

FSRH response to the Heath Select Committee's Inquiry into Maternity Services and the National Maternity Review's report *Better Births: Improving outcomes of maternity services in England*

FSRH welcomes this inquiry into maternity services and the opportunity to critically appraise the recommendations made in the National Maternity Review's report *Better Births: Improving outcomes of maternity services in England*.

The Faculty of Sexual and Reproductive Healthcare (FSRH) is the representative body for over 15,000 doctors and nurses working in sexual and reproductive healthcare, supporting healthcare professionals to deliver high quality care. We provide national qualifications, clinical standards and evidence-based clinical guidance to improve sexual and reproductive healthcare for the whole nation in whatever setting it is given.

Our evidence-based clinical guidance is produced by a team of clinical experts at our Clinical Effectiveness Unit, based in Edinburgh. In December 2016, the FSRH Clinical Effectiveness Unit will publish a joint green top guideline 'Contraception Following Pregnancy' with the Royal College of Obstetricians and Gynaecologists (RCOG). This guidance will supercede the current *Postnatal and Reproductive Healthcare* guidance (2009)¹ and place the emphasis on an integrated approach to providing contraceptive care with service collaboration across pregnancy and post-pregnancy care pathways.

FSRH would like to highlight that *Better Births* failed to comprehensively address the need for better contraceptive care in maternity services and the prioritisation of sexual and reproductive healthcare across pregnancy care pathways. Crucially, the most up to date evidence suggests that the provision of contraceptive care constitutes an integral part of best practice for maternity services. All national sexual and reproductive healthcare strategies in Great Britain highlight the importance of contraceptive counselling and provision of postpartum contraception^{2,3,4,5,6} and Public Health England is supporting this agenda with the forthcoming publication of its *Missed Opportunities in Pregnancy: Strategies for improving the delivery of contraception within pregnancy care pathways to reduce unplanned pregnancy*.⁷ Further, in

¹ FSRH Clinical Effectiveness Unit (2009) *Postnatal Sexual and Reproductive Healthcare* Available at: <https://www.fsrh.org/documents/cec-ceu-guidance-postnatal-sep-2009/>

² Department of Health *A Framework for Sexual Health Improvement in England 2013* Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

³ The Scottish Government (2015) *Sexual Health and Blood Borne Virus Framework 2015-2020 Update*. Available at: <http://www.gov.scot/Resource/0048/00484414.pdf>

⁴ Welsh Assembly Government (2010) *Sexual Health And Wellbeing Action Plan for Wales, 2010-2015* Available at: <http://gov.wales/docs/phhs/publications/101110sexualhealthen.pdf>

⁵ Public Health England (2016) *Teenage mothers and young fathers: Support framework* Available at: <https://www.gov.uk/government/publications/teenage-mothers-and-young-fathers-support-framework>

⁶ The Scottish Government (2016) *Pregnancy and Parenthood in Young People Strategy* Available at: <http://www.gov.scot/Publications/2016/03/5858>

⁷ This document will be aimed at commissioners and service providers. It will outline the small system changes that can be made in pregnancy care pathways to tackle the current gaps in contraceptive delivery, setting out the need for action, cost effectiveness and models of best practice.

her most recent report, the Chief Medical Officer has also called for the integration of pregnancy prevention, planning and care.⁸

In light of this evidence, we call on the National Maternity Review to revise its current recommendations to include the provision of high quality contraceptive information and provision of contraceptive methods in maternity services.

Summary of FSRH recommendations:

- The inclusion of contraceptive provision in addition to providing contraceptive information in maternity service contracts.
- The comprehensive discussion of contraceptive options to become part of antenatal and postnatal consultation.
- Establishing a health promotional environment in maternity services, where there is improved provision of up to date contraceptive information at each point of contact with maternity services. This includes the provision of printed information and a well-publicised 'go-to' online space to provide clear referral pathways into General Practice or sexual and reproductive healthcare clinics.
- Offering a woman's preferred method of contraception (where medically eligible) before postnatal discharge.
- Additional contraceptive training for midwives in providing contraceptive information and support at both the antenatal and postnatal stages of service delivery.
- Additional contraceptive training for obstetricians and midwives in providing contraceptive implants and intrauterine contraceptives immediately postpartum.

1. Better Births - recommendations

Contraceptive needs addressed at GP 6 week check-up

FSRH would like to welcome *Better Births'* recommendation that the postnatal contraceptive needs of women should be addressed at their 6 week postnatal appointment. Prior to this report there was a lack of clarity regarding whether GPs were mandated to raise the issue of contraception at the 6-week check-up.⁹

However, we believe that the 6-week GP check-up is too late in the pregnancy care pathway to raise the issue of contraception with women. Evidence supports that there is a significant window between the birth of a child and the 6 week check-up where women are at risk of unintended pregnancy.¹⁰ In light of this, we believe that the National Maternity Review should shift the time frame of its recommendation regarding contraceptive provision to immediately postpartum as opposed to after postnatal discharge.

