

Introduction

- Patient access to postnatal contraception (PNC) immediately following delivery is a gold standard recommendation from FSRH and RCOG.
- Maternity services across the UK have been slow to adopt this routine practice.
- A 2018 Public Health England survey highlighted that postnatal women often lack PNC information.
- Rising rates of Caesarean sections (CS) means PNC discussion and implementation is crucial to improved maternal and foetal outcomes.
- Insertion of intrauterine contraceptives (IUC) during CS is safe, effective and convenient with lower expulsion rates than following vaginal delivery.

"I did not feel the coil being inserted as it was placed during my c-section"

Method

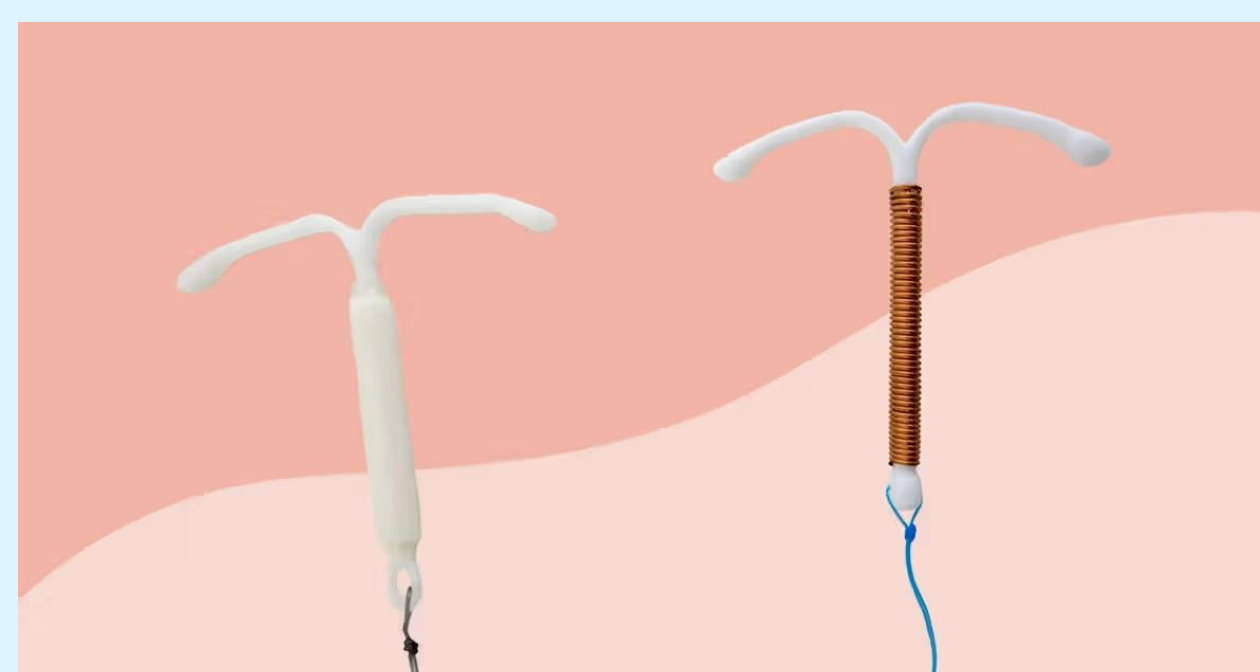
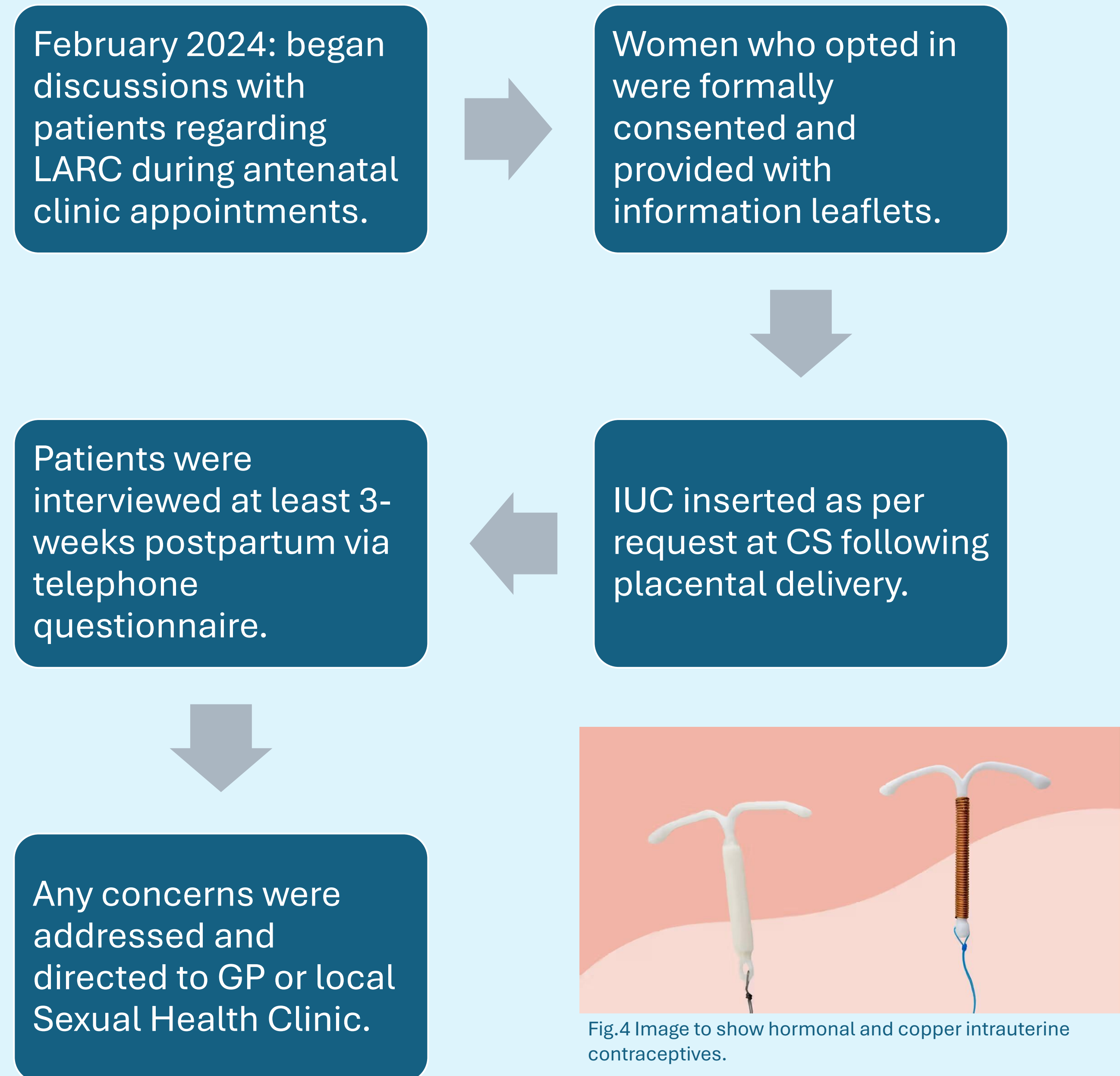


