

PO-AAM-338 EN-1504
MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL

TO : Director, CDC
Through: Director, Bureau of Epidemiology *AS* DATE: June 4, 1979

FROM : Lilo T. Strauss, M.A.

SUBJECT: Foreign Trip Report (AID RSSA): Survey of Physician Practice: Lactation and Oral Contraception - London, March 26 to 30, 1979

SUMMARY

- I. PLACES, DATES, AND PURPOSE OF TRAVEL
- II. PRINCIPAL CONTACTS
- III. BACKGROUND
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SUMMARY

On March 26 to 30, 1979 I worked with various individuals at International Planned Parenthood Federation (IPPF) to make final preparations for and coordinate the second mailing of questionnaires used in the collaborative IPPF/CDC survey on "Physician Practice: Lactation and Oral Contraception".

In order to carry out this epidemiologic study a well defined study base of physicians working in IPPF clinics or receiving IPPF supplies was developed at CDC, and a questionnaire was designed in close collaboration with IPPF. CDC statistical, computer, and research support is being used in collaboration with IPPF outreach to accomplish these tasks. Actual translation of the questionnaire, duplication, and previous and current mailings were done in London.

Close ongoing interaction with IPPF will continue to be necessary. We have managed a sizable volume of returns from the initial mailing of the questionnaire. This involved record keeping, transmittals, a supplemental first mailing, editing, keypunching, evaluation of returns, and initial review of data gathered. On the basis of these returns a second mailing was decided on and effected at this time. Returns from this effort will again be processed. Later phases of our collaboration on this survey will include plans for and actual data analysis.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

- A. London, March 26 to 30, 1979
- B. Purpose(s):
 - 1. To transmit to and establish with IPPF the data base materials prepared at CDC for nonrespondents to the initial mailings

- of the CDC/IPPF survey on "Physician Practice: Lactation and Oral Contraception"
2. To finalize translations of cover letters to the questionnaires in Spanish and French
 3. To establish with IPPF the mailing logistics, controlling and transmitting questionnaires for the second mailing, again involving the detailed record keeping necessary for an epidemiologic survey
 4. To establish the close-out and return of records involved in the initial mailings, in order to keep distinct and unduplicated accounting of the two mailing phases
 5. To train and supervise personnel involved in the mailing and new record keeping aspects of the survey
 6. To coordinate the mailing effort of 3,100 questionnaires in three languages
 7. To prepare individual cover letters for special mailings such as group mailings
 8. To resolve some problems which have arisen among the initial returns
 9. To assist in preparing a notice to appear in the IPPF Medical File regarding the survey

II. PRINCIPAL CONTACTS

- A. Dr. Pramilla Senanayake
Deputy Medical Director
International Planned Parenthood Federation (IPPF)
London, United Kingdom
- B. Mr. Tony Powell, Marketing Manager (Editorial), and Ms. Beryl Hallworth of Dr. Senanayake's Office functioned as primary facilitators.

III. BACKGROUND

Reference is made to Resource Support Services Report of November 1, 1978 from which the following excerpt is included:

CDC/IPPF collaboration on epidemiologic family planning studies benefits both organizations since it serves to enlarge the potential impact of each. In line with the mission of FPED to reduce mortality and morbidity associated with contraception, IPPF provides access, on a global basis, to areas which CDC has not previously reached. On our part, CDC can offer technical assistance on the design, execution and analyses of epidemiologic studies.

In 1976, CDC collaborated with IPPF on a study of IUD insertion during various phases of the menstrual cycle. Although that survey produced sufficient information to justify a recommendation that may modify physician practice in the procedure of IUD insertion, the study was hampered by significant problems

arising from both the absence of a data base adequately defined for epidemiologically sound studies, and from previous lack of coordination in all phases of the mailing effort. Since further collaborative work seemed mutually desirable, efforts were initiated to solve these problems and to simultaneously plan a next study on physician practice regarding lactation and oral contraception.

IPPF mailed letters requesting both individual physician addresses to 140 Family Planning Agencies (FPAs) outside the United States and to 260 U.S. Planned Parenthood/World Population (PP/WP) Chapters and Affiliates in the U.S. beginning August 4, 1977. CDC has processed the correspondence and received lists from 191 of these organizations. An individual physicians list of over 3,300 addresses was established to be used for the current study.

Simultaneously plans for a questionnaire were initiated. The survey instrument developed through a series of meetings was based on exchange of ideas, field-testing and reviews.

I consulted with IPPF personnel in London November 24-29, 1977. Dr. Senanayake visited CDC and Dr. Roger Rochat visited IPPF in London on the project in the interim.

Since the time of the first mailing, October 1978, a supplemental initial mailing was made in December 1978 to 389 individual physicians in the several countries from which lists were received which had not been included in the data base previously. This brought our data base for the current study to a list of over 3,700 addresses of individual physicians.

