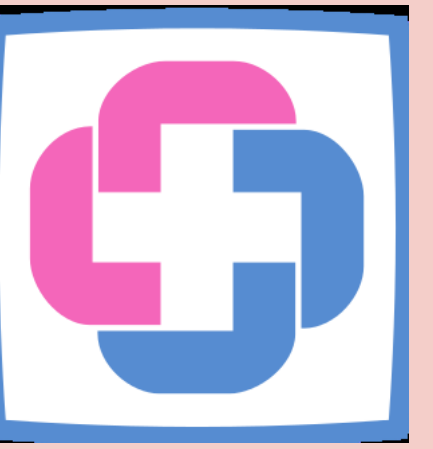


Implementing Routine and Effective Postpartum Contraceptive Counselling to Improve Patients' Knowledge

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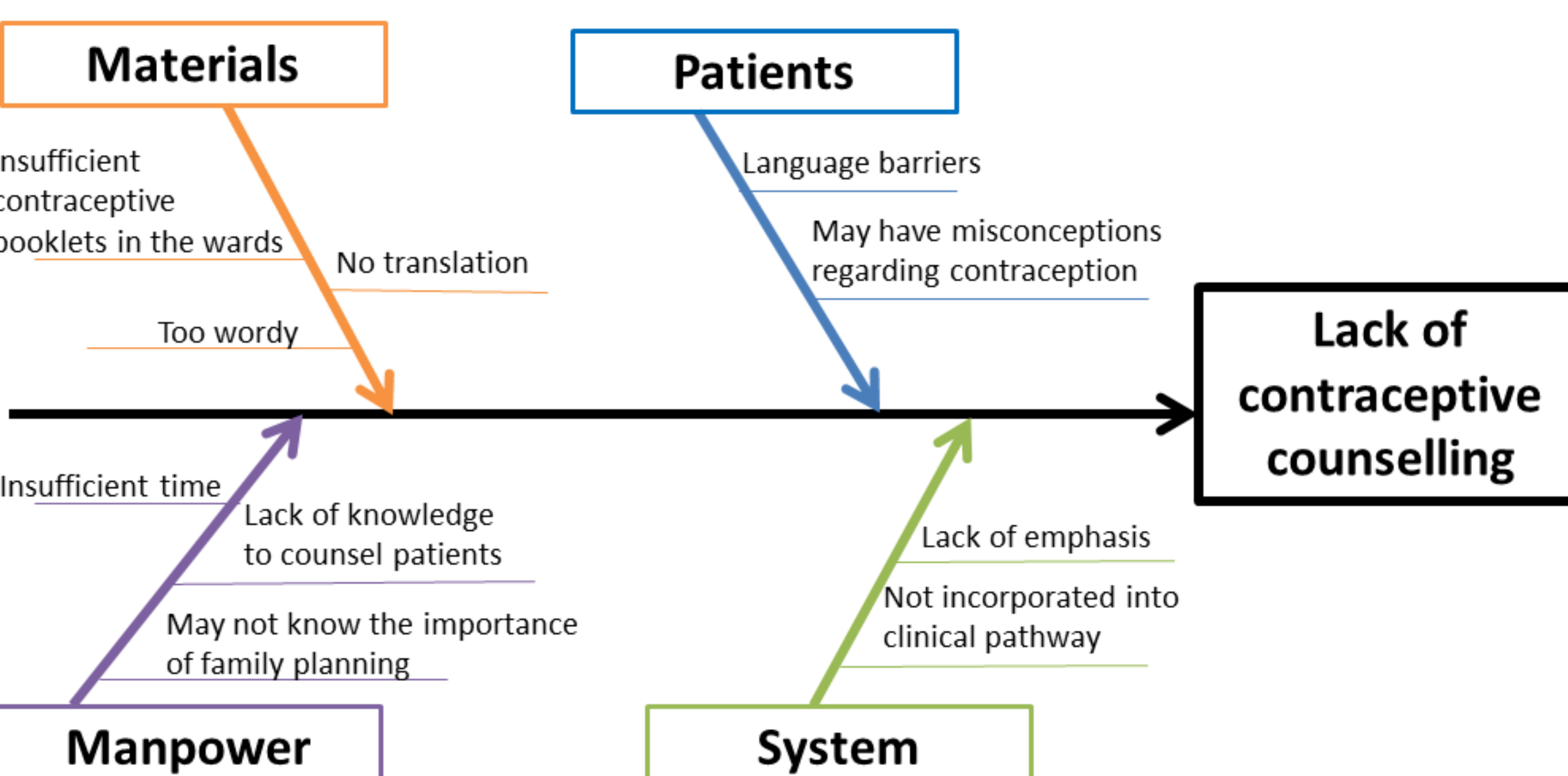
❖ Introduction

