

# POSTPARTUM CONTRACEPTION AND THE IMPACT OF FUTURE UNPLANNED PREGNANCY

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# Background

Social determinants of health, such as poverty and education, are underlying root causes of both substance use disorder (SUD) and unplanned pregnancy  
Both issues are associated with adverse pregnancy and birth outcomes

Women with substance use disorders:

- *Experience barriers to contraception access*
- *Have high rates on unplanned pregnancy*
- *Whilst contraception can be initiated during the birth admission, it is not known how frequently this occurs*



# Study 1: ANZJOG

Original Article |  Open Access | 

## **Planning postpartum contraception for women with substance use disorders: Utilisation of the birth admission**

Kelly A. McNamara , Kirsten Black, Oliver Bond, Bridin Murnion, Adrienne Gordon, Joanne Ludlow, Natasha Nassar

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### AIM

- **Compare women with and without SUD:**
  - Post-partum contraception initiation during birth admission
  - Contraception method of interest

### METHODS

- **Retrospective cohort study using existing maternity datasets from one NSW local health district, 2011-2019.**
- **SUD, defined as current engagement, or need for engagement, with AOD service**

# Results

60163 babies of 59195 mothers

Comparable to another NSW study that audited post partum contraception initiation for women with SUD\*

50%

of all women had no contraception plan documented by discharge (50.1% SUD, 56.2% without SUD)

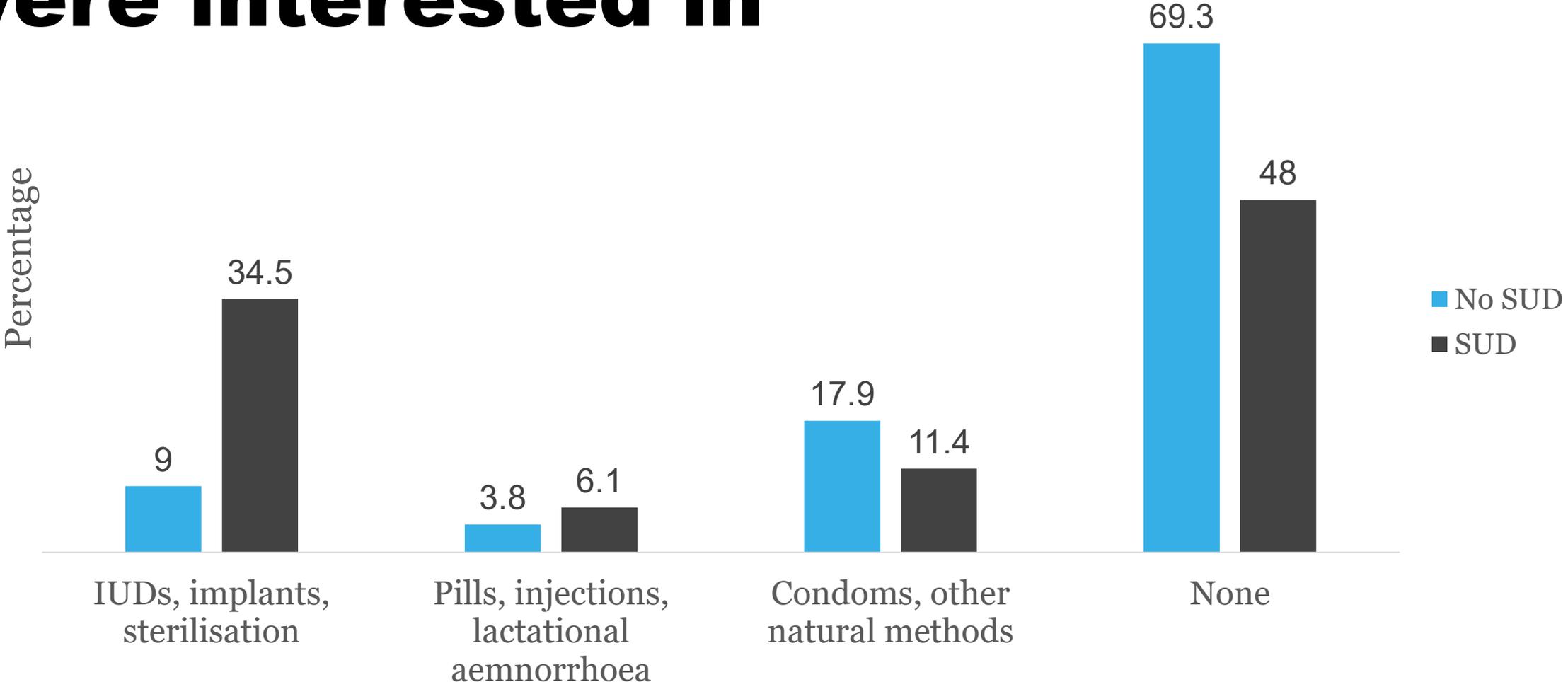
12.5%

of women with SUD initiated contraception during admission

1.4%

of women without SUD initiated contraception during admission

# Most effective method of postpartum contraception women were interested in



**BUT WHAT  
HAPPENS TO  
THOSE WHO DON'T  
INITIATE  
CONTRACEPTION  
??**



# Study 2: **Pregnancy Intention and Pregnancy and Birth Outcomes in women with Substance Use Disorder**

Unpublished data

AIMS

To determine the rates SUD and unplanned pregnancy in pregnancy women

Amongst those with SUD, to examine pregnancy and birth outcomes

Methods:

Retrospective cohort study using existing maternity datasets from five NSW local health districts, 2017-2020

