

Research Journal of Pharmaceutical, Biological and Chemical Sciences

Pioneer Service Provision For Post Natal Contraceptive Implant For High-Risk Mothers Before Discharge.

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ABSTRACT

Contraception is an essential part of holistic health care especially after birth but many a times, it loses importance as other things takes precedence. Clinicians have a responsibility to inform women about contraceptives during pregnancy, especially the superior effectiveness of Long-acting reversible contraceptives. This quality improvement project aimed to provide a reliable long-acting contraception in the form of contraceptive implant before discharge form the hospital. This was aimed at medically and social high-risk women and to allow opportunity for an informed decision making. It also aimed to bridge the gap for between delivery and access to family planning service especially for deprived and high-risk women. To conclude, this demonstrates the Hatfield goals of avoiding unintended pregnancies in high risk -women, encourage face to face contraceptive discussion with appropriate resources to make an informed choice, antenatal counselling, readily available contraception before discharge. Based on the feedback from the results, this pilot was well received among staff and patients and this is an ongoing service now

Keywords: Contraception after birth, High-risk women, Hatfield goals, Quality improvement

<https://doi.org/10.33887/rjpbcs/2024.15.6.11>

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INTRODUCTION

We present a new service provision for contraception to post-natal mothers before discharge from the hospital. This is a presentation of the initial pilot, undertaken to commence and therefore provide the service. It was constructed as a quality improvement task and the results are presented as qualitative feedback.

This new service is in the form of contraceptive implants to medically and social high-risk women. This is the first of its kind in the maternity set up in our hospital.

MATERIALS AND METHODS

This is a pilot undertaken between March to November 2023. The aim of the pilot was to provide long-acting reversible contraception in the form of progesterone only contraceptive implant to medical and social high risk-women immediately after birth and before discharge from the hospital.

As the maternity service is not funded for contraception, a new business case was presented to obtain funds for contraceptive implants for women with medical and social high-risk factors. The business case was set to provide for Implants to be a part of the ward stock, allow un interrupted orders and for training of staff. Initial training was done by using individual study budget. One Doctor and 2 mid wives are trained at the moment to provide the service. Digital resources were used, which were patient information leaflets, check lists for counselling and consent. A specific pathway was designed (figure 1) to identify high-risk women, provide resources, document agreement for the procedure. Only appropriately trained individuals with competence, performed contraceptive counselling and insertion of the implant. A Statement of procedure was created as an effective way of working and this was added to the trust portal, where it could be accessed to understand the method of working. The main side effect with the usage is irregular, unexpected bleeding which was a part of our pre-insertion counselling. Initial steps were undertaken to spread awareness about the project through group emails and display charts around the wards to make everyone aware of this service. A strict pathway was followed to ensure appropriate patient selection, communication and to achieve the final goal which is providing the service. About 25 contraceptive Implants were provided to the women at the completion of the pilot project. This service was insertion only and removal or change was advised to be done in other centers that provided it.

RESULTS

Qualitative staff and patient feedback were obtained. The patient feedback showed that this was a much-needed service. Women felt that discussing contraception during antenatal period would give them more time to make a decision and contraception before discharge would save them time and effort. The staff feedback was obtained to know of the staff understanding with use of online resources and to check if more training was needed. The feedback showed that training would be beneficial. After completion of training, the feedback showed much improvement.

DISCUSSION

Women should have access to post-natal contraception and especially be aware of the superior effectiveness of long-acting reversible contraception [1, 2].

The post-natal period being physically and emotionally overwhelming, contraception, although is vital gets missed as other things take precedence. Providing a one stop service would save time and energy from seeking the service elsewhere.

The 2022 MMBRACE report, which looks at maternal deaths between 2018 and 2020 in the UK, finds stark and widening social inequalities linked to poverty and disadvantage [3]. This startling difference was considered very carefully and served a major drive to the project. This is a targeted service for medically and socially high-risk women. A short inter-pregnancy interval may increase risks of adverse maternal health outcomes like inadequate maternal repletion of nutritional status following the delivery, insufficient time to lose pregnancy weight post-partum, and incomplete healing of the uterine incision post-caesarean [7].

