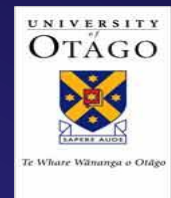
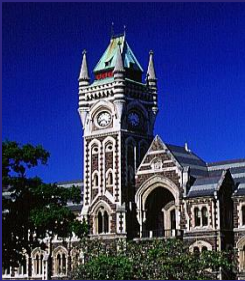


Contraception after pregnancy - Postpartum LARC

Helen Paterson



Conflicts

- Relationship with Bayer
- Paid attendance at 2010 conference
- No other conflicts

Contraindications postpartum contraception

- Women who are breastfeeding should be informed that the available evidence indicates that progestogen-only methods of contraception (LNG-IUS, IMP, POI and POP) have no adverse effects on lactation, infant growth or development. [A]
- Women should be advised that intrauterine contraception (IUC) and progestogen-only implant (IMP) can be inserted immediately after delivery [C]

Faculty of Sexual & Reproductive Healthcare (FSRH) provided funding to the Clinical Effectiveness Unit (of the FSRH) to assist them in the production of this guideline, Contraception After Pregnancy (2017).

3

The choice of contraceptive method should be initiated by 21 days after childbirth.



Method-specific considerations

Intrauterine contraception (IUC)

B

IUC can be safely inserted immediately after birth (within 10 minutes of delivery of the placenta) or within the first 48 hours after uncomplicated caesarean section or vaginal birth. After 48 hours, insertion should be delayed until 28 days after childbirth.

Progestogen-only implants (IMP)

C

IMP can be safely started at any time after childbirth including immediately after delivery.

Progestogen-only injectable (POI)

C

POI can be started at any time after childbirth, including immediately after delivery.

Progestogen-only pills (POP)

C

POP can be started at any time after childbirth, including immediately after delivery.

Combined hormonal contraception (CHC)


C

All women should undergo a risk assessment for VTE postnatally. CHC should not be used by women who have risk factors for venous thromboembolism (VTE) within 6 weeks of childbirth. These include immobility, transfusion at delivery, body mass index (BMI) ≥ 30 kg/m², postpartum haemorrhage, post-caesarean delivery, pre-eclampsia or smoking. This applies to both women who are breastfeeding and not breastfeeding.

B

Women who are not breastfeeding and are without additional risk factors for VTE should wait until 21 days after childbirth before initiating a CHC method.


Contraception post severe maternal morbidity: a NZ retrospective audit 2015



- 98 SAMM cases reviewed
- 84 (85.7%) left hospital without a contraception prescription
- 14 with contraception documented on discharge from hospital
 - 4 (4.1%) had peripartum hysterectomy
 - 3 (3.1%) had tubal ligation at caesarean section
 - 1 partner had a vasectomy booked
 - 1 (1%) had a Jadelle© contraceptive implant inserted
 - 5 (5.1%) had condom prescriptions

MacDonald, E. Jane et al. Contraception , 2015 , Volume 92 , Issue 4 , 308 - 312

Feasibility and acceptability of introducing routine antenatal contraceptive counselling and provision of contraception after delivery: the APPLES pilot evaluation



- Contraceptive counselling with a community midwife 22 weeks' gestation and provision of contraception with facilitated access to LARC methods prior to discharge from maternity hospital.

Results

- Although 43% of respondents (n = 341) were planning to use LARC, only 9% of the cohort (118 of 1369) received LARC prior to discharge

Cameron ST, Craig A, Sim J, Gallimore A, Cowan S, Dundas K, Heller R, Milne D, Lakha F . Feasibility and acceptability of introducing routine antenatal contraceptive counselling and provision of contraception after delivery: the APPLES pilot evaluation. *BJOG* 2017;124:2009–2015.

NZCOM

- The New Zealand College of Midwives recognises that it is within a midwife's scope of practice to provide advice, access to, and prescription of contraception up to 6 weeks following birth.

