



Postnatal contraception prescribing prior to discharge from a London district general hospital

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INTRODUCTION

Faculty of Sexual and Reproductive Health (FSRH) states that all clinicians involved in a pregnant women's care should provide the opportunity to discuss contraception with a person-centred approach. Services providing care to pregnant women should be able to offer all types of contraception, including long-acting reversible contraception to women before they are discharged from the service.

OBJECTIVE:

To review the number of women prescribed contraception on the postnatal ward prior to discharge, and barriers to its prescribing.

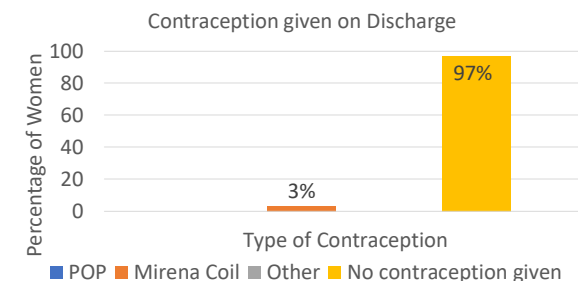
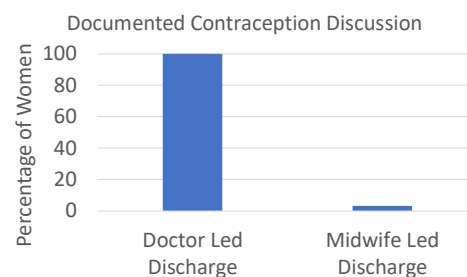
DESIGN/METHOD

Retrospective study reviewing women who were discharged from the postnatal ward, in a London district general hospital, during the period of 1st June 2024 – 15th June 2024.

Postnatal contraception discussions and prescriptions were reviewed via iCare computer system.

12 doctors (foundation year 2, GP trainees, ST1/2 Obstetrics and Gynaecology trainees), who work on the postnatal ward were interviewed with a standard questionnaire for a subjective perspective regarding postnatal contraception prescribing.

RESULTS



- All doctors had sign-posted patients for a contraception discussion at their 6 week check.
- Mirena coils were not routinely offered at time of booking or consenting women for caesarean sections.
- Barriers to prescribing reported as lack of education, and on 2 occasions there was no pharmacy stock of the progesterone-only pill (POP)

DISCUSSION

Documentation of postnatal discussions needs to be improved if the woman is not reviewed by a doctor. It is likely these discussions take place, however documentation may be improved by including this in a discharge proforma.

Overall, there is a lack of education to doctors on postnatal contraception prescribing. A teaching session at doctors' departmental induction will improve education and likely will improve postnatal contraception prescribing rates, in line with the Faculty of Sexual and Reproductive Health guideline. This may also increase the rate of Mirena coil insertion at caesarean section if doctors routinely offer this at antenatal caesarean booking appointments, or at time of consenting.

REFERENCES [FSRH Clinical Guideline: Contraception After Pregnancy \(January 2017, amended October 2020\)](#) | [FSRH](#)