

Initiation and evaluation of a Post-Birth Contraception Service in North West London

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Background and aims

Post-Partum Family Planning (PPFP) plays a crucial role in preventing unintended and closely spaced pregnancies following childbirth. Although over 90% of women wish to delay pregnancy for at least two years postpartum, a significant number are not using contraception. Short birth intervals, especially those under 12 months, are linked to adverse outcomes such as preterm birth, low birth weight, and increased child mortality. As fertility can return unpredictably- often before menstruation resumes-early postpartum contraception is essential.

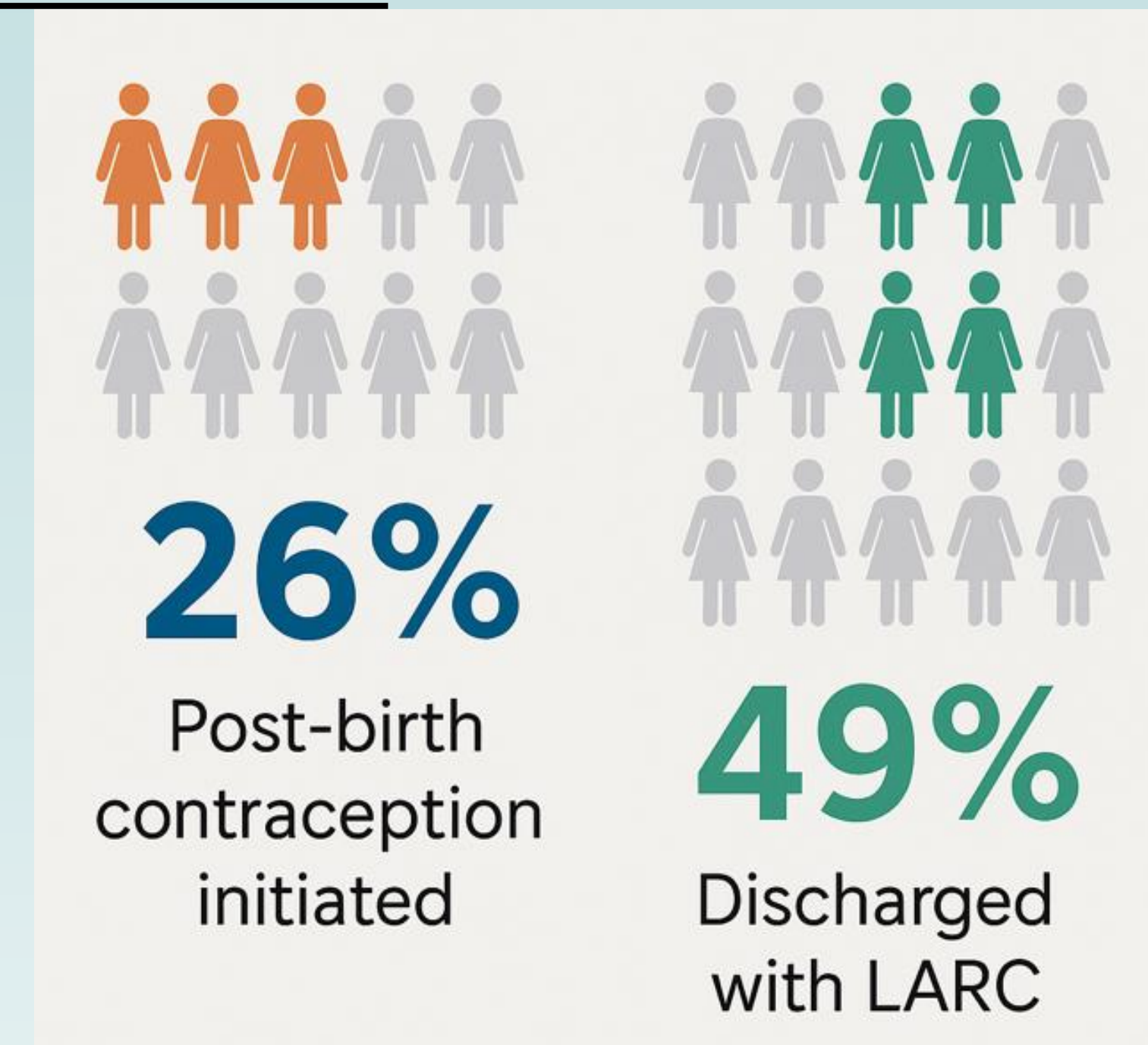
The goal is to support women in initiating and continuing a suitable contraceptive method for two years or longer, aligned with their reproductive intentions.

