drs Cogswell and Lipetz all emphasise the importance and impact of continuous staff education and training. Although staff training is a key element for inclusion in all service specifications, when there are competing interests and demands it is often inadequately resourced. This under-investment potentially threatens the projected financial and psychological savings from increasing use of the emergency IUD and other long-acting reversible contraceptive methods in general.

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