At the time of our second mailing CDC had accounting for 601 forms, of which 36 represented returned "undeliverable" questionnaires. Forms were edited and keypunched at CDC as received. Transgeneration tapes were created, combining questionnaire data with data base listings, which allowed for further editing, creation of re-mailing base, and preliminary analysis.

Dr. Senanayake visited CDC in December 1978 on the project and telephone consultation has continued in the interim.

IV. OBSERVATIONS, ACCOMPLISHMENTS OF FIELD TRIP

1. The data base materials prepared at CDC for the CDC/IPPF survey on "Physician Practice: Lactation and Oral Contraception" were brought to, discussed with, and established with IPPF. We had (1) descriptive counts of the data base by Region, FPA, response status, language, and group mailing addresses; (2) sets of labels for identification, mailing and record keeping for each addressee for whom we had neither a response of any type to the initial mailing, nor an indication of nondeliverability; and (3) addresses of listings among group mailings from whom a response had been received.

2. Several minor modifications to the questionnaire had been incorporated and a new covering letter for the second mailing was prepared at IPPF. A few changes in translation were incorporated on review. Again there are four versions: English to be returned to IPPF; English to U.S.A. only with option to return to CDC directly; Spanish; and French.
3. The logistics of mailing, controlling, and transmitting the returned questionnaires to CDC was established with IPPF both for the current mailing and ongoing processing.
4. The close-out and return of records involved in the initial mailings was established with IPPF. The procedure calls for distinct accounting for the two mailing phases in order to avoid problems of duplication.
5. All personnel involved in the second mailing and record keeping of the survey were trained and supervised. I had a training pamphlet available for the purpose which was left with IPPF for future reference. Again, U.S.A. physicians were given the option to mail directly to CDC without going through London; and the few group mailings had to be handled separately (where a known number of physicians are not addressed by name, though individually identified). Assistance was available through two temporary clerks hired for four days, a part-time assistant borrowed from another IPPF division, and six temporaries hired variously one to three days each--the latter were in the person of sons and daughters of IPPF officials, who, as students, were available due to vacation schedules.
6. Coordination of the mailing of approximately 3,100 questionnaires was a complex operation, in part because the questionnaires had to be handled in different languages and groupings. Questionnaires were mailed in the appropriate language to 3,132 individual physicians. Of these, 212 were distributed through group mailings. 2,360 questionnaires were in English, 102 in French, and 670 in Spanish.
7. Individual cover letters were prepared for special mailings, such as the nine group mailings. This involved identification of the respondents among physicians in group mailings who had previously been addressed as "Clinic Physician", so that the distribution source could know who had and who had not responded. I had prepared and brought printouts for this purpose.
8. We dealt with some problems which have arisen among the initial returns, such as some questionnaires having been locally duplicated and distributed in the field to unidentified respondents; and an ambiguity in the name of one of the listed contraceptives.
9. We prepared an announcement for the next issue of IPPF Medical File to encourage response among recipients of a second mailing.

V. FUTURE ACTIVITIES

IPPF will continue to forward questionnaires received in London to CDC on a weekly basis. CDC will continue to edit and keypunch forms as

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received and to add data to its transgeneration/analysis tapes. Analysis plans will be developed collaboratively. Considerable interaction and communication with IPPF will need to be maintained to accomplish these goals.

Lilo T. Strauss

Lilo T. Strauss
Mathematical Statistician
Statistical Services Branch
Family Planning Evaluation Division
Bureau of Epidemiology

Attachment:
Questionnaire



INTERNATIONAL
**Planned
Parenthood**
FEDERATION

18-20 Lower Regent Street, London, SW1Y 4PW
Telephone 01-839 2911. Cables IPEPEE London SW1. Telex 919573

INTERNATIONAL PLANNED PARENTHOOD FEDERATION SURVEY OF
PHYSICIAN PRACTICE: LACTATION AND ORAL CONTRACEPTION

You may be aware that IPPF is in process of collecting information on the provision of oral contraceptives to lactating women. We know that different policies exist to meet local needs and conditions, and we are attempting for the first time to gather information on this subject from physicians all over the world. From the monitoring of the replies we hope to produce policy guidelines for use within the IPPF system.

A questionnaire was mailed to you in October last in the hope that you would participate in this project. As however we have not heard from you, we are assuming that our original request has not reached you. A further copy is enclosed.

Your views will be greatly appreciated and help to make this a truly representative survey. We would be most grateful if you could spare time to answer the questionnaire, and return it to:

Deputy Medical Director
International Planned
Parenthood Federation
18-20 Lower Regent Street
London SW1Y 4PW
England

OR Ms Lilo Strauss
Statistical Services Branch
Family Planning
Evaluation Division
Center for Disease Control
Atlanta, Georgia 30333, USA

If you are unable to consult your records before answering questions 1-5, please make estimates of numbers of patients. Questions 9-12 are concerned with your usual practice in the management of patients.

