

zondag, januari 15, 2023

Grant application form

Introduction

The ESC will provide funding to support an individual, group, institute or organisation with a project that has a scientific basis with a described relevant outcome(s) and is related to the aims of the ESC. Examples include: research into methods or provision of contraception, sexual and reproductive health; validated questionnaires to understand uptake or utilization of a method or procedure; or needs assessment within a community or locale.

The Internal Scientific Committee (ISC) retains the right to refuse an application if it feels the topic is not within the aims and objectives of the Society. For example, assisted reproductive technologies and projects on obstetric care would not be considered acceptable.

Application

- Please use this on line application form. Note sections with a maximum word count. Forms will be returned if the word count is exceeded. Please complete ALL sections of the form.
- If granted, the project MUST start within 12 months and MUST be completed within 3 years (if the project is to take longer, specific permission must be granted).
- A mentor will be allocated to each project. They are there to give advice if requested and will oversee progress.
- A short CV of the applicant (or the principal investigator) should be integrated into this application.
- If you or your department has been granted an ESC funded project or course before, this section of the form must be completed.

Who can apply?

Applicants must be paid up ESC European members with their membership paid within a European country. However, a European applicant is allowed to submit a project that will take place outside Europe. You must remain a paid-up ESC member until the project is complete and has been signed off by the ISC.

Funding

- Funding UP to a maximum of 10,000 euro per project can be requested. The money must be used for a definite project within a defined time period (usually up to 3 years) and with specified outcome measures. Part of the allocated funding is offered initially with the remainder being allocated on submission of an acceptable interim report(s). A final report MUST be sent to ESC within 6 months of completion.
- A detailed budget must be included in the application form. Example of costs include: staffing; involvement of a statistician; language editing; costs related to a questionnaire or obtaining relevant reference material. Costs for equipment may sometimes be accepted, dependant on reason given. Receipts may be requested. Grant money cannot be used for congress registration.
- The ESC may not be in a position to fully fund all applications; you must indicate whether / how part funding may impact your project.

Deadline

Applications MUST be received at ESC Central office by **31st December 2018**.

A. Name of the applicant requesting the funding

Name of applicant

Michelle Cooper

Submission date of this form

zondag, januari 15, 2023

Job title

Consultant Gynaecologist & Senior Clinical Lecturer

Address

Chalmers Sexual Health Centre, 2A Chalmers Street
Edinburgh, EH3 9ES
United Kingdom

Phone Number

(44) 776-5242492

E-mail

michelle.cooper@ed.ac.uk

A short CV of the applicant (or the principal investigator) should be provided here. (Max 250 words)

Name: Dr Michelle Cooper

Qualifications: MBChB PhD MRCOG MFSRH
DipGUM

Present appointment: Senior Clinical Lecturer and Consultant in Gynaecology/Sexual & Reproductive Health, Chalmers Centre, Edinburgh, UK

Posts held

- Senior Clinical Lecturer (Hon), University of Edinburgh (Sept 2021-present)
- Consultant in Gynaecology & Sexual Health, NHS Lothian (Aug 2020-present)
- NRS Career Research Fellow (Apr 2022-present)
- Clinical Research Fellow, University of Edinburgh (2016-2019)
- Specialty Registrar in Obstetrics & Gynaecology, NHS Tayside (2010-2020)
- Foundation doctor, NHS Tayside (2008-2010)

Other roles & responsibilities

- Member of European Society of Contraception, Science & Education Committee (2022-present)
- Member of Scottish Committee of Royal College of Obstetricians & Gynaecology (2022-present)
- Member of Faculty of Sexual Reproductive Health Scotland Committee (2022-present)
- Chair of Scottish Postpartum Contraception Network (2020-present)

