

Contraception immediately after having a baby: What do women want?

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Objective

A short inter-pregnancy interval of less than 18 months increases the risk of subsequent pregnancy and birth-related complications. Our objective was to identify how the use of postnatal contraception can be tailored to individual needs and become a well-integrated component of personalised care in maternity services to reduce this risk.

Design And Method

A cross-sectional survey among 103 new mothers on the postnatal ward over a 6-week period (Oct-Nov 2020). Participants were selected at random, within 72 hours of giving birth, and completed an iPad survey on their contraception preferences. Analysis of their responses established their knowledge on postpartum contraception, the extent of counselling received during their pregnancy and their preferences.

The survey focused on identifying:

- The timing and clinical setting in which postpartum contraception was discussed.
- What additional information new mothers required on the different types of contraception.
- Which clinical setting felt more appropriate for them to access their contraception.

Results

Answer	%	Count
6 weeks	9.71%	10
6 months	17.48%	18
9 months	5.83%	6
1 year	37.86%	39
2 years*	10.68%	11
I don't know	18.45%	19
Total	100%	103

Table 1: Responses to “What is the recommended time to wait before getting pregnant again?”
*WHO recommendation of minimum inter-pregnancy interval

- 38% had received contraception counselling during their pregnancy care with the majority (70%) carried out by a midwife (figure 1).
- Only 28% were offered contraception after delivery.
- Timing: 50% wanted to discuss contraception during antenatal appointments and 44% preferred receiving their contraception of choice before discharge.
- Safety of use whilst breastfeeding: 74% believed all types of oral contraceptives were unsafe, 41% believed that both the implant and the depot injections were unsafe.
- IUD at C-section: 25% of women who had a C-section were likely or very likely to accept an intrauterine device as their contraception at the time of their operation.

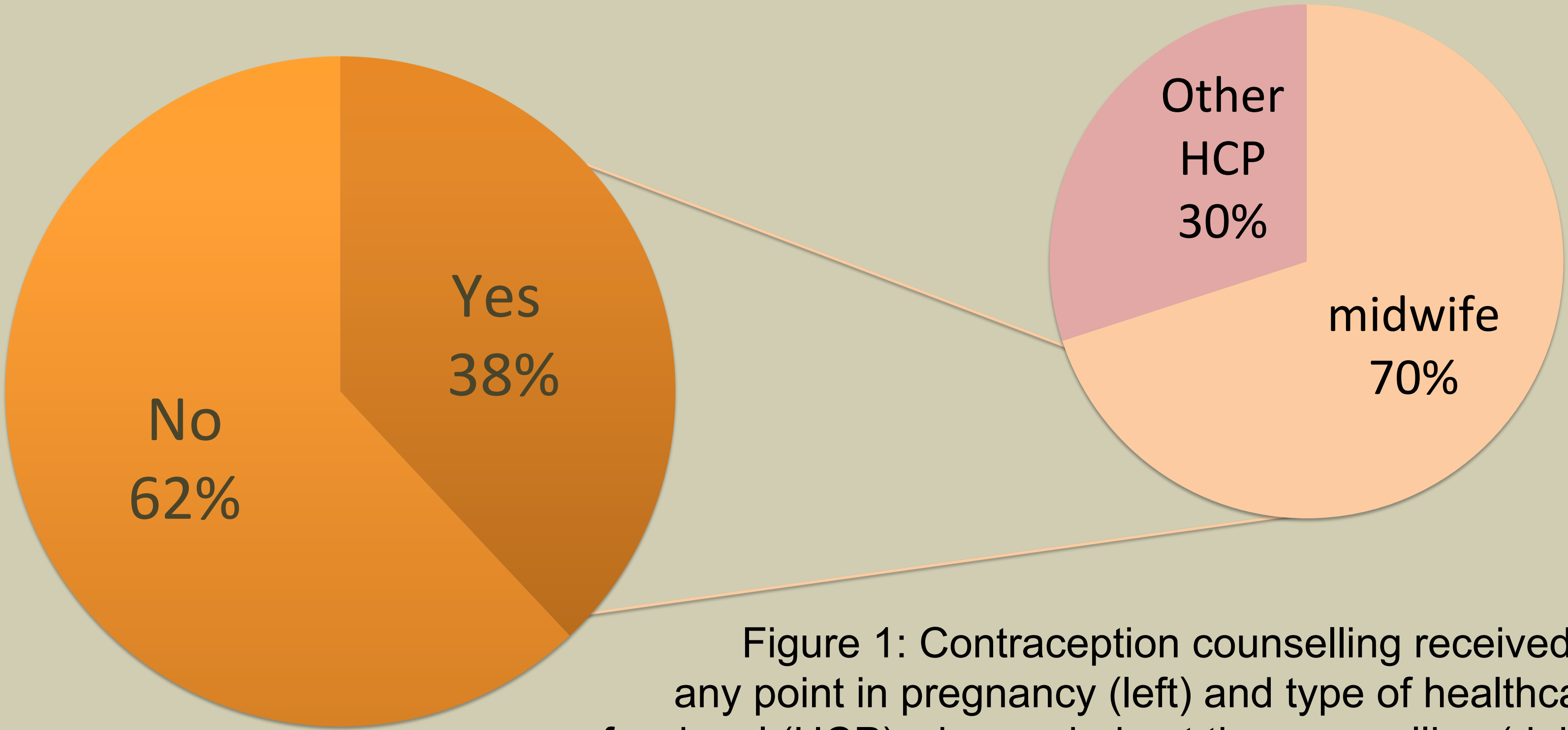


Figure 1: Contraception counselling received at any point in pregnancy (left) and type of healthcare professional (HCP) who carried out the counselling (right).

Conclusions

- This survey provides evidence that women want to access contraception, including long-acting reversible contraception, prior to discharge from maternity services. This should become routine clinical practice.
- Implementing such a postnatal contraception service has been of greater significance during the COVID-19 pandemic since accessing contraception from GPs or sexual health clinics has become more challenging for new mothers.
- We believe that contraception counselling should become an integral component of a woman’s pregnancy journey, starting at her booking and ending with the preferred method of contraception provided prior to her discharge from hospital.