- ✓ It is advisable to have a 1-2 year interval between pregnancies for patients post caesarean sections (CS).
- ✓ Currently, there is a lack of postnatal contraception counselling both in an outpatient setting and during postnatal rounds at KK Womens' & Childrens' Hospital (KKH). In addition, patients may default follow-up appointments.
- ✓ Hence, there is a need to improve and optimize postnatal contraception counselling in postnatal patients in KK.

❖ Aims

- ✓ **Primary aim:** To ensure 100% of all post CS patients receive contraception counselling before discharge in 6 months.
- ✓ **Secondary aims:** To improve patients' knowledge of contraceptive options and increase their uptake of contraception.

Analysis : Understanding the Problem



❖ Methodology

- ✓ A pilot study was conducted- 17 postnatal patients assessed for baseline knowledge and awareness surrounding contraceptive methods to determine the current situation.
 - ➔ A decision was made to focus on post-CS patients who require an interval post CS in view of risk of uterine rupture.
 - ✓ We then performed PDSA cycles to test our interventions.
 - ✓ **1st PDSA cycle** – Provide every patient with a contraceptive booklets
 - ✓ **2nd PDSA cycle** - Have a doctor counsel each patient using a contraceptive booklet, which will be given to the patient.
 - ✓ Questionnaires were given out to the patients pre- and post-intervention to assess the following areas:
 1. To audit the percentage of patients who received counselling based on their feedback.
 2. To assess patients' knowledge of the contraceptive options pre and post-intervention.
 3. To determine if patient has decided on a choice of contraception by end of the intervention.
- We used the Likert scale to quantify the improvement in knowledge.

