

Contraception following unplanned pregnancy and miscarriage: exploring women’s preferences for contraception provision.

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Introduction

- Unplanned pregnancies are associated with significant costs and impact on mental health¹
- Contraception routinely offered within termination of pregnancy (TOP) services
- Women who miscarry are managed via EPU (Early Pregnancy Units) where contraception is not usually available

Method

- One-month survey in EPU to establish proportion of unplanned pregnancies and views on contraception
- Further survey for women who proceeded to miscarry, giving contraceptive advice and documenting decisions

EPU SURVEY

We are interested to hear your views about contraception after pregnancy, to help us determine whether this is something that might be helpful to offer as part of our service in the future.

Please could you answer the questions below by ticking the appropriate box:

1. Was your current pregnancy planned or unplanned?	Planned ☐	Unplanned ☐
2. If unplanned, would you want to hear more information about contraceptive options today?	YES ☐	NO ☐
3. If required, would you want to have a contraceptive method arranged prior to leaving EPU, if this were available?	YES ☐	NO ☐

Figure 1. EPU Survey Template

Outcomes of unplanned pregnancies

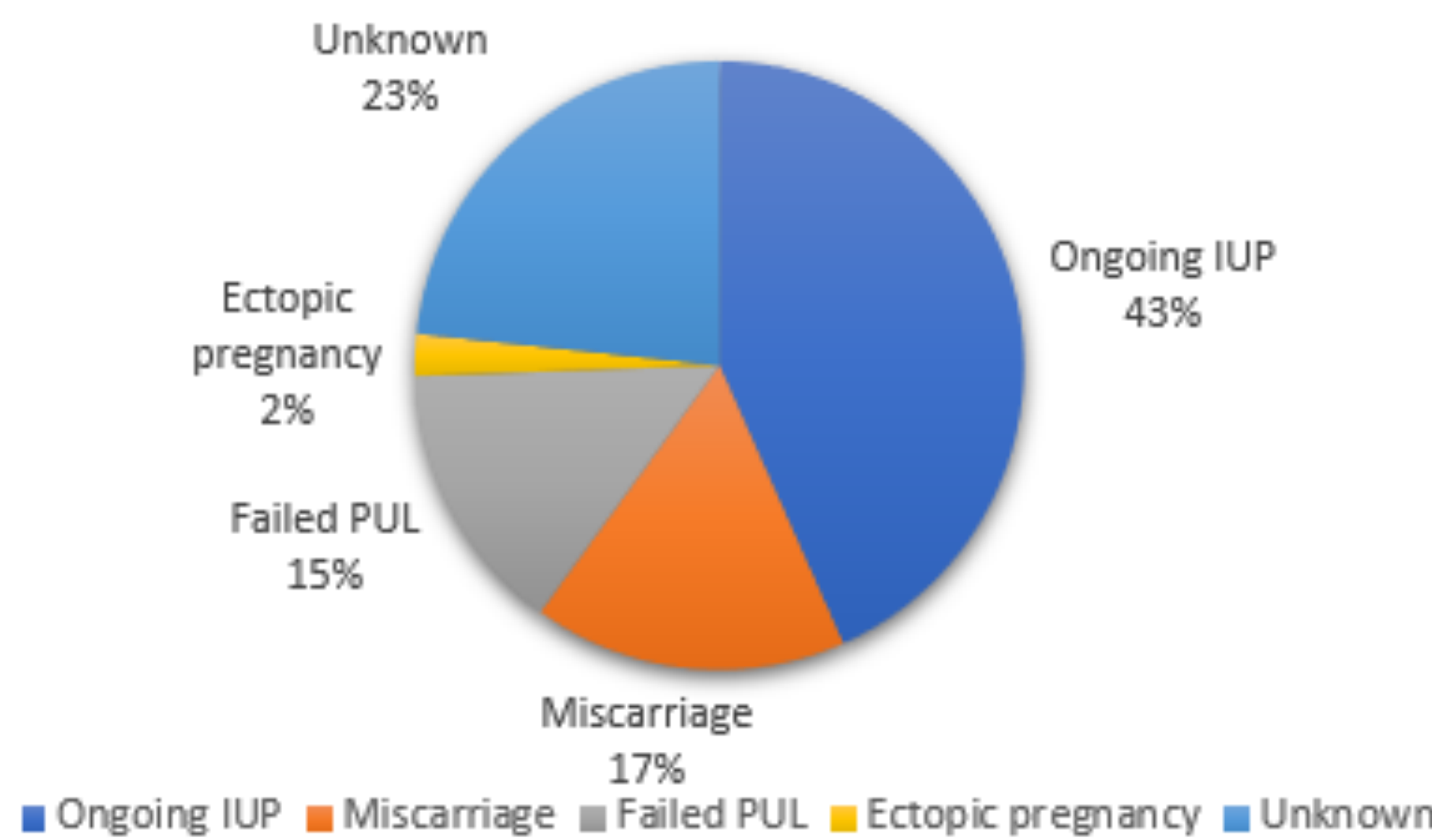


Figure 2. Outcomes of EPU attendees with unplanned pregnancies

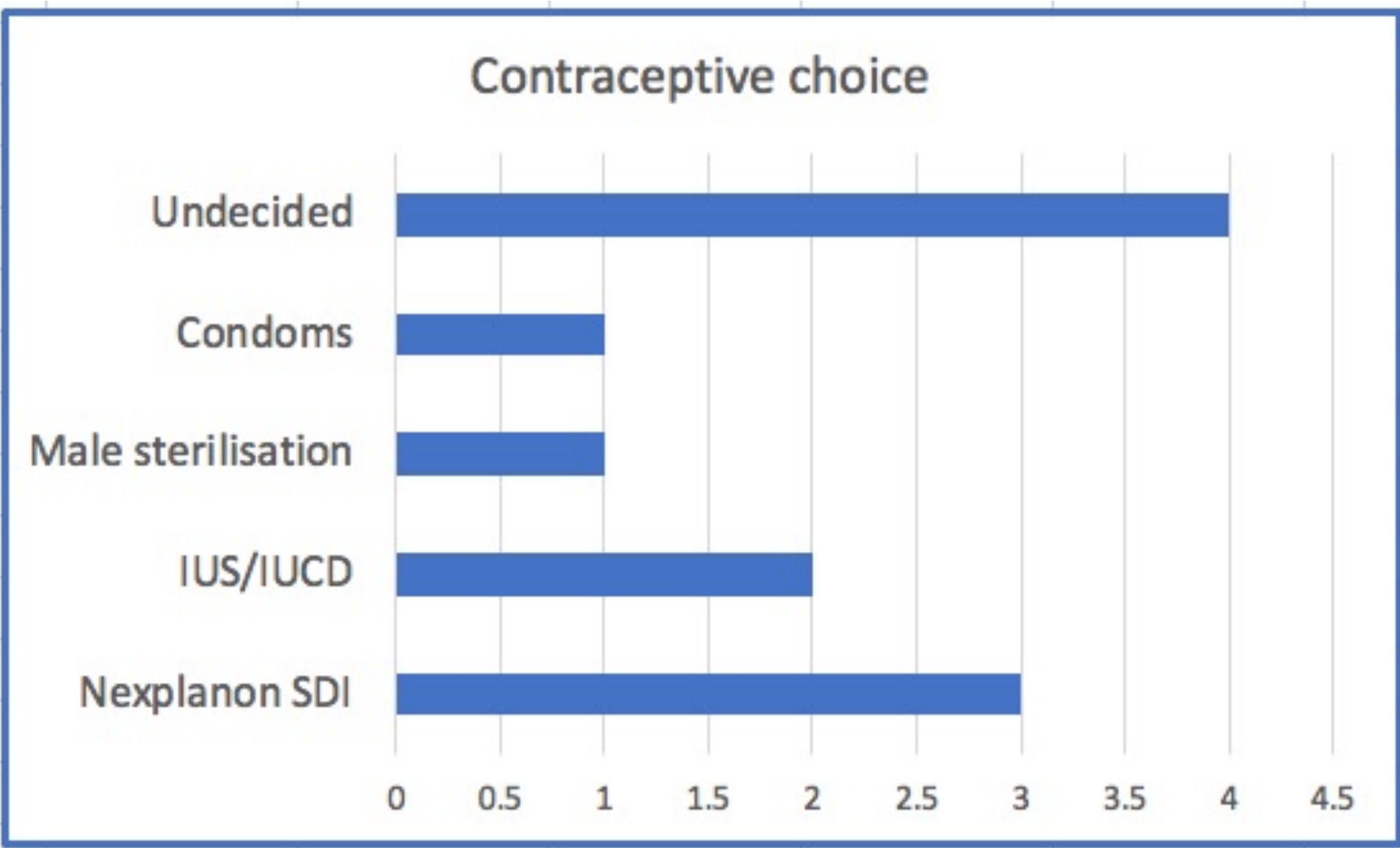


Figure 3. Contraceptive choices after miscarriage

“Women who miscarry following unplanned pregnancy should be offered effective contraception”

Results

- 251 women surveyed in EPU during 1 month
- 90 pregnancies (35.9%) were unplanned
- Mode for parity: nulliparous (n=29, 41.4%)