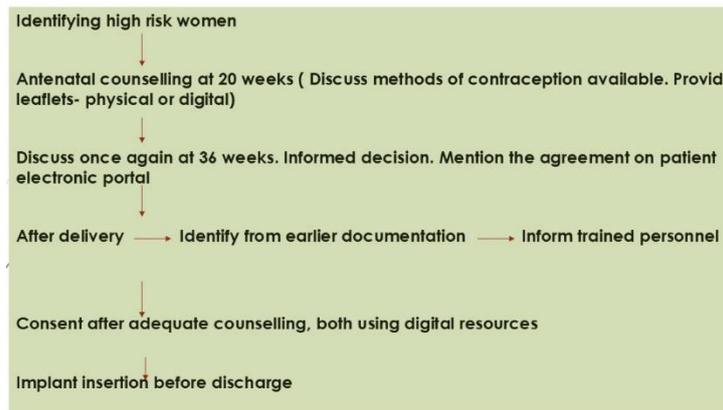
A progesterone only, contraceptive Implant was chosen as it is highly effective with a least failure rate of 0.05%, not user-dependant and it is licensed for three years [4], it also overcomes disadvantages like expulsion post-delivery and has least contraindications.

Moreover, high continuation rates have been reported with use of long-acting reversible methods after delivery [5].

