

A National Survey of Immediate Postpartum Contraception in the UK: Pre-COVID Baseline

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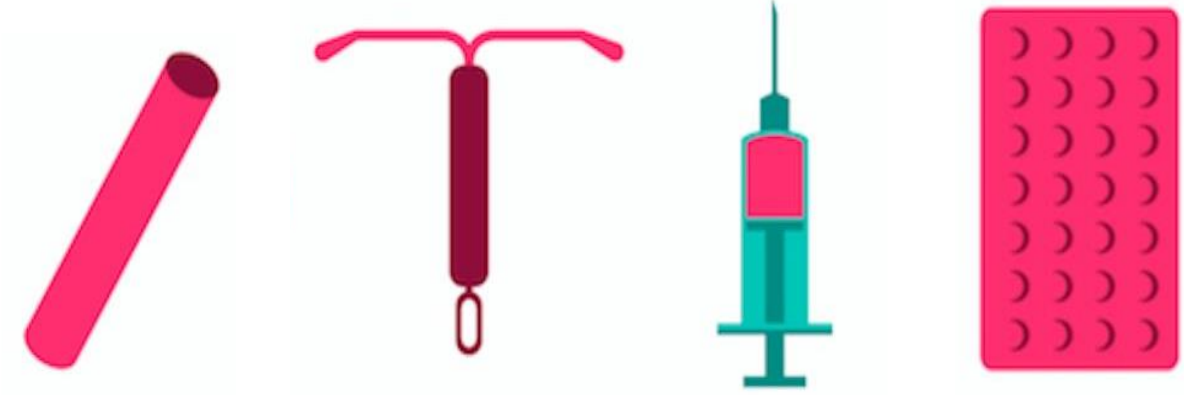
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Introduction

Immediate postpartum contraception (IPC) is a key strategy to reduce unplanned, rapid repeat pregnancies, which are associated with worse maternal and child outcomes¹. IPC at the place of delivery is safe, effective and highly acceptable to women².

The range of IPC methods available include intrauterine coils (at elective caesarean sections and after vaginal deliveries), progesterone-only implants, progesterone injections and progesterone-only pills.



Aims

- To provide an overview of IPC services across the UK
- To highlight barriers and facilitators of IPC services

Methods

- 15-item SurveyMonkey survey sent to all 38 current Community Sexual & Reproductive Health (CSRH) Trainees across 26 NHS trusts.
- Responses collected October–December 2019.
- Survey enquired about current IPC methods being provided, recipient population, providers, funding, and perceived barriers and supportive factors.

