

Postpartum Contraception

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Objectives

The importance of postpartum contraception

Issues in counselling about postpartum contraception with a focus on long acting reversible contraception (LARC)

Methods of postpartum contraception with a focus on LARC

RANZCOG

- Guideline on *Contraception and Pregnancy* placed in the Statements and Guidelines in 2017, listed as useful clinical guidance
- Produced by the Faculty of Sexual & Reproductive Healthcare (FSRH), published in England in January 2017
- Not New Zealand specific – an area ripe for research!

Interest

- Experience with placing PP LARC
- Difficulty some of our patients have in accessing PP contraception (especially LARC)
- Varied practice in counseling around PP contraception among LMC's

Pregnancy Intervals

- Nearly half of all pregnancies are unintended. ¹
- In the first year postpartum, at least 70% of pregnancies are unintended ²
- Between 40–57% of women report having unprotected intercourse before 6-weeks postpartum ³

- 1. [N Engl J Med](#). 2016 Mar 3;374(9):843-52. doi: 10.1056/NEJMsa1506575. Declines in Unintended Pregnancy in the United States, 2008-2011. [Finer LB](#)¹, [Zolna MR](#)
- 2. White K, Teal SB, Potter JE. Contraception after delivery and short interpregnancy intervals among women in the United States. *Obstet Gynecol* 2015;125:1471–7
- 3. Connolly A, Thorp J, Pahel L. Effects of pregnancy and childbirth on postpartum sexual function: a longitudinal prospective study. *Int Urogynecol J Pelvic Floor Dysfunct* 2005;16:263–7

Pregnancy Intervals

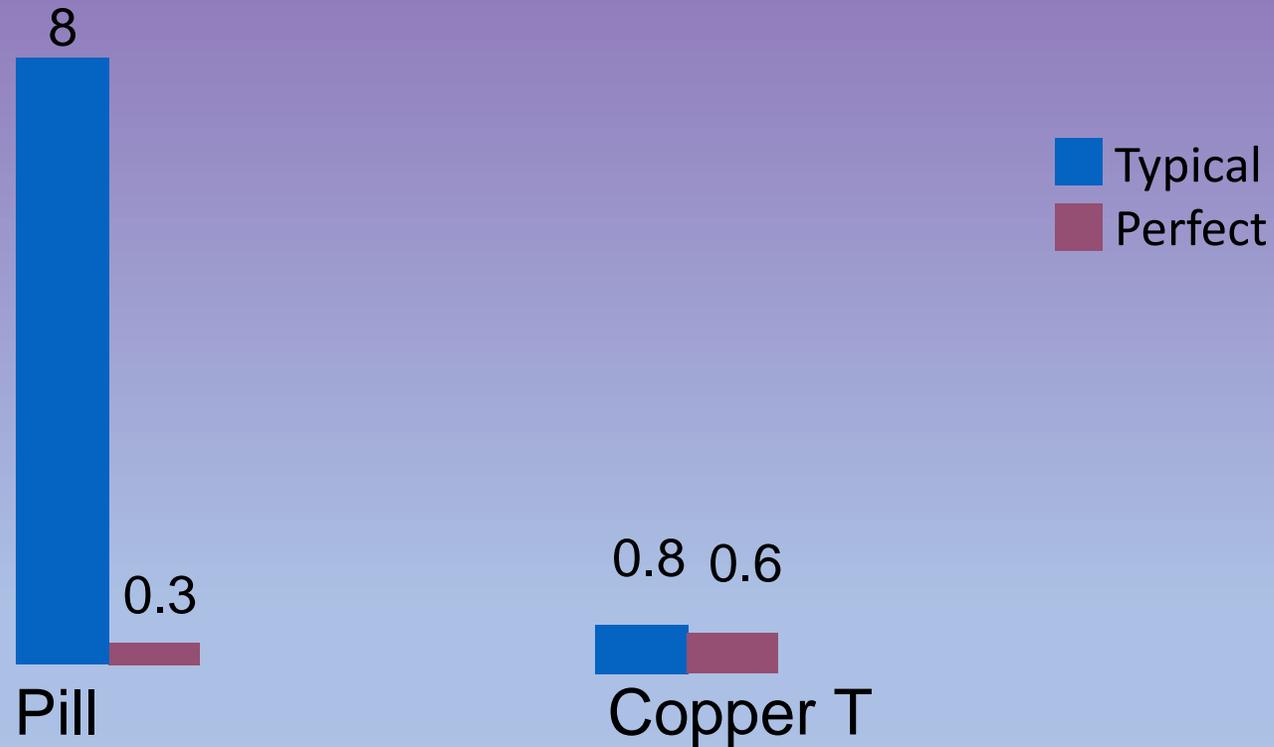
- According to the WHO, after a live birth, the recommended interval before attempting the next pregnancy is at least 24 months in order to reduce the risk of adverse maternal, perinatal and infant outcomes.⁴
 - Possible increase in maternal mortality, increase risk of uterine scar rupture after cesarean, increased risk of induced abortion, increased risk of stillbirth, miscarriage, preterm birth, SGA, neonatal death and death in the first year of life. These risks are most increased with pregnancy intervals <18 months
- The Guideline on *Contraception and Pregnancy* states that women should be advised that an interpregnancy interval (IPI) of less than 12 months between childbirth and conceiving again is associated with an increased risk of preterm birth, low birthweight and small for gestational age (SGA) babies
 - [4. Report of a WHO technical consultation on birth spacing: Geneva, Switzerland 13-15 June 2005](#)