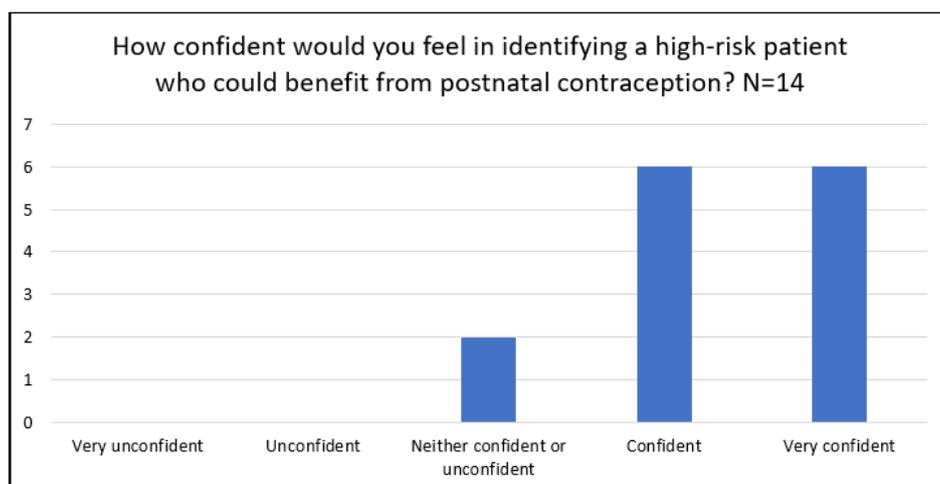
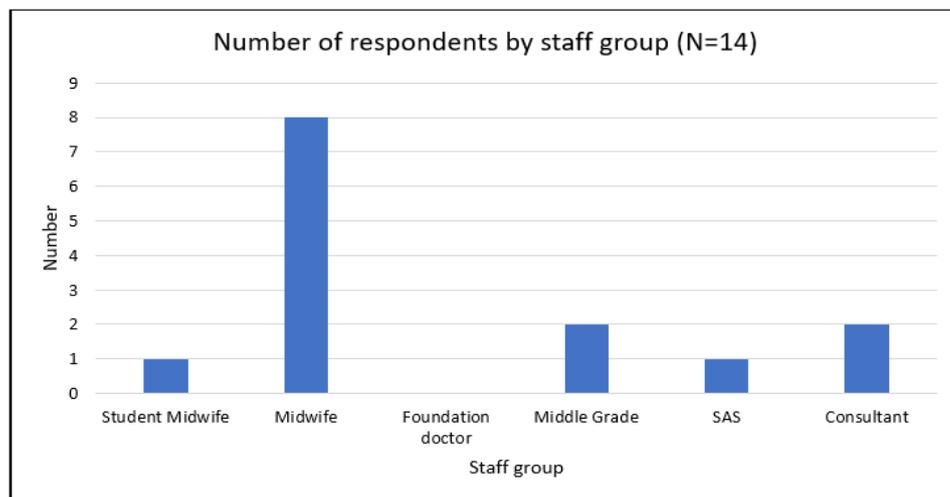
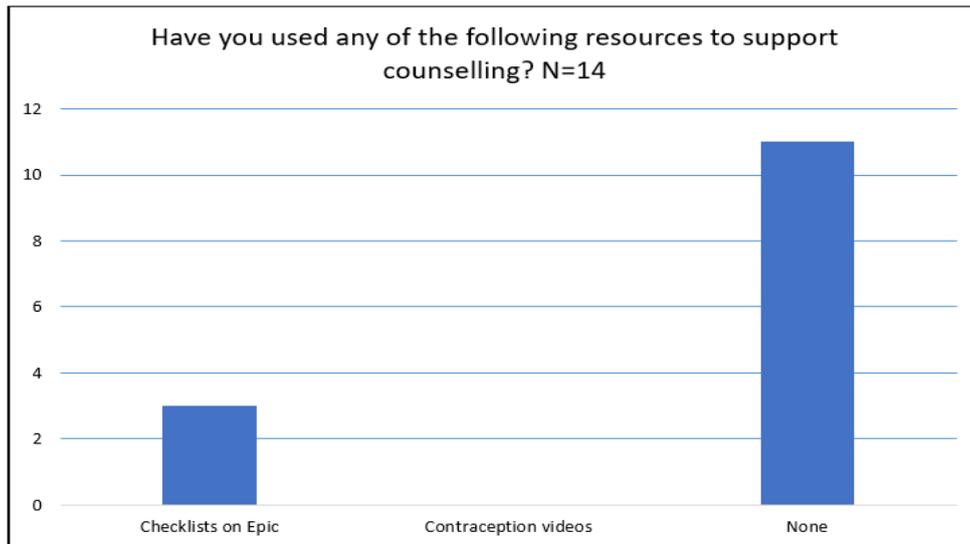
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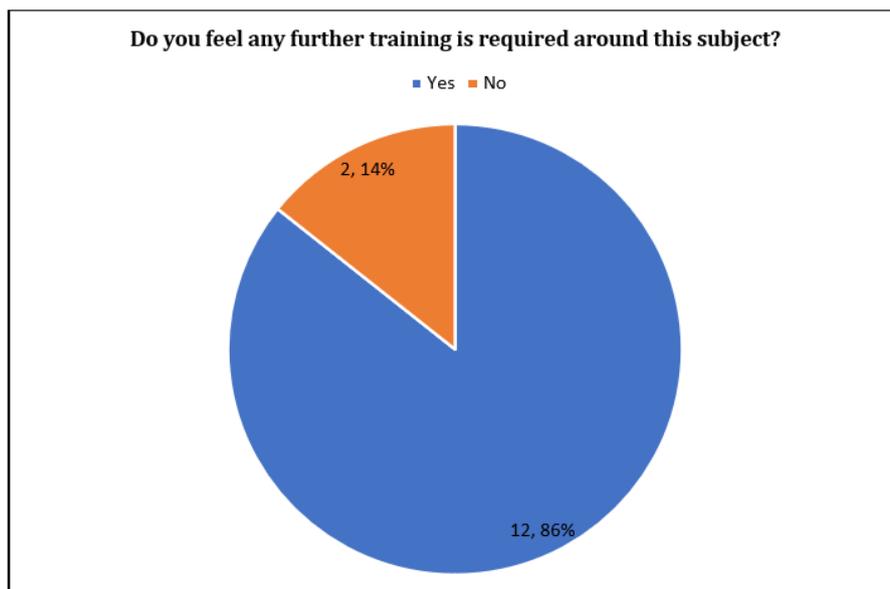
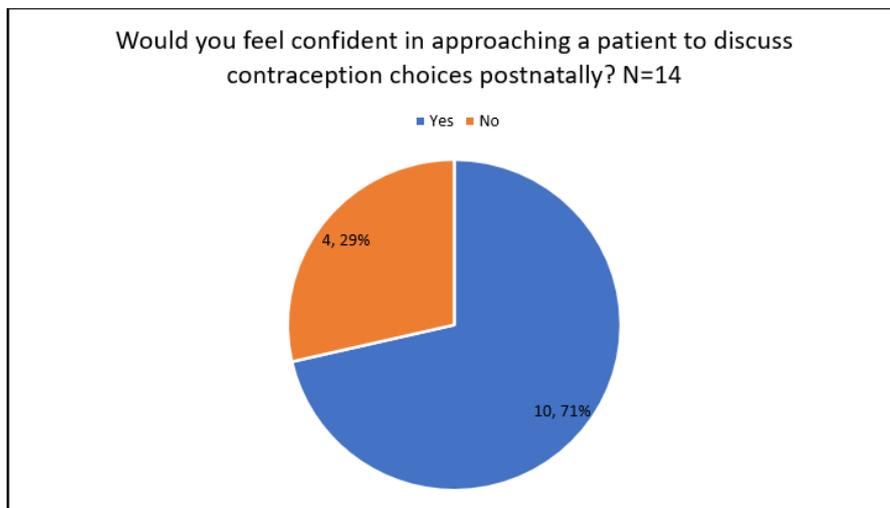
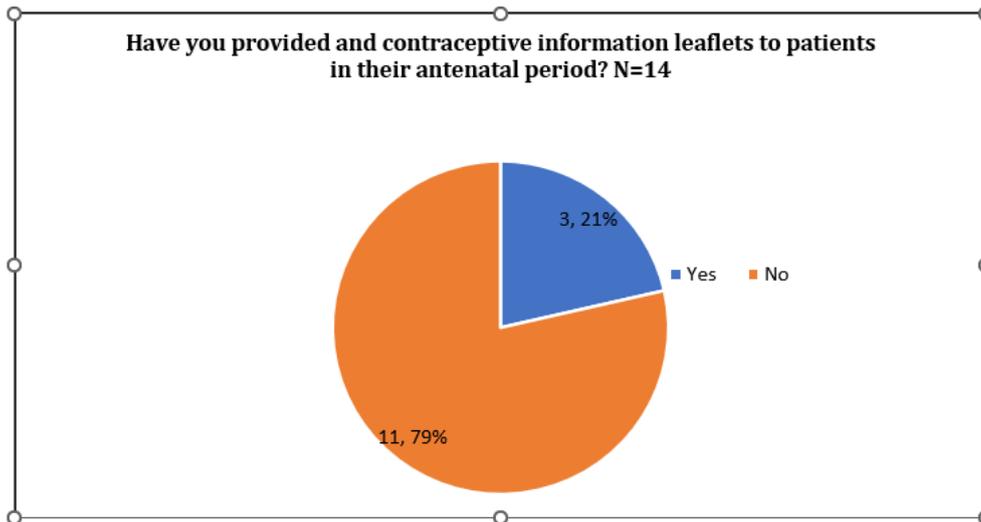
Studies have shown that Immediate postpartum insertion of Implant showed an Incremental cost-effectiveness ratio of \$2,304 per pregnancy prevented [6]. When taking into consideration medical costs of the resulting unintended pregnancies that could be avoided, immediate implant insertion is expected to save \$1,263 per patient [6]. Public health England states that by avoiding 50% of unplanned or mistimed pregnancies, there is a return of investment of £10.83 for every £1 spent over a 10-year period. The biggest cost saving factors were ongoing child health care and education costs [8].

