

## **Affect of antepartum and early postpartum family planning counselling on contraceptive choices with regard to fertility goal**

B. Dilbaz, E. Cahskan, B. Aykan, O. Akyuz, E. Giray, S. Gungor, A. Haberal

SSK Maternity and Women's Health Teaching Hospital; Elik, 06010, Ankara, Turkey

**Purpose:** To find out the affect of antepartum and early postpartum family planning counselling on contraceptive choices with regard to fertility goal.

**Method:** Counselling about family planning was provided to 510 consecutive women in the third trimester of pregnancy and in the immediate postpartum period among a low income population. Family planning providers obtained and assessed patients' gravida, parity, number of previous abortions and pregnancy terminations, previous contraceptive use, educational status and fertility goal during a face-to-face interview. Patients who are planning to be pregnant in the future formed Group I (n=153), patients who have reached their fertility goal with the present pregnancy formed Group II (n=205) and patients with unwanted pregnancies formed Group III (n=152). ANOVA, chi-square, logistic regression analysis and Mc Nemar tests were used for statistical analysis. **Results:** The mean age of the patients was  $25.5 \pm 5.3$ , the mean parity was  $1 \pm 0.8$ , 37.5% of the patients were nulliparous and the mean fertility goal was  $2.1 \pm 0.6$ . The mean fertility goal was  $2.9 \pm 1.7$  in the illiterate women while it was  $2.2 \pm 0.6$  in literate,  $2.0 \pm 0.4$  in primary school graduates,  $1.9 \pm 0.4$  in secondary school graduates and  $1.5 \pm 0.6$  in high school graduates ( $p < 0.001$ ). In Group I, 75.2% of patients have never used a contraceptive method while 39.5% of Group II and 28.3% of Group III have never used a contraceptive method ( $p < 0.001$ ). After family planning counselling, 6.5% of Group I, 2.9% of Group II and 3.2% of Group III still preferred not to use any contraceptive method ( $p > 0.05$ ). When contraceptive use of each group was compared before and after counselling, the change in contraceptive use was significantly higher ( $p < 0.05$ ). Fertility goal was the main determinant of contraceptive use OR: 1.6, CI: 1.2-2.2. **Conclusion:** Increasing education level decreases the fertility goal, which is the main determinant of contraceptive use. Furthermore, integrating family planning counselling to antepartum and early postpartum care increases contraceptive use and accessibility.