

A survey of postnatal contraception use: Does mode of conception matter?

Annette Thwaites, Jennifer Hall, Geraldine Barrett and Judith Stephenson

Institute for Women’s Health, Sexual and Reproductive Health



Background

- FSRH guidance states that maternity services should provide all women access to the full range of effective contraceptive methods immediately after childbirth.[1]
- However, this is *not* currently routine practice across the UK.
- In the context of service development, it is important that the specific needs of women having successful IVF are identified and addressed

Aim

To determine whether women who have successful IVF are less likely to use postnatal contraception compared to women who conceive without fertility treatment.

Method

- An online, anonymous, voluntary, cross-sectional survey of postpartum women was conducted 13/04/21-11/06/21.
- Inclusion criteria were:
 - Females,
 - aged 30-55 years,
 - who live in the UK,
 - able to read English,
 - had had a baby in the UK within the last two years
- Women were recruited from a range of sources including social media (Facebook, Twitter, Instagram, Peanut) and peer networks via a combination of purposive and snowballing methods. Participants self-identified, having seen an online advert (see Figure 1) or were emailed a link.
- Survey data were entered in REDCap and analysed in Stata v15

Results

- 549 women completed the survey, 309 women who had had no fertility treatment for their most recent birth and 220 women who had had IVF.
- Women in the IVF group were broadly representative of women having IVF in the UK according to HFEA data.
- 65% (142/220) of the women in the IVF group had not used any contraception since their most recent birth compared with 14% (42/309) in the group who did not have fertility treatment.
- After stratifying by whether women had had sex postnatally and adjusting for confounders (maternal age, number of children and time postpartum), women in the IVF group were 37 times more likely to have used no contraception (aOR 37.08, 95% CI 15.6 to 88.14, p<0.001).
- Almost half of the women in the IVF group who had not used any contraception since their most recent birth did so because they thought they could not get pregnant. 12% of the IVF group had a subsequent pregnancy.
- These pregnancies were significantly less likely to be planned than those in women who had not had fertility treatment (OR 0.092, 95% CI 0.02- 0.38 n=58 p=0.001). See Figure 2.

