Knowledge & Library Services
Evidence Briefing

What do current policies and guidance say about the provision of post-natal contraception to women in healthcare settings?

Anh Tran
4th April 2017
What do current policies and guidance say about the provision of postnatal contraception to women?

Question?

This briefing summarises policies and guidance on family planning and the provision of postnatal contraception to women in healthcare settings.

Key messages

- Postnatal contraception is an important determinant of child and maternal health outcomes

- Take every opportunity to provide advice on postnatal contraception

- All providers should have accurate and up-to-date knowledge about the various postnatal contraceptive options

- Listen to women’s views about contraceptive methods and support them to make informed choices

- Contraception after childbirth should be initiated 21 days postpartum

- Postnatal contraception services need to be an integral part of the individualised postnatal care plan

Evidence briefings are a summary of best available evidence that has been selected from research using a systematic and transparent method.

Who is this briefing for?

This briefing is for Dr Annette Thwaites (secondee to the Healthy People Division) to inform her primary research into the attitudes of women to postnatal contraception. It will also be used to inform policy and practice.

Information about this evidence briefing

This briefing draws upon a literature search of the sources NICE Evidence Search, HMIC, Google from 2003 - March 2017

11 highly relevant citations were used to produce this evidence briefing. 17 additional papers were considered to be ‘of interest’ and details can be obtained on request.

You may request any publications referred to in this briefing from libraries@phe.gov.uk

Disclaimer

The information in this report summarises evidence from a literature search - it may not be representative of the whole body of evidence available. Although every effort is made to ensure that the information presented is accurate, articles and internet resources may contain errors or out of date information. No critical appraisal or quality assessment of individual articles has been performed. No responsibility can be accepted for any action taken on the basis of this information.
What do current policies and guidance say about the provision of postnatal contraception to women?

**Background**

There is currently no policy that specifically addresses postnatal contraception. Rather the issue is addressed within overarching broader policies on women’s’ health and postnatal care (1-4).

Guidance on family planning and postnatal contraception stress the importance of postpartum contraception in determining child and a maternal health outcomes, particularly amongst vulnerable groups (5-8).

A short inter-pregnancy interval of less than 12 months increases the risk of preterm birth, low birthweight, stillbirth and neonatal death; and maternal mortality(7). The available evidence points to an underestimated need and missed opportunities to offer postnatal contraceptive care (9). The guidance summarised here represents the healthcare response to that need.

Whilst contraceptive care can be provided in the domestic setting most guidance, including care pathways focus on the role of the healthcare professionals in providing contraceptive services in healthcare settings.

**Delivery settings**

Postpartum contraceptive care can be delivered in an variety of healthcare settings including, GP surgeries, antenatal clinics, labour wards, postnatal wards, postpartum care clinics, and baby immunisation clinics (6). Every opportunity to provide information and counsel women on the contraceptive choices available to them after birth needs to be taken. Every contact with a healthcare service and healthcare professionals during the antenatal, intrapartum and postpartum periods constitutes an opportunity (3, 6).

**The role of healthcare professionals**

Postpartum contraceptive care can be provided by a range of healthcare professionals. It is recommended that healthcare professionals delivering maternity services (antenatal, intrapartum, and postpartum care) give women opportunities to discuss their fertility intentions, contraception and preconception planning. It is important to listen to the views of women about their experiences of contraception in the past. Healthcare professionals should help women make an informed choice about their contraceptive method whilst not putting them under undue pressure(5, 9).
What do current policies and guidance say about the provision of postnatal contraception to women?

Contraceptive methods

Healthcare professionals providing contraceptive care need have up-to-date knowledge of clinical guidelines and the available contraceptive options in order to provide accurate and timely advice to the women in their care. They should also ensure that women have access to the full range of contraceptives (5, 6).

The most effective contraceptive methods are those with a failure rate of less than 1 per 100 users. These include, intrauterine devices (IUDs), contraceptive implants, and permanent contraception (female/male sterilisation). Effective contraceptive methods are those with a failure rate of more than 3 per 100 users. These include, progesterone only injectable contraceptives (POI), lactation amenorrhoea methods (LAM), and hormonal contraceptive pills. Women should be informed of the most effective forms of contraception (6).

Before providing contraception healthcare professionals should take into consideration a woman’s (5):

- Contraceptive needs
- Sexual activity and sexual problems
- Personal beliefs, attitudes and preferences
- Sociocultural practices that may impact on their choice of method
- Medical history
- Risk of acquiring or transmitting STIs

Information about contraception

It is equally important to provide women with information about postnatal contraception before birth as it is after birth. The provision of information before birth gives women more time to consider the range of options thus avoiding the need to make rushed decisions. If they have not made a decision about contraception before birth, it is recommended that they receive information about contraception within 2 weeks of birth to reduce the risk of an unplanned pregnancy. There are many myths about different methods of contraception and these should be dispelled by informed and trained health professionals (6).

Women’s healthcare services and postnatal care planning

There is a call for seamless pathways of care and continuity of care for women, and for contraceptive services to be an integrated part of women’s health service provision rather than stand-alone services (2, 3, 10).

