Reference: Project receiving ESC support according to the ESC Rules of Procedure (second half year 2013 application period)
Contact person: Ms Jenny Stern
Project: Implementing a Reproductive life plan (RLP) in contraceptive counselling

Report to the Board of Directors of the ESC

Background: The RLP is a health-promoting tool recommended by the Centers for Disease Control and Prevention in the USA for improving preconception health. In a randomised controlled trial we found that using RLP-based information in contraceptive counselling increased women’s knowledge of reproduction and that 90% thought that midwives routinely should discuss the RLP with their patients. We therefore wanted to implement the RLP in routine contraceptive counselling and evaluate both the feasibility of implementation and the counsellor’s experiences.

Methods: The project group informed and educated all midwives in Uppsala County about the RLP in contraceptive counselling and provided an interview guide for the counselling as well as a specially designed brochure for the patients. All midwives were invited to test the RLP in their contraceptive counselling, participation was voluntary. After three months, all midwives who have tested the RLP were invited to participate in focus group interviews. Five focus group interviews were conducted in groups of 4-5 midwives from different clinics (n=22). Main outcomes were attitudes to and experiences of using RLP-based information in contraceptive counselling. Interviews were recorded, transcribed verbatim and analysed using content analysis. The midwives received a gift voucher for their participation.

To compare participating with non-participating midwives, all midwives also received a short questionnaire with questions regarding their attitudes to and experiences of RLP in contraceptive counselling. The response rate was 78%.

Results: Totally 78% of all midwives agreed to use the RLP, and 68% of midwives responding to the questionnaire had used RLP in their contraceptive counselling. The most common reason for not using the RLP was the midwife had not received any information about the RLP. No midwife stated they did not like the idea of RLP in contraceptive counselling.

Four categories emerged from the FGIs about the midwives experiences and opinions of working with the RLP:

1. A predominantly positive experience
   a. Rewarding and easier than expected
   b. Good start for broadening the counselling
   c. Time efficient or time consuming – different experiences
   d. Informing without intruding requires tactfulness and professionalism
2. The RLP – a health promoting tool
   a. Motivates health promoting actions
   b. Women need knowledge about fertility, but the RLP cannot always be prioritised
   c. Disagreement on RLP suitability for all groups
   d. Family planning counselling is suitable for RLP discussions
3. Individual and societal factors influence the RLP counselling
   a. The midwife’s clientele and her prejudices
   b. Women’s individual knowledge, norms and premises
   c. Influences by societal norms and media

4. Long term implementation comprises opportunities, risks and needs
   a. Making the RLP mandatory might be a double-edged sword
   b. Facilitating and problematic documentation
   c. Expanding RLP usage

Conclusions: Swedish midwives generally adopted the RLP in contraceptive counselling, had predominantly positive experiences of the RLP and considered it a feasible tool for promoting reproductive health.

The study has been published in Human Reproduction:


We chose to submit the manuscript to Human Reproduction as this is a follow up study to the RCT previously published in that journal. Acknowledgement of your grant was stated in the Funding section. The results of the study has presented to the midwives in Uppsala and also in other counties.

As the midwives in Uppsala County were generally positive about this way of working we are now collaborating with the Head of Obstetrics and the coordinating midwife to elaborate on how to support the midwives in their implementation to make it part of routine care. We are also continuing the project by repeating the randomized controlled trial among a normal female population and among men.

Your grant has been very useful for the execution of this project. The largest budget post, except salary, has been printing costs for the brochures and interview guides and this is where your grant has been most helpful.

On behalf of the whole project team, I thank you for your grant and hope you are pleased with the results.

Yours, sincerely,

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### Detailed budget for the project

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