Figure 1(Pathway)

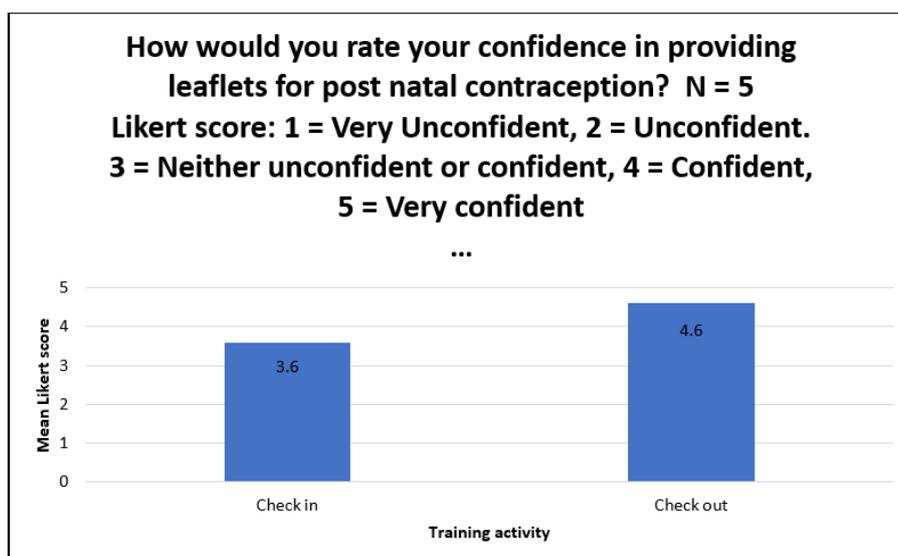
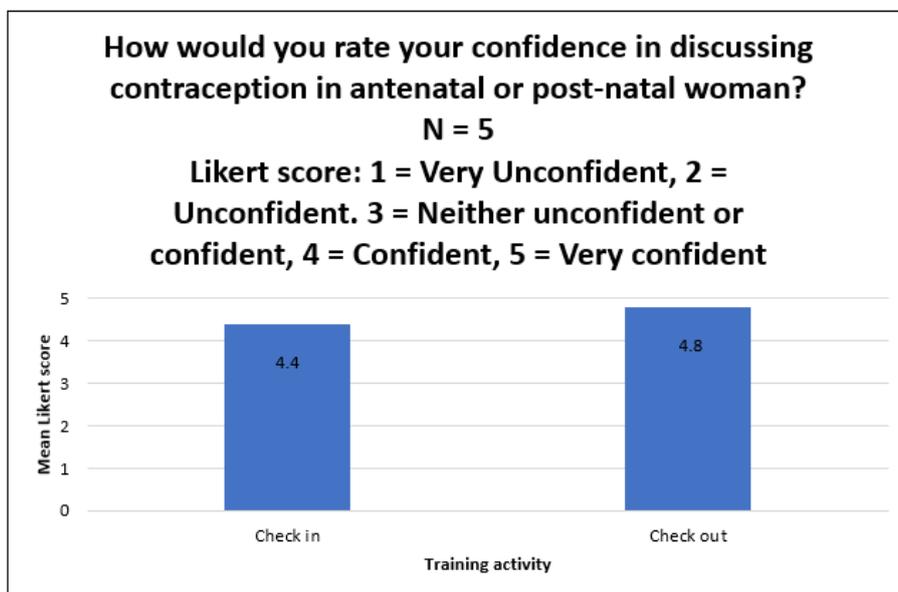
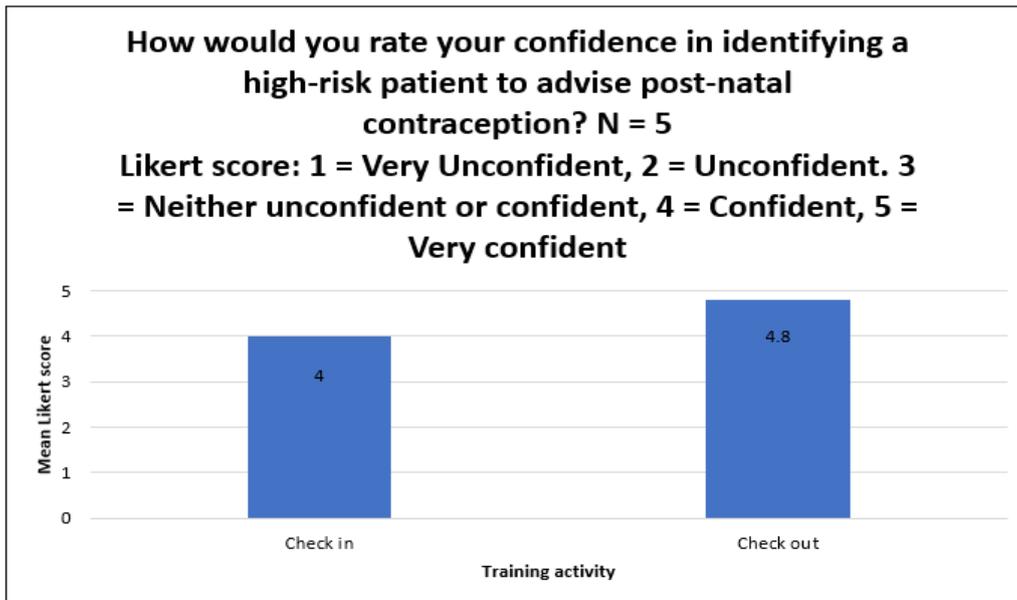