Contraception is Key

- **Effectiveness** and consistency of use of contraceptives

“Perfect use” vs “typical use”

% estimates of unplanned pregnancy in the first year of use



Contraception is Key

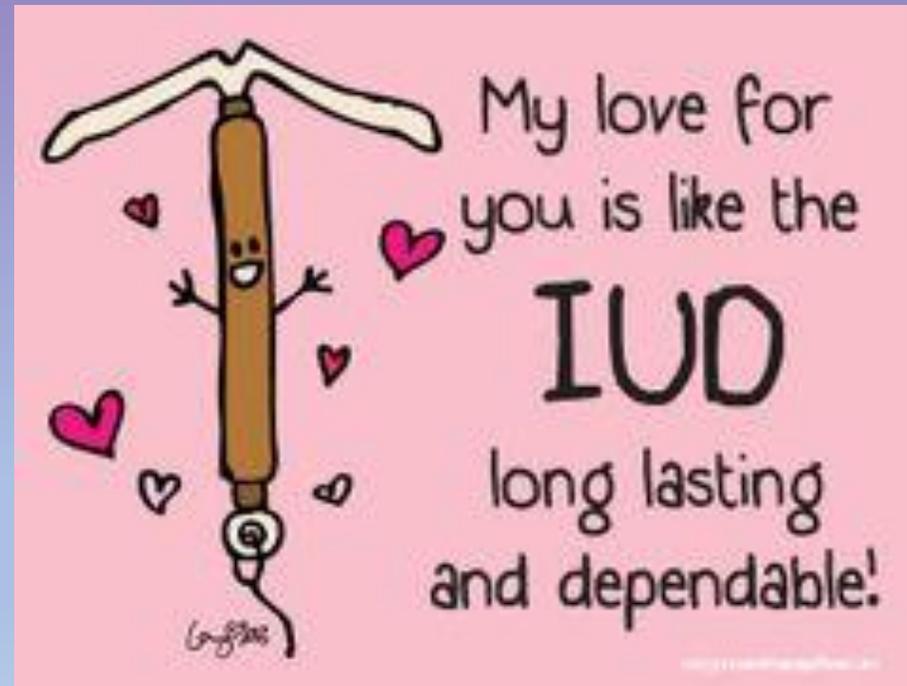
- Effectiveness and **consistency of use**
- Oral Contraceptive Pills: Up to half of young women discontinue the use of oral contraceptive pills by 6 months.
 - Desire for pregnancy
 - Fear of side effects
- LARC: The proportion of women who *discontinued* within one year of administration was 7.5% for Cu-IUDs, 10.6% for LNG-IUS, 13.2% for progestogen-only implants and 54.4% for progestogen-only injection
- Westhoff CL, Heartwell S, Edwards S, et al. Oral Contraceptive Discontinuation: Do Side Effects matter? *American journal of obstetrics and gynecology*. 2007;196(4):412.e1-412.e7. doi:10.1016/j.ajog.2006.12.015.
- Cea Soriano L., et al, (2014), The continuation rates of long-acting reversible contraceptives in UK general practice using data from The Health Improvement Network, *Pharmacoepidemiology and Drug Safety*, 24, 52–58, doi

