

Postpartum contraception: Do maternity providers have a role?

Khot,N
Consultant Obstetrician,
Djerriwarrh Health Services, Bacchus Marsh, VIC 3340
(NishaK@djhs.org.au)
@nishaobgyn

Sinha,C
Obstetric Registrar
Djerriwarrh Health Services, Bacchus Marsh, VIC 3340
(ChetnaS@djhs.org.au)

Abstract:

- ❖ 18% of Australian women report their pregnancy to be incorrectly timed while 17% report the pregnancy to be unwanted (1).
- ❖ Preventing unintended pregnancy and fulfilling the unmet need for contraception is a priority towards meeting National Health Goals.
- ❖ Misconceptions about Intra-Uterine Devices (IUDs) have resulted in their low uptake in Australia.(2)
- ❖ A retrospective audit was carried out at Djerriwarrh Health Service between 01/01/18 to 30/04/18 to study the prevalence of contraceptive counselling by maternity care providers and analyse women's choices of postpartum contraception.
- ❖ **Our audit demonstrated gross under utilization of Long Acting Reversible Contraception (LARC) despite this being the most effective method of contraception. There was a striking lack of contraceptive counselling during antenatal care (less than 5%) with postpartum counselling offered to less than 50% of women at the time of discharge from hospital.**
- ❖ Barriers identified related to lack of knowledge regarding postpartum IUD insertion and limited availability of trained healthcare providers to promote large-scale LARC usage.

Objectives:

- ❖ To study the prevalence of antenatal counselling regarding postpartum contraception
- ❖ To analyse women's choices of postpartum contraceptive usage
- ❖ To identify the barriers to provision of LARC prior to postnatal discharge

Method:

Retrospective analysis of antenatal and postnatal notes was done to identify the following:-

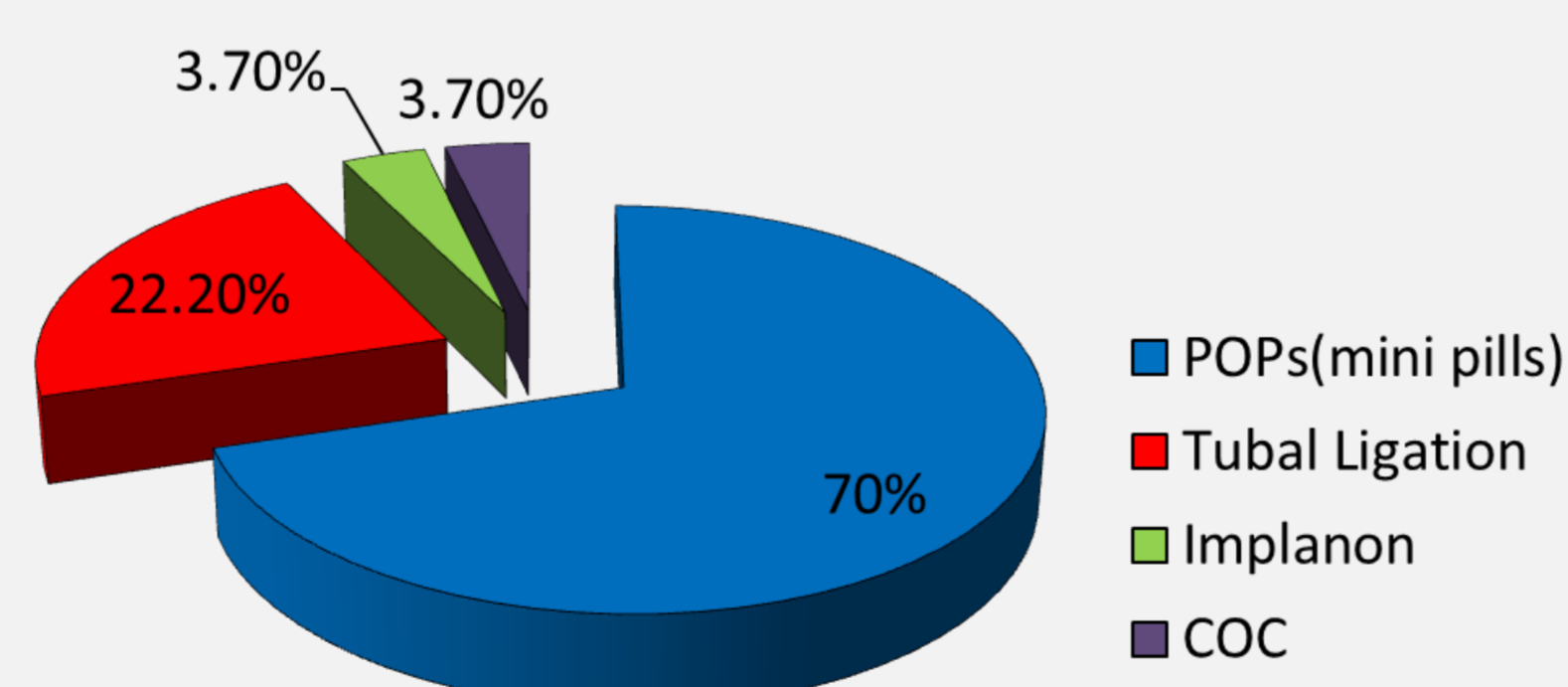
- Documentation of counselling /advice about contraceptive options in antenatal and postpartum period
- Women's choices of postpartum contraception

