How well do we help women plan their pregnancies?

Results of the postnatal contraception surveys

ADHB

Annual Clinical Report Day 2022

Helen Roberts and Jordan Wimsett

Background

- Postnatal contraception identified as priority in NZ - National Maternity Monitoring Group- allows pregnancy spacing and supports reproductive autonomy

- Limited data on contraceptive decision making among maternity populations in NZ

Presentation today

- Face-to-face survey
- Birthed at hospital or associated primary birthing unit were approached between D1-7

- **Study period CMDHB 2019/2020 and ADHB 2020**
- Exclusion: GA <23/40, perinatal loss, need for translator

Aims-Comparison between ADHB and CMDHB

- Factors that might influence contraceptive planning, including previous use, information received and perceived barriers
- Proportion of women who had a contraceptive plan
- And received their contraception prior to discharge

Guideline :ADHB Contraception after delivery-first published 2018

Document Type	Guideline
Function	Clinical Practice
Directorate(s)	e.g. National Women's Health
Department(s) affected	e.g. Maternity
Applicable for which patients, clients or residents?	e.g. All maternity women
Applicable for which staff members?	e.g. All clinicians in maternity including access holder lead maternity carers (LMCs)
Key words (not part of title)	
Author – role only	clinician
Owner (see ownership structure)	e.g. Service Clinical Director (SCD) Secondary Maternity
Edited by	TBA – office use only - Clinical Policy Advisor or Document Controller
Date first published	TBA – office use only
Date this version published	TBA – office use only
Review frequency	TBA – office use only
Unique Identifier	TBA – office use only

Why do we have these guidelines?

- A short interpregnancy interval (IPI) of less than 12 months increases the risk of complications including preterm birth, low birthweight, stillbirth and neonatal death
- IUDs and contraceptive implants (LARC) are associated with longer interpregnancy intervals **when used immediately postpartum**
- Research tells us that only 50% of mothers wishing to use LARC after childbirth returned for the appointment
- 50% DNA rate for Greenlane 6 week postnatal Jadelle clinic

What do our ADHB guidelines say?

- Women given discussion **during pregnancy** about the effectiveness of different contraceptives and which can be **initiated immediately after delivery.**
- Services should ensure that there are sufficient numbers of staff able to provide these methods prior to discharge, including the more effective LARCs (IUD and implant).
- If woman are unable to be provided with their chosen method before discharge, a temporary (bridging) method should be offered along with information about where they may access contraceptive services.

Results of contraceptive survey

- ADHB
- n=258 women
- 82% response rate
- Mean age 32yrs
- 11% Māori, 16% Pacific

- CMDHB
- n=313 women
- 94% response rate
- Mean age 29yrs
- 15% Māori, 36% Pacific

- Representative of their respective birthing population
- Women at ADHB were more commonly older, lower parity, NZ European, had private obstetrician as LMC
- Women at ADHB more commonly approached on D3 or later

Results – Contraceptive planning

	ADHB n=258	CMDHB n=313	p
I have used contraception before	185 **(72%)**	143 **(46%)**	P<0.0001
I have seen the hospital contraceptive brochure	54 **(21%)**	132 **(42%)**	p<0.0001
My contraceptive choices were discussed with me during my pregnancy	40 **(16%)**	116 **(37%)**	p<0.001
My contraceptive choices were discussed with me since I have given birth	37 **(14%)**	137 **(44%)**	p<0.0001
My contraceptive choices were NEVER discussed with me	97 **(38%)**	84 **(27%)**	p<0.005

Results - Barriers

- Half **(50% ADHB, 51% CMDHB)** of all women reported concerns about side effects to be the main barrier to them accessing contraception

- Weight gain
- Bleeding (irregular or heavy)
- Mood swings
- Effect on future fertility