Methodology

1. Audit of initial phase (01/05/2020-30/06/2200) of PPFP contraception uptake and 6-week experience using e-records and telephone follow-up.
2. Follow-up 6-months, 1-year and 3-years after initiation of contraception to establish adherence and ongoing use of contraception via telephone.

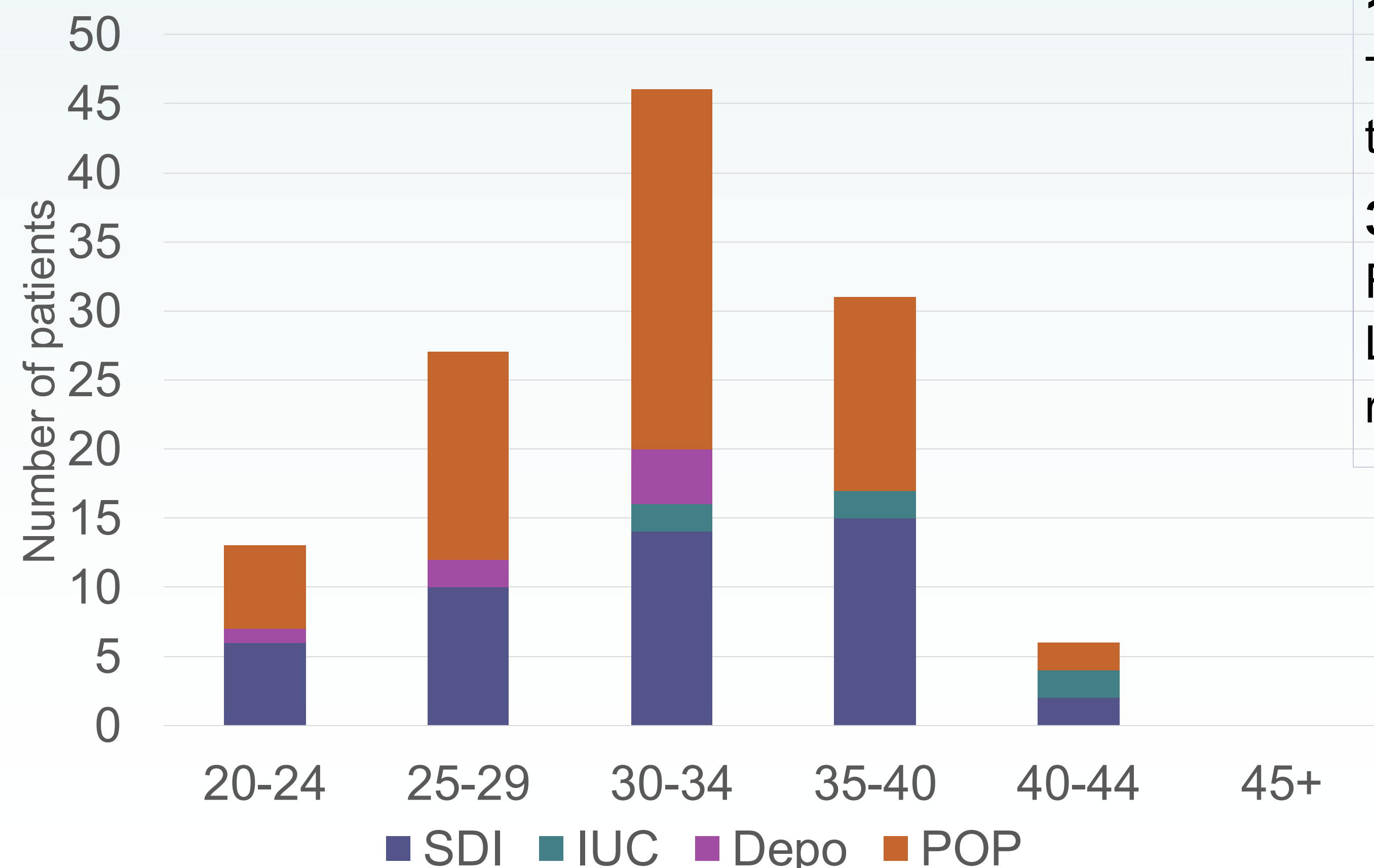
Results (1)

