

Contraception Referral Pathway at St George Drug & Alcohol Service, Sydney

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Introduction & Background

Women using drug and alcohol (D&A) services face barriers accessing contraception, including:

- Lack of knowledge about contraception
- Negative healthcare experiences
- Cost and difficulties attending appointments (1).

40% of pregnancies in Australia are unplanned (2). Australia has one of the highest pregnancy termination rates in the world (3), and **substance using women have disproportionately high rates of unintended pregnancy** (4). Complications of substance use exposure in the prenatal period are well documented (5).

Integration of D&A and reproductive health services is essential for holistic, empowering care.

Aim

To increase access to contraception for women at St George D&A Service and improve staff knowledge of contraception options.

Model of Care

D&A clients can access a **rapid referral** for contraception through the St George Hospital Women and Children's Gynaecology outpatient clinic. Evidence supports the use of long-acting reversible contraception (LARC) as first line intervention (6).

Fig. 1 Staff have a reasonable knowledge of contraception

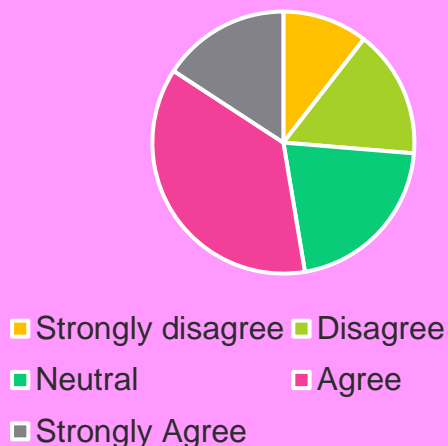
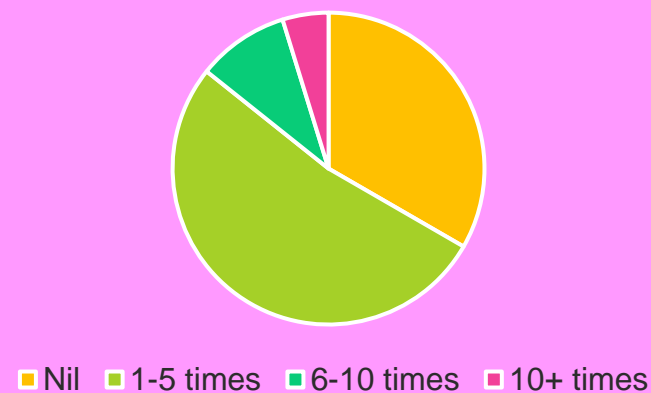


Fig. 2 Discussed contraception in the last 12 months



Staff Survey Results

There were identified gaps in clinician knowledge (Fig. 1) with the majority of staff not having training in contraception **and >50% were unaware of LARC**. Discussions of contraception was irregular (Fig. 2) with clinicians indicating **lack of confidence** in discussing this. Staff strongly agreed that although they felt it was **important for D&A services to discuss contraception, the preference was to refer to external services**.

Next steps

- Client surveys about the intervention.
- Further staff education and post intervention survey.
- Evaluation of contraception discussions in Global Care Plans.

Lessons Learned

Initially, St George D&A clinicians were to be trained in administering LARC. However, to increase the sustainability of this project and following literature reviews, rapid referral pathways were identified to be more appropriate.

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Conclusion

This project has/will:

- Assist clinicians identify/refer clients who may not otherwise access contraceptive support.
- Increase service providers' openness to discuss contraception with clients.
- Reduce trauma to clients of an unintended pregnancy and complications of prenatal substance use exposure, and reduce vicarious trauma to healthcare staff.
- Strengthen the relationship between health services.

References

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