MOH

Section 88: Service specification: services following birth

- A LMC is responsible for ensuring that all of the following services are provided for both the mother and baby: [includes]
advice regarding

<https://www.midwife.org.nz/wp-content/uploads/2018/09/LARC-Final-2018.pdf>

<https://www.health.govt.nz/system/files/documents/publications/s88-primary-maternity-services-notice-gazetted-2007.pdf>

RANZCOG 2016

- Ran education sessions on PP contraception for Fellows, Trainees and Midwives promoting

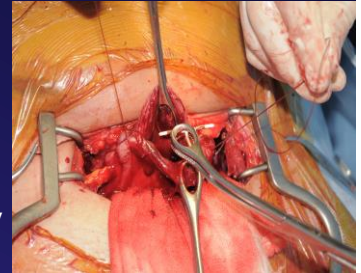
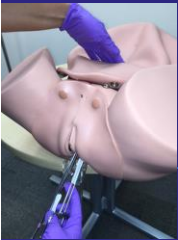


FSRH Guideline

Contraception After Pregnancy

LARC insertion PP in NZ

- A number of NZ DHBs units have trained midwives to insert Jadelle whilst women are inpatients PP
- A few are inserting IUDs at LUSCS
- 1 is offering immediate PP IUD insertion vaginally



Protocol (SDHB- Kew)

- All women counselled antenatally about PP contraception
- Identify woman planning IUD insertion at admission to birth suite
- Have trained provider available at or immediately after (within 10 minutes) of delivery of the placenta
- Follow up for the women to confirm IUD in place



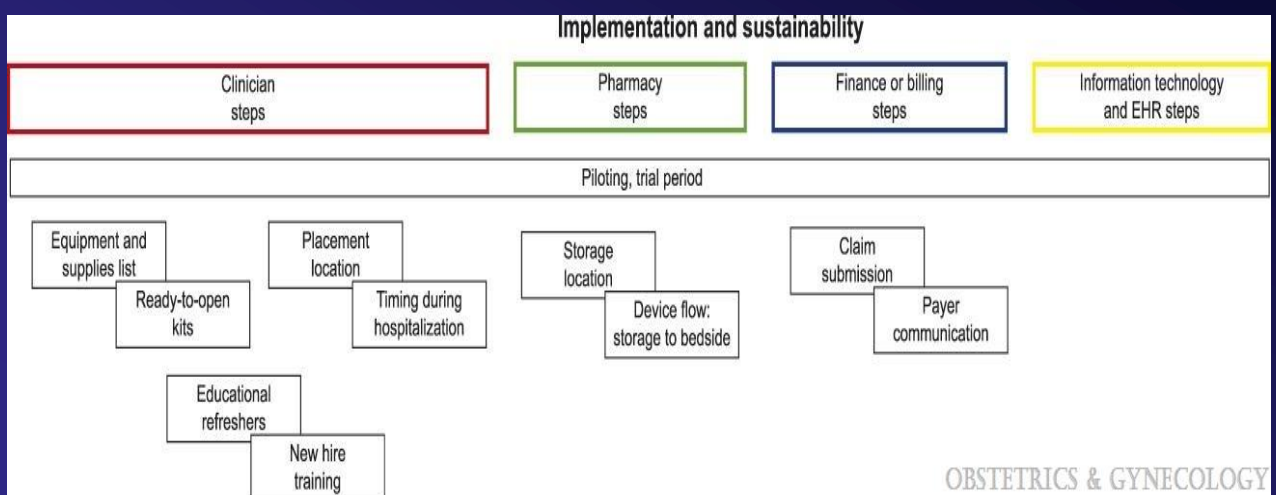
SPIRES

Post Partum IUD insertion training demonstration

- <https://www.youtube.com/watch?v=uMcTsuf8XxQ>



Challenges of setting up a PP IUD insertion program



Proposed action research study



- Antenatal contraception education using video and leaflets for consistent information
 - LMC discusses antenatally with woman and records contraception plan
 - LMCs and DHBs educated to provide womans chosen contraception prior to 21 days PP
 - Research assistant contacts women 6 weeks PP to identify what contraception is being used and identify any barriers the woman experienced in receiving contraception
-

Thank you
