

Postnatal contraception – A Lost Opportunity: A review of women undergoing termination of pregnancy within 24 months of delivery

Maryam Javed, Kimberley Nash and Vandna Verma

❖ Objective

Postnatal contraception (PNC) is essential to prevent unintended and closely spaced pregnancies in the first 12 months after delivery. WHO advocates an inter-pregnancy interval of at least 18-24 months to reduce adverse pregnancy outcomes(1). The Faculty of Sexual and Reproductive Healthcare(FSRH) recommends that PNC should be discussed during pregnancy and offered immediately after delivery prior to discharge. Failure to provide PNC results in missed opportunities and exposes women to significant risks of unintended pregnancies. Studies demonstrate that 97% of women want to avoid pregnancy in the year following delivery(2). However, they are unaware of rapid return of fertility, and not sure which contraceptive methods are safe to use postnatally. Data from the UK suggest that 1 in 13 women seek abortion services within 1 year after delivery(2). Our aim was to assess the number of women who have undergone termination of pregnancy(TOP) within 24 months of delivery and their outcome.

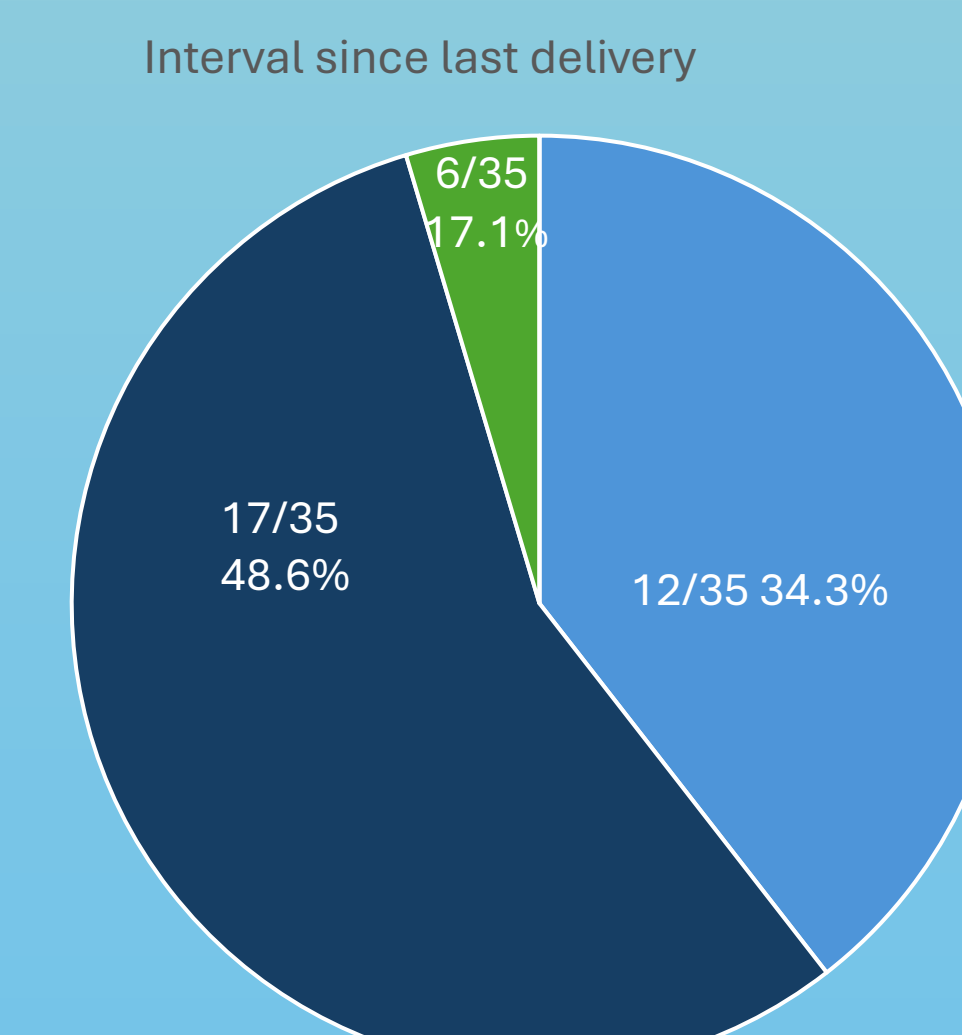
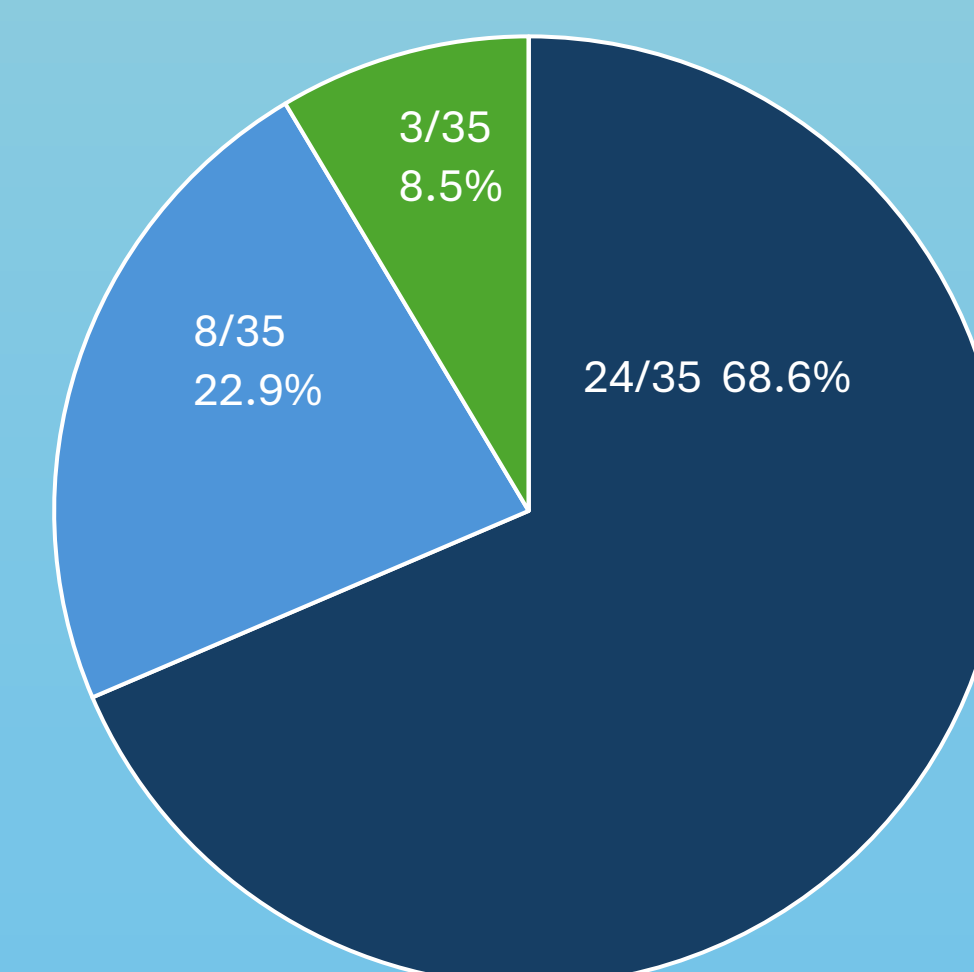
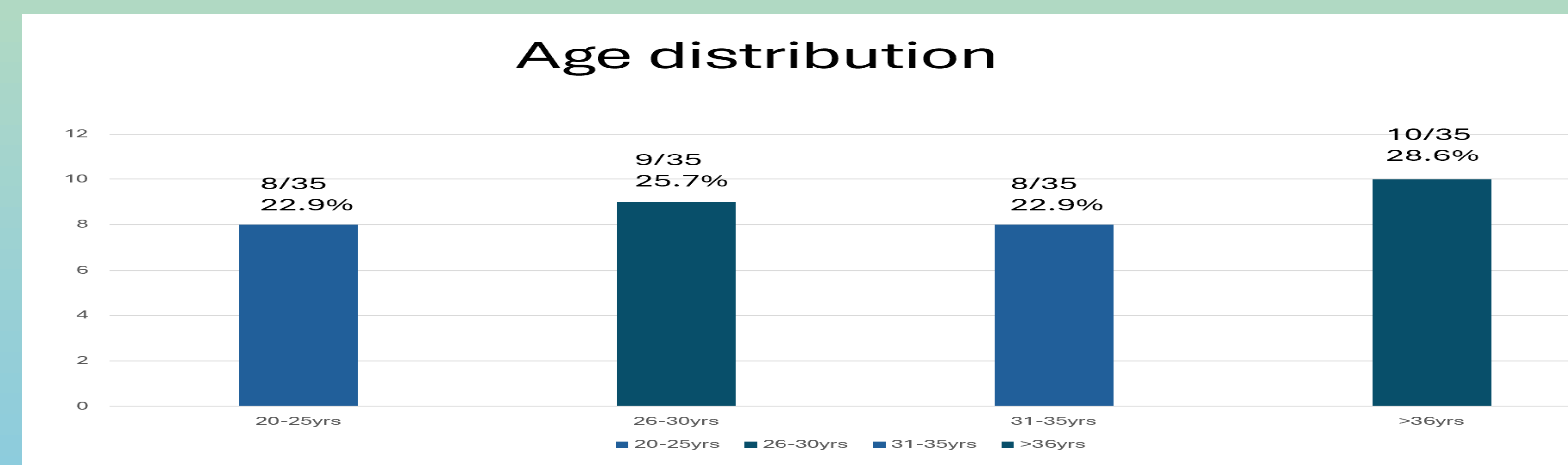
❖ Design