- Associate Editor BMJ SRH (2019-present)
 - Member of Scottish Government Women's Health Plan advisory group on Contraception and Abortion (2020)
- Research & development grants
- David Bromham Seed Research Fund, Faculty of Sexual & Reproductive Health. Menopause and mental health priority setting project. £4500 (Nov 22-Nov 23)
 - Sexual Health and Blood Borne Virus Recovery Plan, Scottish Government. £44,337 (Apr 22- March 23). Improving access to contraception after childbirth in Scotland. Cooper M, Cameron S.
 - Edinburgh Family Planning Trust. £35,936 (Jan 2022-Dec 2022). Acceptability of a digital health intervention to inform women about contraceptive after pregnancy (DIGICAP): a pilot study. Cooper M, Cameron S, Free C.
 - NHS Lothian Charity. £15,345 (Jan 2021-Sept 2021). Development of a short video animation to provide postpartum contraception information to women during pregnancy. Cooper M.
- Recent journal publications (last 4 years)
- Cooper M, Cameron S. Improving Access to and Quality of Postpartum Contraception Provision. *Semin Reprod Med* 2023. Doi; doi: 10.1055/s-0042-1758114
 - Cooper M, Free CJ, Cameron S. Contraception after childbirth in the UK: beyond the COVID-19 pandemic. *BMJ Sexual & Reproductive Health* 2022;48:82-84.
 - Boydell N, Cooper M, Cameron ST, et al. Perspectives of obstetricians and midwives on the provision of immediate postpartum intrauterine devices: a qualitative service evaluation. *BMJ Sexual & Reproductive Health*. 29 June 2021. doi: 10.1136/bmjsex-2021-201170
 - Boog K and Cooper M. Long-acting reversible contraception. *Obstetrics, Gynaecology and Reproductive Medicine*, 2021; doi: 10.1016/j.ogrm.2021.05.002
 - Boydell N, Cooper M, Cameron ST, Glasier A, Coutts S, McGuire F, Harden J. Women's experiences of accessing postpartum intrauterine contraception in a public maternity setting: a qualitative service evaluation. *The European Journal of Contraception & Reproductive Health Care*. 2020 Nov 1;25(6):465-73.
 - Gallimore A, Irshad T, Cooper M et al. Influence of culture, religion and experience on the decision of Pakistani women in Lothian, Scotland to use postnatal contraception: a qualitative study. *BMJ SRH*. 2020; online: 16 April 2020. doi: 10.1136/bmjsex-2019-200497

- Boog K and Cooper M. Contraception for women aged 40 and over. *Journal of Practical Prescribing*. 2020; 2(3).
<https://doi.org/10.12968/jprp.2020.2.3.136>
- Cooper M. Expanding access to postpartum long-acting reversible contraception (LARC): how can we deliver? *BMJ Sex Reprod Health*. 2020;46(1):75-7. doi.org/10.1136/bmjsex-2019-200548
- Cooper M, McGeechan K, Glasier A, Coutts S, McGuire F, Harden J, Boydell N, Cameron ST. Provision of immediate postpartum intrauterine contraception after vaginal birth within a public maternity setting: health services research evaluation. *Acta Obstetrica et Gynecologica Scandinavica*. 2019; doi.org/10.1111/aogs.13787
- Cooper M and Boog K. Non-contraceptive benefits of hormonal contraception. *Journal of Prescribing Practice*. Aug 2019; 1(8). doi.org/10.12968/jprp.2019.1.8.394
- Cooper M and Cameron S. Successful implementation of immediate postpartum intrauterine contraception services in Edinburgh and framework for wider dissemination. *Int J Gynecol Obstet*. 2018; 143: 56-61. doi:10.1002/ijgo.12606
- Cooper M and Cameron S. Postpartum Contraception. *The Obstetrician & Gynaecologist*. 2018; 20:159-166. doi:10.1111/tog.12494
- Cooper M and Cameron S. Contraception after pregnancy: making the right choices. *Nurse Prescribing*. 2018; 16(6)
- Cooper M, Boydell N, Heller R, Cameron S. Community sexual health providers' views on immediate postpartum provision of intrauterine contraception. *BMJ Sex Reprod Health* 2018;44:97-102.
- Cooper M and Cameron S. Postpartum Contraception. *Obstetrics, Gynaecology and Reproductive Medicine*, 2018; 28(6): 183-5. doi: 10.1016/j.ogrm.2018.04.003

B. Proposed project

Is the person responsible for the project different to the person named in box A

No

C. Background of the project – narrative summary

Title of the project

Evaluating postpartum contraceptive provision across Europe using an analytic hierarchy model

Please provide a comprehensive description of your project. The application will be assessed under the following headings: Background and hypothesis; Specific aims and objectives; a Needs Analysis with evidence of unmet need and Innovation; Approach and Methodology; ie numbers recruited, ethical approval. inclusion & exclusion criteria; Expected outcomes; Impact it will or may have in the field of contraception, sexual and reproductive health; Feasibility (1000 words)

