

Extended Abstract

Postpartum contraception acceptance and readiness study

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Objectives

Determine the optimal time to discuss and formulate a plan for postpartum contraception. Determine factors associated with uptake of and adherence to chosen postpartum contraception plan.

Methods

All women between gestational ages of 25 0/7 and 35 6/7 weeks meeting inclusion criteria and attending an outpatient clinic were offered to participate in the study. Subjects completed surveys querying readiness, capability and confidence in discussing and committing to a postpartum contraceptive plan at a single prenatal visit and again during their postpartum hospitalization. Subjects received a phone survey at 4-6 months postpartum.

Results

243 patients were enrolled in the study. 63% of patients responded the best time for contraception discussion was the 2nd or 3rd trimester. 90% of women planned to start contraception after delivery. More women reported feeling a contraception plan was important/very important postpartum than prenatally (78% vs 56%, $p<0.0001$). Significantly more women reported feeling ready/very ready to discuss (82% vs. 66%; $p<0.0001$), and ready/very ready to choose (84% vs 64%, $p<0.007$), capable/highly capable of choosing (90% vs 79%; $p=0.0009$) postpartum than prenatally. Reasons for not feeling ready to choose an option were similar prenatally and postpartum. Postpartum, more women felt confident/very confident (98% vs 90%; $p=0.0006$) in their ability to use effective

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contraceptive after delivery.

Conclusion

Women report higher levels of readiness and capability to choose and discuss contraception postpartum than prenatally, however, high rates were seen throughout. Most women feel ready and capable to choose a

contraceptive option prior to postpartum discharge.

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