

Quality Improvement Project to improve postpartum contraception delivery services in Singleton Hospital

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Background: One in three pregnancies ends in an abortion [1,2]. One in three pregnancies that continues to term may have been unintended initially [1,2]. 1 in 13 women presented for an abortion or a delivery conceive within a year of previous childbirth [3]. An interpregnancy interval below 12 months between childbirth and consecutive conception increases the risk of preterm birth, low birth weight and small for gestational age babies [4,5]. WHO recommends a 24-month interpregnancy interval [5]. None of the patients in the study population of this prospective study were sent home with postpartum contraception. Hence, this project was taken up to look for changes made to postpartum contraception service provision from 2018.

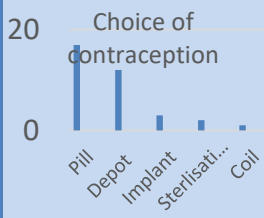
Aims: To improve the postpartum contraception delivery services to patients attending the maternity services at Singleton hospital.

Objectives: 1. To increase awareness about postpartum contraception. 2. To improve the availability of options for postpartum contraception. 3. Educate and train staff to provide postpartum contraception.

Standards: 1. 97% of postnatal women should be offered an appropriate contraceptive method within 7 days of delivery [7]. 2. A bridging method should be offered in 97% of situations where there's a lack of access to the chosen method [7].

Methodology: Prospective study conducted from Oct'19 to Nov'19 on W18. 90 patients were included. Patient information and safety was ensured throughout.

Results:

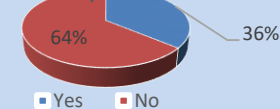


Reasons for declining postpartum contraception	
F/U with GP	29
Undecided	8
Issues with hormonal contraception	3
IVF pregnancy	3
Not interested in contraception	4
GUM walk-in clinic	2
D/W with partner	1
FAM	1
Not required	1
Others	3

Effect of previous contraception use in decision making:

- 31 of the 35 patients who were discharged home with postpartum contraception have used contraception before.
- 18 of these 31 patients chose to continue using their previous method of contraception.

Ante-natal discussion about postpartum contraception



Conclusions: 1. Postpartum contraception delivery has improved from 0% in the previous project to 39% in the current one. 2. Ante-natal discussion about postpartum contraception offered in 36% of the patients. 3. A bridging method wasn't provided to any of the patients. 4. Midwives are being provided training and teaching sessions. 5. Service improvement meetings are being held regularly. 6. Awareness about postpartum contraception has been created by providing information leaflets to midwives and patients on W18. 7. Injection and POP were available on the ward.

The way forward: To reinforce ante-natal advice about postpartum contraception. • To provide PGD for depot injection and POP. • Increase awareness about the availability of long-acting reversible contraceptives like depot injection and implant on the ward. • Increase awareness on providing a bridging method of contraception. • Guidelines are being drafted. • Continue providing teaching and training sessions for midwives and SHO's.

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