The policies and guidance emphasise the need to provide woman-centred individualised care but the reality is that many women are not getting the level of care that is recommended. In response to a survey by the Royal College of Midwives, nearly half of women said they did not remember discussing their
What do current policies and guidance say about the provision of postnatal contraception to women?

Postnatal care plan before birth while more than half of midwives said they were not fully aware of the NICE postnatal care quality standard (2, 11). Only 29% of women felt that they were able to stay in hospital for as long and they wanted to and 9% said that they felt rushed out before they were ready. Most midwives and maternity support workers do not think that there is enough time to discuss contraception and service pressures significantly hinder their ability to deliver postpartum contraceptive support (2).

There is clear guidance and on how to deliver good quality postnatal care to women, including contraceptive care, but the reality of service delivery does not currently meet the aspirations set out in the guidance and pathways.
What do current policies and guidance say about the provision of postnatal contraception to women?

Endnote database matrix showing the key policies and guidance highlighted in bold.

<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Title</th>
<th>Rating</th>
<th>Journal</th>
<th>Last Updated</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Institute</td>
<td></td>
<td>Postnatal care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Institute</td>
<td></td>
<td>Preventing sexually transmitted infections and under-18 conc...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Institute</td>
<td>2005</td>
<td>Long-acting reversible contraception (CG90)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Institute</td>
<td>2006</td>
<td>Postnatal care up to 8 weeks after birth: guidance (CG37)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Institute</td>
<td>2007</td>
<td>Sexually transmitted infections and under-18 conceptions: prevent...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Institute</td>
<td>2014</td>
<td>Antenatal and postnatal mental health clinical management and...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Institute</td>
<td>2014</td>
<td>Contraceptive services for under 25s: guidance (PHS1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Institute</td>
<td>2014</td>
<td>Contraceptive services with a focus on young people aged up to t...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Institute</td>
<td>2014</td>
<td>Contraceptive services - local government briefing (LGB17)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS England,</td>
<td>2015</td>
<td>Specialised maternity service specification insert for inclusion i...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal College of ...</td>
<td>2014</td>
<td>Postnatal care planning</td>
<td></td>
<td>Pressure points...</td>
<td>25/08/2017</td>
<td>Report</td>
</tr>
<tr>
<td>Royal College of ...</td>
<td>2015</td>
<td>Getting maternity services right for pregnant teenagers and y...</td>
<td></td>
<td>Royal College o...</td>
<td>25/08/2017</td>
<td>Report</td>
</tr>
<tr>
<td>Royal College of ...</td>
<td>2015</td>
<td>Best practice postpartum family planning</td>
<td></td>
<td>Best practice r...</td>
<td>08/08/2017</td>
<td>Report</td>
</tr>
<tr>
<td>Royal College of ...</td>
<td>2017</td>
<td>CEU Clinical Guidance: Contraception After Pregnancy - Januar...</td>
<td></td>
<td></td>
<td>25/08/2017</td>
<td>Standard</td>
</tr>
<tr>
<td>World Health Org...</td>
<td>2013</td>
<td>Programming strategies for postpartum family planning</td>
<td></td>
<td></td>
<td>24/08/2017</td>
<td>Report</td>
</tr>
<tr>
<td>Ahuja, R.; Rahor...</td>
<td>2014</td>
<td>Continuation rates of postpartum intrauterine contraceptive devices...</td>
<td></td>
<td>BIOG: An Intern...</td>
<td>08/08/2017</td>
<td>Journal A</td>
</tr>
<tr>
<td>Aiken, A.; Hopkins...</td>
<td>2013</td>
<td>Contraceptive counseling during prenatal and postpartum care in ...</td>
<td></td>
<td>Contraception</td>
<td>08/08/2017</td>
<td>Journal A</td>
</tr>
<tr>
<td>Aiken, A. R.</td>
<td>2015</td>
<td>Happiness about unintended pregnancy and its relationship to co...</td>
<td></td>
<td>Perspectives on...</td>
<td>08/08/2017</td>
<td>Journal A</td>
</tr>
<tr>
<td>Baldwin, M.; Nichols...</td>
<td>2014</td>
<td>Early versus standard interval postpartum IUD placement</td>
<td></td>
<td>Contraception</td>
<td>08/08/2017</td>
<td>Journal A</td>
</tr>
<tr>
<td>Berger, A.; Hinz, E...</td>
<td>2014</td>
<td>Does a contraceptive bridge method affect rates of postpartum Iud...</td>
<td></td>
<td>Contraception</td>
<td>08/08/2017</td>
<td>Journal A</td>
</tr>
<tr>
<td>Black, K.</td>
<td>2016</td>
<td>Postnatal contraception: The immediate insertion of IUDs and imp...</td>
<td></td>
<td>Australian and...</td>
<td>08/08/2017</td>
<td>Journal A</td>
</tr>
<tr>
<td>Bloch, Joan Rose...</td>
<td>2012</td>
<td>Pregnancy Intention and Contraceptive Use at Six Months Postpar...</td>
<td></td>
<td>JOGNN: Journal...</td>
<td>08/08/2017</td>
<td>Journal A</td>
</tr>
</tbody>
</table>

This database can be obtained on request.
What do current policies and guidance say about the provision of postnatal contraception to women?

References

2. Royal College of Midwives. Postnatal care planning RCM; 2014.