Initiation of PPFP



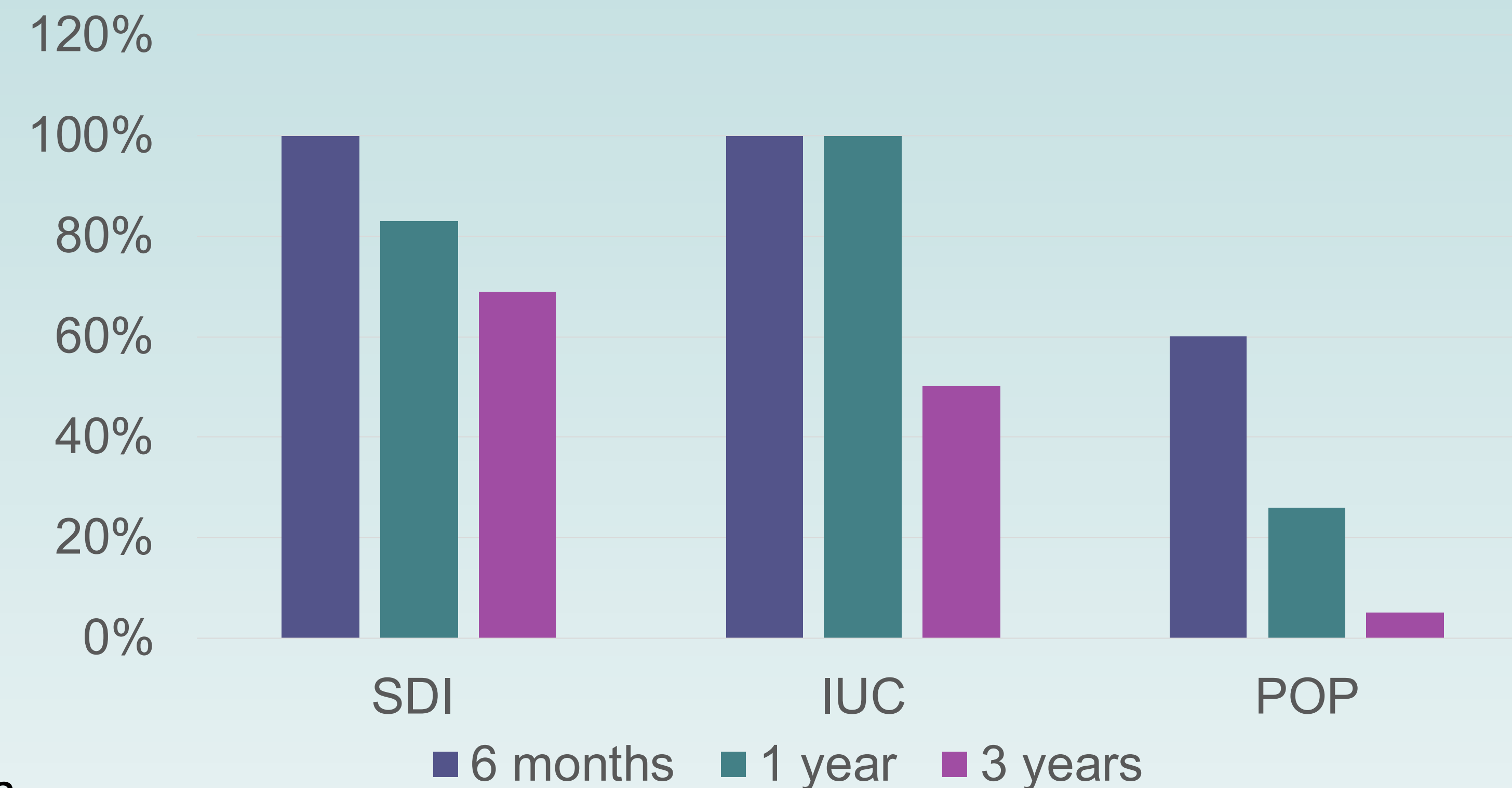
PPFP contraception initiated in 26% of women (123/473) between 01/05/2020 - 30/06/2020. Of those, 49% of women (60/123) were discharged with Long-Acting Reversible Contraception (LARC).

