Improving Contraception Use in the Postpartum Period

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BACKGROUND

- There are 6.4 million pregnancies per year in the United States (U.S.)
- Over half (51%) are unintended
- Many women do not have a postpartum contraception plan at hospital discharge, placing them at risk for unintended pregnancy
- The consequences of unintended pregnancy for women, children, society and the healthcare system can be devastating

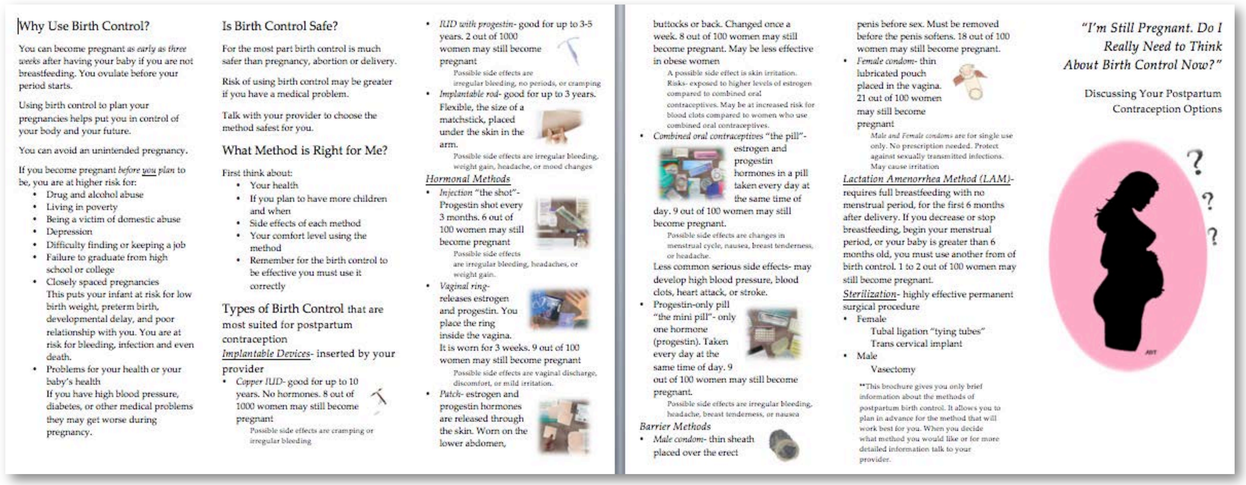
PROJECT AIM

- Address contraception education and planning for the postpartum period using the Plan-Do-Study-Act Cycle (PDSA) as a conceptual framework
- Implement an educational intervention for providers using the Diffusion of Innovation as theoretical framework
- Ensure all ECU OB/GYN prenatal patients receive standard education regarding postpartum contraception and are discharged following delivery with a clear plan for contraception

PROJECT DESIGN/STRATEGY

- Received an expedited IRB approval
- Developed and implemented an educational brochure for providers to use as a supplement in 3 postpartum contraception counseling encounters (intervention)
- Retrospective chart review to assess if postpartum contraception education was introduced prenatally and prior to hospital discharge
- Prospective chart review following the implementation of the educational intervention to assess if a method was chosen prior to hospital discharge

CHANGES MADE: PLAN-DO (PDSA CYCLE)



Why Use Birth Control?

You can become pregnant *as early as three* weeks after having your baby if you are not breastfeeding. You ovulate before your period starts.

Using birth control to plan your pregnancies helps put you in control of your body and your future.

You can avoid an unintended pregnancy.

If you become pregnant *before you plan* to be, you are at higher risk for:

- Drug and alcohol abuse
- Living in poverty
- Being a victim of domestic abuse
- Depression
- Difficulty finding or keeping a job
- Failure to graduate from high school or college
- Closely spaced pregnancies
  This puts your infant at risk for low birth weight, preterm birth, developmental delay, and poor relationship with you. You are at risk for bleeding, infection and even death.
- Problems for your health or your baby's health
  If you have high blood pressure, diabetes, or other medical problems they may get worse during pregnancy.

Is Birth Control Safe?

For the most part birth control is much safer than pregnancy, abortion or delivery.

Risk of using birth control may be greater if you have a medical problem.

Talk with your provider to choose the method safest for you.

What Method is Right for Me?

First think about:

- Your health
- If you plan to have more children and when
- Side effects of each method
- Your comfort level using the method
- Remember for the birth control to be effective you must use it correctly

Types of Birth Control that are most suited for postpartum contraception

Implantable Devices- inserted by your provider

- *Copper IUD*- good for up to 10 years. No hormones. 8 out of 1000 women may still become pregnant
  Possible side effects are cramping or irregular bleeding
- *IUD with progestin*- good for up to 3-5 years. 2 out of 1000 women may still become pregnant
  Possible side effects are irregular bleeding, no periods, or cramping
- *Implantable rod*- good for up to 3 years. Flexible, the size of a matchstick, placed under the skin in the arm.
  Possible side effects are irregular bleeding, weight gain, headache, or mood changes

