

Introduction

- One in three unintended pregnancies ends in abortion and a similar number that proceeds to term might be unplanned.
- 1 in 13 women presenting for an abortion or a delivery conceive within a year of previous childbirth.
- Short interpregnancy levels: increases the risk of preterm birth, LBW, SGA and maternal mortality
- At our center: acceptance of more effective methods of contraception such as intra-uterine contraceptive devices (CuT 380-A, 375), injectables (DMPA) and sterilization (tubal, vasectomy) was low.

Objective

To improve the acceptance of immediate post-partum contraceptive services at our tertiary care center.

Materials & Design

- Systematic quality improvement(QI) methodology
- Smart aim:** To increase the immediate post-partum family planning(IPPFP) service acceptance from baseline of 13.8% to more than 50% in 6 weeks.
- Place of study:** Department of Obstetrics & Gynaecology, AIIMS, New Delhi
- Internal QI team formed
- IPPFP: family planning method within 10 minutes to 48 hours of delivery.
- Root cause analysis: Fish bone technique

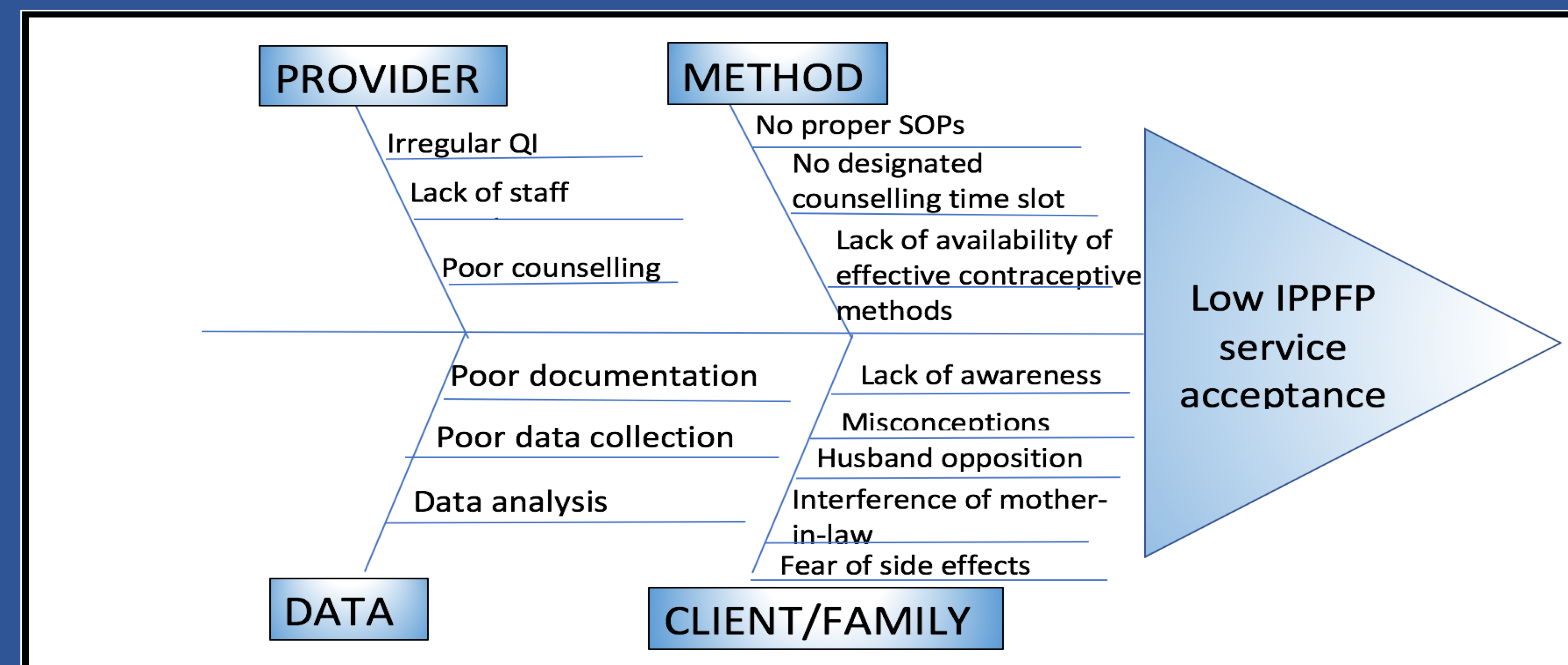


Figure 1: Fishbone diagram showing root causes for low IPPFP service acceptance at our centre

Interventions: Continuous Quality Improvement using Plan Do Study Act (PDSA) cycles

- PDSA 1: posting staff of the QI team in the antenatal ward and labor room for detailed counseling
- PDSA 2: introduction of Centchroman (Chhaya) in the postpartum contraceptive services
- PDSA 3: antenatal birth plan counseling from 32 weeks onwards

Indicators:

- Outcome indicator: Percentage of delivered women at our center who accepted immediate post-partum contraceptive services.
- Numerator: Number of delivered women at our center who accepted contraceptive method after counselling.
- Denominator: Total number of delivered women at our center who received counselling excluding maternal deaths.