We look forward to hearing from you.

Pramilla Senanayake

Dr Pramilla Senanayake, MBBS, DTPH, PhD
Deputy Medical Director
International Planned Parenthood Federation

27 March 1979

Enter responding physician's
name if not listed:

- - - - (4-8)

The following questions refer only to (1) family planning patients that you see in a Family Planning Association (FPA) clinic, and (2) other family planning patients that you provide with FPA-supplied contraceptives. Both of these will be termed "FPA family planning patients". [For purposes of questions 1-3, please do not include patients making visits only for (a) oral contraceptive refills, (b) IUD string checks, or (c) cervical cytology or other non-family planning purposes.]

1. What is the approximate number of FPA family planning patients that you personally provided with contraception in the last full working week of normal working conditions prior to completing this form? (mark one box)

-(9)

- | | | | |
|-----------------------------|------------------------|-----------------------------|-------------|
| 1) <input type="checkbox"/> | 0 (skip to question 4) | 5) <input type="checkbox"/> | 31-50 |
| 2) <input type="checkbox"/> | 1-10 | 6) <input type="checkbox"/> | 51-100 |
| 3) <input type="checkbox"/> | 11-20 | 7) <input type="checkbox"/> | 101-200 |
| 4) <input type="checkbox"/> | 21-30 | 8) <input type="checkbox"/> | 201 or more |

2. Of these FPA family planning patients that you provided with contraceptives in the last full working week (question 1), approximately how many were lactating? (mark one box)

-(10)

- | | | | |
|-----------------------------|-------|-----------------------------|------------|
| 1) <input type="checkbox"/> | 0 | 6) <input type="checkbox"/> | 21-30 |
| 2) <input type="checkbox"/> | 1-2 | 7) <input type="checkbox"/> | 31-50 |
| 3) <input type="checkbox"/> | 3-5 | 8) <input type="checkbox"/> | 51 or more |
| 4) <input type="checkbox"/> | 6-10 | 9) <input type="checkbox"/> | Unknown |
| 5) <input type="checkbox"/> | 11-20 | | |

3. Of the lactating FPA family planning patients that you provided with contraceptives last week (question 2), for how many did you give or prescribe estrogen-progesterone oral contraceptives? (mark one box)

-(11)

- | | | | |
|-----------------------------|-------|-----------------------------|------------|
| 1) <input type="checkbox"/> | 0 | 6) <input type="checkbox"/> | 21-30 |
| 2) <input type="checkbox"/> | 1-2 | 7) <input type="checkbox"/> | 31-50 |
| 3) <input type="checkbox"/> | 3-5 | 8) <input type="checkbox"/> | 51 or more |
| 4) <input type="checkbox"/> | 6-10 | 9) <input type="checkbox"/> | Unknown |
| 5) <input type="checkbox"/> | 11-20 | | |

4. In the last full month, have you received complaints of decreased milk production from patients using the following contraceptive methods? (mark each line)

1 Yes	2 No	<u>Contraceptive Method</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Combined estrogen-progesterone oral contraceptive (such as <u>Norinyl</u> or <u>Ovral</u>)	-(12)
<input type="checkbox"/>	<input type="checkbox"/>	Progesterone-only oral contraceptive (such as <u>Ovrette</u> , <u>Nor-Q.D.</u> , or <u>Micronor</u>)	-(13)
<input type="checkbox"/>	<input type="checkbox"/>	Progesterone injection (such as <u>Depo-Provera</u>)	-(14)
<input type="checkbox"/>	<input type="checkbox"/>	Intrauterine device (IUD)	-(15)
<input type="checkbox"/>	<input type="checkbox"/>	Other	-(16)

5. In the last full month, how many breast-feeding FPA patients complained to you of decreased milk production while using combined estrogen-progesterone oral contraceptives? (mark one box) -(17)

1) <input type="checkbox"/>	0	6) <input type="checkbox"/>	5-10
2) <input type="checkbox"/>	1	7) <input type="checkbox"/>	11-20
3) <input type="checkbox"/>	2	8) <input type="checkbox"/>	21 or more
4) <input type="checkbox"/>	3	9) <input type="checkbox"/>	Unknown
5) <input type="checkbox"/>	4		

6. Which one of the following categories best describes your clinical work with the Family Planning Association (FPA)? (mark one box) -(18)