Hormonal Methods

- *Injection* "the shot"- Progestin shot every 3 months. 6 out of 100 women may still become pregnant
  Possible side effects are irregular bleeding, headaches, or weight gain.
- *Vaginal ring*- releases estrogen and progestin. You place the ring inside the vagina. It is worn for 3 weeks. 9 out of 100 women may still become pregnant
  Possible side effects are vaginal discharge, discomfort, or mild irritation.
- *Patch*- estrogen and progestin hormones are released through the skin. Worn on the lower abdomen, buttocks or back. Changed once a week. 8 out of 100 women may still become pregnant. May be less effective in obese women
  A possible side effect is skin irritation. Risks- exposed to higher levels of estrogen compared to combined oral contraceptives. May be at increased risk for blood clots compared to women who use combined oral contraceptives.
- *Combined oral contraceptives* "the pill"- estrogen and progestin hormones in a pill taken every day at the same time of day. 9 out of 100 women may still become pregnant.
  Possible side effects are changes in menstrual cycle, nausea, breast tenderness, or headache.
  Less common serious side effects- may develop high blood pressure, blood clots, heart attack, or stroke.
- Progestin-only pill "the mini pill"- only one hormone (progestin). Taken every day at the same time of day. 9 out of 100 women may still become pregnant.
  Possible side effects are irregular bleeding, headache, breast tenderness, or nausea

Barrier Methods

- *Male condoms*- thin sheath placed over the erect penis before sex. Must be removed before the penis softens. 18 out of 100 women may still become pregnant.
- *Female condom*- thin lubricated pouch placed in the vagina. 21 out of 100 women may still become pregnant
  Male and Female condoms are for single use only. No prescription needed. Protect against sexually transmitted infections. May cause irritation

Lactation Amenorrhea Method (LAM)- requires full breastfeeding with no menstrual period, for the first 6 months after delivery. If you decrease or stop breastfeeding, begin your menstrual period, or your baby is greater than 6 months old, you must use another from of birth control. 1 to 2 out of 100 women may still become pregnant.

Sterilization- highly effective permanent surgical procedure

- Female
  Tubal ligation "tying tubes"
  Trans cervical implant
- Male
  Vasectomy

**This brochure gives you only brief information about the methods of postpartum birth control. It allows you to plan in advance for the method that will work best for you. When you decide what method you would like or for more detailed information talk to your provider.

"I'm Still Pregnant. Do I Really Need to Think About Birth Control Now?"

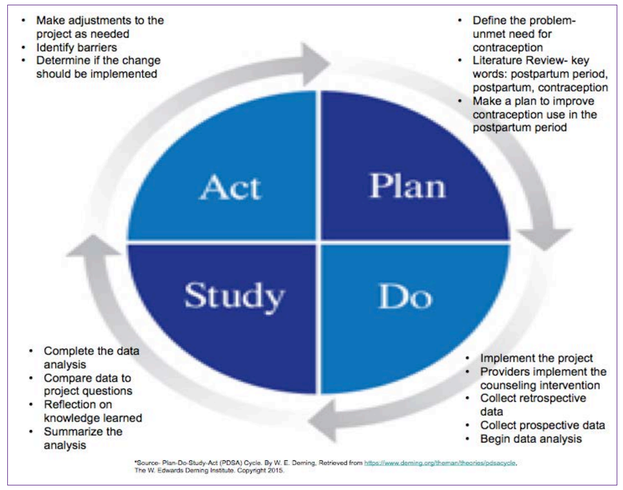
Discussing Your Postpartum Contraception Options

Results/Outcomes

Project Questions

•Is there a difference in whether or not a plan for contraception is documented in the medical record before and after the implementation of the educational intervention?
•Will patients be more likely to select a contraceptive method by the time of delivery if counseled prenatally, postpartum, or both?
•Which group of providers is more likely to document the contraceptive plan of care in the patient's medical record during the antepartum period? Postpartum period?

PDSA CYCLE



REVIEW OF THE LITERATURE

- Demographics have an effect on women in need of contraception (educational level, age, ethnicity, and parity)
- The literature describes various modes of counseling (face-to-face, in-depth discussion, multiple encounters, one-time sessions, written leaflet, and combinations of two or more)
- Postpartum contraception counseling has been shown to be especially important and leads to fewer unplanned pregnancies
- However, there is no reported consensus on the best approach or timing of providing postpartum contraception counseling
- Research available on postpartum contraception counseling is supported only by low to moderate quality evidence

NEXT STEPS (PDSA CYCLE)

- Do
  - ✧ Begin collecting the data
  - ✧ Analyze the data
- Study
  - ✧ Compare data to the project questions
  - ✧ Summarized the analysis
  - ✧ Reflect on the knowledge learned from the data
- Act
  - ✧ Identify barriers to change
  - ✧ Apply the knowledge gained to clinical practice
  - ✧ Adjust and adapt changes
  - ✧ Advocate and implement for a change in clinical practice or…
  - ✧ Repeat the PDSA cycle
- For the future
  - ✧ Focus on improving postpartum contraception through demographics and other educational practices

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