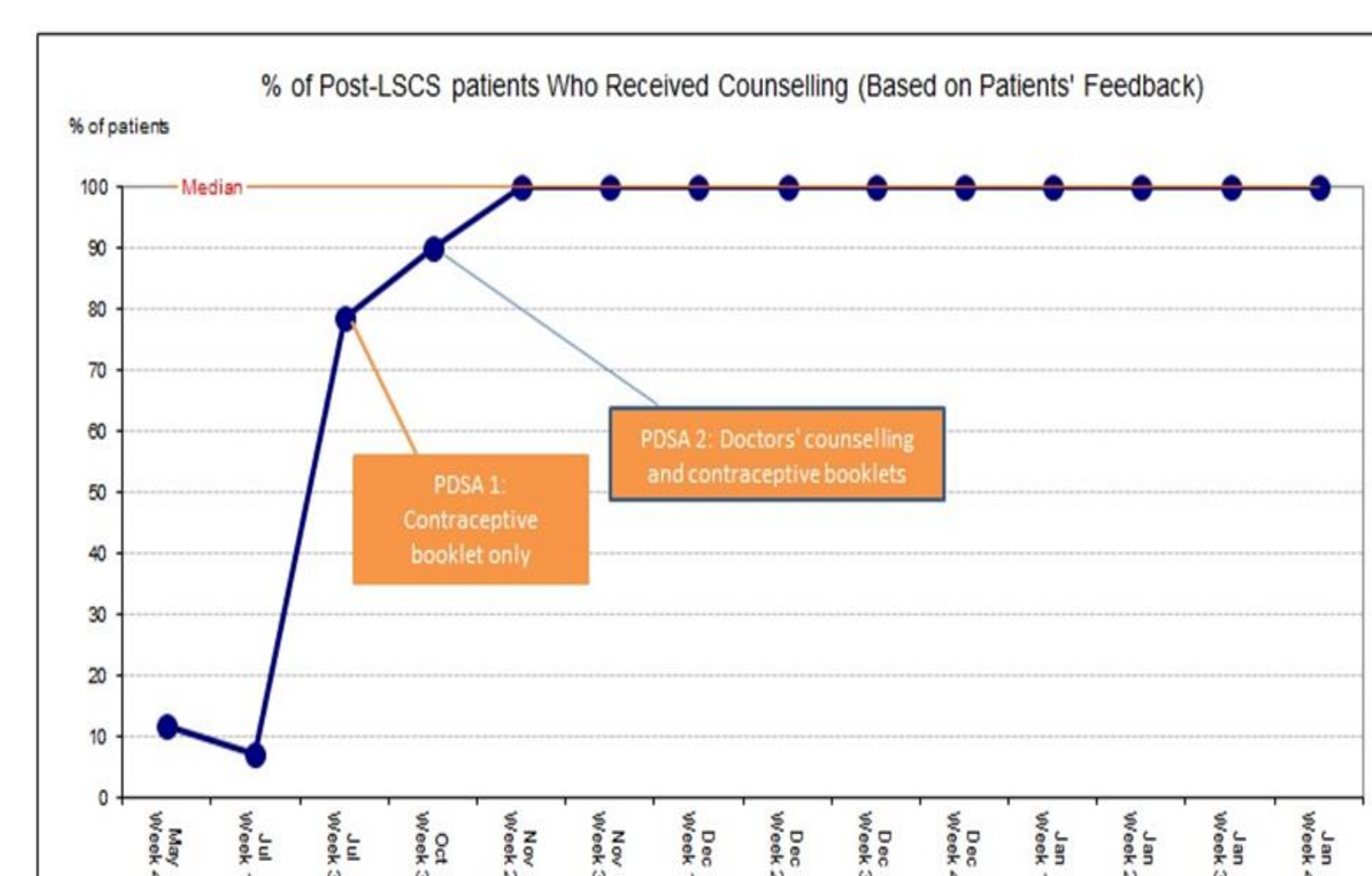
❖ Conclusion

- ✓ Contraception counselling is an essential part of post-natal care, especially in patients post caesarean section who require a safe interval before trying for their next pregnancy.
- ✓ Being the largest tertiary maternity hospital, we should offer good contraceptive advice to these patients.
- ✓ Moving forward, we plan to include the contraception counselling in our CS pathway and for documentation purpose. A contraceptive checklist will also help in counselling the patients.

