

Knowledge of OBGYN Residents of Fertility Awareness Based Methods of Family Planning

Emily Damba-Cunningham DO, Will Nolan MD
Sisters of Charity OBGYN Residency, Buffalo, NY

Introduction

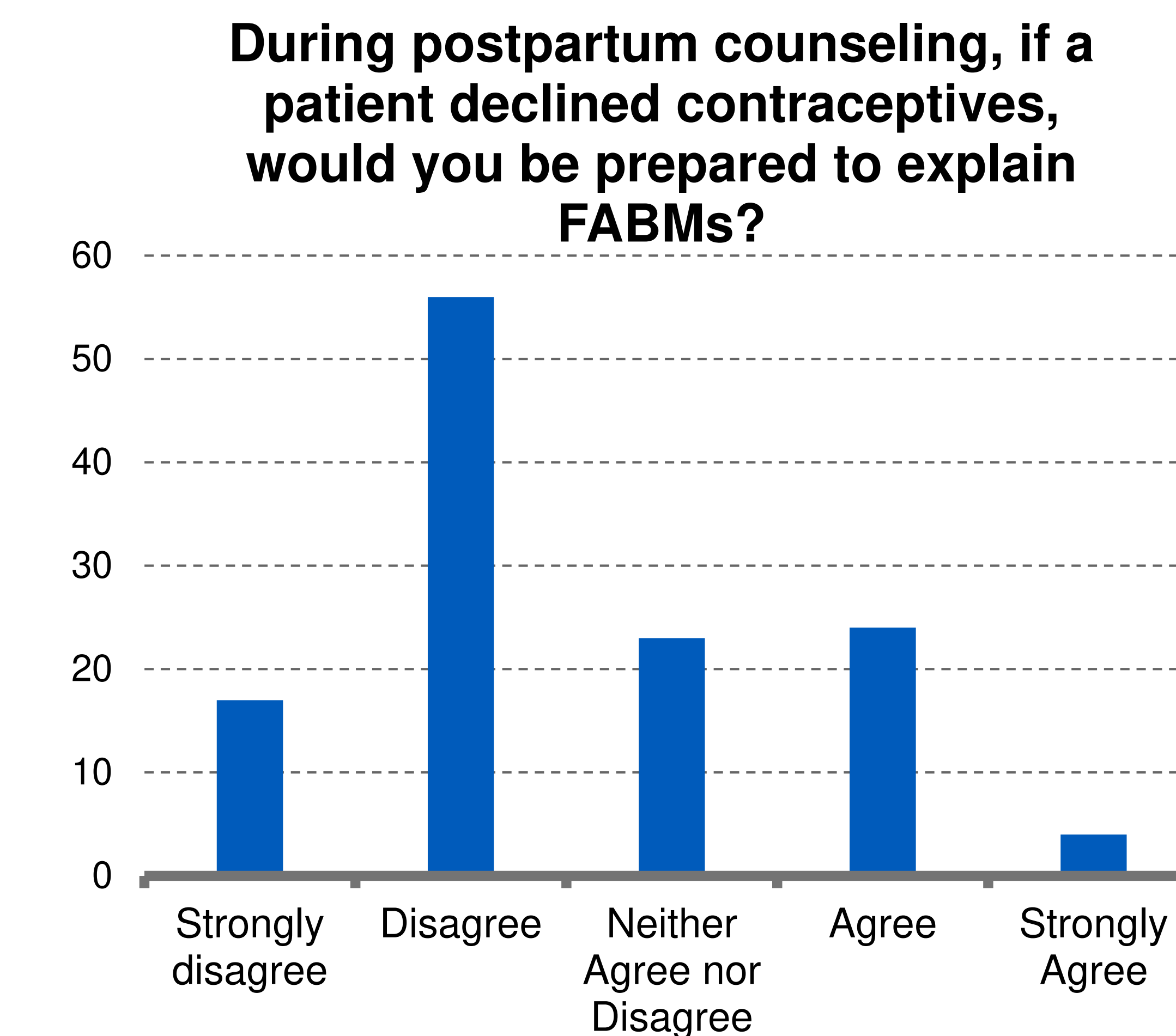
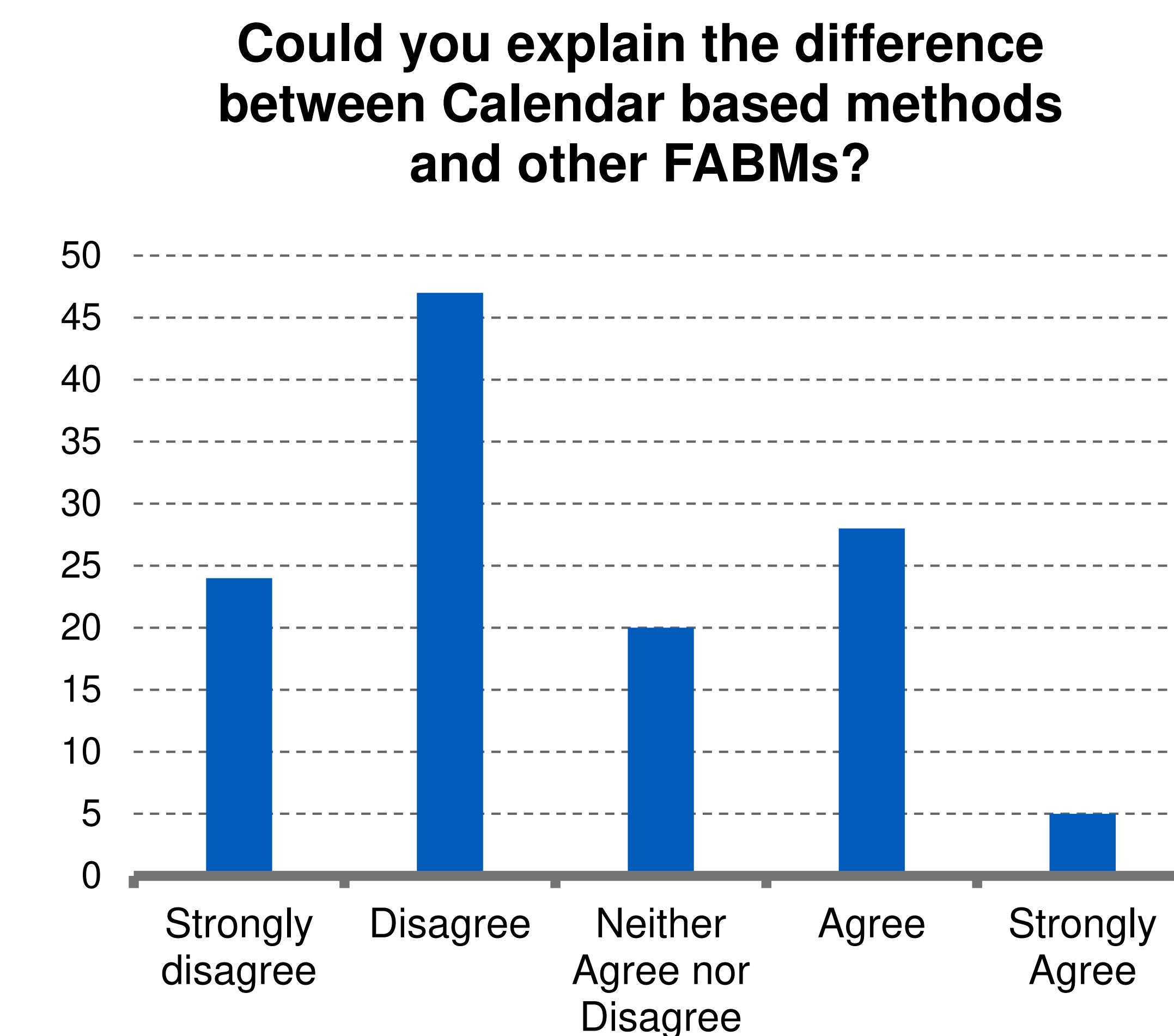
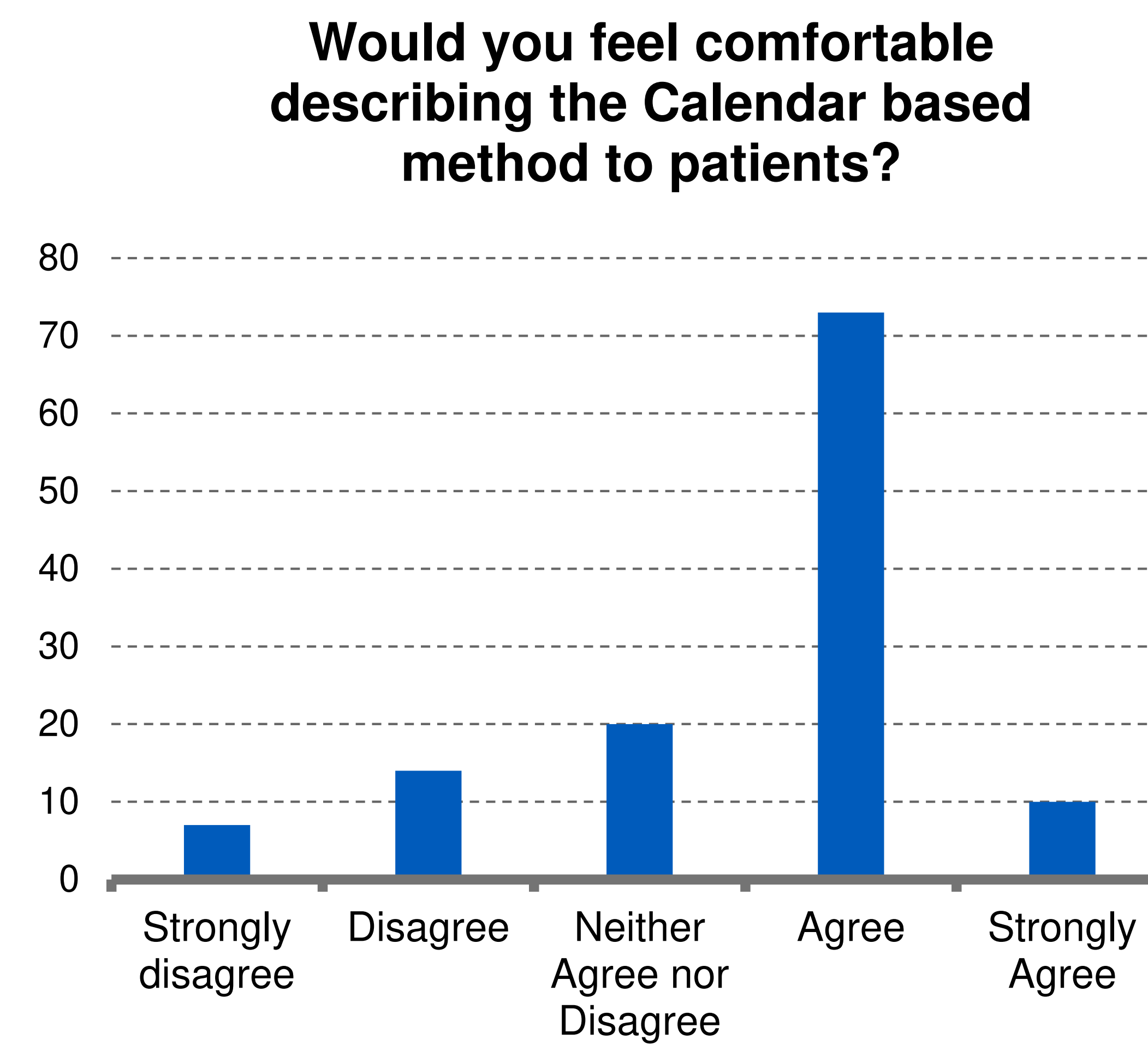
