

Contraception counselling within a secondary care abortion service in the Republic of Ireland

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INTRODUCTION

All women who are pregnant should receive the highest standards of contraceptive care, regardless of pregnancy outcome. Contraception counselling and provision is a key component of quality abortion care. Currently, there is no standardized contraception training for nurses/midwives in Ireland.

Women should be informed about the effectiveness of different contraceptives, including the superior effectiveness of long acting reversible contraception (LARC), when choosing an appropriate method to use after abortion (FSRH) (2017)

OBJECTIVE

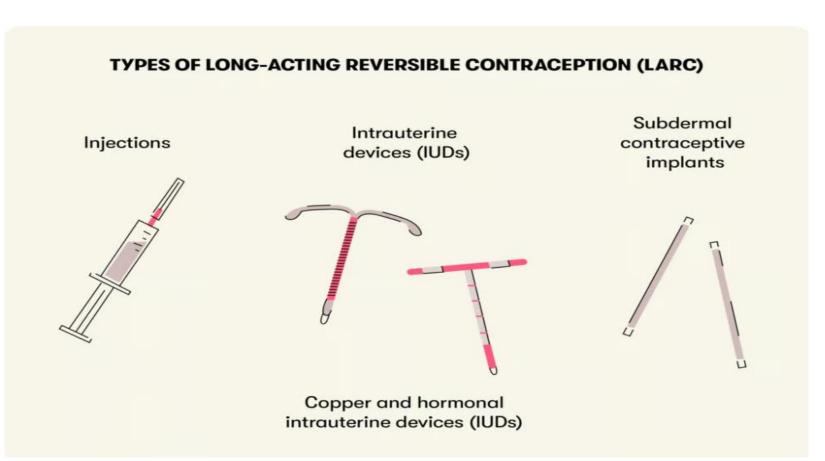
To assess documentation of contraception counselling among women attending for abortion against best practice guidelines Faculty of Sexual and Reproductive Health (FSRH) (2017) Contraception after Pregnancy

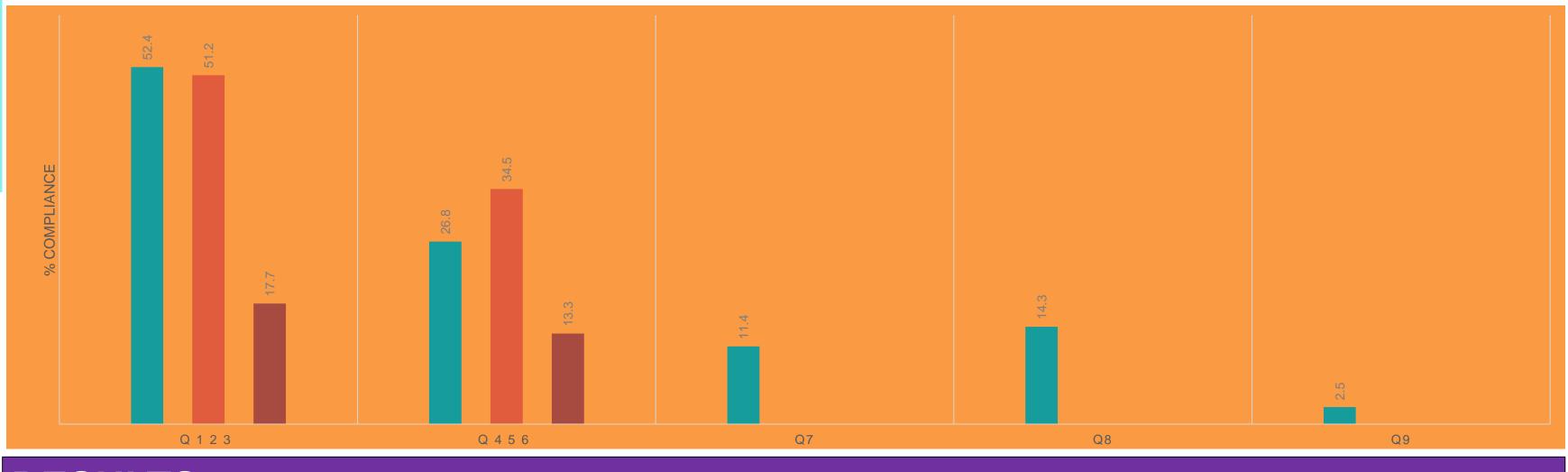
METHOD

Retrospective, electronic data collection of 257 total patient encounters over 3.5 year timeframe. Data was recorded using YES/NO/NA answers to audit questions listed below

In ROI, 12 weeks gestation is the legal limit for TOP.

<9/40 are facilitated in primary care. >9/40 are referred to secondary care.





RESULTS

Contraception counselling documented in approx. half of patient first visits and approx. quarter of second visits. The remainder represent woman who didn't have documented contraception counselling, women >12/40 who travelled to UK and women who continued the pregnancy.

- 39 women received prescription of their chosen method.
- 85 planned to make their own arrangements
- 20 women received a follow up appointment for LARC provision
- 34 women had previous abortion and 6 of those previously attended our clinic

AUDIT QUESTIONS

- 1. Is contraception counselling documented in the clinic notes from the first visit? Of these..
- 2. How many will make their own contraception arrangements?
- 3. Was a prescription offered at first visit?
- 4. Is contraception counselling documented in the clinic notes from the second visit? Of these...
- 5. How many will make their own contraception arrangements?
- 6. Was a prescription offered second visit?
- 7. Was a follow up appointment made for contraception?
- 8. Previous TOP?
- 9. Previous TOP >9/40 in our service?

The results suggest that there is low adherence to FSRH standards. The implications of this may be reduced quality of abortion care and increased risk of repeat unintended pregnancy.

We believe that access to training in contraceptive counselling may improve the quality of abortion care we provide







Contraception