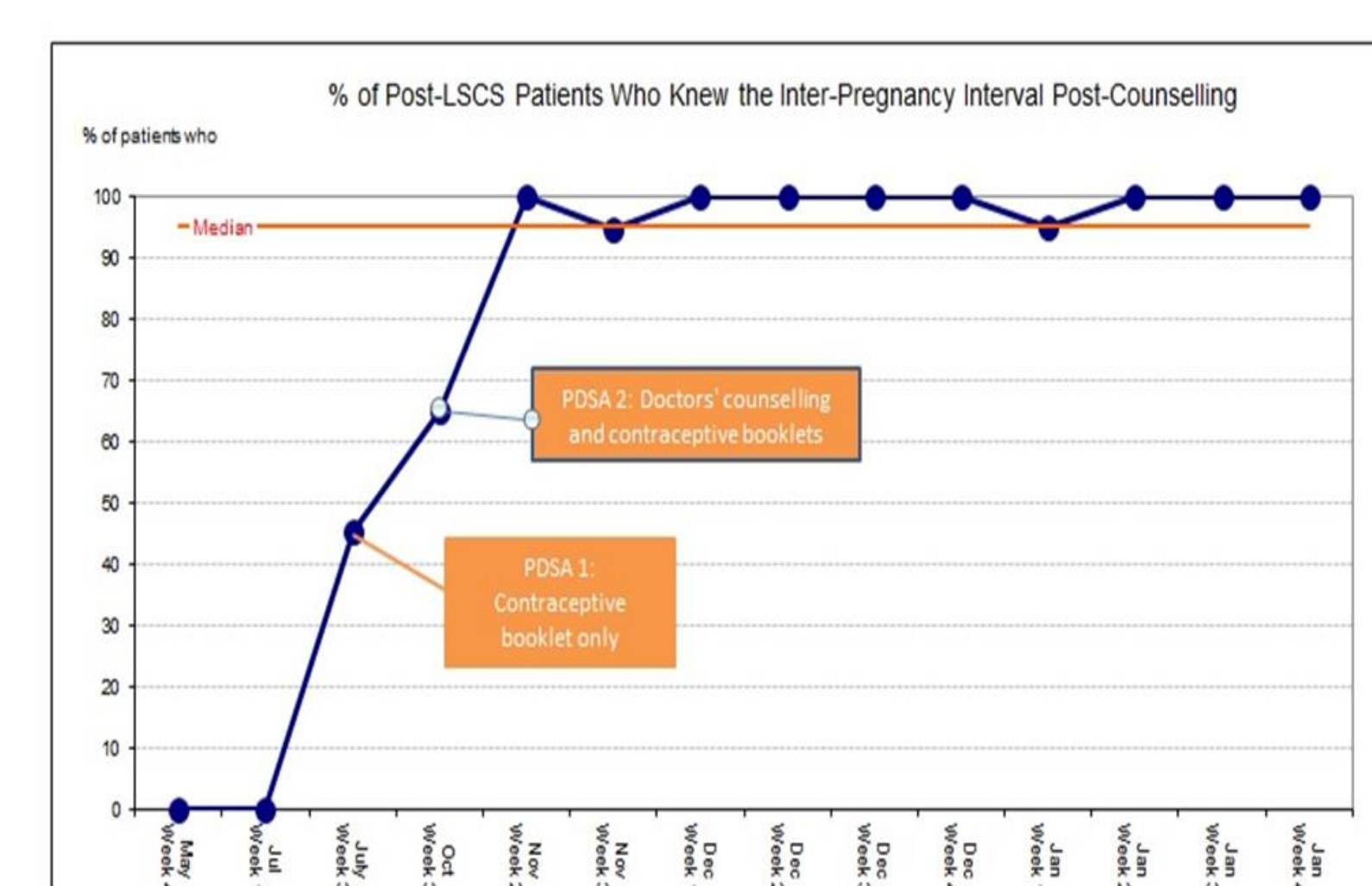
❖ Results

- ✓ Since the introduction of our project, we were able to **increase the percentage of post LSCS patients who received contraception counselling** (our primary objective) to 100% from mid-November 2015 onwards [Figure 1].
- ✓ Condoms is the most commonly known contraception but least reliable.
- ✓ Little understanding of the more reliable methods such as implanon or intrauterine contraceptive device (IUCDs).
- ✓ Majority were happy that there are doctors counselling them using the contraception booklet.
- ✓ They found the contraceptive booklet a good source of information.
- ✓ Before our project, the patients did not know about waiting for 1-2 years before trying for a pregnancy. Since the time we implemented our measures, patients clearly understand and remember the interpregnancy interval.
- ✓ We were hoping that with improvement of knowledge, patients would be more willing to choose a contraceptive method. This was demonstrated in our post-counselling survey where there was a general increase in uptake of contraception.
- ✓ Our updated findings supported our PDSA predictions that providing routine counselling not only helps to improve the patients' knowledge, it also helps to increase the uptake of contraception.

