

Knowledge and Experience of Obstetric Trainees in Relation to Postpartum Intrauterine Contraception

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Abstract

Aim

Approximately 38% of pregnancies are unplanned and ovulation can return as quickly as 3 weeks postpartum. Best practise guidelines support the provision of immediate postpartum contraception. We sought to determine the current practise and knowledge in Ireland of trainees in immediate postpartum intrauterine system(PPIUS).

Methods

Trainee Doctors in obstetrics were invited to complete an online survey to assess current practise, knowledge and training in immediate postpartum intrauterine system insertion.

Results

While the majority 91% (n=77) are confident in insertion of an IUS 76% (n=64) had never inserted an IUS immediately postnatal. The majority 92% (n=78) were aware that PPIUS was an option however 76% (n=64) had never inserted one; 95% (n=80) never or rarely counselled patients for PPIUS. Only 22% (n=19) were confident with insertion and 82% (n=69) had received no training for PPIUS. Only 46% (n=39) correctly identified the expulsion rate following vaginal delivery insertion.

Discussion/Conclusion

There is scope for the development of training and educational resources to increase the provision of immediate postpartum IUS.

Introduction

Approximately 38% of worldwide pregnancies are estimated to be unplanned¹. Irish research has shown that in 2010, 16% of pregnancies were defined as crisis pregnancies².

If not breastfeeding, ovulation can return as quickly as 3 to 4 weeks postpartum. Therefore, unintended pregnancies can occur soon after childbirth if effective contraception is not initiated. A pregnancy interval of under twelve months is associated with preterm birth³, gestational diabetes⁴, small for gestational age fetuses³ and maternal morbidity.

In Ireland, postpartum contraception is usually discussed at the '6 week check' with a general practitioner. However, this is an interaction with many competing interests, such as newborn care and the mother's physical recovery following childbirth. Therefore, contraception counselling may not be a priority for patients or their healthcare provider. There is a significant number of patients who will not attend a postnatal review with healthcare provider; this is higher with teenage mothers and those in most deprived areas⁵.

The current clinical guidelines from the UK(RCOG), USA(ACOG), and WHO support the provision of immediate postpartum contraception. The RCOG best practice paper⁶ emphasizes the benefit of postpartum family planning and the importance of helping women choose an effective form of contraception that they can use for over 2 years. Immediate IUD insertion is acceptable to women, and it is associated with good continuation rates at one year⁷ follow-up.

Methods

Non Consultant Hospital Doctors (NCHD) currently working in obstetrics in Ireland were invited to complete an online survey to assess current practice, training, and knowledge regarding immediate postpartum Intrauterine System insertion.

Results

A total of 84 NCHDs participated in completing the [survey](#). A total of 94% [n=79] of respondents had inserted an intrauterine system, and 91.7 % [n=77] were confident in performing this procedure. The majority, 92.9% [n=78], were aware that postpartum intrauterine system (PPIUS) insertion is a contraceptive option. However, 76.2% [n=64] of NCHDs have never inserted a PPIUS and only 23.8% [20] have inserted between 1-5 over the last twelve months (figure 1).

Regarding patient counselling; 51.2 % [n=43] of participating NCHDs have never offered immediate postnatal intrauterine contraception, while 44% [n=37] rarely do so. The majority of responding NCHDs, 82.1% [n=69], have received no postpartum intrauterine system insertion training, and only 22.6% [n=19] are confident in inserting PPIUS after vaginal delivery.

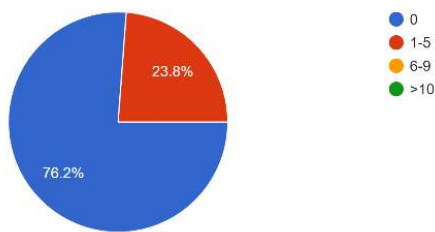


Fig1. Pie chart diagram of responses received for questions number 7. How many IUSs have you inserted immediately postpartum (at LSCS or vaginal delivery) in the last 12 months?.

Regarding knowledge of immediate postpartum intrauterine contraception; 63.1% (n=53) of NCHDs correctly identified the perforation rate to be the same as in routine insertion and 65.1% (n=54) rightly recognised the infection rate as equal. Regarding expulsion rate, 46.4% (n=39) of NCHDs correctly identified this as being between 11-20%, as it is defined as 14%⁸. However, 28.6% (n=24) were unaware that the expulsion rate is higher with postpartum intrauterine device insertion following vaginal delivery versus caesarean section.

Discussion

Our findings show that while the majority of respondents had inserted an IUS and were confident in doing so, 76.2% had never inserted an IUS immediately postnatally in the last twelve months. Whilst immediate IUS insertion is commonly offered in North America and the UK, it has not become part of routine practise in Ireland. In order to offer patients immediate postpartum contraception, education and training in immediate PPIUS for obstetric NCHDs must be developed and delivered.

There is evidently a significant gap in the care we are able to offer patients in relation to their preferred form of contraception. We know that in Ireland from a report from the National Research Commission that woman face a number of barriers when it comes to contraception including cost, accessibility and lack of information⁹.

When it comes to cost, we welcome the improvement in funding for contraception for those aged 17-25 and the reduced cost of the IUS under the drug payment scheme. However currently the cost of the device is not covered beyond primary care it is important to continue to improve accessibility for postpartum women.

The presence of 'Clinical Champions' and availability of trained PPIUS inserters has shown to be an essential driver of staff engagement¹⁰. Discussion regarding contraception and pregnancy spacing

should occur in the antenatal period therefore all healthcare professionals involved in maternity care should be aware of the benefits of PPIUS contraception.

While we specifically asked about IUS and its insertion postnatally, the subdermal implant is also a long acting reversible contraceptive which can be inserted immediately postnatal. Both the IUS and subdermal implant are suitable for women who are breastfeeding.

This survey shows the current gap in service provision and knowledge; there is an opportunity to develop pilot projects and educational resources for health professionals. Training staff in PPIUS insertion is beneficial for patients and offers them greater choice around their reproductive plans.

Declaration of Conflict of Interest:

The authors have no conflicts of interest to declare.

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