Results:

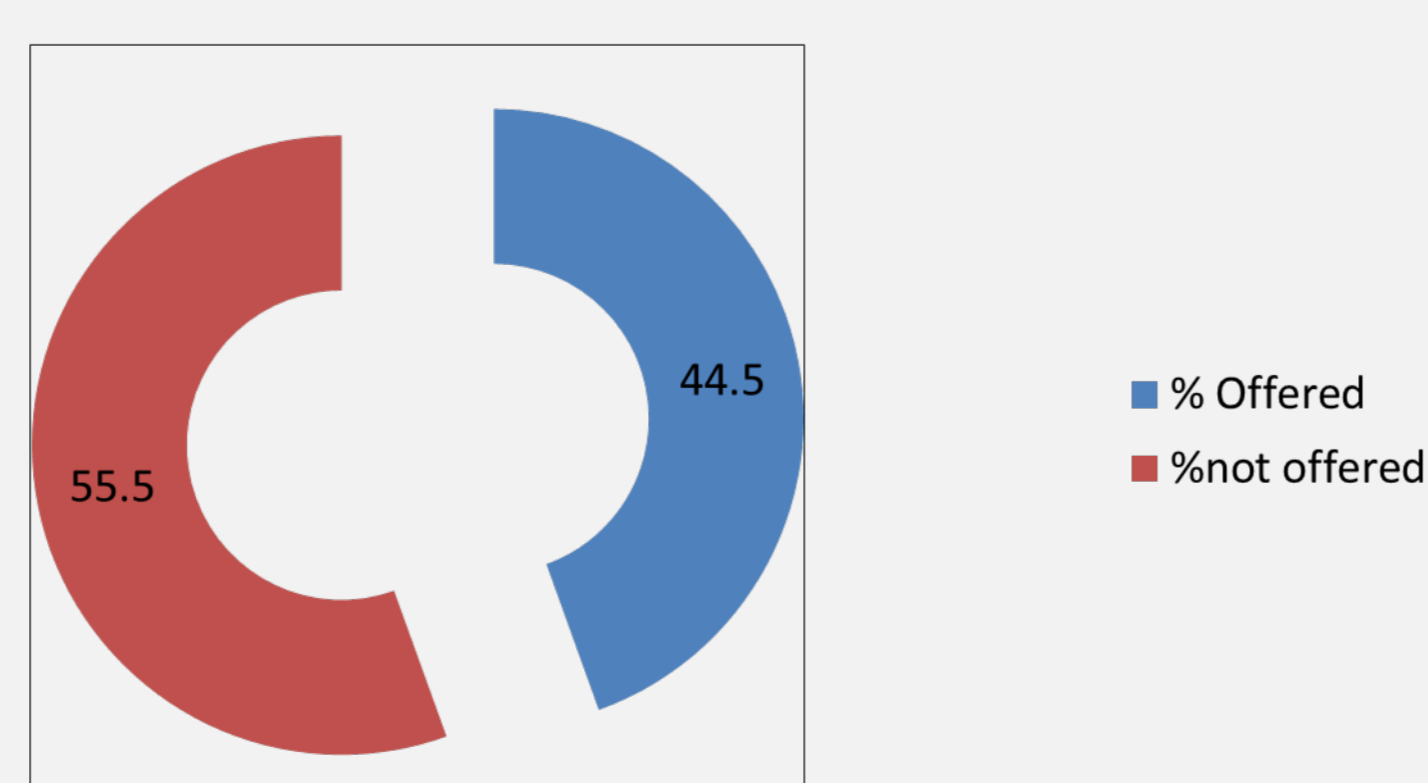
128 births were identified during the period