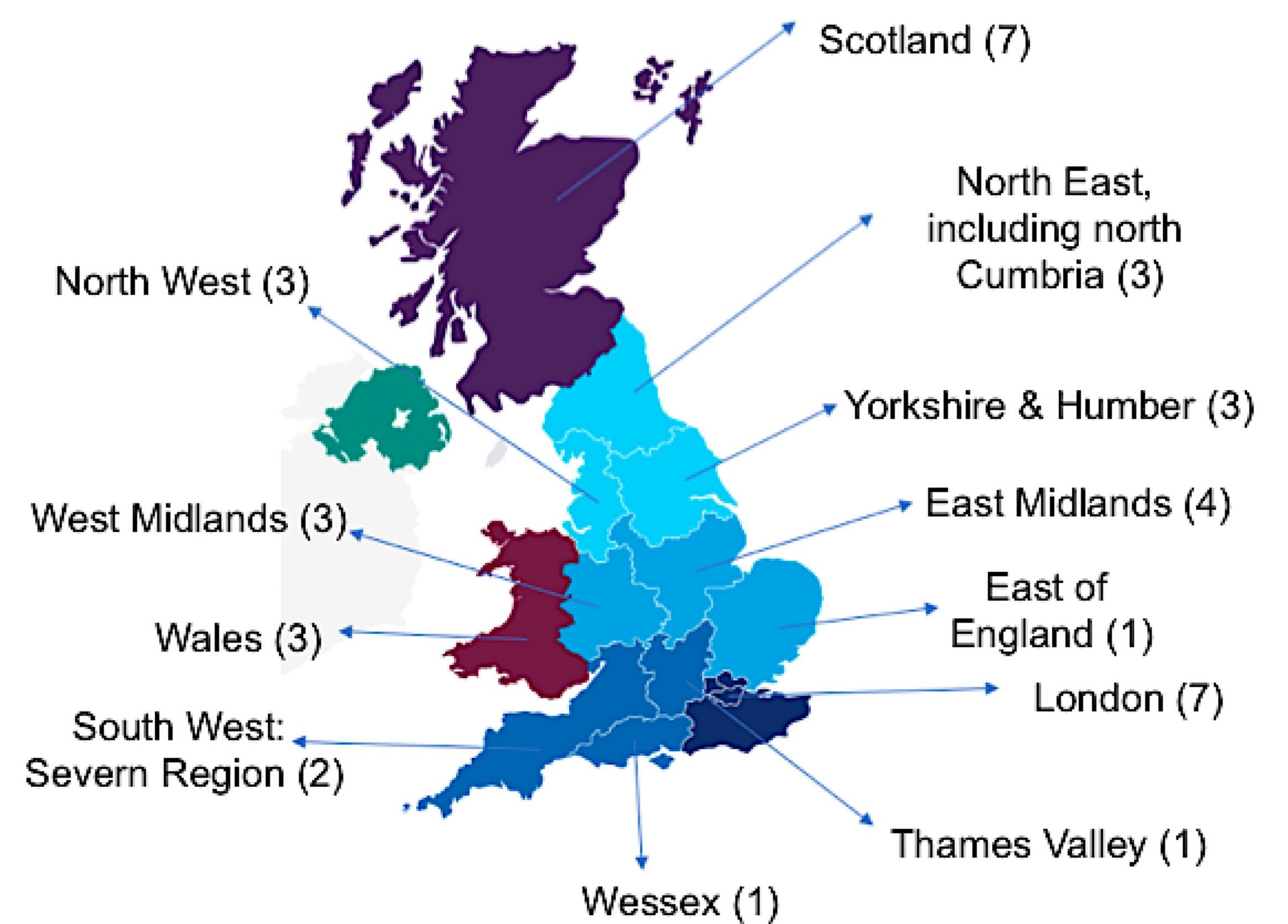
Results

- 29 responses received, covering all 26 NHS trusts with a CSRH Trainee (Fig 1).
- 21 trusts offered at least one form of IPC to some groups of women (Fig 2). Five trusts reported offering no methods at all. Six trusts offered all methods to some groups. NHS Lothian, Scotland is leading the way as a model of universal provision since 2015.
- Seven trusts highlighted 'high risk' or 'vulnerable' (medical or social) women were more likely to receive IPC. Targeting these groups has also been used for pilot projects or to obtain specific funding.
- Two trusts have delivered the FSRH Essentials for Midwives course. One trust reported a full-time contraceptive nurse. Three trusts have started midwife implant insertion training, with five more planning to follow suit. Five trusts are developing PGDs for midwives.
- Most financing is a fragmented mix of CCG and Local Authority budgets, with individual methods being supplied by different parties. Scottish and Welsh trusts have received with government grants and public health funding also. Currently only four trusts have established, sustainable funding.
- Half of trusts surveyed (13) are in early planning or proposal stages, with current ad-hoc provision. Six trusts are running pilots. One trust reports no future plans.

Limitations

- Only trusts with CSRH trainees surveyed
- Results reflect perspectives of CSRH trainees
- Not all CSRH trainees who responded are currently working within local maternity services