A retrospective study conducted as an audit in a district general hospital in the UK.
Methods
It included all women who underwent termination within 24 months of delivery between December 2023-November 2024. Data collected electronically using a standard proforma.

❖ Results

Total 188 women underwent TOP, of which 35 (1:5) women had TOP within 24 months of delivery.

The age of women ranged from 21-39(mean 31.2) years and 68.6% women were either para one or two. Though 2/3rd women had delivered locally last time, none of them were on contraception since their last childbirth. 34.3% women underwent termination within 6 months, 48.6% within 6-12 months and 17.1% within 12-24 months of last delivery. 14.3% women were ≥ 10 weeks of gestation, 20% had significant medical co-morbidities whereas 11.4% had ≥ 2 previous caesarean sections. 91.4% women underwent medical termination, almost half(46.9%) required admission as a day-case or one day due to gestation, medical or surgical co-morbidities. In addition, 11.4% women suffered with complications(major haemorrhage, infection or retained products) and required further treatment.



❖ Conclusion

We need to improve contraceptive provision on the postnatal ward and provide women with adequate information in the antenatal and immediate postnatal period. This will enable women to make an informed choice regarding PNC, giving them control over their next pregnancy and reduce the unintended pregnancies and terminations.

❖ References

- Report of WHO technical consultation on birth spacing:Geneva, Switzerland 13-15 June 2005. World Health Organization;2007
- Cooper M, Cameron S. Postpartum contraception. Obstetrics, Gynaecology & Reproductive Medicine.2018 Jun1;28(6):183-5.

Contact Details :

Maryam Javed

docmj1@hotmail.com