Fig.4 Image to show hormonal and copper intrauterine contraceptives.

Results

- Over 1 year; IUCs were inserted in over 34 women at time of CS.
- Three quarters of these had discussion with clinicians in antenatal clinic (ANC) with 6% receiving information on arrival to hospital.
- Most common reasons patients opted for IUC were being able to insert and forget (15.3%), no need to take medication (13.6%) and the long-acting benefits (11.9%). (Fig.1)

"I feel this is a really good service"

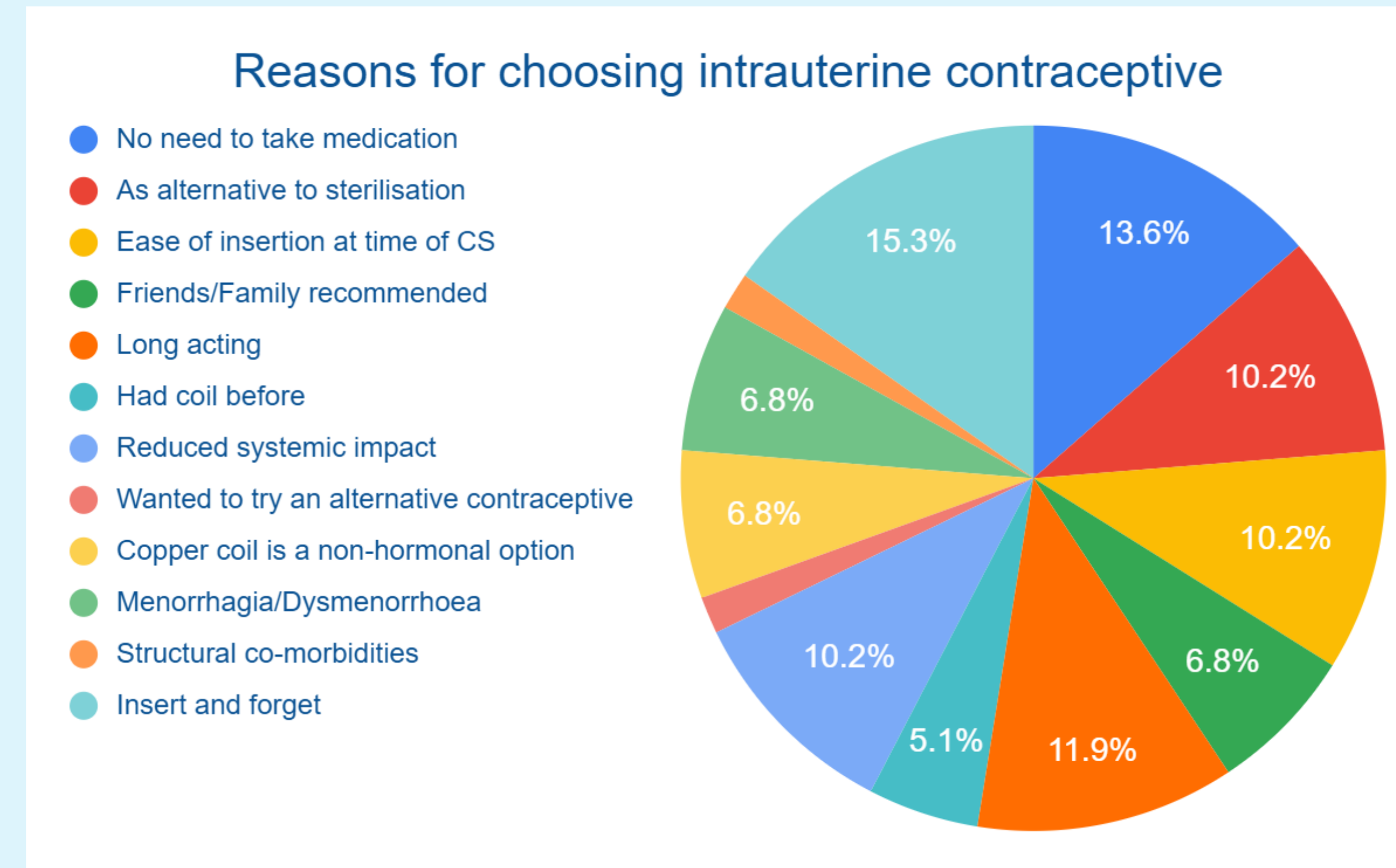


Fig.1 Reasons for choosing intrauterine contraceptive.

- Less than a quarter of patients (23.5%) reported that their coil was no longer in situ.
- The most common side effects were prolonged bleeding (20.5%) and pain (23.5%). (Fig.2)