Background and rationale

There is growing recognition of a woman's need for effective contraception in the immediate postpartum period. For those who are not exclusively breastfeeding, ovulation can occur as early as the third week postpartum (Jackson & Glasier 2011) and by six weeks, approximately 50% of women have resumed sex (McDonald & Brown 2013). Studies have found that more than 90% of women do not plan to become pregnant again the year following childbirth, and that most of the pregnancies that do occur during this time are unintended (Heller et al 2016). In a study from UK, one in 13 women attending an abortion service had given birth within the previous year. The same number also conceived and continued another pregnancy in 12 months following childbirth (Heller et al 2016). This short inter-pregnancy interval is associated with a higher risk of complications including preterm birth and stillbirth (Smith et al 2003) and the World Health Organisation therefore recommends an interval of at least two years between subsequent pregnancies.

However, attending appointments to initiate contraception after leaving the hospital or birth unit can be difficult while caring for a newborn and recovering from childbirth. Current WHOMEK guidance indicates that most contraceptive methods are safe to start immediately after giving birth and this be more convenient for women.

Increasing focus is being placed on the antenatal and immediate postpartum period as a potentially opportune time to initiate this discussion and provide rapid and simplified access to a range of contraceptive methods, while women are still in contact with maternity services. But this is not yet universally available across Europe and there are several barriers to expanding contraceptive provision in the immediate postpartum period.

In 2022, we conducted a preliminary survey of key opinion leaders in contraception across Europe about the provision of postpartum contraception

(PPC) in their country. This survey found that many countries lack guidelines or national policies specific to PPC, and both the availability of contraception and the range of methods available in the immediate postpartum setting vary considerably. Most respondents rated PPC provision in their country as sub-optimal. However, our understanding of current provision in the region remains limited, and there are considerable complexities in progressing the objective of universal access.

Analytic Hierarchy Process (AHP) provides a tool to mathematically evaluate different aspects of a final objective (Forman & Selly 2001). This concept was used successfully to develop the interactive European Contraceptive Policy Atlas (available at: <https://www.epfweb.org/node/89>

) which benchmarks country performance in terms of contraceptive provision through national health systems. This has been a highly successful tool in influencing national policy and in expanding access to contraception in many European countries. Our intention is to apply a similar methodological approach to conduct a European mapping exercise specific to postpartum contraceptive access, to develop a greater understanding of current provision and to serve as a platform for future advocacy, research and clinical intervention in this area.

Aims/objectives

The aims of this project are:

- To establish an ESC expert working group in postpartum contraception
- To conduct a pilot mapping exercise using AHP methodology
- To publish and share findings with key stakeholders including public engagement

Methodology

Phase 1: Establishing expert group

Recruitment to the expert working group will be sought through invitation to ESC members and via existing network links. The aim is to achieve representation from all European countries by individuals who are actively involved or interested in postpartum contraception research and/or service delivery. Prospective members will be briefed about the proposed project and their expected role in advance. They will be expected to participate in two virtual workshops.

Phase 2: Pilot mapping exercise

In the first workshop, members will be introduced the AHP model and reach a consensus on the key criteria that will form the hierarchy tree. The group (with the aid of a methodological expert) will then

assign a local and global weighting to each of these criteria, indicating their importance relative to each other and the overall objective. Weighting will be achieved using a pairwise comparison technique, allowing for both quantitative and qualitative criteria to be compared.

Once the hierarchy tree and weighting have been agreed and pilot-tested, a second workshop of the expert group will be convened to commence the country-level evaluation. Information about the country-level parameters will be sought from a range of sources e.g., survey data, existing research and policy documents, stakeholder consultation and expert opinion. A ratings approach will be used to score how each country performs with respect to the pre-defined criteria. These scores will then be visually displayed in a colour map.

Phase 3: Dissemination of findings

Findings will be published in a peer reviewed journal and presented at European (international) meetings. Country-level dissemination be achieved through expert group members. The final map could be made available to view via the ESC website.

