The Contraceptive Coaching Project

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During the initial months of the COVID-19 pandemic, patients scheduled for in-clinic contraceptive injections were called and counseled on the option to transition to self-administered injections. We estimate that 17 in-clinic visits were avoided at one year follow up.

Introduction

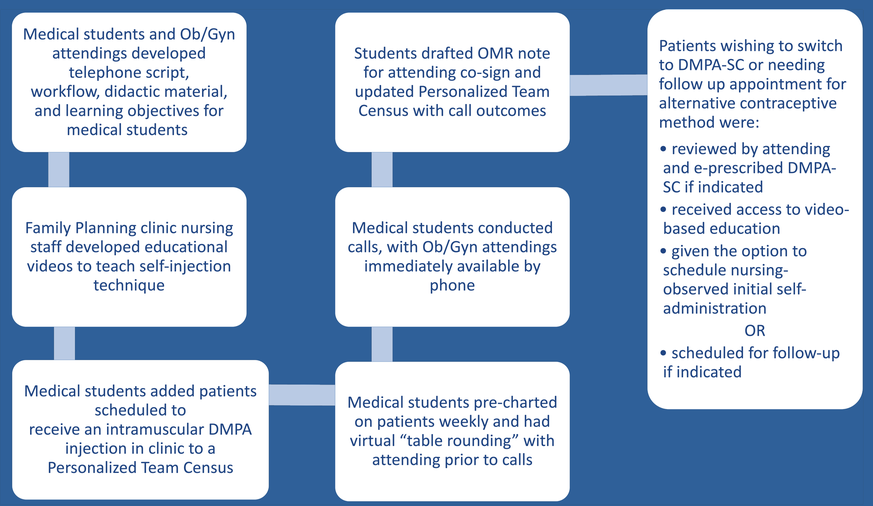
In 2014, close to 1.5 million people were using injectable contraception, with most obtaining injections in-person [1]. Advantages of self-administration include increased autonomy and access [2] and decreased in-person visits, which is crucial during the COVID-19 pandemic.

During the pandemic, there was also a need for medical students to engage in contraceptive counseling, a key learning objective [3]. The purpose of this project was to implement and assess the success of remote contraceptive counseling regarding transition of patients receiving DMPA-IM (intramuscular Depo-Provera) to DMPA-SC (subcutaneous Depo-Provera) conducted by medical students during or after their OB/GYN clerkship.

Methodology

The primary outcomes of this project were to assess feasibility of contacting patients and success in transitioning patients to a self-administered contraceptive method. Patients scheduled for DMPA-IM between May and July 2020 were identified and contacted using the protocol described in Figure 1. Charts were reviewed one year after the pilot took place to determine if patients continued DMPA-SC.

Figure 1. Workflow of Contraception Coaching Project



Results

Demographics

- 35 patients were scheduled to receive DMPA-IM during the study period.
- Average age was 30 (range 18-44).
- 49% of patients identified as Black, 17% Hispanic, 3% Asian, 26% White. One patient was Spanish-speaking only.

Outcomes

- 33 patients were telephoned. Outcomes are outlined in Figure 2.
- 4 patients who initially switched to DMPA-SC did not continue it at one year: 1 switched back to DMPA-IM, 3 chose other methods
- 4 patients (18%) scheduled appointments for additional contraceptive options counselling as a result of the call.
- **Given DMPA-IM requires visits every 3 months, we estimate 17 clinic visits were avoided at one year follow up in this cohort.**

Figure 2. Results of initial patient contact and one-year follow up

**An additional 1 patient had already planned to transition to DMPA-SC at the time of contact.*

Conclusion

This pilot demonstrates a scalable prototype for transitioning patients from an in-person to at-home alternative of DMPA. It is also an innovative opportunity for medical student learning with direct involvement in patient care, and for utilizing telemedicine to prioritize patient autonomy, convenience and safety by providing an alternative to in-clinic injections. This model is an effective and low-cost addition that can easily be integrated into clinic workflow and applied to other areas, such as postpartum follow-up.

References

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