



12-7-2023

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

Gracie E Clayton

University of Tennessee, Knoxville, gclayton@vols.utk.edu

Melissa M. Hessock

University of Tennessee, Knoxville, mhessock@utk.edu

Amanda Flood

Paris Womens Center, amflood@hcmc-tn.org

Follow this and additional works at: <https://trace.tennessee.edu/dnp>



Part of the [Maternal, Child Health and Neonatal Nursing Commons](#), and the [Quality Improvement Commons](#)

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>

This Poster is brought to you for free and open access by the Nursing at TRACE: Tennessee Research and Creative Exchange. It has been accepted for inclusion in Graduate Publications and Other Selected Works - Doctor of Nursing Practice (DNP) by an authorized administrator of TRACE: Tennessee Research and Creative Exchange. For more information, please contact trace@utk.edu.

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

Gracie Clayton BSN, RN; Melissa Hessock DNP, APRN, FNP-C, EBP(CH); Amanda Flood MSN, APRN, FNP-C

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.

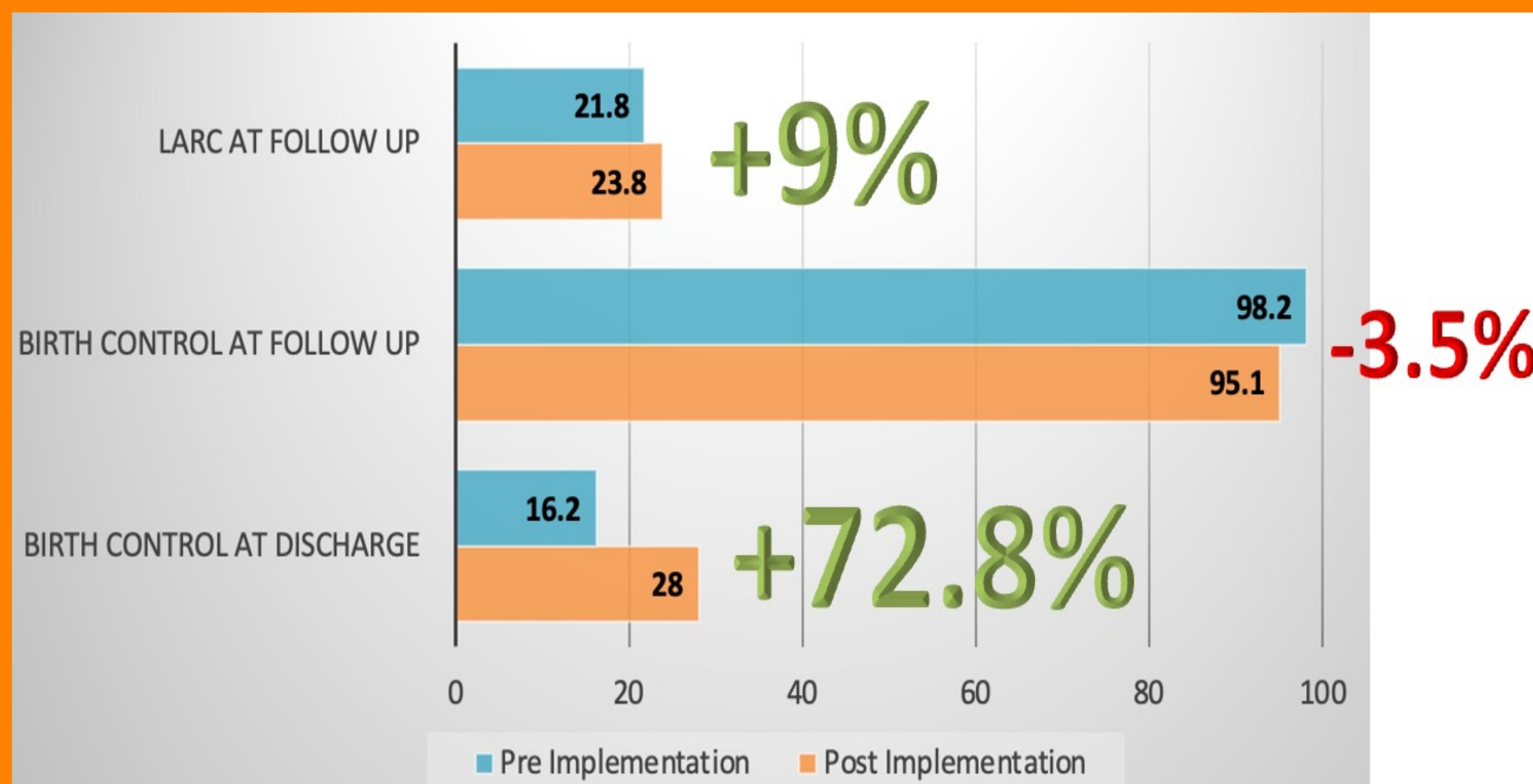
LOCAL PROBLEM

- 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.

