

IMPROVING THE RETURN OF STI SELF-SAMPLING KITS PROVIDED WITH MEDICAL ABORTION: A QUALITY IMPROVEMENT PROJECT

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Introduction

BPAS offers medical abortion up to 10 weeks’ gestation, where pills can be delivered by post. Where funded by commissioners, patients are offered testing for chlamydia/gonorrhea, where self-sampling kits are provided with abortion pills. An SMS prompt to return kits is sent 21 days post-abortion [see figure 1. standard care].

Objective

With the aim of increasing kits returned, we tested changes to SMS content and timing in a phased approach.

Methods

In BPAS medical abortion patients who had received pills by post and STI self-sampling kit, we compared ‘standard care’ to phase 1: a change in SMS content, to a more direct call to action (sent 21 days post-abortion) and phase 2: same SMS content as phase 1, but a change to SMS timing (sent 1 day post-abortion). See figure 1.

Using routinely collected data, we calculated uptake and return of kits between phases at both 3- and 5-weeks post-abortion; using logistic regression, we compared % kits returned adjusting for differences in patient demographics (including age, index of multiple deprivation and ethnicity).

Figure 1. Phases of quality improvement cycle : January - June 2023

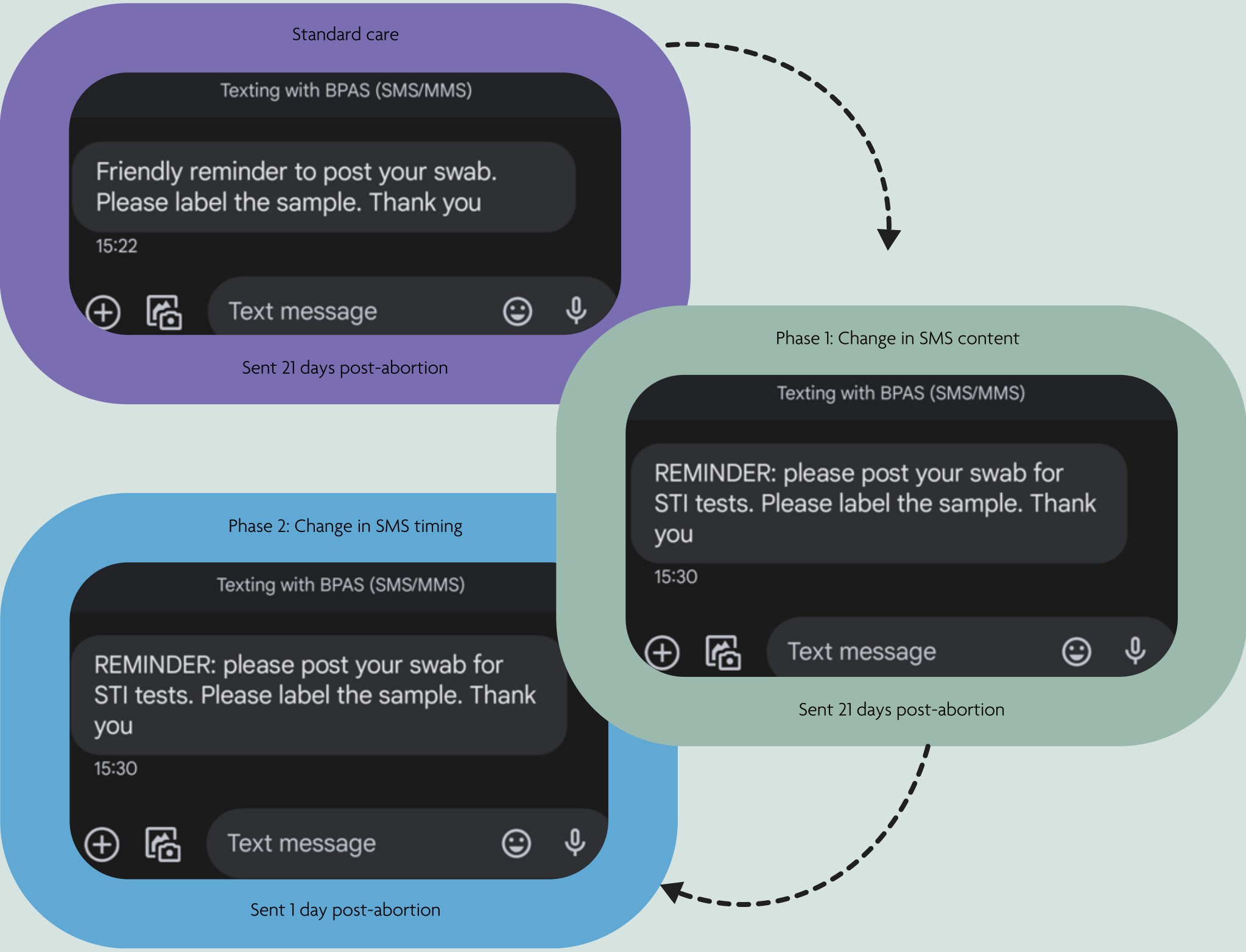


Figure 2. Uptake of STI self-sampling amongst medical abortion up to 10 weeks’ gestation, delivered by post

