### Introduction

The U.S. faces considerable challenges in the area of reproductive health, with rates of unintended pregnancy, preterm delivery and infant mortality lagging behind those of other developed countries. The CDC has developed recommendations for Quality Family Planning services that include routine discussion of the reproductive life plan, contraceptive counseling, preconception care and management of infertility. However, prior studies have demonstrated that resident physicians in the primary care setting do not routinely provide contraception counseling (less than 25% of residents in one study). The goals of this study:

- Develop a training session on Quality Family Planning with the Arizona Family Health Partnership, with a focus on the use of reproductive life plan
- Measure the knowledge, attitudes and behaviours of Family Medicine Residents toward contraception planning before and after the training session
- Survey patients to discover how frequently and effectively residents were addressing family planning before and after receiving training

### Methods

Survey given to reproductive age patients at checkout following all resident appointments to quantify how often providers are initiating discussions on family planning. All patients in a one month period between ages 18-45 were offered a survey, there were no exclusion criteria.

Separate survey provided to all resident providers at a single teaching session to assess their knowledge, attitudes and behaviors surrounding reproductive and contraceptive counseling.

Residents were given a 30-minute long teaching session on how to implement reproductive life planning into routine practice in connection with the Arizona Healthy Family Partnership educators.

Post-surveys for patients were then collected, to see if the frequency of counseling increased, and to residents, to see how knowledge, attitudes and behaviors changed.

### Results

Resident knowledge on contraception and reproductive health as measured by a 6 item multiple choice test trended toward improvement from mean score of 3.5 to 3.9 (p=0.3).

Resident attitudes toward contraceptive and reproductive counseling showed significant increases in comfort discussing the reproductive life plan with women (p=0.03), providing options counseling (p=0.04) and recommending emergency contraception (p=0.05).

Resident behaviors showed a significant increase in frequency of counseling female patients on contraception (p<0.01).

Patient surveys did not meet goals for numbers completed (goal 50 pre-training and 50 post-training, completed 23 pre-training and 9 post-training). No results reached significance.

### Conclusions

This study shows that simple educational interventions can help residents to feel more comfortable discussing family planning which then changes their behavior to discuss with patients more often as per the CDC recommendations.

Limitations included a small sample size and difficulty recruiting patient participation. This is likely due to reliance of otherwise busy office staff to offer the survey and short data collection times, particularly before the educational intervention.

Overall, this study shows the impact educational interventions can have on clinician practices. More education for clinicians could lead to more informed choices for female patients and could decreased unplanned pregnancy rates if contraception counseling leads to more contraception use. More research in this area is needed.

### References


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