Standardized contraceptive education in the obstetrical unit resulted in a **72.8% increase** in selection of **any** postpartum birth control method at discharge and a **9% increase** in selection of **LARCs** at follow up.



Scan me

Scan for full presentation and reference list.

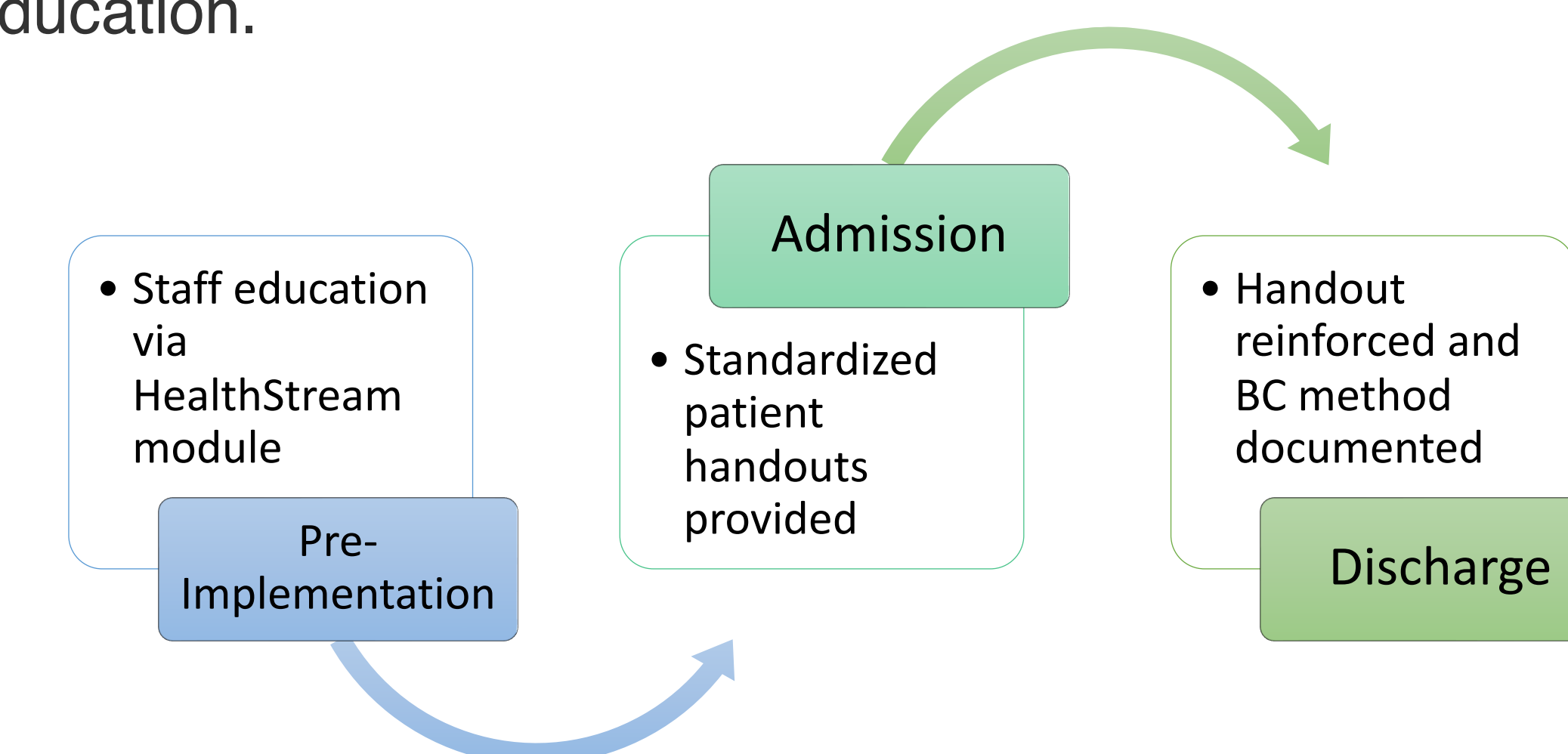


THE UNIVERSITY OF
TENNESSEE
KNOXVILLE

COLLEGE OF NURSING

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.