

A Prospective Audit Evaluating the Provision of Postpartum Contraception Counselling

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Introduction

The postpartum period offers a valuable opportunity to provide effective contraception. The minimum recommended interpregnancy interval (IPI) is twelve months. Shortly spaced pregnancies are associated with adverse maternal and neonatal outcomes.^{1,2} The Royal College of Obstetricians and Gynecologists (RCOG) and The Faculty of Sexual and Reproductive Health (FSRH) recommend that advice on contraception should be provided antenatally and postnatally. It is also recommended that effective contraception should be provided prior to discharge from birthing facilities.¹⁻³ Despite current guidance, most maternity units within the United Kingdom do not routinely offer postpartum contraception.

Aims

The aim of this audit is to evaluate whether our department is following the current RCOG and FSRH guidelines.

We have evaluated the following outcomes:

- ❖ The proportion of women offered appropriate contraception counselling antenatally and postnatally.
- ❖ The proportion of women who are aware of the minimum IPI and the risks associated with a short IPI.
- ❖ The proportion of women who want contraception postnatally.

RCOG and FSRH Guidelines

- ❖ Information on contraception should be offered antenatally and after childbirth.
- ❖ Maternity services with staff trained in postpartum intrauterine contraception and progesterone implant should offer long-acting reversible contraception (LARC) to all eligible women.
- ❖ If women cannot be provided with their preferred method of contraception, bridging contraception and information about accessing LARC should be offered.
- ❖ Effective contraception should be started as soon as possible after childbirth and prior to discharge from maternity.
- ❖ Most contraceptive methods except combined hormonal contraception can be started safely in both breastfeeding and non-breastfeeding women immediately after childbirth.

Methods

- ❖ We have prospectively collected data for 50 women in our maternity unit over a 3-week period.
- ❖ All patients were included irrespective of their method of delivery and postnatal complications.
- ❖ A total of 53 patients were identified from inpatient lists. Three patients were excluded as they did not wish to participate in the survey.
- ❖ Data was collected using a data collection proforma which included a patient survey.
- ❖ Electronic patient records and written notes were used to gather information on patient demographics, mode of delivery and postnatal complications.

Results

Patient demographics

- ❖ Average age 28.64 years. Age range 19-36 years.
- ❖ 52% delivered by normal vaginal delivery, 48% by caesarean section.
- ❖ Average parity 1.64.

Contraception counselling

- ❖ 16% (n=8) recall having discussed contraception with a healthcare professional.
 - ❖ 6/8 had discussions antenatally.
 - ❖ 2/8 had discussions in the maternity ward.
- ❖ 60% of women wanted contraception postnatally however only 6% (n=3) have received their chosen method of contraception. 2/3 have received sterilisation, one has received bridging progesterone only pill whilst awaiting sterilisation.

- ❖ Out of the women who wanted contraception 60% preferred waiting for the six weeks postnatal check with their General Practitioner (GP).
- ❖ 90% of women were not aware of the recommended interpregnancy interval and the risks associated with shortly spaced pregnancies.
- ❖ Most women were unsure about the method of contraception they would prefer.

Where was contraception discussed?	Number of patients
Maternity ward	2
Antenatal clinic	2
GP	1
Community Midwife	3

