



# Women's and Providers' Perceptions of a Pilot Intervention to Address Postpartum Contraceptive Needs at Well Child Visits

Name:

**Hannah Keppler**

Scholarly

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Presentation available?

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*\*For more information, please email [scholarlyconcentrations@stanford.edu](mailto:scholarlyconcentrations@stanford.edu)*

**AUTHORS:** Hannah Keppler, MD, Jayme Congdon, MD, MS; Lee A. Trope, MD, MS1; Monica de la Cruz, MPH, Lisa J. Chamberlain, MD, MPH; Janine Bruce, DrPH, MPH

**MENTOR(S):** Janine Bruce, Lisa Chamberlain

**BACKGROUND:** Reducing unintended and closely spaced pregnancies may prevent adverse maternal and child health outcomes. Postpartum obstetric visits, when contraceptive counseling typically occurs, are inconsistently attended. Pediatricians frequently interface with postpartum women at well child checks, presenting an opportunity to identify unmet contraceptive needs and to provide family planning resources. However most pediatricians do not currently discuss family planning with women.

**OBJECTIVE:** To explore women's and providers' perspectives on a pilot intervention to screen postpartum women for unmet contraceptive needs at infant appointments.

**METHODS:** At a resident-run, pediatric FQHC, we implemented a pilot intervention to screen women at 2-6 month visits for unmet contraceptive needs and to offer resources on contraceptive methods and local family planning services. We invited women who screened positive for unmet need to participate in semi-structured phone interviews post-intervention to discuss barriers to obtaining postpartum contraception and experiences with our intervention. Data were analyzed using transcript-based coding and theme analysis. To assess provider feasibility and acceptability, we administered online surveys to participating pediatric residents.

**RESULTS:** Women: 24 women screened positive for unmet need, and 18 completed phone interviews (Table 1). Two primary themes emerged: (1) There is value in discussing postpartum contraception with a pediatric provider, although discussing with an Ob/gyn was still seen as important; (2) While all women had contact with an Ob/gyn provider postpartum, women identified barriers to meeting postpartum contraceptive needs, including lack of health insurance and child care (Table 2)

**PROVIDERS:** All 18 providers reported that the intervention was very easy or somewhat easy to administer, and 88% of providers were very comfortable or somewhat comfortable discussing postpartum contraception with women (Table 3)

**CONCLUSION:** We successfully implemented a brief pilot intervention to screen women for unmet contraceptive needs and offer family planning resources during well child visits. Screening for postpartum contraceptive needs was feasible in this pediatric clinic and was accepted by both mothers and providers. To complement routine postpartum care, a pediatric clinic-based screening and referral may aid in connecting postpartum women with accessible family planning services.