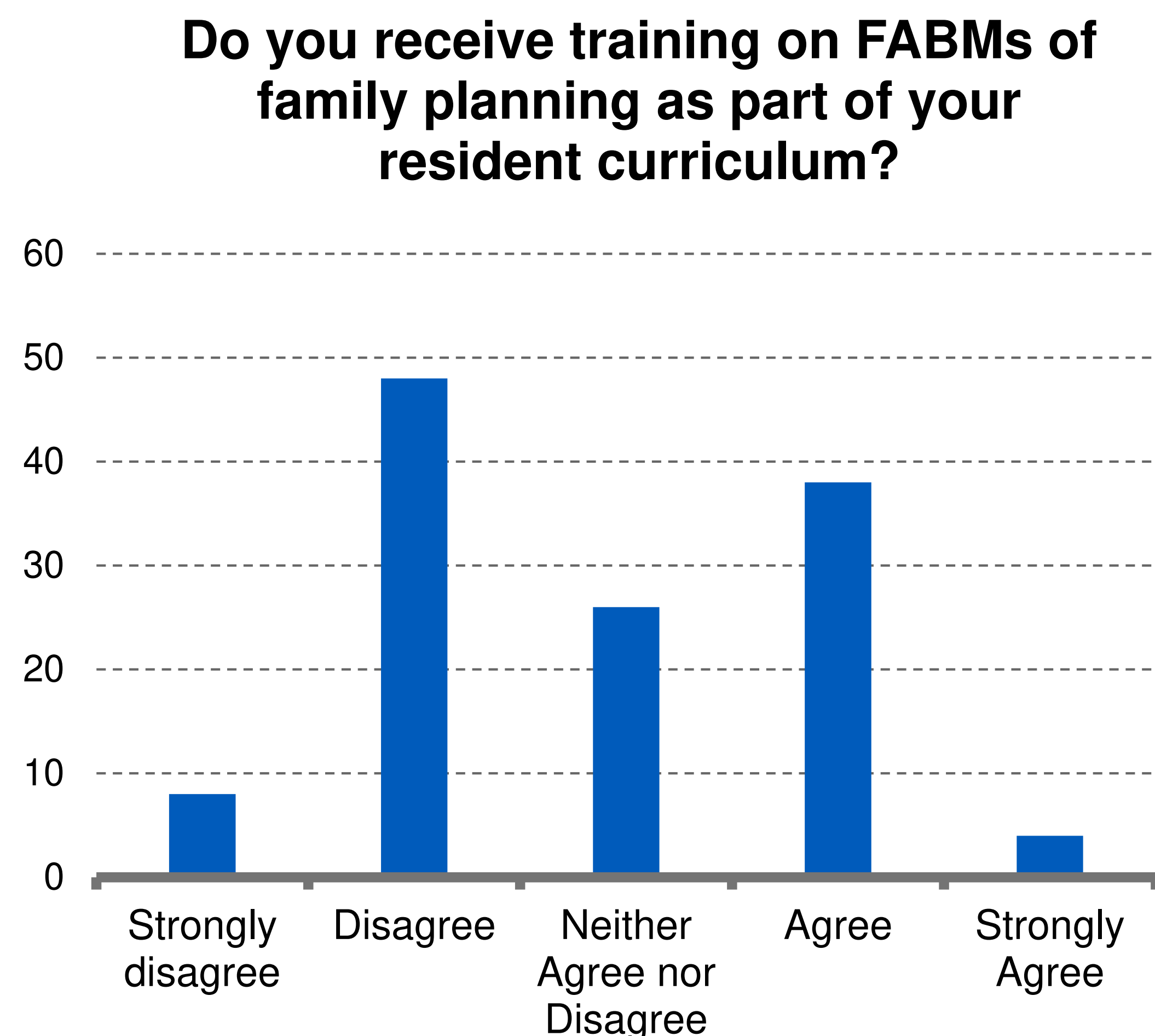
Fertility awareness-based methods (FABM) of family planning have increased in popularity in recent years. The effectiveness of various methods can vary substantially and can be user dependent. For various reasons, there is a bias in OBGYN physicians against the use of FABMs for family planning. However, once educated about the methods of FABMs, this bias improves. There is limited research regarding the education dedicated to FABM use in residency. We hypothesized that the residency education obtained regarding FABMs would be insufficient in preparing resident OBGYNs in effectively counseling patients regarding FABMs.

