Contraception after pregnancy

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Quick intro from me

- Some NZ research re contraception after pregnancy
- What the new RANZCOG guidelines say
- What are we doing re this at ADHB?
- Introducing Sarah MacDonald – midwife
  Jadelle insertion clinic-up to 6 wks postnatal
- Introducing Meggan Zsemlye- O+G from
  Invercargill-immediate insertion of IUD post delivery
Unintended pregnancy and therapeutic abortion in the postpartum period: is an opportunity to intervene being missed?

Women who presented to a first trimester Termination of Pregnancy service and who had delivered a live-born infant within the preceding 6 months completed a questionnaire:

• The most common reason cited as a barrier to accessing contraception was cost

More than half the women reported being in a low income group

Karen Joseph, Anna Whitehead NZMJ 2012;125;:30-40

• And...
LMCs completed a mailed questionnaire

- All of the LMCs reported discussing contraception with all of their women

However the majority leave this until:

- After the baby is born, when the woman is likely to be less able to make arrangements for contraception while caring for her infant

- Or even until the 6-week discharge appointment - by which time a number of women in this study had already conceived

- The majority of the LMCs also report regularly referring their women on to other providers such as the Family Planning Clinic or a General Practitioner for further contraceptive advice or prescription
Costs to have LARC procedures

• Family Planning:
  – Under 22 - no fee for visit/procedure
  – Community service card holders - $5
  – Others $27

• GPs and other providers
  – May be subsidised
  – Otherwise $100 - $200 or more for procedures like IUD or Jadelle insert
Contraception post severe maternal morbidity: a retrospective audit - published 2015

This is a secondary analysis of severe acute maternal morbidity (SAMM) cases audited for preventability of SAMM in four District Health Board areas (covering a third of annual births in New Zealand) during a 17-month period.

98 SAMM cases - 84 (85.7%) left hospital without a contraception prescription

Of 14 with contraception documented on discharge from hospital:
- 4 (4.1%) had peripartum hysterectomy
- 3 (3.1%) had tubal ligation at Caesarean section
- 1 partner had a vasectomy booked
- 1 (1%) had a Jadelle© contraceptive implant inserted
- 5 (5.1%) had condom prescriptions.

Of 7 women with severe preexisting comorbidity, 4 had preconception advice against conceiving. All 7 left hospital postpartum without contraceptive prescription
SAMM recommendations

Conclusions - in summary, these results indicate substandard care

Suggest dedicated contraceptive nurses/midwives who could:

• give accurate information
• offer immediate postpartum implant or prescription for other forms of contraception
• teach junior medical staff
• and be readily available to give contraceptive advice or access for women of reproductive age with severe comorbidities seeing non-obstetric specialists

FSRH Guideline-2017

Contraception after pregnancy

• NICE accredited

Document is also endorsed by

• RCGP
• RC of Midwives
• RC of Nursing
• RCOG
Who should provide contraception to women after childbirth?

• ** Appropriately trained clinicians** including sexual and reproductive health (SRH) doctors and nurses, obstetricians, midwives, nurses, general practitioners (GPs) and health visitors should be able to provide women with contraception after childbirth.

• Maternity services should be able to provide **IUD** and progestogen-only methods, including **implant**, injectable or pill (POP), to women before they are discharged from the service after childbirth.

• Maternity services should ensure that there are **sufficient numbers of staff able to provide IUC or IMP** so that women who choose these methods and are medically eligible can initiate them immediately after childbirth.
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<thead>
<tr>
<th>Postnatal contraception</th>
<th>Target</th>
<th>ADHB</th>
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<tbody>
<tr>
<td>Percentage of postnatal women who are given information about, and offered a choice of, all appropriate contraceptive methods within 7 days of delivery.</td>
<td>97%</td>
<td>?</td>
</tr>
<tr>
<td>Percentage of postnatal women who have chosen a LARC method who are offered a bridging method when immediate access to their chosen method is not possible.</td>
<td>97%</td>
<td>?</td>
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<tr>
<td>Percentage of postnatal women choosing LARC who are provided with their chosen method before discharge from hospital.</td>
<td>50%</td>
<td>some</td>
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**Abortion**

<table>
<thead>
<tr>
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<th>EDU (Dec 2016)</th>
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<tr>
<td>Percentage of women who request an abortion who discuss contraception with a healthcare practitioner and are offered a choice of all appropriate contraceptive methods before discharge.</td>
<td>97%</td>
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<tr>
<td>Percentage of women having an abortion who receive their chosen method at the time of abortion.</td>
<td>97%</td>
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What are we doing re this at ADHB?

- Now have 23 nurses trained at EDU
- Now have 14 midwives trained at ADHB
- Now have 3 new trainers for Jadelle insertion
  - Namaste Skipper-Nurse educator women’s health
  - Jane O’Neill-midwife run Jadelle clinic
  - Joy Slattery-diabetic midwife insets Jadelle before discharge
- May start community clinic in Panmure in the near future
- I am in the process of developing “Contraception after Pregnancy Guidelines” for ADHB