

# **A FOLLOW-UP OF THE CARDIFF POSTPARTUM FAMILY PLANNING INITIATIVE**

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***WITH THANKS TO DR CAROLINE SCHERF & JUDITH CUTTER***

# THE UNMET NEED

- **Local projects found...**
  - 67% wanted contraception; none was provided in hospital (7)
  - Of those requesting abortions, 1 in 4 were pregnant within the last year (3)



# CARDIFF PPFP AIMS →

1. Train midwives involved in both antenatal and postnatal care
2. Improve education during pregnancy
3. Ensure contraception was supplied to all

***First review: 16.5% of women left postpartum with contraception (January-March 2017) (1)***

### Progestogen Only Pill (Mini Pill)

- 92% effective
- Must be taken every day at the same time
- Safe to use when breastfeeding
- Can be used from birth, we can give you a supply to go home with
- Periods may become irregular, lighter, more frequent or stop
- Missing pills, vomiting or severe diarrhoea can make it less effective
- Normal fertility returns as soon as you stop using it

### Combined Contraceptive Pill (The Pill)

- 92% effective
- Should not be used when breastfeeding
- Can be used from 6 weeks after delivery if you are not breastfeeding
- Periods are usually regular, lighter and less painful
- Missing pills, vomiting or severe diarrhoea can make it less effective
- Normal fertility returns as soon as you stop using it

### Female or Male Sterilisation

- 99.8% effective
- Permanent contraception and irreversible
- Only suitable if you are certain you have completed your family
- Female sterilisation can be performed at the same time as C-section – you can discuss this with your obstetrician in antenatal clinic

### Male and Female Condoms

- 85% effective
- Can be used from birth
- Protects against STIs

### Diaphragms and Caps

- 84% effective
- Can be used from 6 weeks
- Should be used with spermicide
- Will need refitting if you had one pre-pregnancy

### Emergency Contraception

If you have unprotected sex after your baby is 3 weeks old you can use emergency contraception.

- IUD (Copper Coil)**
  - Most effective method of emergency contraception, prevents over 99% of pregnancies
  - Can be inserted from 4 weeks after your baby is born and up to 5 days after unprotected sex.
- Emergency Contraceptive Pill (Levonelle)** 'morning after pill'
  - Can be taken up to 120 hours (5 days) of having unprotected sex, but the sooner you take it, the more likely it is to work.
- Ulipristal Acetate (ellaOne)**
  - Another form of morning-after pill
  - Can be also used up to 120 hours (5 days) after unprotected sex
  - May be more effective than Levonelle
  - Breastfeeding not recommended for 36 hours after taking ellaOne

### Contraception Choices: After You Have Had A Baby

Contraception may be the last thing on your mind when you have just had a baby, but it is something you need to think about if you want to delay or avoid another pregnancy. Many unplanned pregnancies happen in the first few months after childbirth, so it is better to be prepared.

**How soon can I have sex again?**

You can have sex as soon as you and your partner want to. It may take some time before you want to have sex after having your baby, or it may take no time at all. Everyone is different so do not feel pressurised or worry that you are not normal if you don't feel ready. It can help to talk to your partner about any concerns you might have.

**When should I start using contraception?**

You need to start using contraception from **3 weeks (21 days)** after the birth. Don't wait for your periods to return or until you have your postnatal check before you use contraception as you could get pregnant again before then. You can start some methods before 3 weeks, or even immediately after delivery if this is more convenient.

We can provide some contraceptive methods in hospital after delivery – speak to your midwife or doctor about this. You can get other types of contraception from your GP or from one of the Integrated Sexual Health clinics around Cardiff.

Information from Faculty of Sexual and Reproductive Health and fsh.org.uk  
For more information on contraception methods: [www.fsa.org.uk](http://www.fsa.org.uk)  
For more information about contraception services in Cardiff: [www.cardiffandvaleuhb.wales.nhs.uk/fsh](http://www.cardiffandvaleuhb.wales.nhs.uk/fsh)

### The Coils (IUD / IUS)

There are 2 types of coil, both are devices that are inserted into the uterus and are over 99% effective. Coils can be inserted during a C-section – you can discuss this with your obstetrician in antenatal clinic or from 4 weeks after your baby is born. They are both safe when breastfeeding.