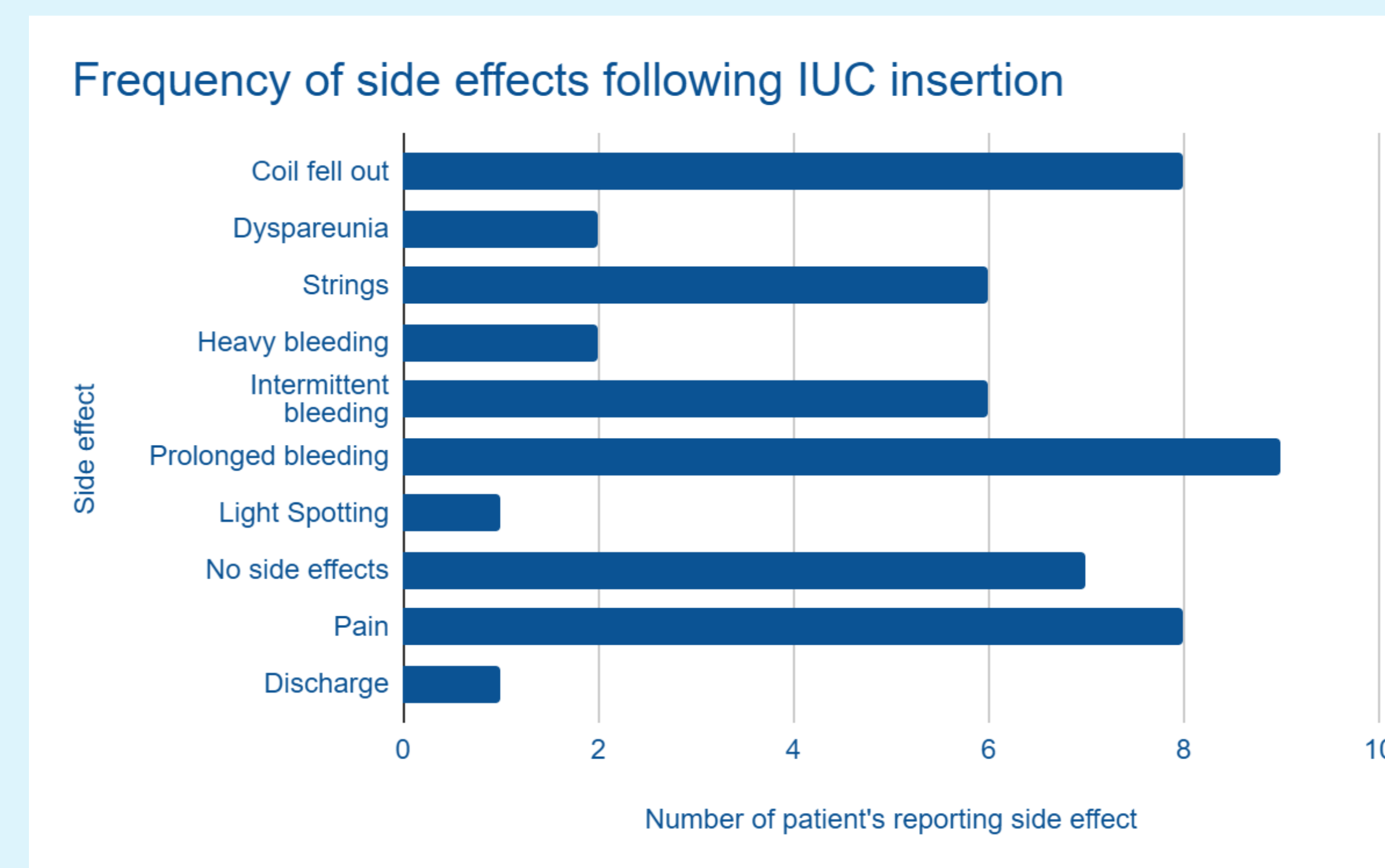


Fig.2 Frequency of side effects following IUC insertion.

- Nearly half of patients (45%) had not had a string check at 6 weeks postpartum. This response was not applicable to 10 patients due to either their coil no longer being in situ (10), they were not 6 weeks postpartum at time of survey (1) or no longer live in the area (1). (Fig.3)

"It was a perfect service, ideal to have my coil inserted at the time of my c-section"

