

Developing a new Postpartum Contraception (PPC) Service in Obstetrics at Whipps Cross Hospital During the Covid-19 Pandemic



A multi-cycle Quality Improvement Project: 1 Year Evaluation

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Introduction

45% of pregnancies in the UK are unplanned and 20% of women who present to local abortion services have had a baby within the previous year (Wellings et al., 2013).

Public Health England (2021) estimates that for every £1 spent on contraception, £9 is saved by the public sector. The “Better for Women” (RCOG 2019) report advocates a one-stop services for women’s health.

Access to women’s sexual health services significantly reduced during the **Covid-19 pandemic**. We set up a postpartum contraception service at Whipps Cross Hospital in partnership with the local East London Sexual Health clinic during the pandemic and we audit the first year of use (March 2020-February 2021).

Methods

This was a multi-faceted project with three main arms:

- 1) Patient **questionnaires** on knowledge, attitudes and practices around contraception for preliminary data on supply, needs and demand in our population.
- 2) **Training sessions** on contraception counselling were given to midwives, GPs and junior doctors.
- 3) A partnership with local sexual health services to secure funding and facilitate staff training and patient follow-up. This has enabled us to provide: **Mirena Coils (IUS)**, **Progesterone Only Pills** and **Subdermal Implants** to postpartum women in hospital.

We have launched our service at the beginning of the Covid-19 pandemic- allowing women to access contraception simply and minimising healthcare visits during lockdown.

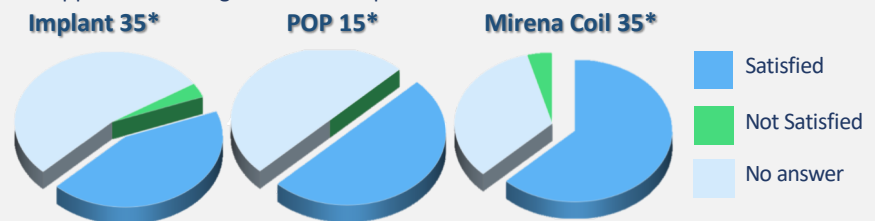
We review our service after one year and collect feedback from women who have used the service.

Covid-19 and Women’s Health Services

Access to sexual health services has reduced significantly during the Covid-19 pandemic due to safety concerns about exposure to the virus, travel restrictions and re-allocation of resources (Green et al., 2020). The RCOG (2021) suggests maternity services are well placed to provide effective postpartum contraception during this period.

One Year Results

We randomly selected a sample of patients from each arm of contraception to phone and get verbal feedback on their experience of the postpartum contraception service at Whipps Cross during the Covid-19 pandemic.



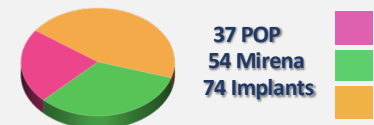
- Overall, >90% of patients were happy with the contraception service across all arms
- When side effects reported: bleeding, 95% had been counselled on this beforehand
- 5 Mirena coils fell out (out of 35 contacted), no perforations
- A number of women mentioned difficulty getting in contact with GP/ sexual health services during Covid-19 pandemic
- Suggestions included; provide leaflets with information, ensure contraception offered to all women, make sure all members of staff knowledgeable about contraception
- High “no answer” proportion (included in graph) - expected due to tiredness/ business of looking after newborn

Pre –service Questionnaires

- 80% planned to use contraception, but only 26% had discussed contraception with a healthcare professional during pregnancy
- 28% were interested in immediate IUCD or implant insertion postnatally
- We identified misconceptions about hormonal contraception and addressed them by improving women’s awareness.

This year...

165 women were discharged from maternity with contraception. This represents 3.6% of our average 4,500 deliveries per year.



September- February prescriber/ inserter breakdown (75)

Contraception	Prescriber/ inserter
Mirena	19 Consultants, 6 SpR
Implant	13 Midwives, 22 SpR
POP	15 Prescribed by SHOs

“ My coil fell out, I contacted my GP who told me to contact local sexual health services. I have been trying for weeks but haven’t got an appointment because of Covid ”

One of the patients we contacted reported her coil had fallen out. She had been counselled that this was a possibility, so knew to contact her GP for replacement contraception, who advised contacting local sexual health services. She told us she has been trying for weeks and had been told that **appointments were limited due to Covid-19**. This demonstrates the need for improved “one-stop” services.

Conclusion

Covid-19 has presented challenges across healthcare, with access to Women’s Health and contraceptive services being affected greatly. We have found that a “one-stop” post partum contraception service has high satisfaction and minimises healthcare visits.

Barriers include language, lack of staff knowledge and ensuring service is offered to all women. Suggestions to improve these include leaflets in different languages and more training for staff. The RCOG also recommends protocols put in place to ensure timely provision and no delay to discharge.

The ongoing provision of this service could lead to improved pregnancy spacing and reduce unplanned pregnancy and abortions. Investment in staff training could improve the provision.