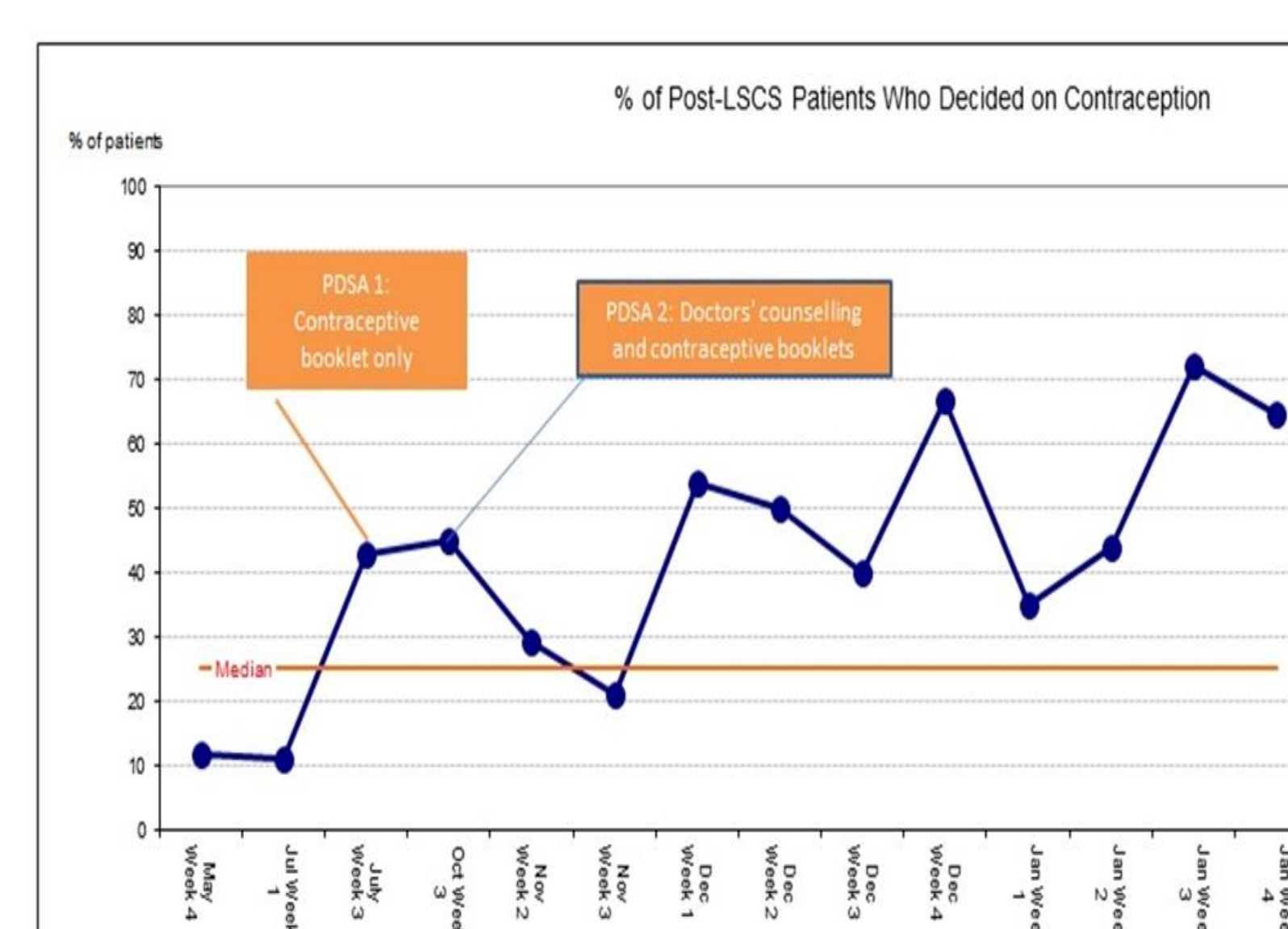
Results: Percentage of Patients Who Received Counselling



Results: Percentage of Patients Who Have Achieved The Knowledge



Results: Uptake of Contraception



Results: Improvement in Patients' Knowledge