- The IUD (Copper Coil)**
  - Contains no hormones
  - Lasts up to 10 years, but can be removed earlier
  - Periods may become more heavy or painful
- The IUS (Mirena Coil)**
  - Contains progestogen
  - Lasts up to 5 years, can be removed earlier
  - Periods may be lighter or stop altogether

**The Implant (Nexplanon)**

- 99.0% effective
- Small rod (about the size of a matchstick) inserted under the skin of the upper arm using local anaesthetic
- Can be inserted anytime after your baby is born
- Lasts up to 3 years, but can be removed at any time and fertility returns straight away
- Safe with breastfeeding
- Can cause unpredictable bleeding

### The Injection (Depo-Provera)

- 97% effective
- Can be used from birth, we can give it before you go home
- Lasts 12 weeks, then it must be given again
- Safe with breastfeeding
- If given in the 6 weeks after delivery may cause heavier bleeding
- It can cause unpredictable bleeding; however, periods in most women become lighter over time or stop altogether
- Can sometimes cause weight gain
- The injection takes 12 weeks to leave the body, and it can take up to 1 year for fertility to return to normal

**Lactation Amenorrhoea Method**

Breastfeeding can be used as a contraceptive method known as the Lactation Amenorrhoea Method (LAM). This can be up to 98% effective if the following criteria are achieved to:

- You are fully breastfeeding (i.e. breastfeeding 100% of the time without any bottle or top up feeds) and you are breastfeeding regularly (at least every 4 hours during the day and every 6 hours at night)
- Your baby is less than 6 months old
- You have no periods

If any of the above criteria don't apply the risk of pregnancy increases and you should consider using another method of contraception if you don't want to get pregnant. You may also wish to use another method of contraception simply as a back up to LAM.

If you use a hormonal method of contraception, a small amount will enter the milk, but research has not shown this will harm your baby. Methods that contain the hormone oestrogen (the pill, the patch or the vaginal ring) may reduce the amount of milk you produce so are not recommended when breastfeeding. Methods that contain the hormone progestogen only (e.g. the mini pill, implant, injection and IUS) do not have any effect on the amount of milk you produce.

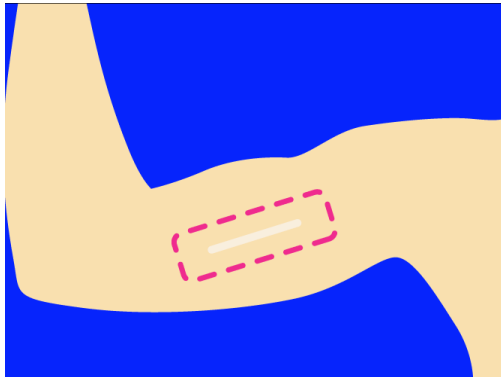
# MY SSC 2019 →

- *What improvements have been made?*
- *Second service review*
- *Are new mothers able to access the contraception they want?*



# WHAT IMPROVEMENTS HAVE BEEN MADE?

- 107 midwives trained to give POPs & Depot
- Post-Caesarean IUC insertion → 9.8% (34/347, Jan-March 2019)
- 7-day service
- Ward round
- Antenatal counselling



# SECOND SERVICE REVIEW

- **Contraception discussions →**
  - 89.4% (1169/1307)
- **Numbers leaving with contraception →**
  - 11.1% (129/1163)

**Table 2. Types of contraception recorded being given pre-discharge, January-March 2019 (n=129)**

<b>'Contraceptive Pill'</b>	<b>43</b>
<b>'Contraceptive Injection'</b>	<b>36</b>
<b>'Intrauterine device/system (IUD/IUS)'</b>	<b>38</b>
<b>'Implant'</b>	<b>12</b>

# ARE NEW MOTHERS ABLE TO ACCESS THE CONTRACEPTION THEY WANT?

## Leaflets & antenatal interventions

- 73.5% (22/30) remembered the antenatal interventions
- 65.5% (19/29) found the information helpful
- 75.9% (22/29) received the information they needed

## Contraception views

- 56.7% (17/30) wanted contraception after delivery
- 36.7% (11/30) never wanted to be pregnant again
- 27.3% (6/22) planned to use a LARC

# CONCLUSION

*Timing*

*More discussions are taking place*

*Training is vital*

*All women to get  
leaflets*

*Improve data  
quality*



*How to meet  
the unmet  
need...*

*LARCs make up over half*

*Importance of core  
advocates and  
maintaining momentum*

*Protected hours and funding  
are needed*





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