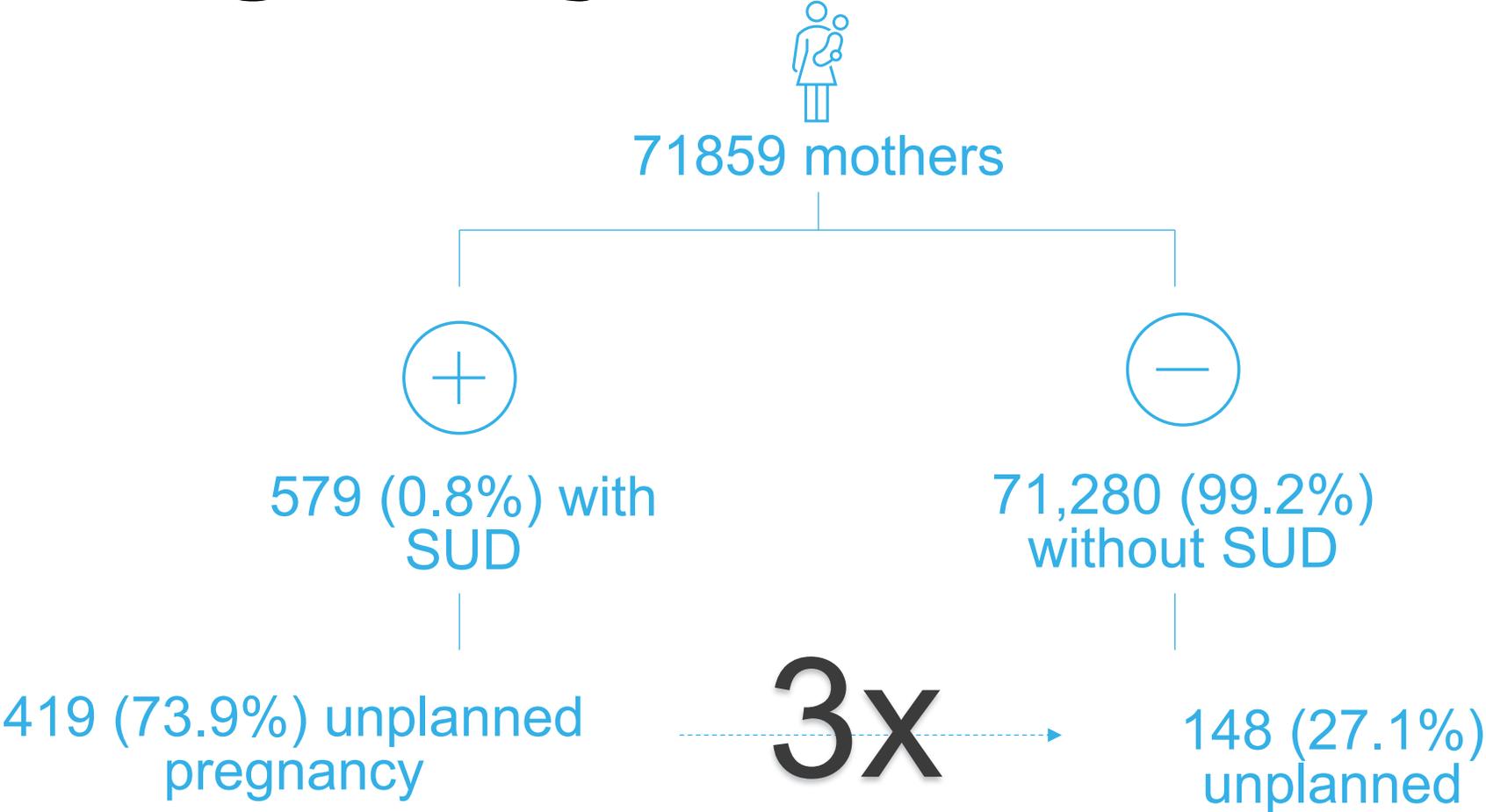


# Where are the women with substance use disorder birthing?

Types of Hospital	Women with SUD	Women without SUD	P Value
Tertiary (n=23418)	97 (0.4%)	23321 (99.6%)	<0.001
Metro Peripheral (n=29750)	183 (0.6%)	29567 (99.4%)	
Regional (n=16129)	227 (1.4%)	15902 (98.2%)	
Rural (n=2562)	72 (2.8%)	2490 (97.2%)	

*We must focus our service delivery beyond the tertiary centres*

# Results: Substance Use Disorder and Pregnancy Intention





**61%**

of women with SUD who had an unplanned pregnancy were multiparous.

This means there had been an opportunity to provide postpartum contraception.



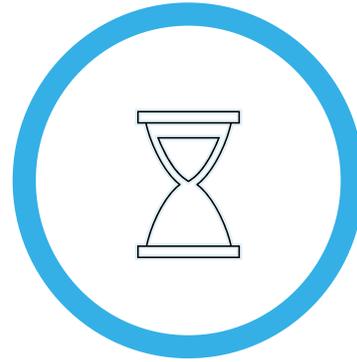
# In women with SUD, unplanned pregnancy was associated with:



aOR = 1.96

**NEONATAL STAY > 5  
DAYS**

? To care for neonatal  
withdrawal??



aOR = 2.27

**MATERNAL STAY > 5  
DAYS**

? to provide extra  
support, or care for  
neonatal withdrawal??



aOR = 0.69

**USE OF  
INTRAPARTUM  
ANAESTHESIA**  
could represent  
stigmatized care

# Summary

3 out of 4 pregnancies in women with SUD are unplanned

Two-thirds of these are in women who have had a baby before

Unplanned pregnancies in women with SUD have higher systems costs (length of stay)

Postpartum contraception is not being delivered well in for all women, despite presumed efforts to prioritise women with SUD

More opportunities are needed to access highly effective contraception for women with SUD who do not wish to become pregnant



# THANK YOU

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