

# Contraception provision in the postpartum period: knowledge, views and experiences of midwives

Botfield JR<sup>1</sup>, Phipps H<sup>3,4</sup>, Tulloch M<sup>4</sup>, Contziu H<sup>3</sup>, Wright SM<sup>1</sup>, Black KI<sup>2,3</sup>, Bateson D<sup>1</sup>, Estoesta J<sup>1</sup>, McGeechan K<sup>1,2</sup>

<sup>1</sup>Family Planning NSW <sup>2</sup>The University of Sydney <sup>3</sup>Royal Prince Alfred Hospital <sup>4</sup>Canterbury Hospital

## BACKGROUND

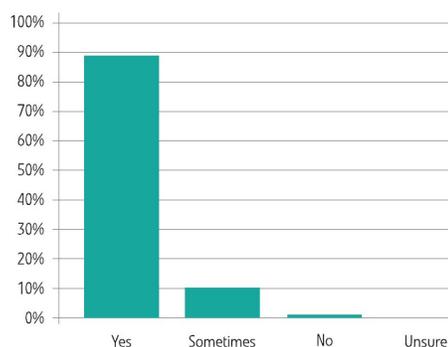
- Women are particularly vulnerable to unintended pregnancy in the first year after a birth<sup>1</sup>
- 35–57% resume intercourse within 6 weeks postpartum; attendance for additional visits required to insert an intrauterine method or implant poor at this time<sup>2</sup>
- Short interpregnancy interval associated with increased risk, including of obstetric complications and premature birth<sup>2</sup>
- Discussing and, if appropriate, providing contraception before women leave hospital after giving birth may prevent rapid repeat pregnancies

We are undertaking a pilot study to determine the feasibility of midwives providing the contraceptive implant in the immediate postpartum period.

## METHODS

A baseline survey was conducted at one urban and one tertiary hospital in NSW. All midwives working in antenatal and postnatal care were invited to participate. The purpose of the survey was to determine baseline levels of contraception knowledge, gaps and needs, and attitudes towards midwives providing contraception counselling and implant insertion in the postnatal setting. The survey was anonymous and no identifying information was collected.

### Do you think providing information about contraception is part of a midwife's role?



## RESULTS

- Baseline survey completed by 128 midwives
- Majority (88%) believe it is a midwife's role to provide contraceptive information, and 79% reported providing this (in some form) as part of their current role
- Only 14% reported receiving formal training in contraception
- Reasons given for not discussing contraception in the postnatal period included not having enough time, patient had already indicated a contraceptive choice / implementation plan, or communication issues (e.g. no interpreter)
- The methods of contraception midwives thought most women indicated they would use when leaving hospital included male condoms (64%), the oral contraceptive pill (34%) and the contraceptive implant (27%)

### What method of contraception do you think most women leave the hospital with/indicate they will use?



This forms part of an investigator-initiated study funded by Merck Sharp & Dohme (MSD). Ethics approval received from RPAH Zone & FPNSW HRECs.

## CONCLUSION

- Most midwives believed discussing contraception is an important part of a midwife's role, and many currently provide some form of contraception counselling. Yet most have not undertaken formal training / education in relation to contraception.
- Additional training in contraceptive counselling and provision would ensure midwives have the knowledge and confidence to provide accurate information about the range of postpartum contraceptive options available for women.
- Midwives discussing and providing contraception (if appropriate) before women leave hospital may assist women in better planning a subsequent pregnancy and may contribute to preventing rapid repeat pregnancies

## REFERENCES

1. Mwalwanda CS, & Black KI. (2013). Immediate post-partum initiation of intrauterine contraception and implants: A review of the safety and guidelines for use. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 53:331–7.
2. Heller R, Cameron S, Briggs R, Forson N, & Glasier A. (2016). Postpartum contraception: a missed opportunity to prevent unintended pregnancy and short inter-pregnancy intervals. *Journal of Family Planning and Reproductive Health Care*, 42:93–8.