For example, studies have shown that 50% of women will have resumed having sex by 6 weeks post-delivery¹¹, and some women start ovulating as soon as 28 days after birth¹². This

⁸ Chief Medical Officer (2015) *Annual Report 2014, The Health of 51%: Women Available at:* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484383/cmo-report-2014.pdf

⁹ The NHS patient information website simply states: '[...] you can also ask the doctor about contraception', implying that patients have to initiate the discussion themselves.

¹⁰ FSRH Clinical Effectiveness Unit (2009) *Postnatal Sexual and Reproductive Healthcare Available at:* <https://www.fsrh.org/documents/cec-ceu-guidance-postnatal-sep-2009/>

¹¹ Kirsty McCance and Sharon Cameron (2014), "Midwives' experiences and views of giving postpartum contraceptive advice and providing long-acting reversible contraception: a qualitative study" in *Journal of Family Planning and Reproductive Healthcare*, (40):177-183.

¹² FSRH Clinical Effectiveness Unit (2009) *Postnatal Sexual and Reproductive Healthcare Available at:* <https://www.fsrh.org/documents/cec-ceu-guidance-postnatal-sep-2009/>

means that up to half of women who have recently given birth are at risk of unintended pregnancy well before their 6-week check-up. These statistics are paired with evidence showing that women with complex needs and transient lifestyles often experience difficulty making and keeping GP appointments as their lifestyles are at odds with consistent appointment attendance.¹³ Consequently, these women are more likely to be at risk of unintended pregnancy if their contraceptive needs are not planned for in advance and addressed before postnatal discharge. In light of these considerations, it becomes clear that there is a significant unmet need for contraceptive support, information and care at the antenatal and postnatal stages of service delivery for a large proportion of women.

2. Alignment with Chief Medical Officer recommendations and other best practice guidance

FSRH is concerned that the National Maternity Review's omission of a recommendation regarding postpartum contraception in maternity services illustrates a failure to align policy priorities with the Chief Medical Officer's most recent Annual Report '*The Health of the 51%: Women*' and other best practice guidance.^{14,15,16,17,18}

The CMO's report is framed by the overarching objective to achieve a broader vision of women's health centred on individual patient need rather than medical silos. In it, the CMO states that we should be working to:

*'Strengthen commitment to integrating pregnancy prevention, pregnancy planning and pregnancy care.'*¹⁹

The failure to address contraceptive care in maternity services does not demonstrate a commitment to integrating pregnancy care. Instead, it allows for women to pass through maternity services without addressing their contraceptive needs and leaves women at risk of unintended pregnancy.

In addition, the CMO also explicitly recognises the importance of postpartum contraception, saying:

*'Contraception is also important in the postnatal period to avoid short inter-pregnancy intervals: an interval of less than six months is an independent risk factor for preterm delivery and neonatal death in the next pregnancy.'*²⁰

¹³ Lunniss et al (2015) "Views of general practitioners on providing contraceptive advice and long-acting reversible contraception at the 6-week postnatal visit: a qualitative study" in *Journal of Family Planning and Reproductive Healthcare*. Available at: <http://jfprhc.bmj.com/content/early/2015/08/26/jfprhc-2015-101198.full?sid=ab14880f-ea97-4ac4-b72c-fca2ad7da04e>

¹⁴ Department of Health *A Framework for Sexual Health Improvement in England 2013* Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

¹⁵ The Scottish Government (2015) *Sexual Health and Blood Borne Virus Framework 2015-2020 Update*. Available at: <http://www.gov.scot/Resource/0048/00484414.pdf>

¹⁶ Welsh Assembly Government (2010) *Sexual Health And Wellbeing Action Plan for Wales, 2010-2015* Available at: <http://gov.wales/docs/phhs/publications/101110sexualhealthen.pdf>

¹⁷ Public Health England (2016) *Teenage mothers and young fathers: Support framework* Available at: <https://www.gov.uk/government/publications/teenage-mothers-and-young-fathers-support-framework>

¹⁸ The Scottish Government (2016) *Pregnancy and Parenthood in Young People Strategy* Available at: <http://www.gov.scot/Publications/2016/03/5858>

¹⁹ Chief Medical Officer (2015) *Annual Report 2014, The Health of 51%: Women* Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484383/cmo-report-2014.pdf

²⁰ Ibid.