- Almost half (55.5%) received no documented counselling regarding the options available
 - Antenatal discussion about contraception occurred in less than 5% of women
 - None of the women were offered intra-CS/ postpartum IUD
- Of the women who accepted postpartum contraception:
- 70% opted for progesterone-only mini pills
 - Uptake of LARC was limited to Implanon (2.7%)
 - Intra-CS tubal ligation was performed at elective CS in 22.2% of women

Contraceptive choices accepted by our patients
N = 27



% of women offered counselling regarding contraception

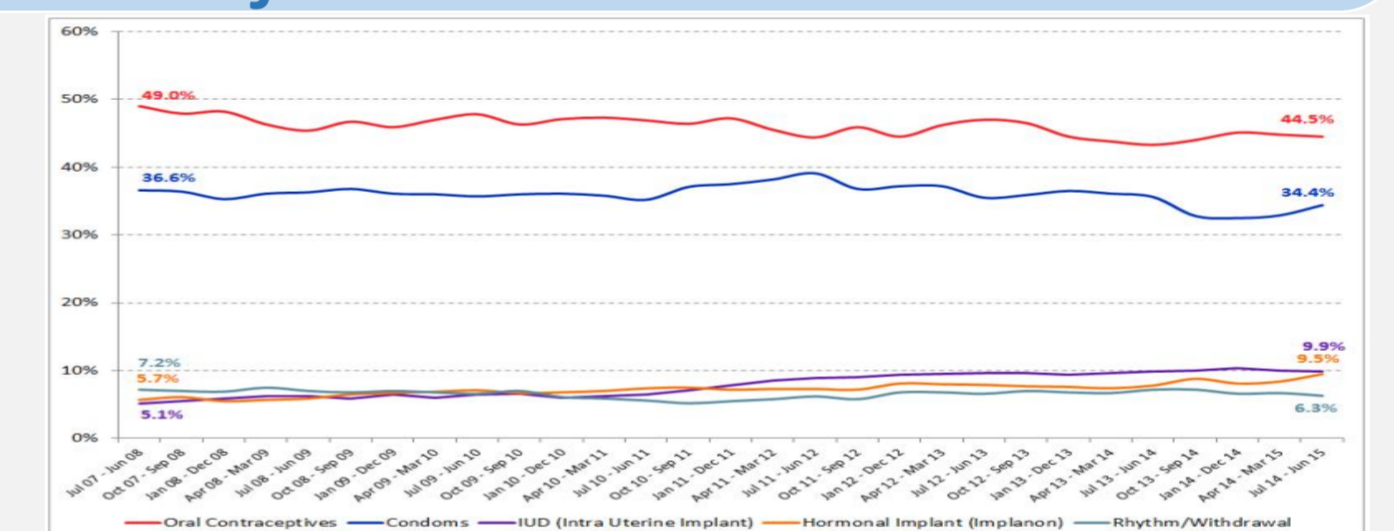


Conclusion:

- Our audit clearly outlines that more than half of postnatal women do not receive any contraceptive advice prior to discharge.
- There is lack of antenatal contraceptive counselling despite evidence of this being the most opportune time for making informed choices(5).
- It also shows limited utilization of LARC despite this being the most effective form of contraception(3).
- We identified a lack of knowledge regarding postpartum IUD use and limited numbers of trained providers of LARC as a barrier.

Based on the results of this audit, we made a **#START** to "**Evidence based postpartum contraceptive management**" at Djerriwarrh Health Service

Most prevalent method of contraception in states and territories of Australia was COCPs and condoms.

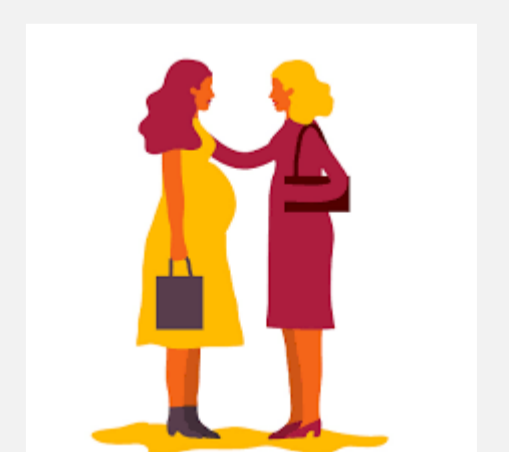


Trends of 5 major contraceptive options used by women in Australia are illustrated in the graph(5)

SHIFT focus on LARC –"A National Priority"

- Survey shows that misconception regarding LARC is the major factor for not choosing it as an option(3)
- Lack of familiarity among health care providers with usage of LARC also influences the advice offered to women (3)
- Studies have demonstrated the safety, efficacy and acceptability of postpartum IUD insertion (4)

In a recent analysis of the Pregnancy Risk Assessment Monitoring System, women who received either prenatal or postpartum contraceptive counselling were more likely to use a more effective method postpartum (49% vs 32%) (5)



Technique of postpartum IUD insertion

- Post placental: Within 10 minutes of delivery of the placenta
 - Within 48hr
- Insertion carried out using a 33cm long curved Kelly's forceps for high fundal placement
- Intra CS
- Inserted by hand and under direct vision with straightening of strings so they lie towards the cervical os

Further information can be found on the FIGO website: FIGO PPIUD Project(6)

- References:-
- 1-Hewitt B, England P, Baxter J, et al. Education and unintended pregnancies in Australia: do differences in relationship status and age at birth explain the education gradient? *Popul Rev* 2010; 49: 36-52
 - 2-Stubbs E, SchampSA. The evidence is in. Why are IUDs still out?: Family physicians' perceptions of risk and indications. *Can Fam Physician* 2008; 54(4):560-6.
 - 3-Family Planning New South Wales 2013. Reproductive and Sexual Health in Australia, Family Planning NSW, Ashfield, NSW
 - 4-Krans EE, Davis MM, Schwarz EB. Psychosocial risk, prenatal counselling and maternal behaviour: findings from PRAMS, 2004-2008. *Am J Obstet Gynecol*. 2013;208(2):141.e1-141.e7
 - 5-Source: Roy Morgan Single Source (Australia), July 2007 - June 2015 (n=16,443).
 - 6-Makins A, Sethi M et al. FIGO postpartum intrauterine device initiative: Complication rates across six countries. *Gynecol Obs Vol* 143, Issue 51, Sept 2018, 20-27