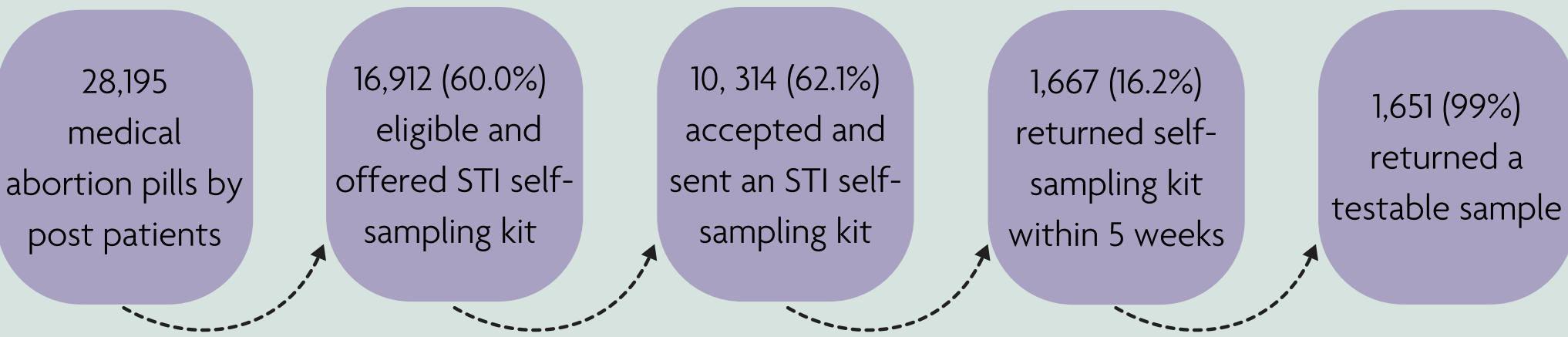


Table 1. Outcomes

	Whole sample n=10,314	Phases		
		Standard care n=3,621	Phase 1 (content) n=3,391	Phase 2 (timing) n=3,302
% tests returned within 5 weeks	1,667 (16.2)	562 (15.5)	577 (17.0)	528 (16.0)
% tests returned within 3 weeks	1,174 (11.4)	386 (10.7)	368 (10.9)	420 (12.7)*
mean (standard deviation) return time in days amongst tests returned within 5 weeks	13.9 (9.5)	13.9 (9.8)	15.2 (9.8)	12.5 (8.7)
% untestable sample amongst tests returned within 5 weeks	16 (1.0)	7 (1.3)	6 (1.0)	3 (0.6)

*statistically significant difference (p<0.05) between phase 2 and phase 1, and phase 2 and standard care. When adjusting for demographic differences, only statistically significant difference between phase 2 and standard care.



Results

Between 23/01/23 and 15/06/23, 16,912 BPAS patients were eligible and offered STI self-sampling with their medical abortion, of which 10,314 (62.1%) accepted and were sent a kit [see figure 2]. Of these, 1,174 (11.4%) and 1,667 (16.2%) returned kits within 3 weeks and 5 weeks post-abortion.

Of 3,621 kits sent during ‘standard care’ phase, 386 (10.7%) and 562 (15.5%) were returned within 3 and 5 weeks post-abortion [see table 1]. In phase 1, of 3,391 kits sent, 368 (10.9%) and 577 (17.0%) were returned within 3 and 5 weeks post-abortion. In phase 2, of 3,302 kits sent, 420 (12.7%) and 528 (16.0%) were returned within 3 and 5 weeks post-abortion.

There was no difference in % kits returned within 5 weeks between all phases. There was a statistically significant increase (p<0.05) in % kits returned within 3 weeks in phase 2 vs standard care, which remained significant when adjusted for demographics (OR 1.11(95% CI:1.03-1.19), AOR 1.11(95% CI:1.02-1.19).

Conclusion

SMS prompts sent closer to abortion may increase rapid STI test return, compared to delayed prompts. Future research should explore patient preferences for STI testing within telemedical abortion care.



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