Results – Postnatal plan

	ADHB n=258	CMDHB n=313	p
I have made a plan for contraception after this baby	138 **(54%)**	184 **(59%)**	p=0.2
	n=138	**n=184**	
I will be going home with my chosen method of contraception	36 **(26%)**	98 **(53%)**	p<0.001

Only 2.6% wanted to be pregnant in the next 12 months

“I have made a contraceptive plan after this baby”

	Outcome = contraceptive plan	
	OR	**95% CI**
Parity (2-3 v 1)	2.2	1.5-3.3
Parity (≥4 v 1)	3.2	1.4-7.3
Previous contraception use (any type)	1.6	1.1-2.5
Recall BOTH antenatal and postnatal contraception discussion	5.6	2.8-11.5
Recall antenatal contraception discussion*	2.5	1.4-4.6
Recall postnatal contraception discussion*	1.8	1.04-3.0

***80% of women at both ADHB and CMDHB said they found the discussion around contraception helpful**

Contraceptive choices after birth

AUCKLAND DISTRICT HEALTH BOARD

Contraceptive Method	How it works	Health concerns	Advantages	Side effects	Can I start straight after birth?
Long acting reversible methods. Most effective. Less than 1 pregnancy per 100 users in one year. ★ ★ ★					
Implant 	Hormone progestogen in the rod stops ovaries releasing eggs	No serious risk	✚ Can last for 5 years. ✚ Immediate return to fertility when removed	Irregular bleeding This can be helped with medication	✔ Yes No effect on breast feeding or the baby
Intrauterine device (IUD) 	Plastic device with copper or hormone progestogen on the stem. Both work by stopping the sperm reaching the egg	Very small chance of pelvic infection when put in if have a STI	✚ Copper IUD can last for 10 years ✚ Hormone IUD lasts for 5 years and makes periods lighter ✚ You can get pregnant as soon as it is removed	Copper IUD can make periods heavier or crampy Hormone IUD can give irregular bleeding in first few months	✔ Yes Both can be put in immediately after baby born Otherwise at 4-6 weeks after birth No effect on breastfeeding or the baby
Hormonal Methods. Less effective. Typically 3 to 8 pregnancies per 100 users in one year ★ ★					
Combined contraceptive pill	Contains the hormones oestrogen and progestogen. If pill is taken every day, stops ovaries releasing eggs	Very small chance of blood clots in legs or lungs	✚ Can make periods lighter, less painful or have no periods	Irregular bleeding in the first few months	✘ No May affect milk supply so don't use if breastfeeding Need to wait for 3 weeks to start if not breastfeeding
Progestogen only pill	Contains only progestogen. Makes cervical mucus thick so harder for sperm to get to the egg	No serious risk	✚ Can be used at any age	May cause irregular bleeding	✔ Yes No effect on breastfeeding or the baby
Depo Provera injection 	Contains progestogen. Stops ovaries releasing eggs	No serious risk	✚ Lasts 12 weeks ✚ Can have no periods	May cause irregular bleeding Weight may change	✔ Yes No effect on breastfeeding or the baby
Barrier Methods. Least effective. Typically 18 pregnancies per 100 users in one year ★					
Condoms 	Put on the erect penis and helps stop sperm from getting to egg	No risk	✚ Helps protect from sexually transmitted infections	Some people are allergic to rubber Can slip off or break	✔ Yes

WH013 July 2020 hiws@adhb.govt.nz


are you having sex?
are you ready for a baby?
Family planning is about having a baby when you are ready
Options for Family Planning
It's your choice.
COUNTIES MANUKAU HEALTH

Front sheet of Healthware which show the risk for women who have NW as a LMC

Mouse, Mickey ID **HUX8660** DoB **01/02/1996** Age **23y** Sex **F**
Address **600 Manukau Road, Epsom, Auckland 1023, New Zealand** Phone **09 22112018**

Open | Closed | Documents

- Demographics: Patient
- Episodes
  - Gynaecology Episode 04/10/201
  - Gynaecology Episode 28/08/201
  - Pregnancy: G5P1 EDD: 01/05/2

