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)

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?

REFERENCES


Perspectives on Sexual and Reproductive Health, 43(2), 94-102. doi:10.1363/4309411

The Journal of Adolescent Health : Official Publication of the Society for Adolescent Medicine, 52(3), 279-283. doi:10.1016/j.jadohealth.2012.05.004 [doi]


ACKNOWLEDGEMENTS

Monica Home, DNP-S, MSN, CNM
College of Nursing
East Carolina University
Greenville, North Carolina 27858
252.744.5903
homejo01@students.ecu.edu

Charles A. Hodson, PhD
Diane Marshburn, PhD, RN, NE-BC
Pamela Reis, PhD, CNM, Committee Member
Monica Horne, DNP-S, MSN, CNM
Pamela Reis, PhD, CNM, Committee Chair
Monica Horne, DNP-S, MSN, CNM

NEXT STEPS (PDSA CYCLE)

- 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

RESULTS/OUTCOMES

- Improving Contraception Use in the Postpartum Period

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

REVIEW OF THE LITERATURE

- The consequences of unintended pregnancy for women, children, society, and the healthcare system can be devastating
- Over half (51%) are unintended
- Many women do not have a postpartum contraception plan at hospital discharge, placing them at risk for unintended pregnancy
- Over half (51%) are unintended