Table 1. Illustrates where was contraception discussed

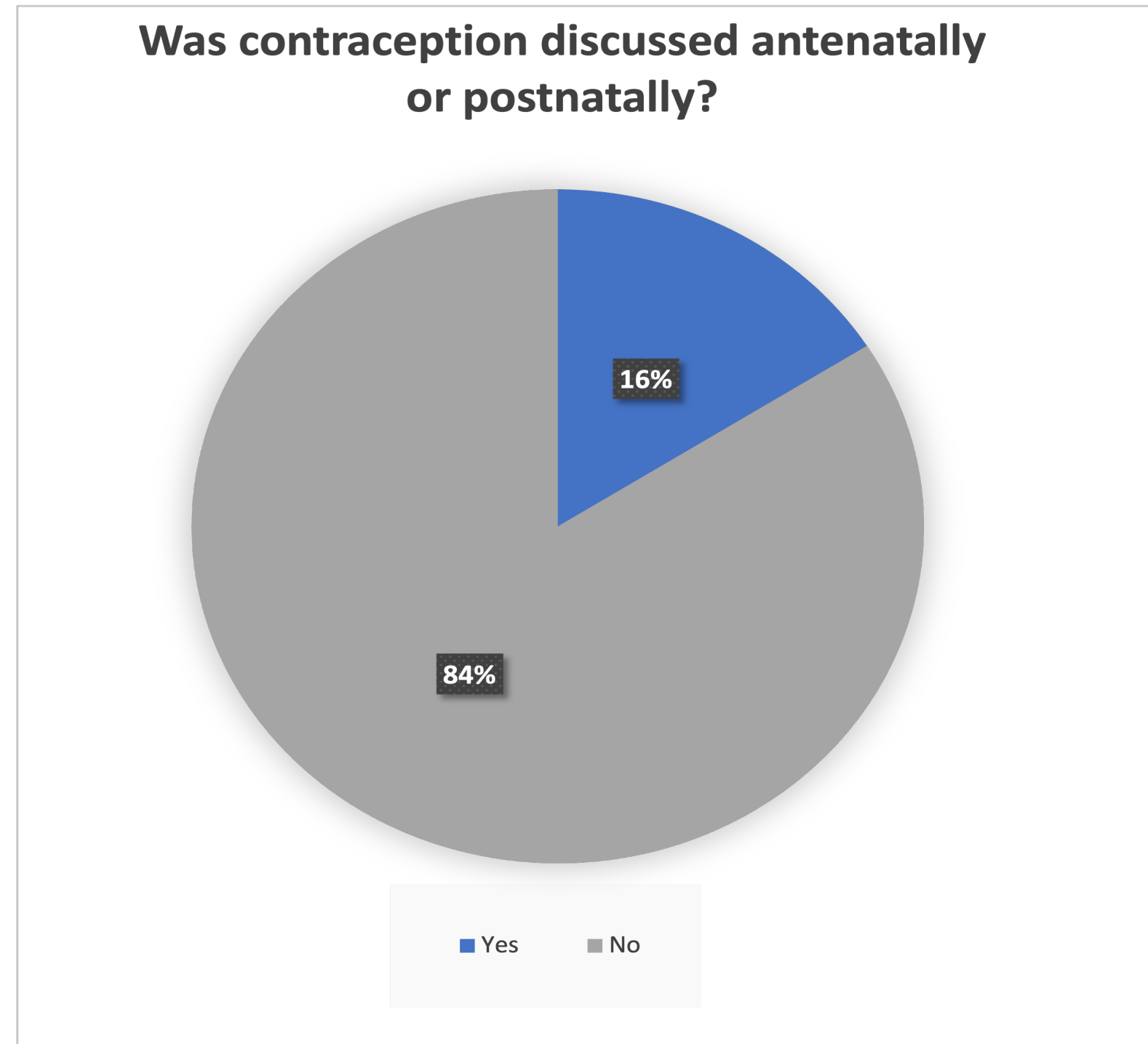


Chart 1. Illustrates the proportion of mothers who have received contraception counselling

