

IMPROVING THE UPTAKE OF CONTRACEPTION FOLLOWING IN-HOSPITAL ABORTION.

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Women accessing abortion care within HDDUHB will do it via the Sexual Health Service. The initial consultation is done virtually and if the inclusion criteria is met women are offered an early medical abortion at home. A gestation of >10 weeks legally requires in-hospital treatment, either by their choosing or if legally required the women are then referred to the gynaecology ward.

The Audit questions

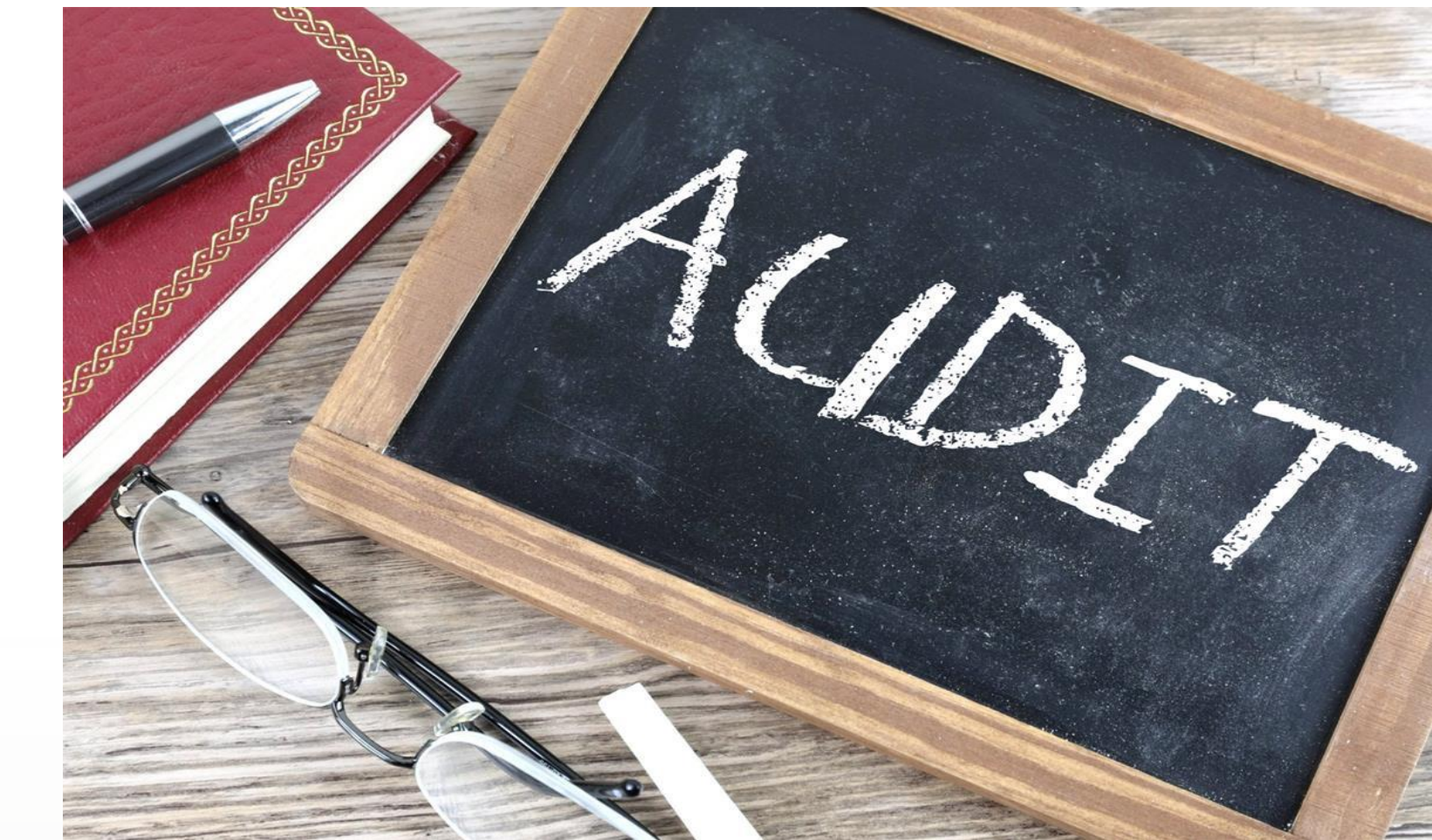
1. Was the patient offered contraception during their admission?
2. How confident are you in discussing contraception with the patient?
3. Has the patient got a contraceptive method in place post termination of pregnancy?



It was noted that contraceptive update following treatment on the gynaecology ward was low. Contraception is incorporated into the initial consultation by the Sexual Health Service but it was noted that contraception was not routinely offered or discussed prior to discharge from hospital.



Contraception is an integral part of preventing an unplanned pregnancy. Standards and Guidelines reflect this and indicate that contraception should be considered at any point during the abortion process, ensuring that the women feels comfortable in discussing it is vital and the timing of this can vary with each individual.



An audit was developed to establish why the uptake of contraception following the hospital admission was low and what changes could be implemented to try and improve this.



An audit was developed with 3 simple questions to be completed by the gynaecology nurses prior to the patient being discharged to identify why the uptake of contraception was low.

Audit outcomes

- Nurses lacked the knowledge and confidence to talk to women about contraception.
- There was a limited supply and options for contraception on the ward.

Implementing change

- Measures were taken to increase the contraception stock on the ward.
- Training was provided for the nurses on all contraceptive methods, with a focus on bridging methods.
- Two bridging method options were prescribed prior to admission as an option on discharge.

Following the changes

- Confidence levels of the nurses increased from 45% to 100% in discussing contraception with the women.
- An increase from 64% to 88% in the number of women discharged with a contraceptive method.
- In the 3 months after teaching there was :-
 - 280% increase in the uptake of Desogestrel.
 - 20% increase in the uptake of the Depo Provera.