Counseling about contraception

- All clinicians involved in the care of pregnant women should provide the opportunity to discuss contraception.
- Clinicians who are giving advice to women about contraception after pregnancy should ensure that this information is timely, up-to-date and accurate.
 - RANZCOG: *Guideline on Contraception and Pregnancy, 2017*
- LARC methods are the most effective reversible methods of contraception available and have high continuation and satisfaction rates amongst users.
 - RANZCOG Guideline, Long Acting Reversible Contraception (LARC) (C-GYN 34)

Lead with LARC!

- L – ess doctors visits!
- A – lmost all women are good candidates!
- R – isk of pregnancy is low!
- C – ontinuation rates are high!



Baseline Chosen Method

- The contraceptive choice project included 9,000 women and showed that when women were counseled about all methods but counseling led with those methods that were most efficacious, 75% chose LARC.

Method	%
LNG-IUS	46.0
Copper IUD	11.9
Implant	16.9
DMPA	6.9
Pills	9.4
Ring	7.0
Patch	1.8
Other	<1.0

75%



12-Month Continuation

Method	Continuation Rate (%)
LNG-IUS	87.5
Copper IUD	84.1
Implant	83.3
Any LARC	86.2
DMPA	56.2
OCPs	55.0
Ring	54.2
Patch	49.5
Non-LARC	54.7

Counseling about contraception

- When?
- Antenatally!!!
 - Prior to giving birth, women may have more time to think through their options than immediately after giving birth when the requirements of caring for a baby and recovering from delivery may take priority over contraceptive decision-making.
 - RANZCOG: Guideline on *Contraception and Pregnancy*, 2017
 - In addition, preparations may need to be made prior to the birth for immediate postpartum initiation of some forms of contraception

