

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.**

Auditable outcomes-adapted from NICE

Postnatal contraception	Target	ADHB
Percentage of postnatal women who are given information about, and offered a choice of, all appropriate contraceptive methods within 7 days of delivery.	97%	?
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.	97%	?
Percentage of postnatal women choosing LARC who are provided with their chosen method before discharge from hospital.	50%	some
Abortion		EDU (Dec 2016)
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.	97%	100%
Percentage of women having an abortion who receive their chosen method at the time of abortion.	97%	87.16% women left with contraception 55% left with LARC

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