Contraceptive method use by age group



Results (2)

Contraception adherence at 3 years



6 Months:

Of the 60 patients started on LARC 30 were contactable. 25/30 (83%) of women discharged on LARC were still using it.

1 year:

The follow up rate at 1 year was 99/123 (80%). Adherence to LARC was 27/35 (77%)

3 years:

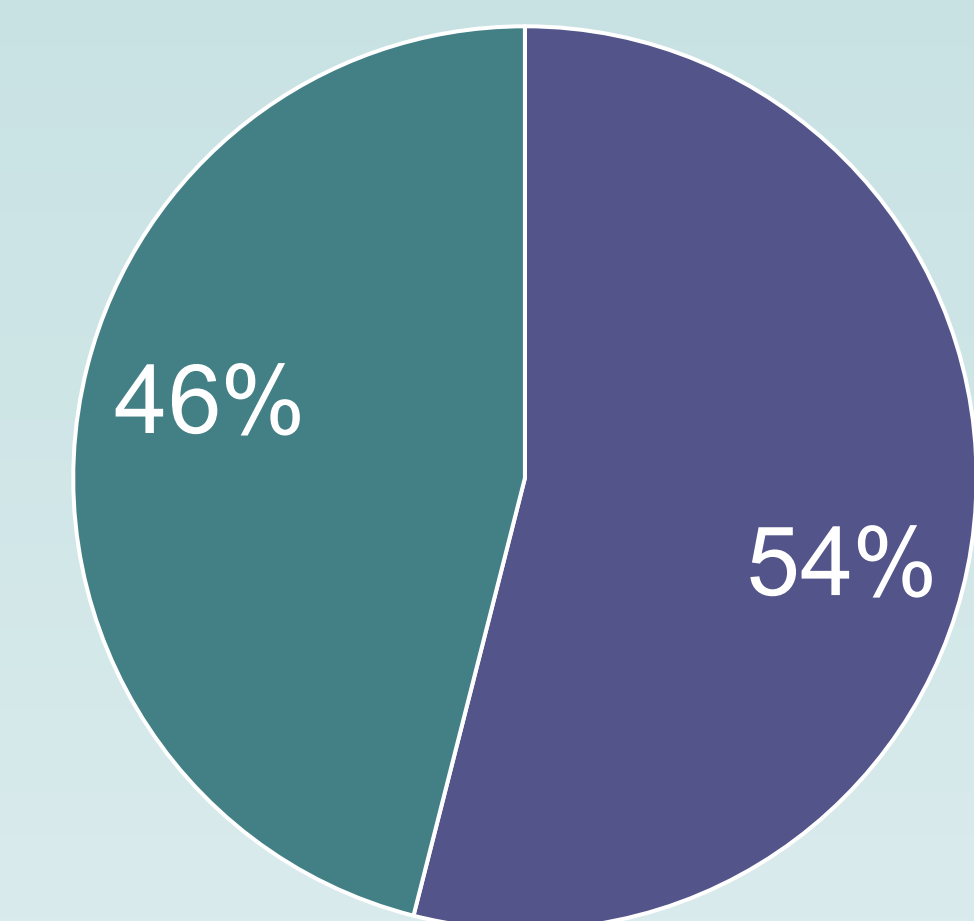
Follow up rate at 3 years was 22/123 (18%). Adherence to LARC was 12/18 (67%) with 8/11(73%) of patients having replacement SDIs after 3 years.

Patient satisfaction



Results (3)

POP use at 6 weeks postpartum (N=63)



■ Initiated POP ■ Did not initiate POP

Of women provided with POP 29 had not initiated use by 6 weeks. Themes for non initiation were:

- Concerns around side effects & breastfeeding.
- Not sexually active post delivery
- Took prescription as felt forced by medical staff

Conclusions

- ✓ There is demand for post birth contraception services in maternity care, with good satisfaction rates for those discharged on contraception.
- ✓ There is a high level of adherence at 1 and 3 years after birth for patients discharged with LARCs, compared to POP or Depo injection.
- ✓ Most patients discharged on POP never started it, mostly due to suboptimal counselling.
- ✓ Future work aims to improve antenatal contraception counselling in the maternity care pathway and ongoing analysis of patients discharged with contraception.

References

- 1.RCOG Leading safe choices: Best Practice in Post Partum Family Planning. June 2015
2. FSRH Clinical Guideline: Contraception After Pregnancy (January 2017, amended October 2020)