Results

Cycle	Time period (2021)	Immediate Post-partum contraceptive acceptance rate (%)
Baseline	15 Sept-30 Sept	13.8%
First Plan-Do-Study-Act (PDSA) cycle	1 Oct- 15 Oct	55.4%
Second Plan-Do-Study-Act (PDSA) cycle	16 Oct-31 Oct	66.2%
Third Plan-Do-Study-Act (PDSA) cycle	1 Nov-15 Nov	76.28%

Table 1: PDSA cycles and Immediate post-partum acceptance rate

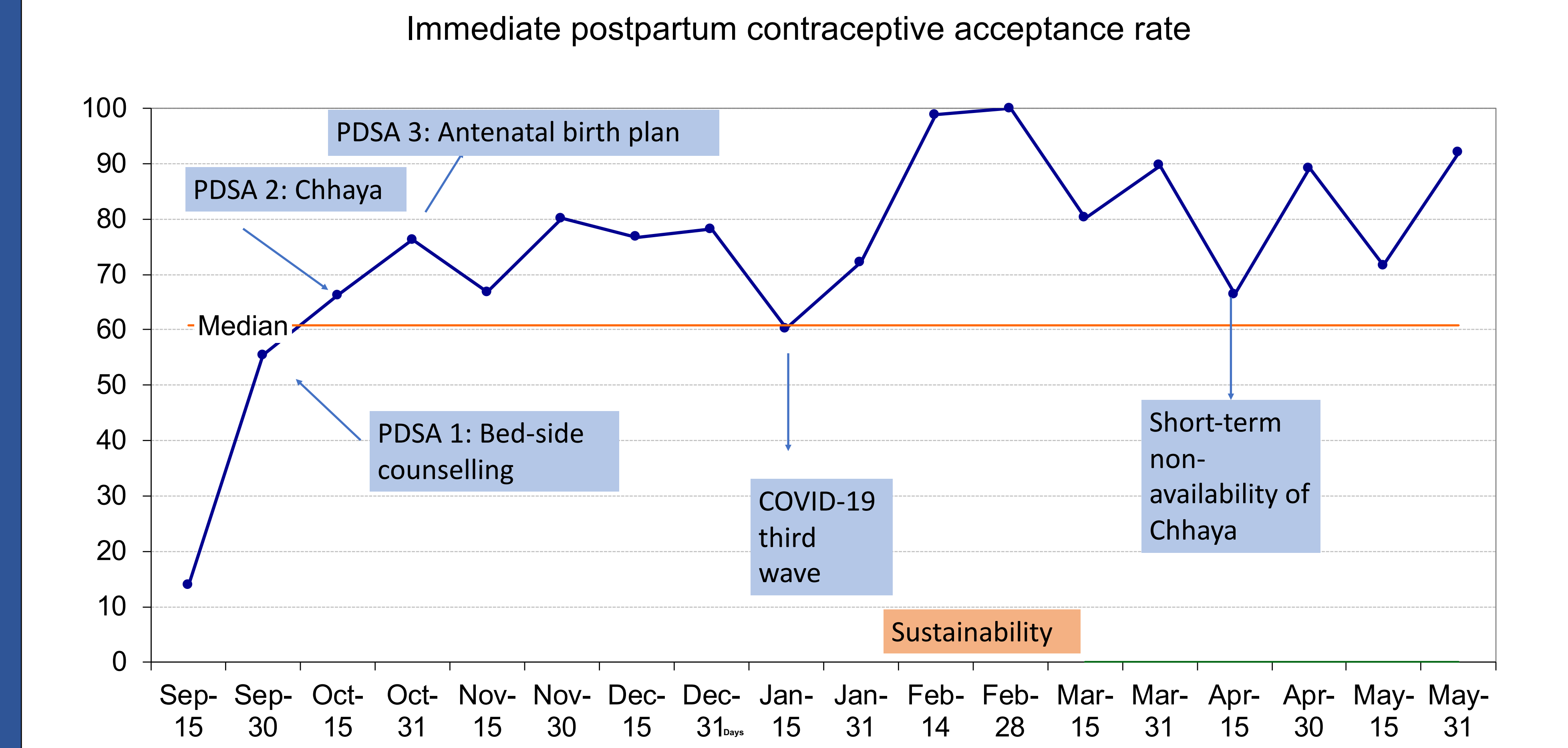


Figure 2: Run chart showing immediate post-partum contraceptive acceptance rate and sustainability

Discussion:

- No publications were found on the impact of QI strategies specifically around the Chhaya to compare our findings with- this strategy is unique in the interventions put in place and the outcomes observed.
- Centchroman was launched under the name Chhaya by the Ministry of Health and Family Welfare, Government of India in 2016. It was added to the basket of the contraceptive choices at our center during this project and was widely accepted.
- QI study was conducted at university hospital in Haiti for increasing postpartum long acting contraception with special focus on implants. They observed average improvement from 5% to 32% by the end of the project and was sustainable at an average of 20% over a year.

Conclusion:

- With systematic intervention, increased IPPFP service acceptance was observed.
- Important interventions in our project were: bedside detailed counselling, promotion of Chhaya as post-partum contraceptive and antenatal birth plan counselling.
- Project interventions have proven sustainable based on positive results over last 7 months.

References

Ahmed S, Li Q, Liu L, Tsui AO. Maternal deaths averted by contraceptive use: an analysis of 172 countries. Lancet. 2012 Jul 14;380(9837):111–25. Postpartum quality improvement strategy for increasing long-acting contraception uptake at a University Hospital in Haiti - PMC [Internet]. [cited 2022 May 3]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6173247/>