1) <input type="checkbox"/>	Clinician in an FPA clinic for more than 20 hours per week
2) <input type="checkbox"/>	Clinician in an FPA clinic for 4 to 20 hours per week
3) <input type="checkbox"/>	Clinician in an FPA clinic for less than 4 hours per week
4) <input type="checkbox"/>	Clinician providing FPA-supplied contraceptives in a private practice
5) <input type="checkbox"/>	Clinician providing FPA-supplied contraceptives in a government clinic or other non-FPA clinical facility
6) <input type="checkbox"/>	Work with FPA is predominantly non-clinical
7) <input type="checkbox"/>	No longer affiliated with FPA
8) <input type="checkbox"/>	Other (please specify): _____

7. a. Are you aware of specific FPA policy regarding contraception for lactating women? -(19)

- 1) Yes (complete 7b)
 2) No (skip to question 8)

b. Which of the following best describes your role in policy-making regarding contraception for lactating women? (mark one box) -(20)

- 1) Apply FPA policy to my own lactating FPA patients
 2) Formulate my own independent policy for my lactating FPA patients
 3) Apply a combination of FPA policy and my own judgement to my lactating FPA patients
 4) Participate in the formulation of a lactation policy for a local FPA clinic
 5) Participate in the formulation of a lactation policy for an FPA regional office
 6) Participate in the formulation of a lactation policy for an FPA national office
 7) Other (please specify): _____

8. Is the lactational status of your FPA family planning patients recorded? -(21)
 (mark each line)

- | 1
Yes | 2
No | | |
|--------------------------|--------------------------|---|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | On a standard medical form which includes specific questions on lactational status? | -(21) |
| <input type="checkbox"/> | <input type="checkbox"/> | As part of the clinician's history? | -(22) |
| <input type="checkbox"/> | <input type="checkbox"/> | As part of the physical examination? | -(23) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other? (if yes, please specify): _____ | -(24) |
| | | _____ | |

9. For lactating women who request family planning services, please mark the box that indicates the relative frequency with which you provide the methods below, using the following scale:

- 1 = very often
 2 = fairly often
 3 = occasionally
 4 = never
 5 = cannot be estimated

1	2	3	4	5	<u>Method of Family Planning</u>	
<input type="checkbox"/>	Condom, foam, or diaphragm	-(25)				
<input type="checkbox"/>	Intrauterine device (IUD)	-(26)				
<input type="checkbox"/>	Sterilization	-(27)				
<input type="checkbox"/>	Combined estrogen-progesterone oral contraceptive (such as <u>Norinyl</u> or <u>Ovral</u>)	-(28)				
<input type="checkbox"/>	Progesterone-only oral contraceptive (such as <u>Ovrette</u> , <u>Nor-Q.D.</u> , or <u>Micronor</u>)	-(29)				
<input type="checkbox"/>	Progesterone injection (such as <u>Depo-Provera</u>)	-(30)				
<input type="checkbox"/>	No method	-(31)				

10. For lactating women who request combined estrogen-progesterone oral contraceptives, which of the following best describes the time at which you usually initiate oral contraceptives? (mark one box) -(32)

- 1) At the time the patient requests contraception
 2) Only after the return of menstruation
 3) Only after the end of lactation
 4) Only after weaning foods have been added to the infant's diet
 5) At least ___ months after delivery (please indicate the number of months)
 6) Practice varies from patient to patient
 7) Other (please specify): _____
-

11. Clinicians may consider different factors in their decision to prescribe combined estrogen-progesterone oral contraceptives to lactating women. Please rate each of the following factors according to their importance in your own management of lactating patients who request oral contraceptives. Use the following scale:

- 1 = not important or relevant
- 2 = fairly important
- 3 = very important

If you never provide oral contraceptives to lactating women, mark here and skip to question 13. -(33)

1	2	3	<u>Factor in Management</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Previous lactational history	-(34)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Previous status of lactation	-(35)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of feeding supplements for the infant	-(36)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strong patient preference for combined oral contraceptives compared to other methods	-(37)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local clinic policy	-(38)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regional or national policy	-(39)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guidelines of the IPPF Medical Committee	-(40)
			Other factors (please list and rate as many as you consider):	-(41)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	

12. Do you routinely provide any of the following patient services for lactating women who have accepted combined estrogen-progesterone contraceptives?(mark appropriate response for each item)

1	2	9	Patient Service	
Yes	No	Unknown		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Instruction in supplementing the infant's diet	-(42)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Periodic weighing of the infant	-(43)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Instruction in breast-feeding technique	-(44)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patient sees physician on all revisits	-(45)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	More frequent appointments	-(46)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other special arrangements or instructions (if yes, please specify):	-(47)

13. We welcome any comments you may have regarding the provision of contraceptives to lactating women: -(48)

14. Would you like a copy of the final report of this study ? -(49)

1. Yes
- 2) No

THANK YOU FOR YOUR CO-OPERATION