The Faculty of Sexual and Reproductive Healthcare (FSRH) welcomes the opportunity to respond to the NMC’s Standards of Proficiency for Midwives. FSRH is the representative body for over 15,000 healthcare professionals working in sexual and reproductive healthcare (SRH). We provide national qualifications, clinical standards and evidence-based clinical guidance to improve SRH. Our members work primarily for the benefit of women, ensuring contraceptive, cervical/ gynaecological and pregnancy choices are met.

In this response we focus on the document’s presentation of issues related to contraception, since it is these which are particularly relevant to FSRH. Like other organisations, we believe there is a need for SRH, including contraception, to be more broadly integrated into women’s healthcare pathways in the NHS. Consequently, FSRH, RCOG and the RCGP have produced a joint position statement\(^1\) calling for integrated holistic commissioning of SRH, with one body maintaining oversight and holding accountability for all commissioning decisions. This is a position endorsed by the Academy of Royal Medical Colleges (AoMRC).

With this in mind, FSRH strongly recommends the Standards place a much greater focus on the availability of contraception within maternity pathways. At present the Standards lack substance in this area, overlooking the recommendations and evidence FSRH and other expert bodies have previously raised.

**Context**

The context of our response is the current state of fragmentation and incoherence around the provision of contraceptive services in maternity settings. Largely due to current commissioning arrangements, the provision of contraception within the maternal pathway is not currently embedded in most maternity services.

There are many factors which exacerbate this, impacting on the availability of effective contraception for women who have recently given birth, particularly insufficient training of midwives and the more general effects of reduced funding for services providing sexual and reproductive healthcare. Overall the provision of the most effective long acting reversible forms of contraception (LARCs) have decreased, while waiting times have increased and operating hours of clinics have been restricted. Women are now having to travel further and wait longer to receive LARCs and this has had clear implications on uptake. Between 2014 and 2017, prescriptions of LARCs in general practice have fallen by 10\%.\(^2\)

This is despite Public Health England evidencing the cost-effectiveness of contraception. Every £1 spent on publicly-funded contraception saves £9 in averted direct public sector healthcare and non-healthcare costs (£3.68 in direct healthcare costs to the NHS, including birth costs, abortion costs, miscarriage costs and ongoing child health care costs).\(^3\)

As both FSRH and the Advisory Group on Contraception (AGC) have recently pointed out, given the challenges in the system, it becomes vital that postpartum contraception, is made available immediately in all maternity services as inadequate provision means that it is challenging for women to access LARCs from elsewhere, such as from their local GP or SRH service.\(^4\)

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Misssed Opportunities: Contraception and SRH within the Standards

For some time, and especially since the publication of the National Maternity Review’s “Better Births” in 2016, FSRH has been one of a number of expert organisations which have called on policy-making bodies to recognise that contraceptive care is an integral part of best practice in maternity services, and to develop practices and standards based on this recognition. In its response to Better Births, FSRH noted that “all national sexual and reproductive healthcare strategies in Great Britain highlight the importance of post-partum counselling and provision of postpartum contraception”. Both we and the AGC have indicated the continuing problems in this area, noting that the CQC has found that 12% of women are not given any information about contraception after childbirth.

It is against this context that whilst we welcome the current references to contraception, unintended pregnancy and abortion, we make clear that these references are by no means sufficient.

Contraception for example, is only referred to twice, and in each case without emphasis, as one of a list of issues that midwives should address. Likewise, references to “sexual and reproductive health” needs are infrequent and generalised.

It is a missed opportunity for the Standards to only give brief reference to these vital issues, and to hold back from endorsing the position that it is not only information about contraception which is important at both the antenatal and postpartum stages, but also the availability of the full range of contraceptive provision.

Evidently, the many problems of SRH provision cannot be resolved by an improvement in standards of proficiency in the future workforce alone. Nevertheless, by mandating more effective practice on the part of midwives, the document can make an important contribution to improving the service. In light of this we make the following recommendations.

