Q/Can unintended pregnancies be reduced by dispensing a year’s worth of hormonal contraception?

EVIDENCE-BASED ANSWER

A/PROBABLY, although studies that looked directly at this outcome are limited. A systematic review showed that women who received a larger number of pills at one time were more likely to continue using combined hormonal contraception 7 to 15 months later (strength of recommendation [SOR]: A, consistent evidence from 2 cohort studies and 1 randomized, controlled trial), which might be extrapolated to indicate lower unintended pregnancy rates.

One of the large retrospective cohort studies included in the review demonstrated a significantly lower rate of pregnancy among women who received 12 or 13 packs of oral contraceptives at an office visit compared with 1 or 3 packs (SOR: B, large retrospective cohort study).

Evidence summary

A 2013 systematic review studied the effect of dispensing a larger amount of pills on pregnancy rate, abortion rate, and overall cost to the health care system. Three of the 4 studies analyzed found lower rates of pregnancy and abortion, as well as lower cost despite increased pill wastage, in the groups that received more medication. The 1 study that didn’t show a significant difference between groups compared only short durations (1 vs 4 months).

The systematic review included a large retrospective cohort study from 2011 that examined public insurance data from more than 84,000 patients to compare pregnancy rates in women who were given a 1-year supply of oral contraceptives (12 or 13 packs) vs those given 1 or 3 packs at a time. The study found pregnancy rates of 2.9%, 3.3%, and 1.2% for 1, 3, and 12 or 13 months, respectively ($P < .05$; absolute risk reduction [ARR] = 1.7%; number needed to treat [NNT] = 59; relative risk reduction = 41%).

More pills lead to longer use of contraception

The systematic review also included a 2011 trial of 700 women starting oral contraceptives. It randomized them to receive a 7- or 3-month supply at their initial visit, then evaluated use of oral contraception at 6 months. All women were invited back for a 3-month follow-up visit, at which time the 3-month supply group would receive additional medication.

Fifty-one percent of the 7-month group were still using oral contraceptives at 6 months compared with 35% of the 3-month group ($P < .001$; NNT = 7). The contrast was starker for women younger than 18 years (49% vs 12%; NNT = 3). Notably, of the women who stopped using contraception, more in the 3-month group stopped because they ran out of medication ($P = .02$). Subjects in the 7-month group were more likely to have given birth and more likely to have 2 or more children.

A 2017 case study examined proposed legislation in California that required health plans to cover a 12-month supply of combined hormonal contraceptives. The California Health Benefits Review Program surveyed health insurers and reviewed contraception usage patterns. They found that, if the legisla-
tion passed, the state could expect a 30% reduction in unintended pregnancy (ARR = 2%; NNT = 50), resulting in 6000 fewer live births and 7000 fewer abortions per year.

**Recommendations**

The Centers for Disease Control and Prevention (CDC)’s Selected Practice Recommendations for Contraceptive Use recommend prescribing or providing as much as a 1-year supply of combined hormonal contraceptives at the initial visit and each return visit.\(^5\)

The American College of Obstetricians and Gynecologists (ACOG) supports over-the-counter access to oral contraceptives, effectively allowing an unlimited supply.\(^6\)

**Editor’s takeaway**

Adequate evidence of benefits and strong support from the CDC and ACOG should encourage us to offer 1-year supplies of combined oral contraceptives. Even though the higher-quality studies reviewed also showed a cost savings, up-front patient expense may remain a challenge.

**References**