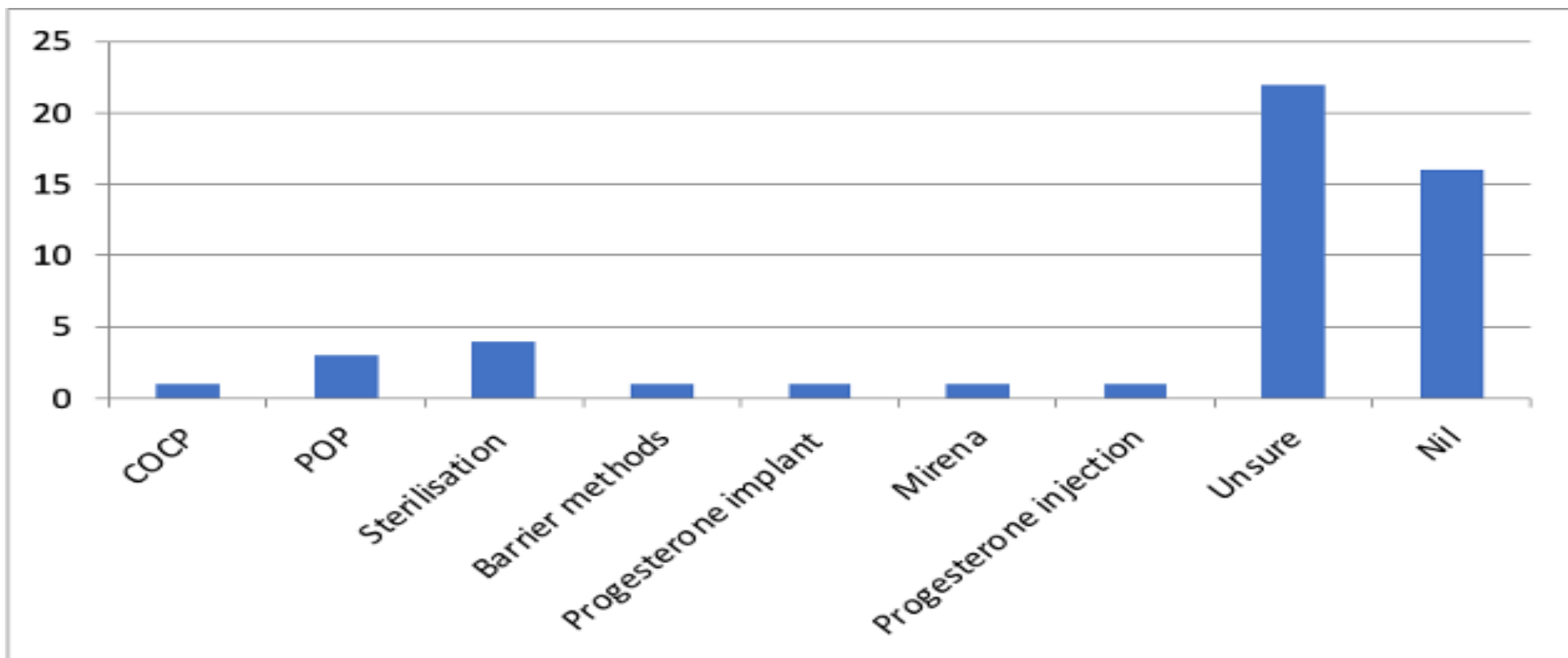


Chart 2. Illustrates the preferred method of contraception

Discussion

- ❖ The results from this audit demonstrate that women are not receiving adequate postpartum contraception counselling.
- ❖ Our fundings show that 60% of women want some form of contraception, this is in keeping with results from a survey conducted in University Hospital of Wales where 67% of mothers wanted postpartum contraception. However, none of the mothers have left hospital with any form of contraception.⁴
 - ❖ This reflects the wider issue of lack of provision of postpartum contraception across maternity units in the UK.
- ❖ Although a large proportion of women prefer receiving contraception at their six-weeks check, the risk of pregnancy can return before that.
- ❖ There are several barriers to providing contraception in maternity units including lack of funding, lack of privacy in postnatal wards and the high workload of healthcare professionals.⁵ Therefore, it is essential that these discussions start antenatally.
- ❖ Despite these challenges offering contraceptive advice should be incorporated into out practice.

Limitations

- ❖ Small sample size
- ❖ Sample is not representative of the under 18 years of age population.

Conclusion

- ❖ Few maternity units in the UK offer postpartum family planning services despite current guidance.
- ❖ Results from this audit demonstrate that women are receiving substandard contraceptive counselling antenatally and postnatally.
- ❖ Implementation of a postpartum contraception service in birthing facilities is the key to prevention of unintended pregnancies and short interpregnancy intervals.
- ❖ We will be piloting a postpartum family planning service in our hospital offering contraceptive advice and postpartum contraception.

References

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5. Heller R, Cameron S, Briggs R et al. Postpartum contraception: a missed opportunity to prevent unintended pregnancy and short inter-pregnancy intervals. *Journal of Family Planning and Reproductive Health Care*. 2015;42: 93-98