

IMPROVING ACCESS TO POSTPARTUM CONTRACEPTION

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GOALS & OBJECTIVES

Goals

Provide high quality care by educating and improving access to contraception for post partum patients

Objectives

- To standardize education regarding postpartum family planning to all obstetric patients
- To improve quality of care by providing effective contraception in a timely manner
- To minimize adverse events due to short birth intervals

RESEARCH QUESTION

Are all obstetric patients adequately educated on postpartum family planning options?

Would increasing awareness on postpartum family planning in the prenatal period increase access to care and improve time to care?

METHODS

Retrospective analysis of Freehold Family Health Center obstetric patients

INCLUSION: Prenatal patients with delivery between Jan and Dec 2020

EXCLUSION: Patients who transferred out of the practice

125 pregnancies occurred between this time frame

Metrics:

- ICD10 Z30.x – frequency of contraception counseling
- Prescription of contraception - frequency and type



DISCUSSION

This review serves as evidence and preliminary data to support improved education for patients and providers.

Approximately less than half of patients are being seen within the recommended time frame, less than 60 days post partum. Most forms of contraception prescribed are oral, and provide the least delay in time till prescription.

LIMITATIONS

- 1) Delay in counseling correlated with timing of first post partum appointment
 - Unclear if due to patient availability and/or office scheduling
 - Non oral contraceptive modes of family planning resulted = most delay
 - Patients citing financial barriers, additional patient assistance paperwork
- 2) Review does not account for likely under estimation of family planning discussions
 - If not documented and coded for appropriately; discussions likely underestimated.

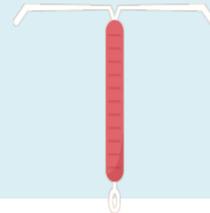
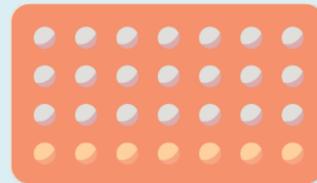
BACKGROUND

71 million

Approximate number of women of reproductive age

85%

Risk of experiencing pregnancy, over 1 year, for couples that do not use any method of contraception.



70%

sexually active without the intent of becoming pregnant

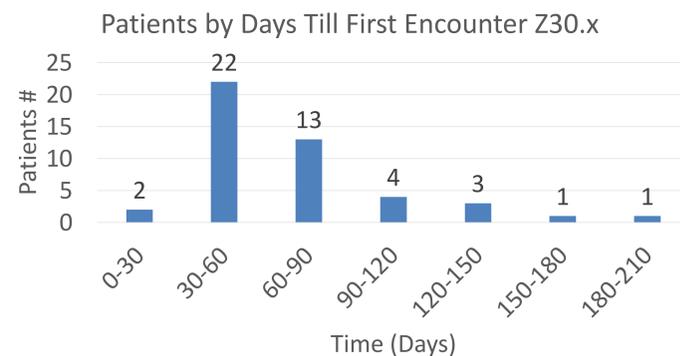
RESULTS

49% of post-partum visits included a discussion regarding counseling of contraception, which was defined by billing codes Z30.x.

Of these encounters, 65% of encounters were within 3 and 60 days post partum.

- 83% of encounters with contraception prescribed were done in the same visit
- 13% of patients required additional follow up for financial assistance in obtaining contraception.

Total Pregnancy	125
Counseled	61 (49%)
Prescribed (any)	51 (41%)



FUTURE CONSIDERATIONS

Interventions

- Family planning at prenatal visits
- Available in English and Spanish
- Discussed by obstetric and primary care providers
- Earlier discussions to minimize delay in acquiring desired mode of contraception

Primary Outcomes

- Rates of counseling with no preference on particular mode of contraception nor decision to start contraception.

Secondary outcomes

- Patient satisfaction
- Reduction of unintended pregnancies
- Improved compliance and follow up via improved physician-patient relationship

IMPROVING OUTCOMES

For providers: improved education, awareness and proper documentation

Once a decision is made, providers can avoid repeating the topic in order to prevent any potential concerns loss of rapport, or persuasion and coercion.

For patients: improved communication with PCP
Increased awareness of family planning options

CURRENT GUIDELINES

WHO advises an interval of 24 months between pregnancies as the interpregnancy interval, IPI.

Shorter IPIs are associated with a higher rate of adverse maternal, perinatal, and infant outcomes. The use of long-acting reversible contraception, LARC, and sterilization, can reduce the chance of an IPI by approximately 80%.

The US Department of Health & Human Services developed contraceptive care measures which determined a metric for adequate contraceptive care to be defined as being provided **contraception between 3 and 60 days after delivery.**

REFERENCES

Available upon request