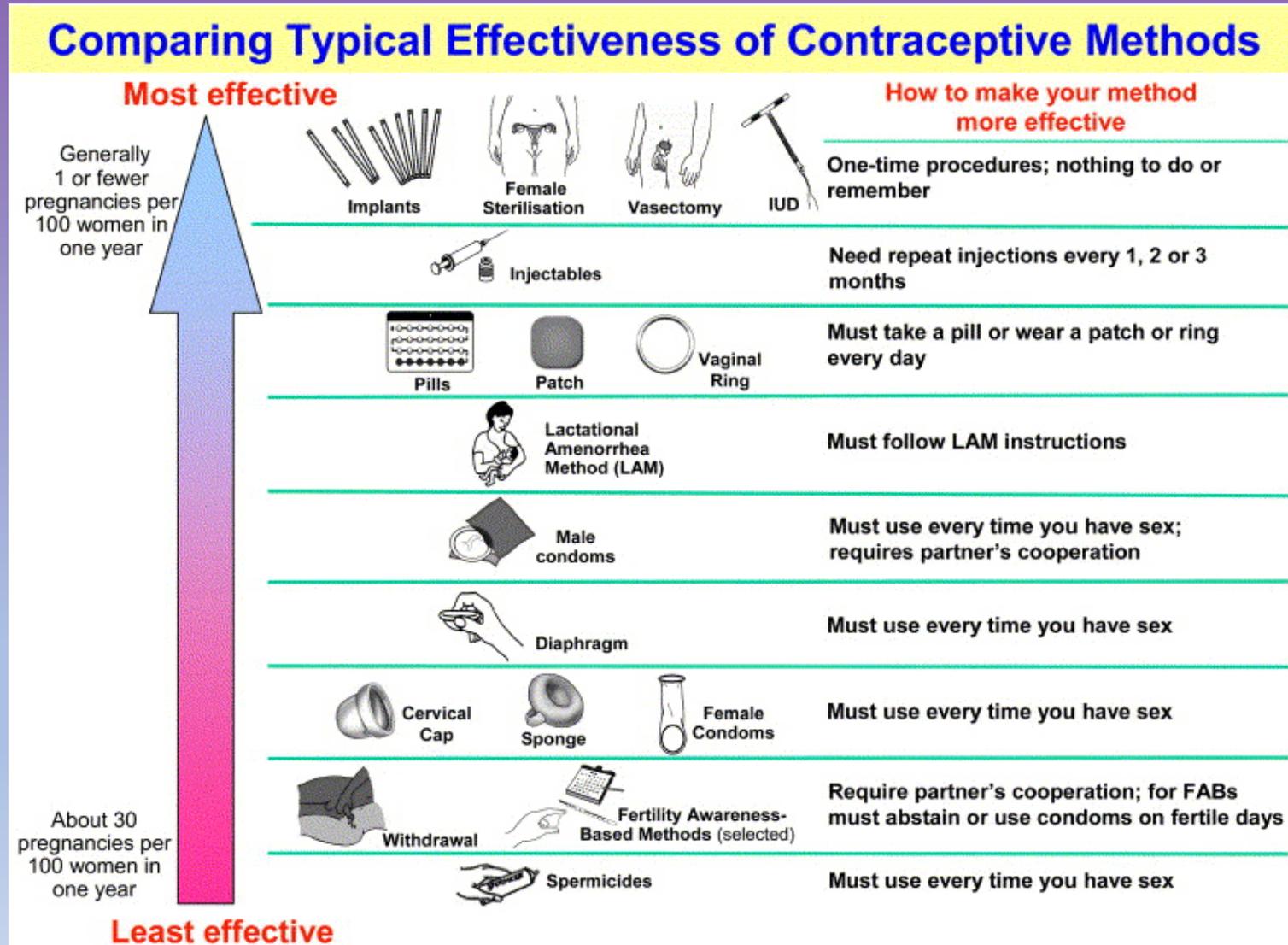
Counseling about contraception - BJOG

- Antenatal contraceptive counselling, delivered by community midwives, is feasible and highly acceptable to women.
- Of women who discussed contraception antenatally with a community midwife, 74% ($n = 461$) found this helpful.
- 43% of respondents ($n = 341$) planned to use LARC
- However, providing contraception and LARC for women before they are discharged home remains a challenge
- As only 9% of the cohort (118 of 1369) received LARC prior to discharge
 - Cameron ST, et al, .Feasibility and acceptability of introducing routine antenatal contraceptive counselling and provision of contraception after delivery: the APPLES pilot evaluation. BJOG 2017