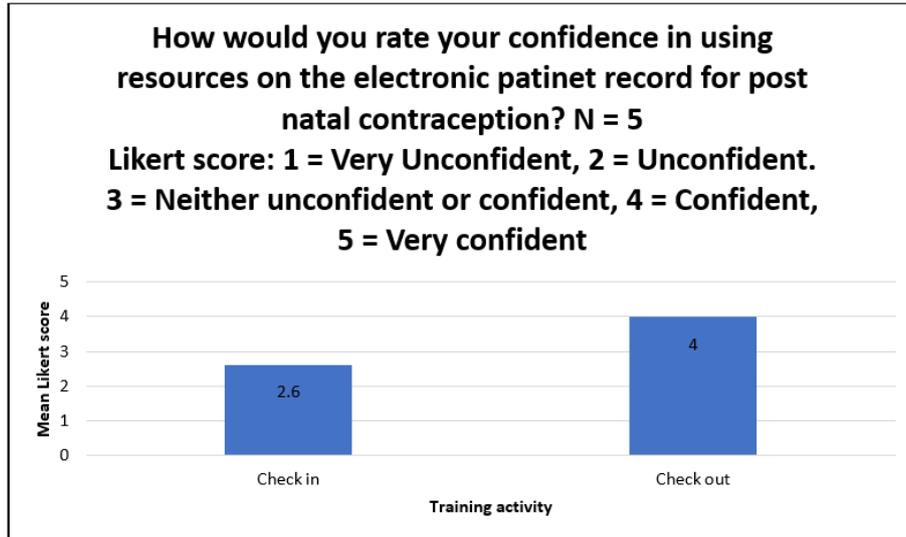
- 1. Staff response -feedback
- 1.a. Staff responses - Before training