NHI: **HUX8660**
Mother: Mouse, Mickey

Sex: F
Date of birth: 01/02/1996 Age: 23y
Alias patient ID(s): RBX1098

Home address: 600 Manukau Road, Epsom, Auckland 1023, New Zealand
Home phone: 09 22112018
Alt phone:
Mobile phone: 3434343434

First emergency contact: Chess Pat And Mat
Home: 09123456
Second emergency contact: Mouse Minnie
Home: 099999999

Residency

NZ Resident: Yes
Place of birth: Philippines
Ethnic origin: Cook Island Maori

Spoken language: Vanuatu

GP Name:
Address/Ph:

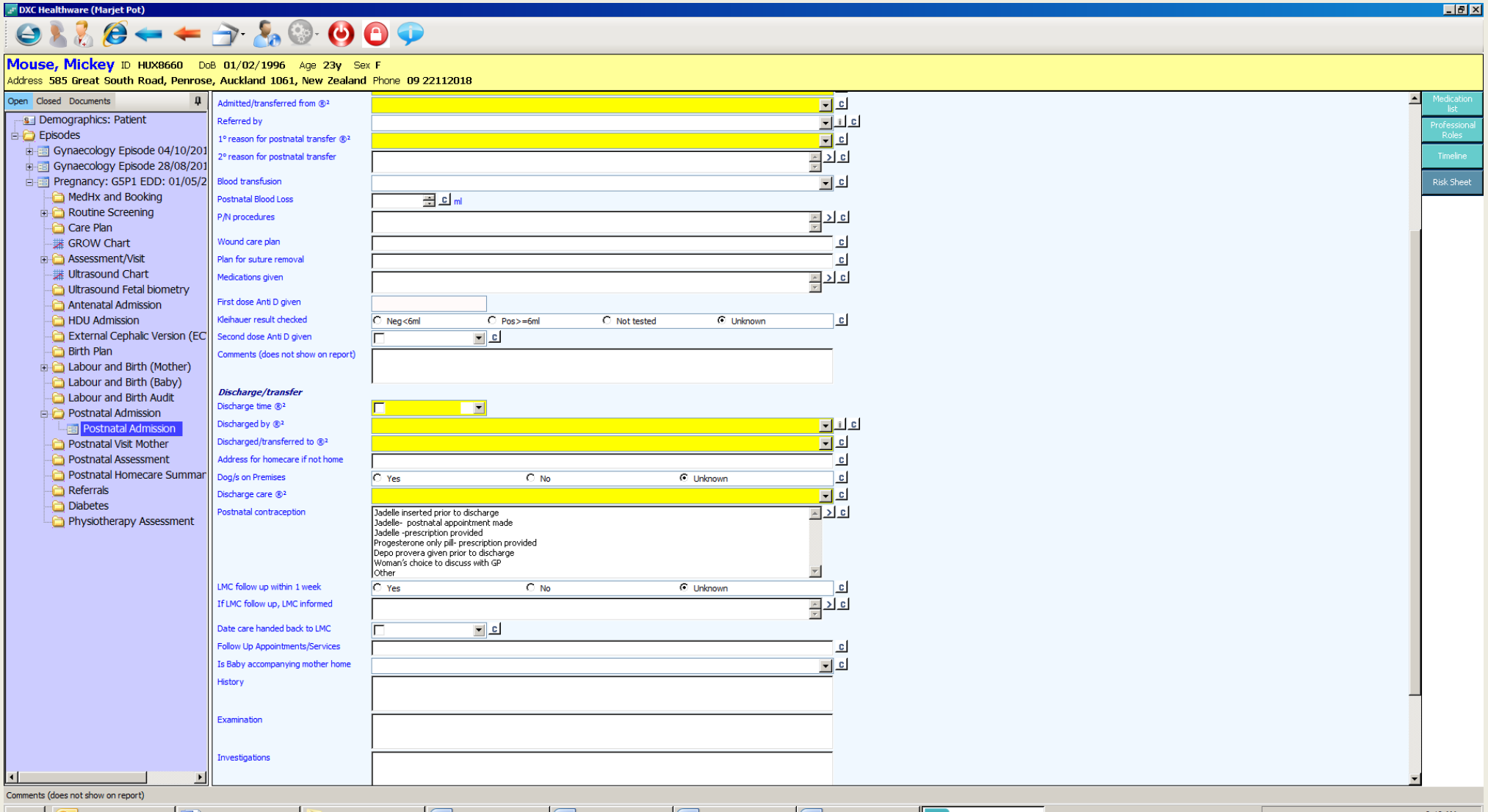
LMC Name: Miss Gina Meredith
Address/Ph: ADHBLMC
(021)497-422
LMC care type: Other
NW Team:

Case flags:

Pregnancy Information
Gravida: 5 Para: 1
EDD: 01/05/2019 (Agreed)
Current gestation: 30:0 (weeks:days)

Risk Summary (see Risk Sheet for full details)
Alcohol or drug abuse
Contraception Plan Postnatal

- The postnatal admission screen has had a new field added to enable the postnatal contraception documentation to be entered.



NWH Annual Clinical Report-LARC report

- 2020

17% of births had the contraceptive decision documented in risk sheet

- 2021

17.8% of births had the contraceptive decision documented in risk sheet

What does CMDHB have ?

- The **nurse led service was supported to start with allocated MoH funding in July 2019**. There are 3 nurses; 1 is a Clinical Specialist with extensive sexual health and contraception experience. One nurse was appointed as an existing Jadelle inserter and the other nurse has been trained in the service and is now training to insert IUCD and Mirena.
- The service is offered 7 days 365 days a year based at Middlemore hospitals -the service manages referrals for approximately 50% of admissions to the maternity floor.
- The model of having contraception nurse who were skilled at providing contraception options to all postnatal mothers was due to the prioritizing of this information and acknowledgment of the individual needs and health literacy of each person. By having a dedicated service it meant there was opportunity to focus and support decision making outside of any acute clinical care.

Amanda Hinks

Women seen by me at EDU during **May 2022** wishing abortion –not using contraception

Baby born November 2021-postnatal discharge record

Problems	Postnatal Assesment within normal limits		
Breast	Satisfactory		
Nipples	Sore/Tender	**Family planning**	**Not Discussed**
Feeding Status	Exclusive	PN Blood Pressure	104 mm Hg
Temperature	36.1 c	Pulse	85 /min

Women seen by me at EDU during **May 2022** wishing abortion –not using contraception

- Baby January 2022
- High risk maternity-proteinuria after delivery-did not require BP meds
- Told needed to wait 6 weeks before having contraception
- Did not attend follow up obstetric clinic

- Baby born January 2022
- Mother 19 years of age
- Not offered contraception postnatal
- Presented to EDU for STOP at 12 weeks

Discussion

- Rates of pregnancy planning similar to other studies from NZ

- Minority of patients at ADHB remember any discussion
  - Contraceptive brochure: **21%**
  - Antenatal discussion: **16%**
  - Postnatal discussion: **14%**

- Just over half of patients made a contraceptive plan and only half of these left with their choice of contraception

- **Having antenatal OR postnatal discussions around contraception makes a difference but those who had BOTH are much more likely (>5x) to make a contraceptive plan**

Discussion

- How can we support women to have reproductive autonomy?
  - Talk to them about their contraceptive options, to allow informed decision making
- How can we address their concerns better?
  - 50% worried about hormonal side effects
- How can we ensure that all women who have chosen to have immediate postnatal contraception leave hospital with their desired form of contraception?

Acknowledgements

Emelia Legget med student who conducted survey at ADHB

Supervised by Lynn Sadler

QUESTIONS……..

References

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