Counseling about contraception

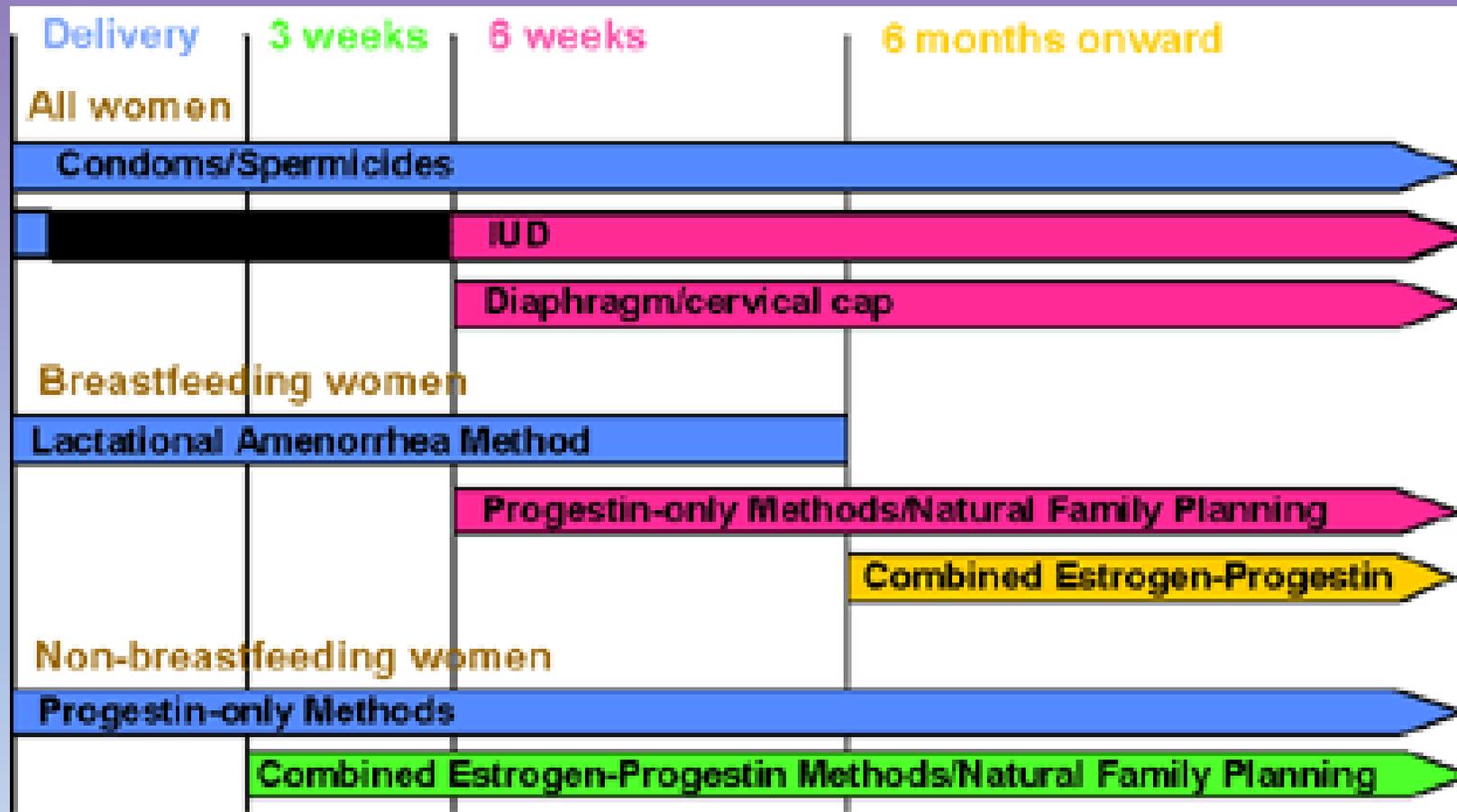
- Antenatal counseling will require a change of practice for some of us.
- We must have buy in/agreement from midwives and obstetricians to progress improved access for patients
- Make it easy to provide information to pregnant women
 - Literature/charts are available already

Counseling about contraception



Initiation after childbirth

- Most types of contraception can be started shortly after childbirth



Methods

- IUD – placement times and advantages of pp placement, contraindications and use in medical conditions, pain, risk of expulsion vs chance of continued use, breastfeeding effects, systems changes, training
- Implant – placement times, continued use, breastfeeding, systems/changes
- POP's – initiation times, breastfeeding effects
- COC's - initiation times, breastfeeding effects
- Sterilization, barrier methods, fertility awareness methods

Methods - IUCD

- 2015 Cochrane Review of **Immediate postpartum insertion of intrauterine device for contraception**
- Looking at outcomes of IUC insertion immediately after placenta delivery (within 10 minutes) when compared with insertion at other postpartum times
- The benefit of effective contraception immediately after delivery may outweigh the disadvantage of increased risk for expulsion

Methods - IUCD

- Expulsion rates for immediate postpartum IUD insertions are higher than for interval or postabortion insertions, vary by study, and may be as high as 10–27%
- The insertion of IUC immediately after childbirth is associated with higher expulsion rates but also higher continuation rates 6–12 months postpartum, regardless of IUC type or mode of delivery

Lopez LM, et al Immediate postpartum insertion of intrauterine device for contraception. Cochrane Database of Systematic Reviews 2015.

