

PERFORMANCE OF THE LONDON MEASURE OF UNPLANNED PREGNANCY IN ANTENATAL CARE

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This study **evaluates** the **uptake** and **acceptability** of the **implementation of the London Measure of Unplanned Pregnancy (LMUP)** into **antenatal care** in the **UK** and **assesses** whether the **LMUP is working as expected**.

INTRODUCTION

Unplanned pregnancies are associated with **increased risks of adverse outcomes (1)**; it is estimated that **45% of pregnancies** in the **UK** are **unplanned(2)**. Despite this they are currently **not routinely detected** during antenatal care.

We piloted the **implementation of the London Measure of Unplanned Pregnancy (LMUP)** – a validated measure of pregnancy planning – into **antenatal care** at **University College London Hospital (UCLH)** and Homerton University Hospital (HUH). Here we present **two month’s data from UCLH**.

METHODOLOGY

Uptake and **acceptability** were measured using **anonymised data** from **August – September 2022**, comprising **1221 women**. **Non-completion of the LMUP** was used as a **proxy measure of acceptability** overall.

Women’s demographic and **obstetric history data** were also considered to ascertain whether **certain groups of women** are **less likely to complete the LMUP** and to **check the LMUP is working as expected**, based on previous literature.

ETHICS

Ethical approval was granted by the South West, Cornwall and Plymouth Research Ethics Committee, IRAS number 270375.

FUNDING

The study is being sponsored and run by the University College London Hospital (UCLH) and is funded by the National Institute for Health Research (NIHR).

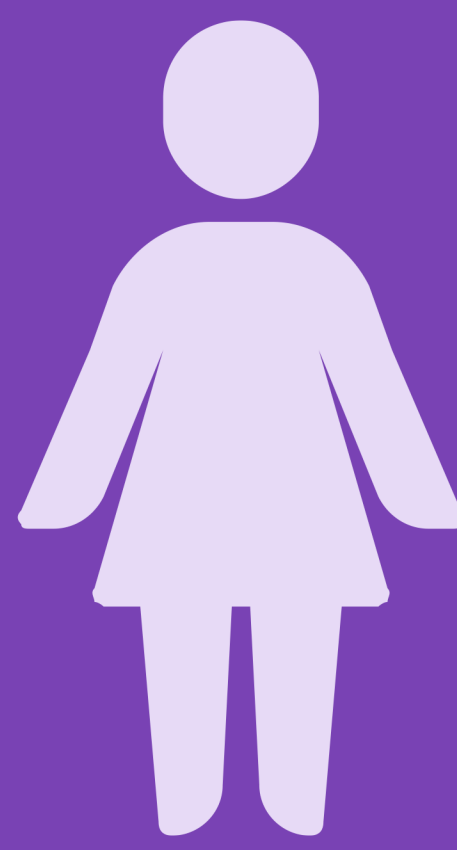


RESULTS

Overall, the LMUP was **fully completed** in **73.1%** (n=893); **partially completed** in **8.4%** (n=103) and **not completed** in **18.4%** (n=225) of bookings.

The **full range of LMUP scores** (0-12) was captured, but, as is usual in an antenatal sample, the distribution was skewed (84% scored 10-12). Cronbach’s alpha (reliability) was good at 0.79 and principal components analysis confirmed a one-factor model.

Unplanned pregnancies were most likely in;



- Women **<20 years** (p<0.001)
- **Unmarried** women (p=0.015)
- **Black** women (p<0.001)
- Women in **most deprived areas** (p=0.04)
- Women with **≥2 previous pregnancies** (p<0.001)