Methods

IRB approval was obtained through the Catholic Health Institutional Review Board. A 16 question survey via SurveyMonkey was emailed to all ACGME accredited OBGYN residency program directors for distribution to their current residents. The survey was available for completion between October and December 2023.

Results

125 responses were collected. Less than 40% of residents received formal training in regards to FABMs. Respondents indicated they felt most comfortable describing the calendar method to patients (68% respondents agree or strongly agree when queried if they could describe the method). 79.5% of respondents could not describe mucus-only, hormone monitoring, or sympto-thermal methods of family planning. When questioned if they were prepared to counsel postpartum patients who refused contraception regarding FABM, 58% of respondents indicated they could not assist their patients.



Discussion

As indicated by the results above, over half of the participants were not prepared by their residency curriculum to assist patients who elect to use FABMs for their family planning. The data listed above confirms the hypothesis of this study and shows an important gap in postgraduate OBGYN training. The most common method that could be comfortably described by resident physicians was the calendar method, which is one of the least effective FABMs. This likely stems from the little education physicians receive in medical school compounded by the little or no education that continues in residency. Limitations of this study include the low response rate from the surveys sent out, bias either in a positive or negative sense from the program directors and/or residents, lack no demographic information.

Conclusion

Despite increased use in recent years and multiple options for FABM use, resident education in the application and use of FABMs is lacking. Additionally, residents indicated they are most familiar with the least effective methods (calendar method) which would likely be a significant detriment to their patients.

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