Levi EE, et al Intrauterine device placement during cesarean delivery and continued use 6 months postpartum: a randomized controlled trial. *Obstet Gynecol* 2015;126:5–11

Methods - IUCD

- July 2017 study compared levonorgestrel secreting IUD vs copper IUD expulsion rates after immediate postpartum placement
- Expulsion rate for levonorgestrel secreting IUD was 17%, for copper IUD was 4%
- [Am J Obstet Gynecol.](#) 2017 Jul;217(1):51.e1-51.e7. doi: 10.1016/j.ajog.2017.03.015. Epub 2017 Mar 23. **Immediate postpartum intrauterine device and implant program outcomes: a prospective analysis.**

Methods - IUCD

- Time of placement after birth
 - Within 10 minutes after placental delivery
 - Within 48 hours after birth (pre-discharge)
 - 4-6 weeks after birth (interval)
- Convenience of immediate post placental placement of IUCD
 - ✓ Patient in lithotomy
 - ✓ Providers available
 - ✓ Built in distraction
 - ✓ Pain medications available

Methods – Immediate Postpartum IUCD

- No increased risk of infection or uterine perforation with postpartum placement
- Contraindications
 - Postpartum hemorrhage
 - Chorioamnionitis
 - Retained placenta requiring manual extraction
 - Patient doesn't want it placed then
 - Other contraindications to IUD use (Wilson's Disease, copper IUD)
 - Significant perineal laceration
 - Uterine cavity abnormality
 - STI during the pregnancy

Methods – In the medically complex patient

- **UK Medical Eligibility Criteria for Contraceptive Use (UKMEC)**
- CDC Medical Eligibility Criteria
- World Health Organization **Medical eligibility criteria for contraceptive use**, Fifth edition (listed in RANZCOG guidelines)
- All sources with data driven directives regarding the safety of various types of contraception after childbirth. Includes information on use beginning at different times after the birth.

Methods – Immediate Postpartum IUCD

- Breastfeeding effects
 - No evidence of negative effect on breastfeeding with the non hormonal IUCD
- Other issues with placement:
 - Systems changes (who will place them, how will they be trained, what will the protocols look like?)
 - Per the Guideline Contraception After Pregnancy “Services providing care to pregnant women should be able to offer all appropriate methods of contraception, including LARC, to women before they are discharged from the service.”

Methods - Implant

- Cochrane Review from April 2017 looking at *Immediate versus delayed postpartum insertion of contraceptive implant* found that the rate of initiation of contraceptive implant at the first postpartum check-up visit was higher with immediate postpartum insertion than with delayed insertion.
- Immediate insertion is usually 1-3 days postpartum
- Small studies have shown no difference in breastfeeding rates, milk production and neonatal weight gain with immediate implant insertion. Some midwives remain concerned about effects on breastfeeding

Methods - Implant

- Bleeding patterns when comparing immediate placement vs delayed placement – small studies show no clear difference as per Cochrane review, more research needed

Methods – other

- Progesterone injection
- POP's
- COC's
- Sterilization
- Barrier methods
- Fertility awareness methods
 - Need to be aware when is safe to start and effects on breastfeeding

Counseling about contraception

- LARC methods are relatively inexpensive: As demonstrated in several cost-benefit analyses, immediate postpartum LARC is cost-effective
 - Rodriguez, Maria Isabel et al. Cost-benefit analysis of state- and hospital-funded postpartum intrauterine contraception at a university hospital for recent immigrants to the United States *Contraception* , Volume 81 , Issue 4 , 304 - 308
 - GARIEPY, Aileen M., Jennifer Y. DUFFY, and Xiao XU. “Cost-Effectiveness of Immediate Compared With Delayed Postpartum Etonogestrel Implant Insertion.” *Obstetrics and gynecology* 126.1 (2015): 47–55. *PMC*. Web. 23 June 2017.

Items to consider

- How best to partner with midwives
- Staffing/logistics for PPIUD placement
- Training requirements/CME

Thank you.