- Mode for age: 26-30 years (n=24, 34.3%)

Of those with unplanned pregnancies:

- 20 (22.2%) wanted to hear about contraception
- 18 (20.0%) would want to arrange a contraceptive method via EPU if indicated

Of those with unplanned pregnancies, 30 (33.3%) proceeded to have an unsuccessful pregnancy, so would be eligible for contraception:

- Miscarriage (n=15, 16.7%)
- Ectopic pregnancy (n=2, 2.2%)
- Failed pregnancy of unknown location (n=13, 14.4%)

Contraceptive options were discussed with 11 women following miscarriage:

- 7 chose a method and were signposted to contraceptive services
- 4 wanted further time to decide

Discussion

- FSRH Hatfield Vision Goal 5: “Enhanced access to contraception for those experiencing the worst inequalities”²
- Women who miscarry do not have the same access to contraception compared to TOP, introducing an additional barrier
- Insertion of IUS/IUCD at the time of surgical management of miscarriage or ectopic would reduce the need for further health appointments

Conclusion

- One in five women wished to discuss and arrange contraception via EPU
- There is an opportunity for low-cost intervention to ensure effective contraception following unsuccessful pregnancy
- Further cost-benefit analysis is warranted

References

1. Montouchet, C., & Trussell, J. (2013). Unintended pregnancies in England in 2010: costs to the National Health Service (NHS). *Contraception*, 87(2), 149–153. <https://doi.org/10.1016/j.contraception.2012.06.008>
2. FSRH Hatfield Vision July 2022 - Faculty of Sexual and Reproductive Healthcare. www.fsrh.org. Retrieved May 23, 2023, from <https://www.fsrh.org/documents/fsrh-hatfield-vision-july-2022/>

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