Improving the Standards: Recommendations

Domain 3 and 4

In Domain 3: “Universal care for all women, newborn infants and families” and Domain 4: “Additional care for women, newborn infants and families with complications and/or further care needs”, the Standards should make specific reference to the following points:

- The comprehensive discussion of contraceptive options as part of antenatal and postnatal consultations. Specifically, women should be provided with accurate information, based on FSRH guidelines, on how soon after pregnancy different methods can be provided (often immediately), the latest date after birth that contraception should be initiated to avoid unplanned pregnancy (21 days), and the increased risks of preterm birth, low birthweight and small for gestational age babies when conceiving again within 12 months. Midwives should be able to conduct a brief contraceptive choices discussion, preferably in the third trimester, so that women can make an informed choice about their future contraceptive method.

- Offering a woman’s preferred method of contraception (where medically eligible) before postnatal discharge. In this context, midwives should be able to explain the relative ease with which contraception can be provided postpartum. A woman’s chosen method of contraception can be initiated immediately after childbirth if desired and she is medically eligible. With up to 30% of women currently being delivered by Caesarean Section, this is an obvious opportunity for the provision of immediate postnatal intrauterine contraception but this can only happen if the woman has been appropriately counselled during the antenatal period.

- NICE guidelines that stipulate that women should be offered a choice of all contraceptive methods by their midwife within seven days of delivery.

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6 FSRH (2017) FSRH launches new SDI qualification for maternity and abortion care clinicians.
7 FSRH Clinical Effectiveness Unit (2009) Postnatal Sexual and Reproductive Healthcare
8 Kirsty McCance and Sharon Cameron (2014) “Midwives’ experiences and views of giving postpartum contraceptive advice and providing long-acting reversible contraception: a qualitative study
Domain 5

To ensure healthcare professionals in midwifery services are trained adequately, Domain 5 “Promoting safe and effective care: the midwife as colleague, scholar and leader” should underline the importance of:

- All midwives receiving contraceptive training and regular updating in providing accurate contraceptive information and support at both the antenatal and postnatal stages of service delivery.

- Additional contraceptive training for more specialist midwives in providing contraceptive implants and intrauterine contraceptives postpartum.

FSRH is the main provider of evidence-based contraceptive advice and training in the UK. We briefly outline below two of our training programmes that have been designed specifically for the needs of midwives and would welcome their inclusion within the NMC’s Standards:

1. The FSRH *Essential Contraception for Midwives*\(^\text{11}\) course enables midwives to:

   - Introduce contraception into consultations with pregnant women and those who have recently given birth.
   - Describe the currently available contraceptive methods.
   - Discuss the main advantages and disadvantages of these contraceptive methods.
   - Identify contraindications to contraceptive methods by using the *UKMEC*.\(^\text{12}\)
   - Understand when contraception can be started after pregnancy.
   - Understand the use of “Bridging Contraception”.

   This half day course was recently piloted in London with very positive feedback from the midwives who attended, several of whom commented that they had immediately incorporated this learning into their everyday practice to provide better care for women. FSRH is now seeking accreditation from The Royal College of Midwives on this course who have given positive feedback. We plan to launch it nationally this month (May 2019).

2. The FSRH *Letters of Competence Subdermal Contraceptive Implants – Insertion Only (LoC SDI – IO)*\(^\text{13}\) equips Midwives with the evidence-based knowledge, attitudes and skills required to consult with a woman requesting contraception, and to appropriately provide a subdermal implant, manage complications and side effects.

Conclusion

Clearly, there is a broad consensus in the sector around the importance of an effective link between maternity services and sexual and reproductive healthcare. FSRH emphasises the need to reflect this within documents which aim to shape practice across institutions. The Standards of Proficiency would thus benefit from greater detail and clarity to fill the gaps we have identified, and as such should be amended in line with the recommendations FSRH have put forward.

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11 FSRH, *Essential Contraception for Midwives*, coming soon
12 FSRH, *UKMEC*
13 FSRH, *Letter of Competence Subdermal Contraceptive Implants Techniques Insertion Only (LoC SDI-IO)*