Fig. 1: Locations of CSRH Trainees, Dec 2019



21/26 trusts surveyed offered at least one method of IPC to some groups of women

Fig.2: Methods offered by no. of trusts

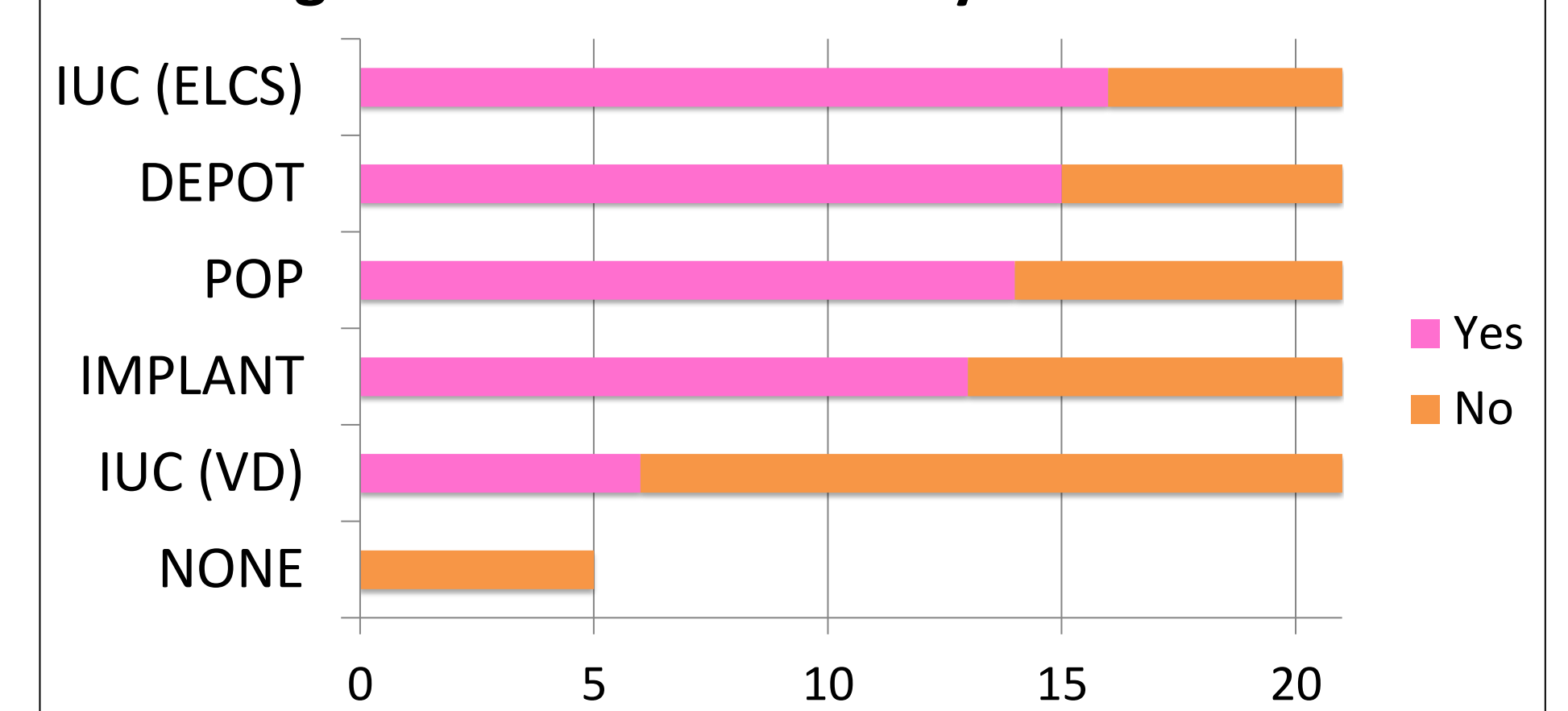


Fig.3: Barriers to IPC Implementation

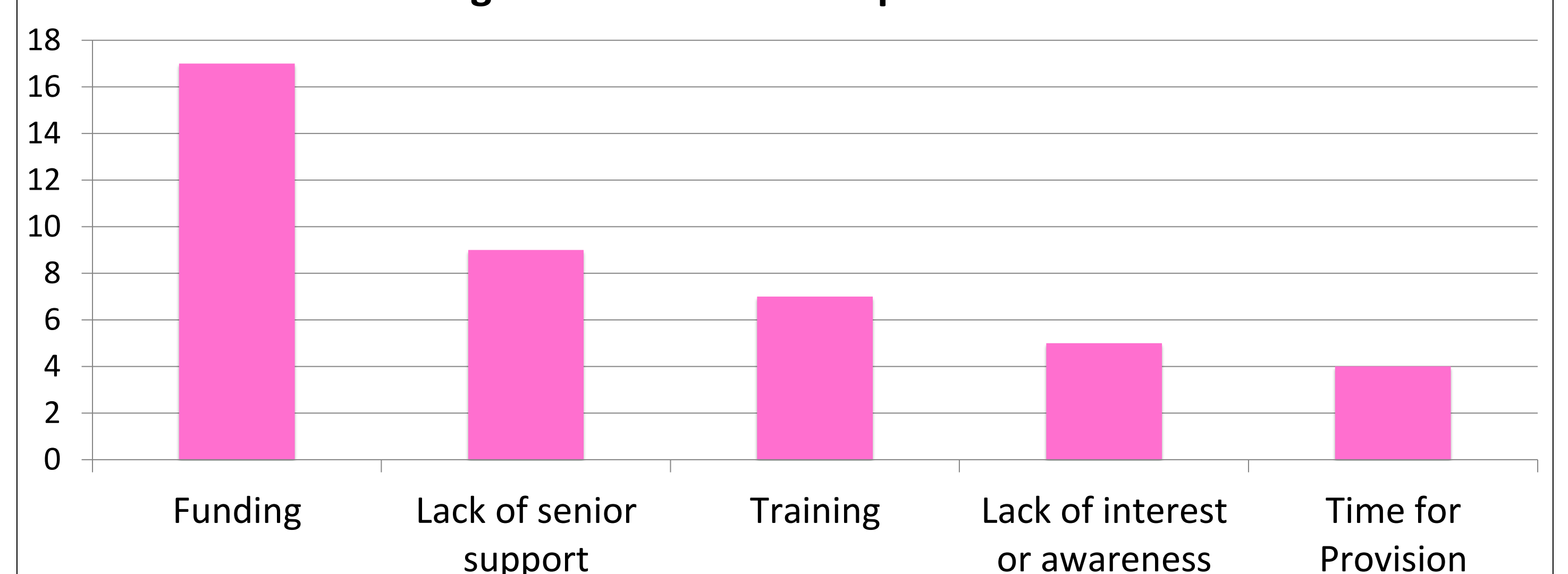
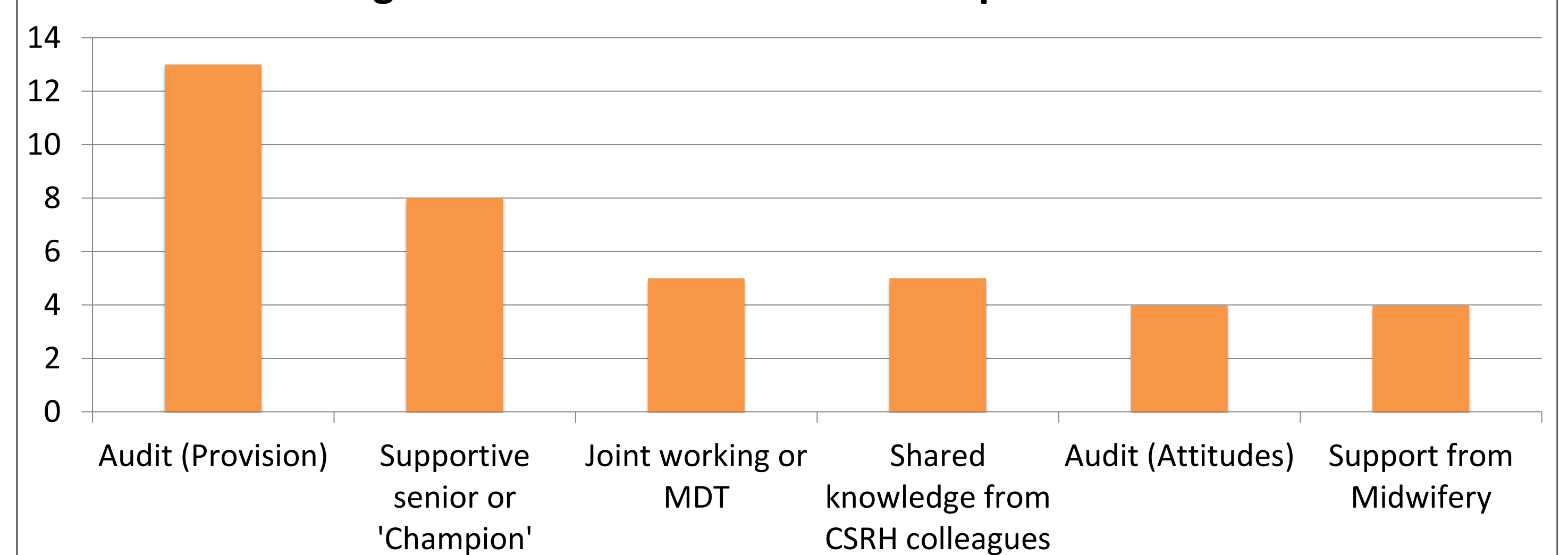


Fig.4: Facilitative Factors to IPC Implementation



Conclusions

- IPC provision across the UK is heterogeneous, with most trusts surveyed at early planning stages, targeted, limited or ad-hoc provision.
- Commissioning in England was consistently highlighted as a key barrier.
- We need coordinated, national sharing and evaluation of IPC commissioning and delivery models to make universal IPC a reality for women in the UK.

References

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- Thwaites A, Tran AB, Mann S. Women's and healthcare professionals' views on immediate postnatal contraception provision: a literature review. *BMJ Sex Reprod Health*. 2019;45:88–94

Acknowledgements

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