

The GREAT Network Knowledge Synthesis Seed Grant Podcast

Supporting knowledge syntheses, including systematic reviews and scoping reviews, that are relevant to maternal and infant health in low and middle income countries.

Background

The GREAT Network Knowledge Synthesis seed grant funding opportunity aims to support the completion or updating of knowledge syntheses, including systematic reviews and scoping reviews, that are relevant to maternal and infant health in low and middle income countries. This podcast features work done by Dr. Yan Che and his team as part of their seed grant funded project. Dr. Che and his team conducted a systematic review titled: *Intervention for emergency contraception: update of a systematic review and meta-analysis*.

Interview

Today is July 4th, 2016 and I'm here with Dr. Yan Che a recipient of the second round of the GREAT Network Knowledge Synthesis seed grant funding. Today, Dr. Che will speak to his funded knowledge synthesis project, its impacts on maternal health and the key success factors and lessons learned from his team's project work.

Dr. Che, thank you for speaking with us today.

To begin, could you please tell us about yourself and your work?

Yes. I'm a senior researcher and I'm working at Shanghai Institute of Perinatal Care and Research. This institute is a leading centre for reproductive health research in China and a WHO collaborating centre for research in human reproductive health. I'm working in public health. My interests include women and infant health.

Great! So, for your GREAT Network seed grant project worked on a systematic review and meta-analysis for an intervention for emergency contraception. Could you give us a brief overview of the inspiration and background for these reviews as well as the purpose of your study?

Yes. So, as you may no, unintended pregnancy is a global problem. It is estimated that there are about 85 million unintended pregnancies worldwide every year. Of them, about half, that is to say about 40 million pregnancies, ended in abortions every year. The primary approach to prevent unintended pregnancies is to use contraceptives, which is normally backed up by induced abortion. The majority of contraceptive methods are used before sexual intercourse. Emergency contraception is the only method after intercourse, before the pregnancy occurs. So, in some parts, the emergency contraception is called the 'morning after pill' or 'after sex pill'. There are several kinds of emergency contraceptives, which is sometimes confusing for providers. The information on the comparative effectiveness, safety, and convenience of emergency contraceptives is crucial for reproductive health providers and their clients. My review aimed to search systematically for all the evidence from randomized controlled trials and controlled clinical trials relating to the effectiveness of different kinds of emergency contraceptive methods in order to supply the best evidence currently available on which to base recommendations for clinical practice and further research.

Great! So, along the same line, could you give us a preview of the results from your study? Are there any key impacts that you would like to highlight?

Yes. In my review, we included different types of emergency contraceptives. The main including unipristil acetate, mifepristone, LNG. Yuzpe is the traditional type of emergency contraception. The main results of our review, basically, all these types of contraceptive method is effective but we found several types of methods are more effective than other methods. UPA, unipristil acetate, and mifepristone are more effective than levonogestrel (LNG) and yuzpe regimens. Moreover, the LNG are more effective than the

yuzpe. But not all emergency contraceptive methods are available in all the countries. So given the availability of emergency contraceptives in different regions and countries, the most effective emergency contraceptive is the one that every woman can get whenever and wherever that she needs. So, if using LNG or the Yuzpe regimen for emergency contraception, we found that the earlier the woman takes the emergency contraceptive, the more effective. So, this information, I think, is very useful not just for the service provider and the women who need to use emergency contraception. The outcomes of this systematic review can also be used by researchers to identify what needs to be further studied. In countries where only Yuzpe regimen is available, policy makers should be learned that mifepristone, UPA and LNG are more effective to prevent unintended pregnancy and could be introduced and replace Yuzpe regimen.

Great! So it sounds like you found some very interesting things in your study. Now, can you give us an idea of how your project contributed to the area of Knowledge Translation science in the low and middle income country context?

So, as I have mentioned before, the unipristil acetate and mifepristone are not available for most low and middle income countries although they are more effective than the other emergency contraceptives. I think for the LNG and Yuzpe methods are widely available in low and middle income countries. So, basically women are learning that the LNG and Yuzpe can be an effective method even though they are less effective than the other two types, UPA and mifepristone. Basically, women should start to take methods as soon as possible to obtain high effectiveness.

For the future, we plan to publish our findings in international journals. As a matter of fact, we have submitted our results to the journal Cochrane Database of Systematic Reviews. It is now in the process of peer review. We also intend to attend international conference to present and disseminate our research results. Also, we plan to update this systematic review to integrate most recent data in 2018 or 2019.

Great! That all sounds very exciting. Looking forward to seeing the findings once they're published!

Now to continue, what advice would you give to others wanting to conduct knowledge synthesis work in the low and middle income country context? You can highlight some key success factors and lessons learned from your project.

There are 3 key success factors from our project. The first is to identify the health problems that are most common in low and middle income countries, in the developing world. And second, I think to identify solutions to solve these problems, although we may not know which ones are the best. And the third one is teamwork. When conducting a knowledge synthesis, it is a good idea to include from the developed world, which they have the knowledge and the experience but also rich databases. I had some help from my friends in the UK and other Europe states to help me with literature search. So the knowledge synthesis is a teamwork. It's two researchers, ideally four researchers in the field is the best. At least one of them should be a senior researcher, a team leader.

Great! So, before we conclude, is there anything else you would like to share with us today either related to your project or knowledge synthesis in general?

Yes. Firstly, I would like to use this opportunity to thank the seed grant to support us to conduct this systematic review. This grant gave us a good reason to conduct this work. I strongly believe our findings are very helpful for service providers and women who want to use emergency contraceptives. However, I would say that the available contraceptive methods, oral pills, injectable, are more effective than emergency contraceptives. Emergency contraceptives should not be used as a regular contraceptive method, it is a back-up in case of failure of other methods or after unprotected sex. I think this is my main point.

Great! Dr. Che, thank you for taking the time to speak with us today about the work you're doing to improve maternal and infant health outcomes in low- and middle-income countries. For more information about work done by researchers like Dr. Che, please visit our website at www.greatnetworkglobal.org.