FSRH response to the NHS Maternity Review online consultation

The FSRH welcomes this consultation into the current standards of NHS maternity services, as well as the opportunity to make recommendations as to how these services could be improved.

Given that the scope of this review spans from conception to the end of the postnatal period (six weeks after birth) we would like to use this consultation as a space in which to highlight the importance of providing women in maternity services with information about - and clearly signposted access to - postpartum contraception. As a joint leader with the RCOG on a green top publication addressing post-pregnancy contraception, we are producing guidance on recommended best practice in this field. Both medically and financially, evidence suggests that providing awareness of and access to postpartum contraception in maternity services constitutes an integral part of good practice in antenatal and postnatal care.

1. **What do you think are the barriers to providing high quality maternity services?**

The FSRH believes that at present there is a missed opportunity in maternity services. Within these services there is failure to utilise health care professionals to raise the issue of contraception both antenatally and postnatally. Maternity services are currently failing to use this opportunity to provide women with information regarding postpartum contraception and a choice of how to access the appropriate contraceptive care pathway going forward.

Currently, leading clinicians believe that women often receive only cursory advice about contraception, as part of a checklist when women are discharged from hospital. This is despite evidence that suggests significant proportions of postpartum women would choose a LARC method if this was made available to them before leaving a maternity service. In McCance and Cameron’s qualitative study examining midwives’ experience of giving postpartum contraceptive advice and providing Long Acting Reversible Contraception (LARC), none of the midwives that were questioned

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1 “43% [of postpartum mothers surveyed in a maternity service in Edinburgh] stated that they would have chosen to have a LARC method if it had been possible to have it inserted before being discharged from hospital after delivery.” Heller 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](http://jfprhc.bmj.com/content/early/2015/08/26/jfprhc-2015-101198.full?sid=ab14880f-ea97-4ac4-b72c-fca2ad7da04e)
reported making a firm contraceptive plan with any of the women in their care. Instead, they referred them on to other healthcare professionals as many felt that they needed more training to confidently discuss contraceptive methods in detail.

However, there are concerns regarding patients’ failure to attend GP postnatal check-ups due to the demands of a new-born on a new mother. Results from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3) also suggest that there are strong associations between repeat unplanned pregnancies and those demonstrating potentially harmful health behaviours and depression. Evidence suggests that women with these complex needs also experience difficulty in making and keeping appointments with GP; after being discharged from hospital as their transient lifestyles are at odds with the consistent GP attendance currently required to manage their contraceptive needs. In addition, on the NHS website it is not clear if GPs are mandated to raise the issue of contraception at the 6 week check-up; the NHS patient information website simply states: ‘[…] you can also ask the doctor about contraception’, implying that patients have to initiate the discussion themselves.

These issues, paired with the fact that there is evidence to suggest that 50% of women will have resumed having sex by 6 weeks postpartum, suggest that a large proportion of postnatal women, in addition to those with complex needs, are at risk of unintended pregnancy. These figures only serve to strengthen the argument in favour of meliorating postpartum contraception information and provision in maternity services.

Providing contraceptive advice and provision in maternity services would prevent unintended pregnancies, giving women more control over inter-pregnancy intervals thereby reducing the risk of still births and neonatal deaths. In addition, failure to utilise this opportunity is resulting in further maternity, miscarriage, abortion, mental health and social welfare costs incurred by unintended pregnancy. Evidence from Scotland shows that in women with children, 1 in 8 who were having an abortion had given birth within the previous year. One in 8 Scottish mothers giving birth had

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experienced a short pregnancy interval of under one year. Moreover, the FPA’s report Unprotected Nation shows that abortions, miscarriages and live births cost the NHS £662 million per year, £106 million, nearly one fifth, of this total is spent on abortion. In addition, the scale of cost implications of unintended pregnancy for the public sector far exceeds the aforementioned medical costs. Unprotected Nation estimates that unintended pregnancies will incur social welfare spending, education and housing costs of at least £70.665 to £80.821 billion between 2013-2020. Therefore the normalisation of contraceptive provision and discussion in maternity services would save the NHS money that could be reinvested to improve the quality and standards of its maternity services.

2. What do we need to do to make maternity services better?

In light of our response to Question 1, the FSRH believes that maternity services should review their policies regarding advice on and provision of postpartum contraception. At present, Maternity Service contracts in England only mention providing information about contraceptive choices and rarely mention contraception provision. We believe both contraception provision and information should be included in Maternity Service contracts. Comprehensive discussion of contraceptive options should become part of antenatal and postnatal consultation. Likewise, there should be improved provision of post-pregnancy information at each point of contact with maternity services including where to access it. FSRH recommends 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 Health Clinics.

As 40% of all deliveries are surgical/instrumental in nature immediate postpartum contraceptive intervention would be possible with long acting reversible contraception (LARC), such as the intrauterine device or intrauterine system, inserted before their discharge from hospital. The offer of immediate postpartum intervention would benefit maternity services to reduce future workload and unintended pregnancies amongst women who would struggle to attend the multiple appointments currently needed to access postpartum contraception.

If these recommendations were implemented staff in maternity services would need to be trained. The FSRH advocates additional contraceptive training within obstetrics and midwifery provide LARC methods immediately postpartum. Enabling midwife provision of contraception would also reduce patient waiting times (the midwife would no longer have to wait for a doctor to become available to insert/prescribe the desired contraceptive method) and reduce doctor workloads.

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11 Ibid.
Conclusion

Based on evidence taken from McCance and Cameron’s qualitative study (2014), official CEU postnatal clinical guidance (2009) and figures taken from the FPA’s Unprotected Nation (2013), the FSRH firmly believes that the inclusion of comprehensive information about and clear signposting to postpartum contraception would improve the quality of maternity services and bring significant savings to NHS budgets. Upskilling the maternity workforce to provide immediate LARCs post-pregnancy would drastically improve medical, financial and social outcomes within maternity services.

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