

Provision of Postnatal Contraception Survey in a District Hospital in the United Kingdom

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ABSTRACT

In the UK, approximately 1 out of every 13 women seek abortion services within the year following childbirth. World Health Organization (WHO) recommends at least 2 years' inter-pregnancy interval. Guidance from the Faculty of Sexual and Reproductive Healthcare suggests discussing all kinds of contraception in the antenatal period to support informed decision-making. An anonymous, voluntary cross-sectional survey of women in the postnatal ward was conducted with the help of a questionnaire over a period of 6 weeks. The questionnaire mainly focused on past contraception usage, knowledge and awareness regarding contraception and safe inter-pregnancy interval, and their future intentions. The results depicted a lack of key information among women to enable them to decide regarding their use and choice of contraceptive method. Almost 37% of women surveyed preferred contraception provision on the postnatal ward before discharge.

Keywords: Contraception, Fertility, Perinatal outcome.

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PROVISION OF POSTNATAL CONTRACEPTION SURVEY

In the UK, approximately 1 out of every 13 women seek abortion services within the year following childbirth.¹ World Health Organization (WHO) recommends at least 2 years inter-pregnancy interval.² Guidance from the Faculty of Sexual and Reproductive Healthcare suggests discussing all kinds of contraception in the antenatal period to support informed decision-making.^{3,4} After childbirth, effective contraception should be discussed and offered prior to discharge from maternity services.

All progestogen-only methods are safe for women immediately postnatal and when breastfeeding.

Aims

To assess the provision of postnatal contraception services in women attending Glan Clwyd Hospital (YGC).

Specific Objective

- Percentage of women getting information in the antenatal and postnatal period about contraceptive choices.
- Assess knowledge and awareness about postnatal contraception.
- Preference of prescription before discharge.

Standards

About 97% of postnatal women should be offered an appropriate contraceptive method within 7 days of delivery.⁴ A bridging method should be offered in 97% of situations where there's a lack of access to the chosen method.⁴

METHODS

An anonymous, voluntary cross-sectional survey of women in the postnatal ward was conducted with the help of a questionnaire over a period of 6 weeks (July and August 22).

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The questionnaire mainly focused on past contraception usage, knowledge and awareness regarding contraception and safe inter-pregnancy interval, and their future intentions. In the survey, 41 women were participated.

Past Contraception Usage

Out of the total surveyed (41 individuals), 12.1% (5 individuals) had never utilized any form of contraception, whereas 87.9% were currently using some method (Fig. 1).

Methods of Contraception

The most common methods used were oral contraceptive pills 41.5% (17/41), long acting reversible contraception (LARC) 31.7% (13/41), and both 12.1% (5/41) (Fig. 2).

Knowledge and Awareness Regarding Contraception and Safe Inter-pregnancy Interval

About 75.6% (31/41) estimated the earliest they can get pregnant was 4 weeks, 21.9% (9/41) as 8 weeks (Fig. 3). Recommended safe interpregnancy interval 36.5% (15/41) as 24 months, 24.3% (10/41) 18 months, 19.5% (8/41) 12 months, 17.0% (7/41) as 36 months (Fig. 4).