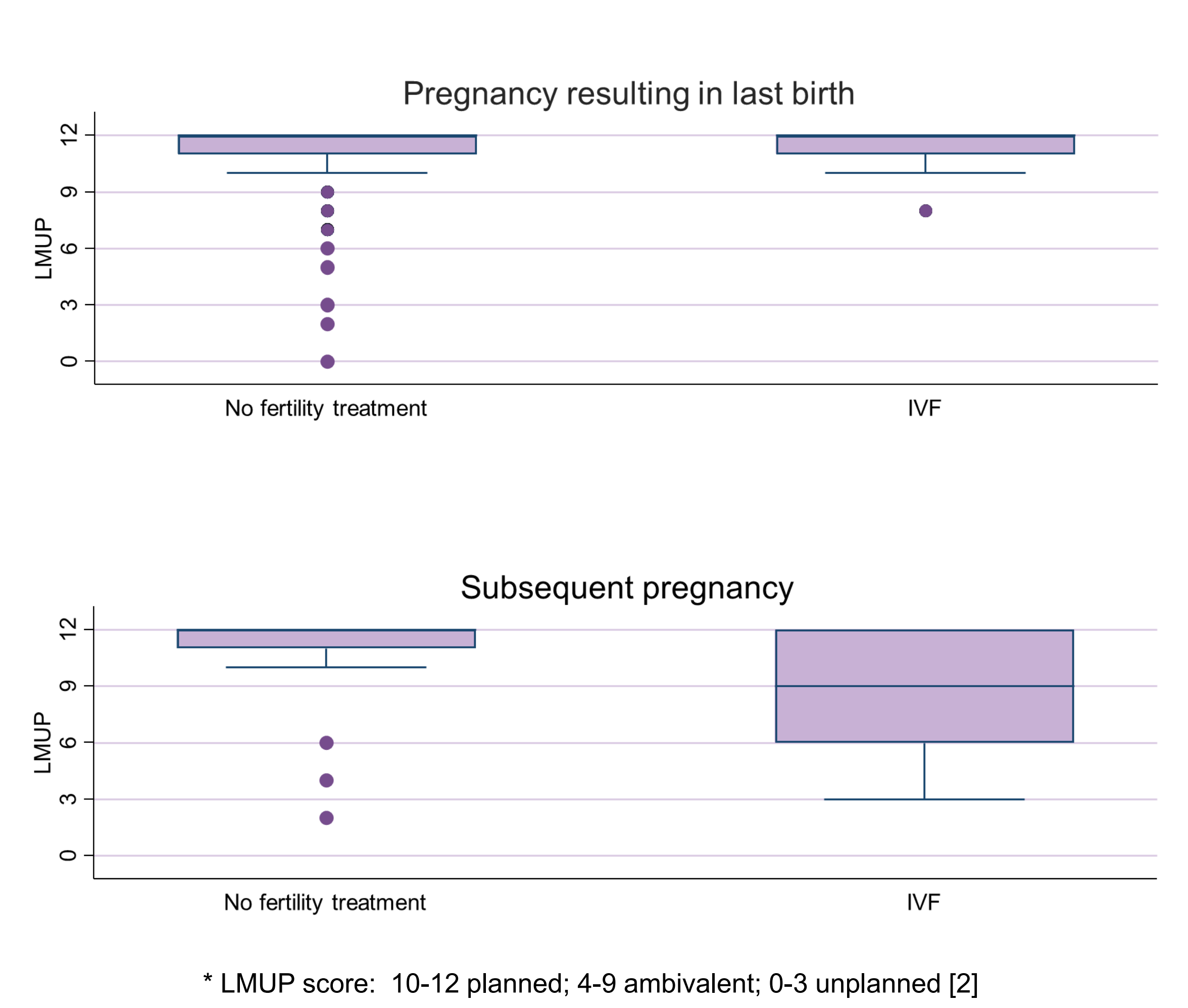
Figure 1. Best performing online advert



Table 1: Key characteristics of responders by type of fertility treatment used for most recent livebirth

Characteristic	No fertility treatment (n=309)	IVF (n = 220)
Age, yrs.		
median (range)	34 (30-43)	37 (30-52)
Ethnicity		
No. (%)		
White	247 (80)	191 (87)
Asian/Asian British	28 (9)	10 (5)
Mixed/multiple ethnic groups	8 (3)	3 (1)
Black African/Caribbean/British	5 (2)	1 (0)
Arab	2 (1)	3 (1)
Other (unspecified)	1 (0)	0 (0)
Prefer not to say	1 (0)	0 (0)
No response	18 (6)	12 (5)
Relationship		
Married and living with husband	263 (85)	183 (83)
Married or in a registered same sex civil partnership and living with wife/partner	3 (1)	5 (2)
Never married, in a relationship but not living together	23 (7)	13 (6)
Divorced/separated	3 (1)	4 (2)
Never married, not currently in a relationship	0 (0)	2 (1)
No response	17 (6)	13 (6)
No. of children		
No. (%)		
1	101 (33)	149 (68)
2	144 (13)	58 (26)
3	40 (13)	5 (2)
4	8 (3)	0 (0)
No response	16 (5)	8 (4)

Figure 2: Box plots of London Measure of Unplanned Pregnancy (LMUP*) scores by fertility treatment group



Conclusions

- Use of postnatal contraception in women who had had successful IVF pregnancies was strikingly low due to self-perceptions of absolute infertility
- Any subsequent pregnancies were significantly less planned than in women who had not had fertility treatment.
- Services must recognise and counsel women effectively on their need for contraception after successful IVF to help these women plan and space their subsequent pregnancies.

- Contraception After Pregnancy Faculty of Sexual and Reproductive Healthcare, Clinical Effectiveness Unit; 2017 2017/01/24
- <http://www.lmup.com/>