Implementation of Standardized Contraceptive Education to Improve LARC Initiation in Postpartum Individuals

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**Recommended Citation**

Clayton, Gracie E; Hessock, Melissa M.; and Flood, Amanda, "Implementation of Standardized Contraceptive Education to Improve LARC Initiation in Postpartum Individuals" (2023). *Graduate Publications and Other Selected Works - Doctor of Nursing Practice (DNP).*  
https://trace.tennessee.edu/dnp/92

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Implementation of Standardized Contraceptive Education to Improve LARC Initiation in Postpartum Individuals

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**BACKGROUND**

- Almost half of all pregnancies in the United States are Unintended.
- Unintended pregnancy is associated with negative health, psychosocial, and financial outcomes.
- Women experience many barriers when accessing and using birth control.
- Long-acting reversible contraceptives (LARCs) are among the most effective methods of birth control to prevent unintended pregnancies yet are underutilized.
- Standardized contraceptive education in the immediate postpartum period can reduce unintended pregnancy and improve health outcomes.

**LOCAL PROBLEM**

- The project site was a rural obstetric unit with 3 physicians and 33 supporting nursing staff.
- Birth control education and counseling were not routinely provided in the postpartum period as part of discharge teaching.
- **Purpose:** to standardize postpartum contraceptive education in the inpatient intrapartum/postpartum setting.
- **Aims:** to increase postpartum LARC initiation by 25% and increase postpartum initiation of any birth control method by 25%.

**METHODS**

- Evidence-Based Practice Improvement Model
- Literature search and critical appraisal demonstrated good and consistent evidence supporting standardized postpartum education
- Clinical workflow for implementation of standardized education was developed using PDSA cycles.
- Pre- and post-implementation data (including birth control method at discharge and postpartum follow up visit) was collected to measure outcomes related to the project aims and compliance with the intervention.

**INTerventions**

- Staff were first educated via online module.
- Standardized patient education handout was given on admission with verbal reinforcement and review given as part of discharge education.

**RESULTS**

- Staff completion of education module 91%.
- Staff adherence with providing handout and d/c education = 93%.
- Selection of LARC at follow up increased 9%.
- Selection of any birth control method at follow up decreased 3.5%.
- Selection of any birth control method at discharge increased 72.8%.

**CONCLUSIONS**

- Implementing standardized contraceptive education at the project site led to increased uptake of any birth control method.
- LARC uptake increased at the postpartum f/u visit but did not at discharge. This was likely affected by contextual factors such as provider bias and concerns regarding LARC reimbursement in the inpatient setting.
- Unit closure affected postpartum follow up rates potentially affecting birth control rates.
- There is ample evidence suggesting the importance of standardizing the contraceptive education patients receive to reduce counselor bias and improve patient outcomes.
- Unexpected closure of the project site does not allow for sustainability of this practice change, however the intervention process and lessons learned may be transferable to other practice sites.

**ACKNOWLEDGEMENTS/FUNDING DISCLOSURE:**

Many thanks to the staff and providers of Paris Women’s Center, Paris, TN & the graduate faculty of the College of Nursing, University of Tennessee, Knoxville

No funding was received for this project

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