This recommendation and acknowledgement not only illustrates how postpartum contraception will improve maternal and child health outcomes²¹, but also shows high-level support for the provision of postpartum contraceptive care. As previously stated, this support is echoed across all national sexual and reproductive healthcare strategies in Great Britain, which highlight the importance of contraceptive care and delivery following pregnancy.^{22,23,24,25,26}

In addition, evidence-based clinical guidance recommends the inclusion of contraceptive care in both the antenatal and postnatal period. As postpartum contraception improves both maternal and child health outcomes, FSRH Clinical Effectiveness Unit guidelines recommend that:

*'Healthcare professionals should find opportunities during both the antenatal and postnatal period to discuss all methods of contraception.'*²⁷

Not only do evidence-based, clinical guidelines support the provision of contraceptive care in maternity services, but other reports on the wider cost implications of unintended pregnancy illustrate how postpartum contraception would save the NHS in health costs, which could be reinvested into maternity services themselves. FPA's report *Unprotected Nation* shows that abortions, miscarriages and live births cost the NHS £662 million per year and that £106 million, nearly one fifth, of this total is spent on abortion.²⁸ A recent UK study reported that 1 in 8 women in the study who had an abortion had given birth within the previous year – a figure that is indicative of a gap in contraceptive interventions around the postnatal period.²⁹ With this in mind, the failure to optimise the provision of contraceptive care in maternity services risks puts more pressure on maternity and other pregnancy care pathways in the long-term.

3. The provision of contraceptive care in maternity services and wider recommendations

FSRH believes that the inclusion of postpartum contraceptive provision in the National Maternity Review's policy recommendations would directly align with its wider-system recommendations for maternity services.

Better Births outlines a vision of 'working across boundaries', with maternity services working in conjunction with other family-oriented health and social services to ensure personalised care. This cross-service and cross-organisational vision for maternity care is the exact

²¹ FSRH Clinical Effectiveness Unit (2009) *Postnatal Sexual and Reproductive Healthcare* Available at: <https://www.fsrh.org/documents/cec-ceu-guidance-postnatal-sep-2009/>

²² Department of Health *A Framework for Sexual Health Improvement in England 2013* Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

²³ The Scottish Government (2015) *Sexual Health and Blood Borne Virus Framework 2015-2020 Update*. Available at: <http://www.gov.scot/Resource/0048/00484414.pdf>

²⁴ Welsh Assembly Government (2010) *Sexual Health And Wellbeing Action Plan for Wales, 2010-2015* Available at: <http://gov.wales/docs/phhs/publications/101110sexualhealth.pdf>

²⁵ Public Health England (2016) *Teenage mothers and young fathers: Support framework* Available at: <https://www.gov.uk/government/publications/teenage-mothers-and-young-fathers-support-framework>

²⁶ The Scottish Government (2016) *Pregnancy and Parenthood in Young People Strategy* Available at: <http://www.gov.scot/Publications/2016/03/5858>

²⁷ FSRH Clinical Effectiveness Unit (2009) *Postnatal Sexual and Reproductive Healthcare* Available at: <https://www.fsrh.org/documents/cec-ceu-guidance-postnatal-sep-2009/>

²⁸ FPA (January 2013), *Unprotected Nation: The Financial and Economic Impacts of Restricted Contraceptive and Sexual Health Services* Available at: <http://www.fpa.org.uk/sites/default/files/unprotected-nation-sexual-health-full-report.pdf>

²⁹ Heller R, Cameron S, Briggs R, et al. Postpartum contraception: a missed opportunity to prevent unintended pregnancy and short inter-pregnancy intervals. *J Fam Plan Reprod Healthc*. doi:10.1136/jfprhc-2014-101165

framework in which the provision of postpartum contraception information, support and care would function. In addition, FSRH's joint green top guideline with the Royal College of Obstetricians and Gynaecologists (RCOG) '*Contraception Following Pregnancy*' will advocate this collaborative approach to integrate provision of contraceptive care for women across organisational and commissioning boundaries. This guideline will underscore the importance of cross-service, collaborative working to ensure that all women receive contraceptive care after pregnancy, irrespective of the care setting they are in or who provides this care.

4. Inclusion in the National Maternity Review's recommendations

In light of the above assessment of *Better Births*' recommendations and the need for action regarding contraceptive care in maternity services, FSRH calls for the provision of postpartum contraceptive information, support and care to be included in a revised version of National Maternity Review recommendations. In line with the evidence and arguments discussed above, we believe such a revision should incorporate each of the suggested FSRH recommendations that are set out at the start of this submission.

5. Conclusion

Upon assessment of the recommendations set out in *Better Births*, FSRH believes its failure to comprehensively tackle the issue of postpartum contraceptive care represents a missed opportunity that must be addressed in maternity services. Evidence demonstrates that the provision of contraceptive care, during maternity care and before postnatal discharge, would positively impact on health and financial outcomes in maternity services. Consequently, FSRH calls for the National Maternity Review to revise its current recommendations and consider the provision of contraceptive care as an integral part of best practice for maternity services going forward.

FSRH Policy Team, June 2016

For more information, please contact:

Harry Walker

Policy Manager

Email: policymanager@fsrh.org

Telephone: 020 3751 8077