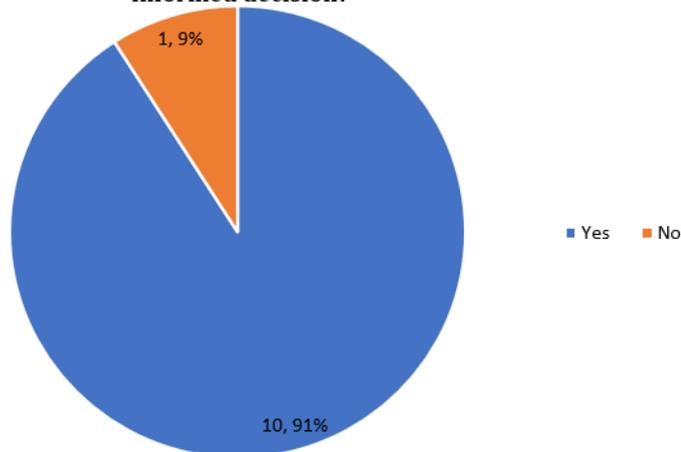
1.b. Staff Response – after training



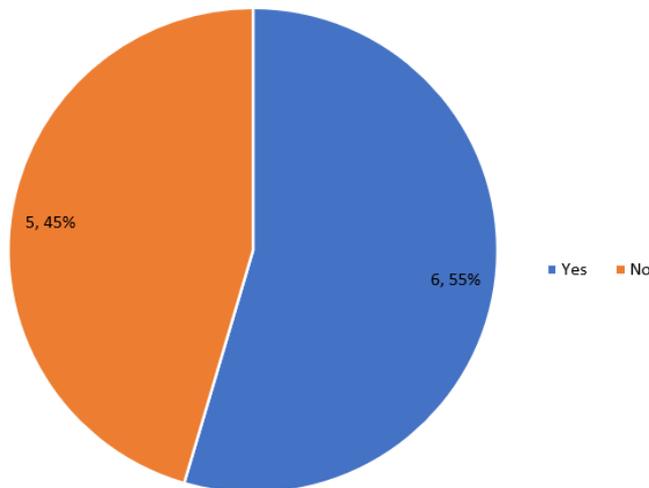


2. Patient feedback

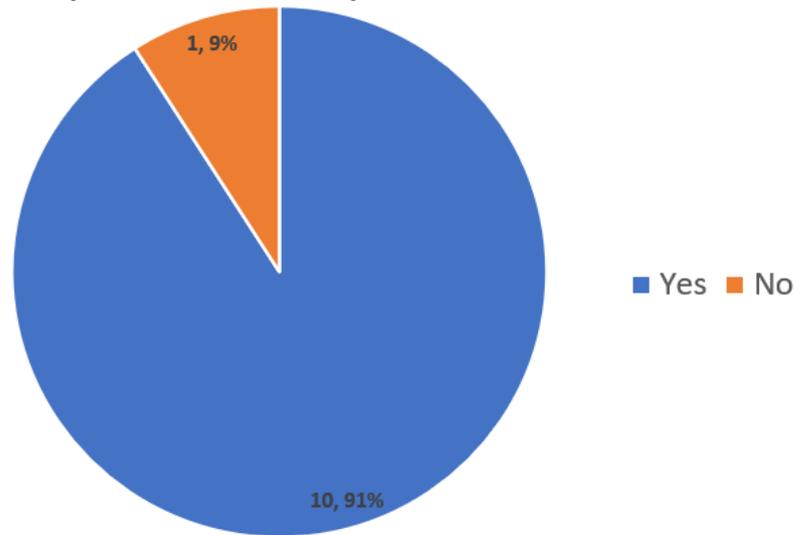
In your opinion, Do you think that a discussion on post-natal contraception during pregnancy allows more time to make an informed decision?



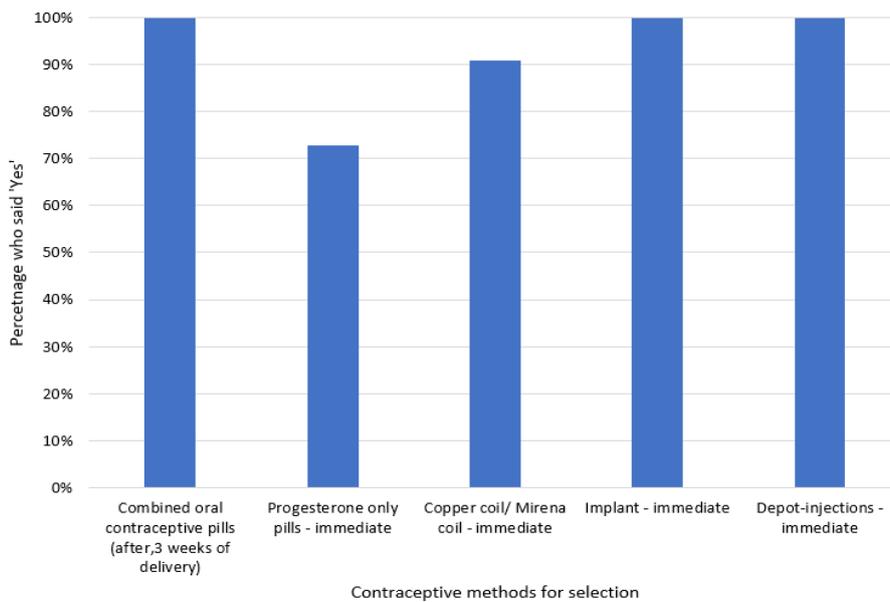
Was an opportunity provided for you to discuss contraceptive choices during the course of pregnancy? N= 11



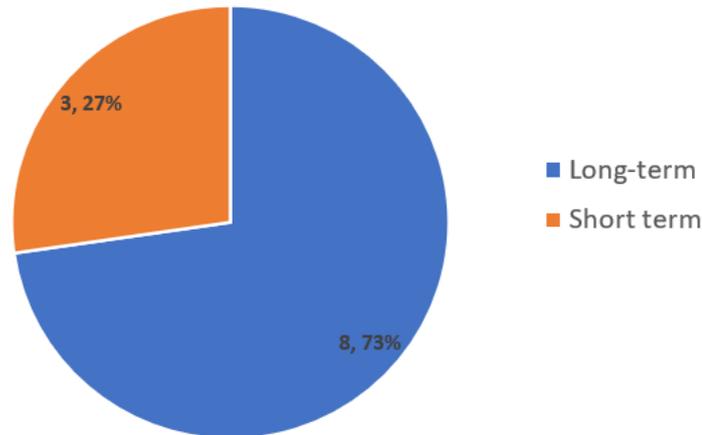
If a post-natal contraceptive is provided before discharge from the hospital, do you think it would save you time and effort? N = 11



Which of the following contraceptive methods in post-natal period did you know about? N = 11



If your preferred contraception was provided at the time of discharge from ward, would you prefer a short-term long-term option? N = 11



CONCLUSION

After the initial pilot, this is now an ongoing service. Post-birth contraception needs particular attention. This is a period of vulnerability. Protecting women with a long-acting reversible contraception, giving them time to make an informed decision through antenatal counselling were key points of focus in this pilot. Providing a quality of life empowers women and we believe that we have found somewhere to make a difference.

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