Implementing Quick Start Contraception at The Family Care Center: The Case of Depo Provera

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Background
• 70% of reproductive age American women are sexually active and do not wish to become pregnant
• Women in poverty have lower rates of contraceptive use
• Rhode Island’s unintended pregnancy rate is 43 in 1,000 women, second only to Connecticut in New England
• 52% of pregnancies in RI are unintended, the highest percentage in New England
• Nearly 1.5 million women used Depo provera for contraception in 2010, 3.8% of all contraceptive users
• Quick Start method allows women to initiate birth control the same day it is prescribed, regardless of where they are in their menstrual cycle
• Starting new birth control immediately after requesting it significantly improves continuation rates

Objectives
• Ensure that FCC protocols reflect evidence-based guidelines for contraception provision.
• Educate providers on Quick Start method
• Identify and reduce patient barriers to obtaining timely contraception

Methods
• FCC nursing staff were interviewed to identify themes regarding knowledge and behaviors around protocol for administering Depo
• A chart review of all FCC patients with Depo on their current medication list to obtain information on:
  1) timing of injections in relation to office visits
  2) barriers that patients face obtaining their injections

Results
• Approximately one quarter of FCC patients who are prescribed Depo never receive an injection
• Average of 6.6 days between prescription and injection
• 44% of injections happened within five days of the patient’s last menstrual period (LMP), with multiple documented instances of patients being asked to schedule within this time period
• Patients are told to use back-up contraception after the first injection for varying amounts of time, 1 to 30 days (recommended use is 7 days)
• Sexual histories are inconsistently documented and used to help guide patient management, e.g. to determine if patient requires a repeat urine pregnancy test after injection

Conclusions
• A disproportionately high rate of injections, 44%, were received in the first 5 days of the menstrual cycle, suggesting the Quick Start method is not used effectively
• Given the average 6.6 day delay between prescription and injection and the need to use back-up contraception for 7 days after 1st injection, the average FCC patient has a 2 week period during which she is at increased risk of unplanned pregnancy
• This time period could be reduced by ½ if injections could be administered the same day they are prescribed
• Barriers include:
  • lack of availability of Depo on site at the FCC
  • patients being instructed to schedule their Depo injections within 5 days of their menses
• Interventions that may aid in the provision of timely and appropriate Depo administration:
  • stock Depo at the clinic
  • updated Quick Text for providers that includes the Quick Start algorithm, prompts for sexual history, and counseling content reminders
  • consider automatic patient reminder calls for missed doses

Depo one of only 3 methods that can be given safely at any time in the postpartum period


http://www.choiceproject.wustl.edu/
As of 2014, 62 million women in the United States were between the ages 15-44, their reproductive years. On average, U.S. women must use contraception for three decades to achieve their desired family size.