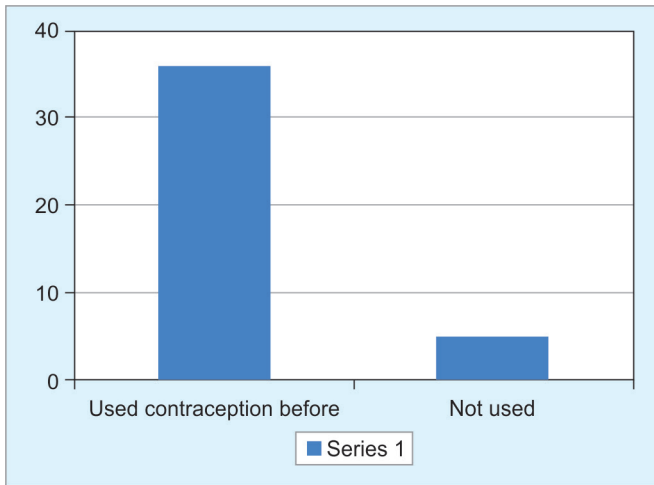


Fig. 1: Past contraception usage

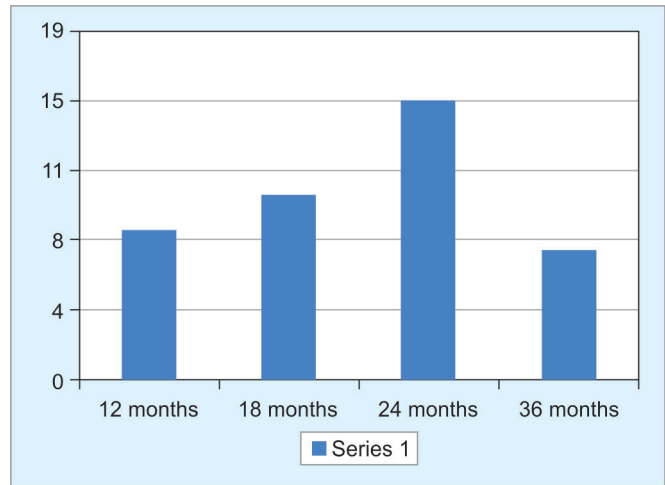


Fig. 4: Safe inter-pregnancy interval

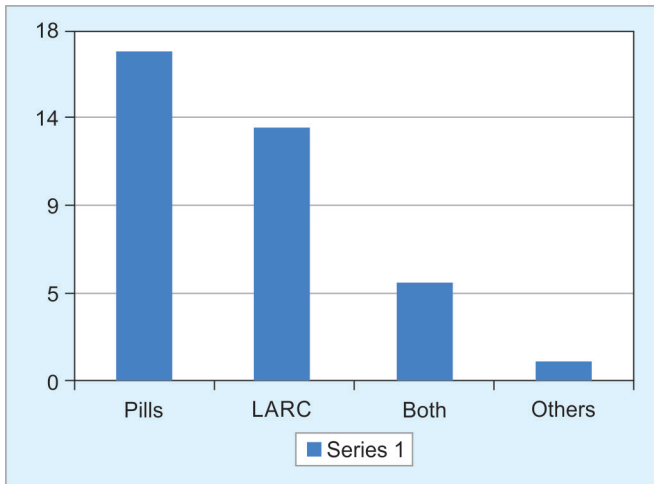


Fig. 2: Methods of contraception used

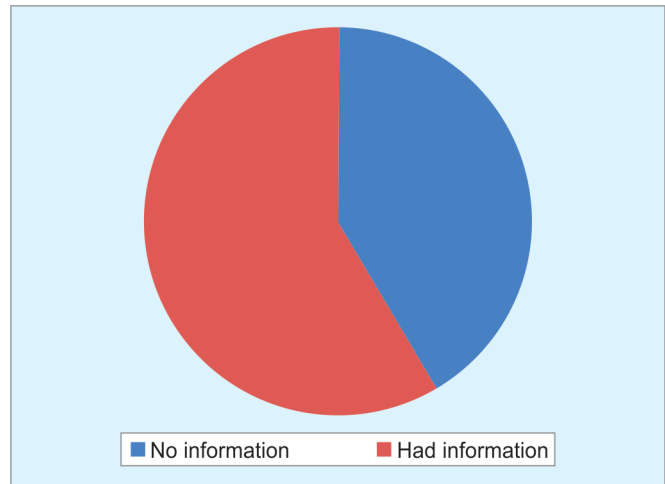


Fig. 5: Antenatal discussion

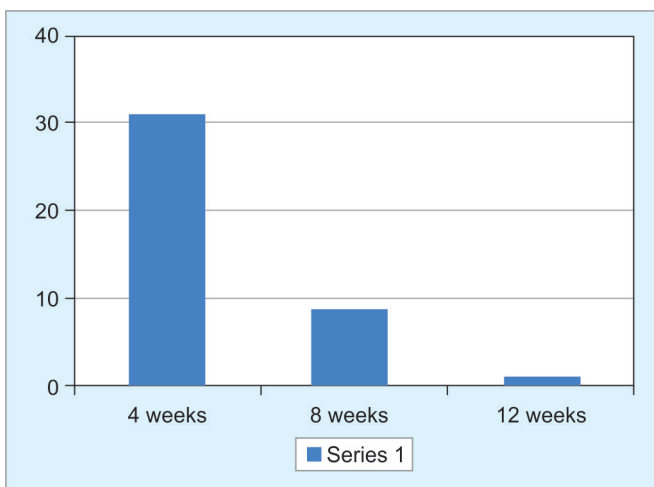


Fig. 3: Time to conceive postpartum

Antenatal Discussion

Out of the total surveyed (41 individuals), 41.4% (17 individuals) had no recollection of any discussion or information regarding

contraception during the antenatal period from any healthcare professional (Fig. 5).

Postnatal Discussion

Did not remember any discussion or information regarding contraception in the postnatal period (Figs 6 and 7).

Information about Various Postnatal Contraceptive Options

Of the surveyed group (41 individuals), 56% (23 individuals) lacked information regarding contraceptive options available after childbirth (Figs 8 and 9).

Choice of Contraception Preferred

Long acting reversible contraception—22% (9/41), progesterone only pill (POP)—14.6% (6/41), tubal ligation (TL)—4% (1/41). About 37% preferred prescription while in ward.

CONCLUSION

- Women surveyed currently lack key information to enable them to decide regarding their use and choice of contraceptive method.
- Current antenatal counseling is inconsistent and needs a more effective and persistent approach.