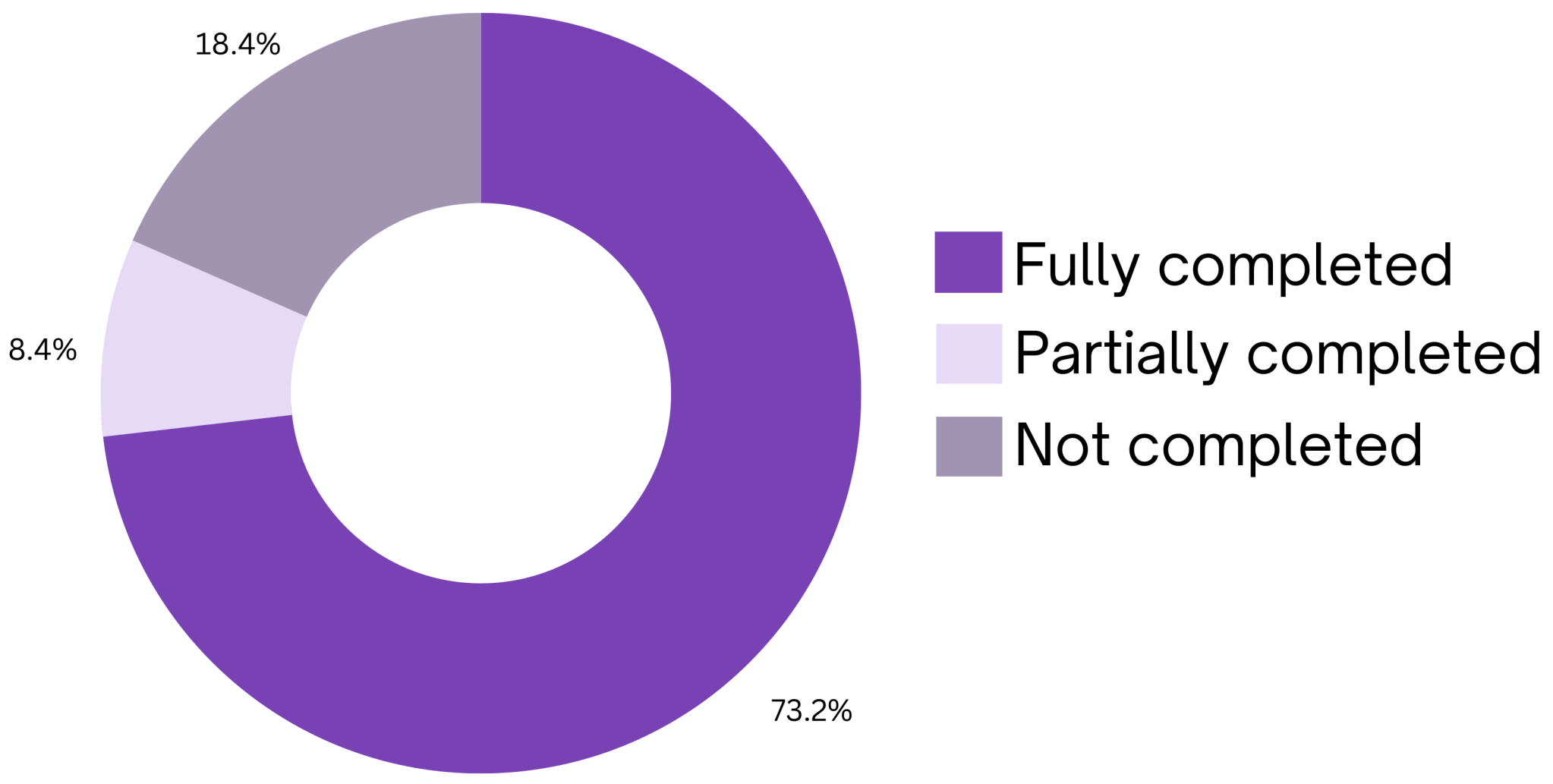
There were **no significant differences** in overall **LMUP completion** by **age, ethnicity** or **marital status** (although, marital status was missing in 80%).

Women with pregnancies conceived via **assisted reproduction** were **significantly less likely to be asked the LMUP** (p<0.001).

REFERENCES

1. Gipson et al. The effects of unintended pregnancy on infant, child, and parental health: A review of the literature. Studies in Family Planning. 2008;39(1):18-38.
2. Hall et al. Pregnancy intention and pregnancy outcome: systematic review and meta-analysis. Matern Child Health J. 2017;21(3):670-704.
3. Shah et al. Intention to become pregnant and low birth weight and preterm birth: a systematic review. Maternal and Child Health Journal. 2011;15(2):205-16.
4. Tsui et al. Family planning and the burden of unintended pregnancies. Epidemiologic Reviews. 2010;32(1):152-74.
5. Wellings et al. The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). Lancet. 2013;382(9907):1807-16.

COMPLETION OF LMUP AT UCLH



CONCLUSION

Overall, the **high uptake** of the **LMUP** illustrates its **acceptability** and **preliminary analyses** show that the **LMUP is working** in the way that would be **expected**, showing **evidence of validity and reliability** on a **population level**.