- Feasibility of:
 - Recruitment to European PPC expert group
 - Developing an AHP hierarchy model specific to PPC provision
- Country-level scores for PPC provision

Impact

Once established, the ESC-affiliated expert working group could have a future role in advocacy, priority-setting and inter-agency communication related to PPC. If the AHP exercise is successful, it could be used to create an interactive and dynamic PPC map to formally ascertain and monitor country performance in relation to the defined criteria. Such a tool could be valuable in influencing policy and key stakeholders (including public engagement) to improve access to PPC across Europe. The process could also be replicated internationally to achieve a global map of PPC provision. Increasing awareness and availability of PPC could help to reduce unintended pregnancies in the postpartum period and the harms associated with short interpregnancy intervals, as well as empowering women's contraceptive choices after childbirth.

Timeline: When will it start / finish? (Max 20 words)

Approvals&recruitment (3months)

Workshops, data collection, AHP modelling& pilot-testing (12months)

Final analysis, ratification, mapping (2months)

Report-writing and dissemination (3 months)

Is it a 'new' project?

Yes

D. Financial related information

How much will this project cost?

10000 euros

Are there other partners or organisations supporting this same project?

No

Have you already obtained any funding?

No

Details of your proposed budget

- **Example of costs include:** staffing; involvement of a statistician; language editing; costs related to a questionnaire or obtaining relevant reference material. Costs for equipment may sometimes be accepted, dependent on the reason given. Receipts may be requested. Grant money cannot be used for congress registration.
- List each item required for this project
- For each budgetary item, enter either the amount requested from the ESC or if there is also funding from another partner, list the amount & name of partner.

Budget

List each Item required for this project	Amount requested from ESC	Amount requested from additional partner	Name of partner	Any Comments
Project co-ordinator (50 hours)	2000	0		Overall project management including obtaining approvals, liaise with stakeholders, preparation/administration of workshops, assistance with data collection & analysis, final report & dissemination
Statistical input/methodological support (120 hours)	4000	0		Assistance with mathematical modelling, data input and processing, mapping
IT software subscriptions	800	0		To facilitate data input, AHP modelling and mapping
Dissemination costs	2000	0		Open access publication (1500 euro), development of briefing materials and maps (500 euro)
Digital engagement support	1000	0		Map design and digital accessibility, social media & website support
Consumables	200	0		Printing, stationery costs

Total amount requested from ESC

10000 euros

Total amount requested from partner(s)

N/A

The ESC may not be in a position to fully fund all applications; you must indicate whether / how part funding may impact your project. (Max 100 words)

Depending on the amount awarded some of the project phases may not be able to be completed in full and dissemination of findings may be limited.

Note: The ESC retains the right to be refunded any unspent money from the grant.

Who will oversee the budget & keep accounts?

Provide name, title, contact number and email address

Cynthia Mukubvu, Assistant Management Accountant, NHS Lothian ACCORD office
+44 131 242 3338

cynthia.mukubvu@nhslothian.scot.nhs.uk

E. Previous funding from ESC

If you or your department has received funding from ESC for a project or course before, please give details of the date of funding, contact person and title of project or course.

N/A

F. Follow up

I/We, as responsible agents for this project, agree to the following 10 points:

I/We agree that all monies will be spent appropriately	yes
I/We agree to work with the nominated Mentor	yes
I/We agree to advise you at the earliest time if this project is delayed or cannot be completed	yes
I/We agree to provide an interim report(s) part way through the project and a final report to the ESC within 6 months of the end of the project.	yes
I/We agree to provide the ESC with an interim budget(s) and a detailed budget at the end of the project. NOTE funding will be awarded in stages and will be dependent on appropriate reporting.	yes
I/We agree to provide receipts for monies spent if requested.	yes
I/We agree that if we need to make any significant changes to the duration, contents or funding of the project after it has been awarded, I/we will advise the nominated mentor.	yes
I/We agree that any unspent money will be returned to the ESC	yes
I/We (the applicant) agree to acknowledge the ESC as a donor in any publications, submission of abstracts and oral communications resulting from this project. Please inform the ESC Office where and when the data is to be presented and/or published and note that ideally any manuscript should be sent to the ESC journal in the first instance.	yes
I/We agree to remain fully paid up ESC member(s) until the final grant report is submitted	yes
I/ We agree that the reports get published on the ESC website	yes

Full Name

Michelle Cooper

Questions? ESC Central Office: info@escrh.eu / Tel. 0032 2 582 08 52