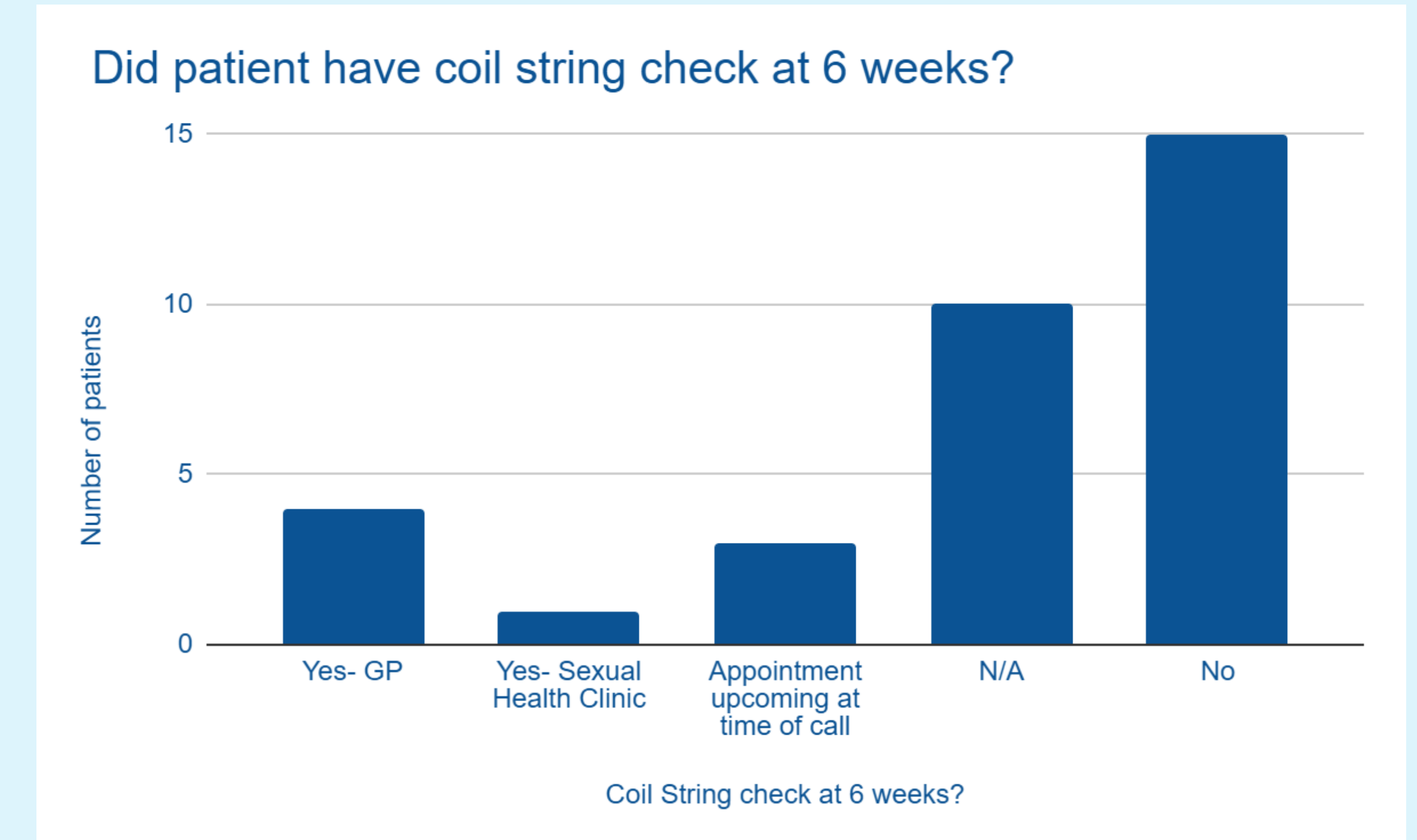


Fig.3 Did patient have coil strings checked at 6-weeks?

"The coil insertion was so fast it was brilliant"

"I have already recommended this to my friends"

Conclusion

- The initial implementation of coil insertion during CS at Lister Hospital received predominantly positive feedback from patients, largely concentrated on the ease of accessing PNC from this service.
- Additional focus is essential in supporting obstetric staff to discuss PNC throughout antenatal care, as well as in providing patients with information regarding coil string checks and relevant side-effects.
- Moving forward, the mini-pill and depot injection were added as a patient group directive for frequent prescribing on the postnatal ward and members of the obstetric team have trained to insert contraceptive implants postnatally.

Acknowledgements

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References

- Public Health England, 2018. Accessed via <https://www.gov.uk/government/case-studies/understanding-the-contraceptive-needs-of-postnatal-women>. Accessed on 30/08/2024.
- Khan, F.S., Nazeer, S.A.I.R.A., Afridi, N.I.G.H.A.T., Amina, N.O.O.R.U.L., Kanwal, S.A.D.I.A. and Khan, S.U.M.A.I.R.A., 2020. Acceptance, follow-up and outcome of postpartum intrauterine contraceptive device in C section and normal delivery. *Methodology*.
- Faculty of Sexual & Reproductive Healthcare, March 2023. Accessed via <https://www.fsrh.org/Common/Uploaded%20files/documents/fsrh-clinical-guideline-intrauterine-contraception-mar23-amended.pdf> Accessed on 30/08/2024.
- Fig.4 taken from T.Catlett on Healthline. <https://www.healthline.com/health/birth-control/iud-side-effects>. Accessed on: 02/06/2025.