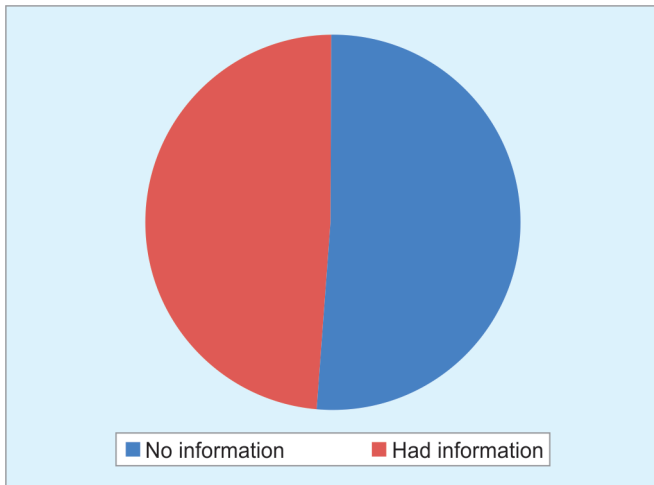


Fig. 6: Postnatal discussion

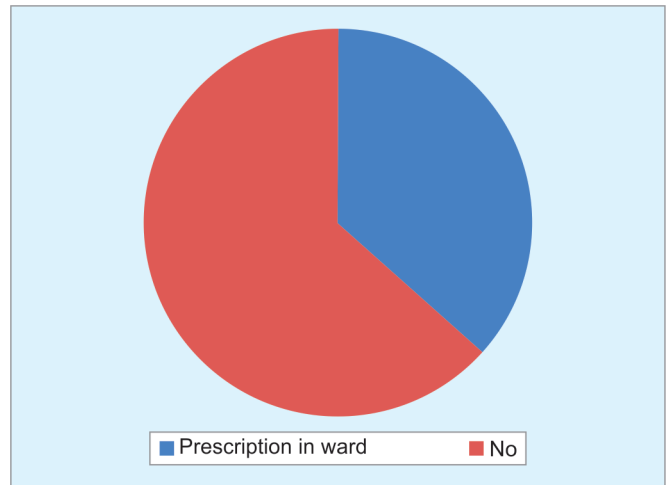


Fig. 9: Prescription in ward

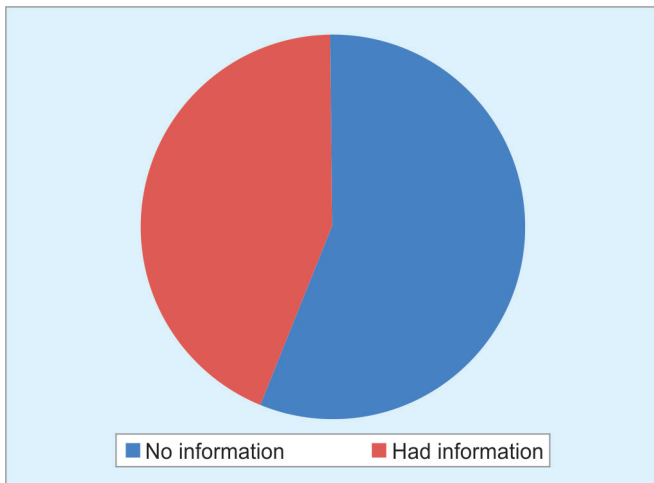


Fig. 7: Information about available contraceptive options

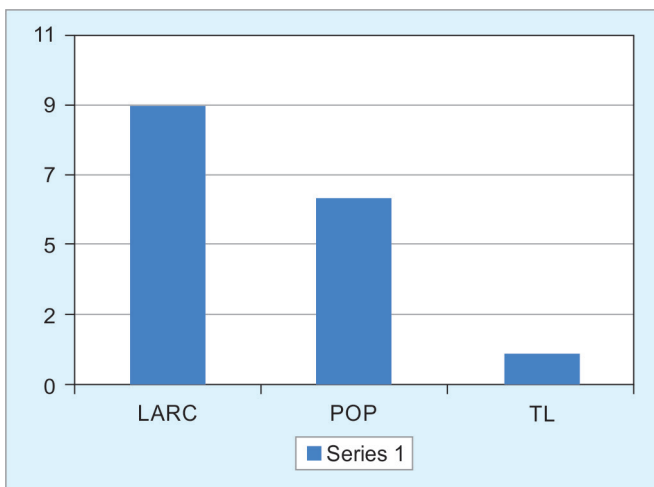


Fig. 8: Preferred contraception postnatal

- Almost 37% of women surveyed would prefer contraception provision in the postnatal ward.
- Providing in-hospital postnatal contraception could provide a unique opportunity to reach more vulnerable groups, including women with drug, alcohol, or mental health problems.

RECOMMENDATION

- To increase awareness about postpartum contraception
 - Leaflets distribution during antenatal visits, clinics, and MOAU visits.
 - Charts/posters in DS/Wards.
- Educate and train staff to provide postpartum contraception (coils, implants).

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REFERENCES

1. Heller R, Cameron S, Briggs R, et al. Postpartum contraception: A missed opportunity to prevent unintended pregnancy and short inter-pregnancy intervals. *J Fam Plann Reprod Health Care* 2016;42(2):93–98. DOI: 10.1136/jfprhc-2014-101165.
2. World Health Organization (WHO). Report of a WHO Technical Consultation on Birth Spacing. Technical Consultation. Geneva, Switzerland: World Health Organization, 2006.
3. Smith GCS, Pell JP, Dobbie R. Interpregnancy interval and risk of preterm birth and neonatal death: Retrospective cohort study. *BMJ* 2003;327:c3967. DOI: 10.1136/bmj.327.7410.313.
4. The Faculty of Sexual & Reproductive Healthcare (FSRH). Contraception after pregnancy. 2020. Available from: <https://www.fsrh.org/standards-and-guidance/documents/contraception-after-pregnancy-guideline-january-2017/>.