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Abstracts

Stream 9 - Contraception and Fertility Control (FC9)

FC9.001

An evaluation of Post Placental Insertion of intra Uterine Contraception (PPIUC) at elective caesarean section

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Introduction Sexual Health policy in the United Kingdom (UK) recognises that increased uptake of the most effective methods of contraception such as intrauterine contraception (IUC) immediately postpartum could prevent unintended pregnancies and short interpregnancy intervals. The feasibility and acceptability of postplacental insertion of IUC (PPIUC) at elective caesarean section have not yet been evaluated in the UK.
Objective Our objective was to evaluate uptake, complications and women's acceptability of PPIUC at elective caesarean section.
Methods All women scheduled for elective caesarean section in NHS Lothian, Scotland were given written information on postpartum contraceptive methods antenatally. The information indicated that a copper intrauterine device (IUD) or intrauterine system (IUS) could be inserted at caesarean section, if they wished. A sexual and reproductive health (SRH) clinician also contacted women to discuss contraception and facilitate PPIUC if desired. This included the offer of a thread check at 6 weeks, with an ultrasound scan if threads were not visible. At the 6 week follow-up women were asked about their satisfaction with PPIUC.
Results To date (July–December 2015) 516 women were scheduled for elective section and sent information about postpartum contraception. 83 of 516 women (16%) chose PPIUC, which was performed in 77 cases (64 IUS and 13 IUD). So far there have been 6 expulsions, in 4 of these cases women have had or are scheduled to have a second device inserted. There have been 3 removals, one for migraine, one for a perceived effect on milk production and one due to pyrexia (subsequently diagnosed with pyelonephritis). There have been no perforations or cases of pelvic inflammatory disease. Of 46 women who have thus far attended for a 6-week check, threads were visible in 50% of cases (n = 23). Ultrasound confirmed IUC in situ in all cases of missing threads. 7 women (8%) had long threads requiring trimming. Of the 46 women attending the 6 week check, 44 (96%) stated that they were happy or very happy with IUC insertion at caesarean section.
Conclusion PPIUC at elective caesarean section appears to be a popular option for women that is safe and highly acceptable to them. PPIUC at caesarean section could be an important strategy to prevent short interpregnancy intervals and unintended pregnancies in the UK.

FC9.002

Feasibility and acceptability of introducing routine antenatal contraceptive counselling and provision of contraception after delivery: The APPLES (Access to Posta Partum LARC in Edinburgh South) pilot

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Introduction Improved uptake of postpartum contraception, particularly long acting reversible contraception (LARC) has the potential to prevent unintended pregnancies and short inter pregnancy intervals for more women.
Objectives This study aimed to determine the feasibility and acceptability of introducing routine antenatal contraceptive counselling and provision of contraception after delivery (with emphasis on access to LARC), in an area of Edinburgh of mixed deprivation and affluence.
Methods Women in the APPLES pilot (Access to Post Partum LARC in Edinburgh South) had a discussion about planned contraception with the community midwife at their 22-week antenatal visit. Where possible, the chosen method of contraception (documented in antenatal notes) was provided after delivery at discharge from the maternity hospital. Evaluation was conducted by (i) self administered survey of women on their views of the antenatal contraceptive intervention (ii) planned contraception and method provided and (iii) qualitative research with health care professionals and women.
Results There were a total of total of 1369 women in the cohort. Antenatal surveys were distributed to 1003 women and completed by 710 (71%). 78% of respondents had a discussion with the community midwife about contraception and 74% agreed that this was helpful and had been at 'about the right time' during the pregnancy. 43% of respondents were planning to choose a LARC method postpartum. Only 6% of women in the cohort left with a LARC method. Qualitative research indicated that availability of trained contraceptive providers and short hospital stays impacted upon ability to provide LARC for women.

Conclusion Introducing antenatal contraceptive counselling, delivered by community midwives, is feasible and highly acceptable to women. However, providing women's chosen method of contraception, particularly LARC before they are discharged home remains a challenge.

FC9.003

Assessment of the effectiveness of dedicated postpartum IUD inserter in achieving fundal IUD placement

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Introduction Immediate Postpartum IUD (PPIUD) insertion offers a novel and convenient method to address unmet need for contraception. However, for this purpose a dedicated PPIUD inserter is not available and instead, forceps are used. Furthermore the string used in traditional IUD inserters is too short to be visible after PPIUD insertion.
We aimed to assess the safety, effective fundal IUD placement, acceptability (provider satisfaction, consumer comfort) and feasibility of a prototype dedicated PPIUD inserter and to determine client satisfaction and IUD retention at follow-up.
Methods A proof of concept study was conducted at two Indian hospitals (Delhi and Lucknow) after IRB approval. Participants screened/enrolled were from among women who were counselled for family planning adoption by trained counsellors at an ANC visit, who requested PPIUD insertion and met the medical eligibility criteria for immediate PPIUD services. Exclusion criteria were rupture of membranes more than 18 h prior to delivery, diagnosis of chorio-amnionitis at the time of delivery, caesarean cases and post post partum haemorrhage.
Results Out of 80 participants, IUCD was retained in 76% cases, partial expulsion in 10% cases, and complete expulsion in 6% cases and removal in 5% cases. There were no unrecognised expulsions due to 100% follow-up. No safety issues were reported in terms of perforation or insertion related infection.
Overall 100% successful placement of PPIUCD at fundus was observed with 82% of PPIUCD placements at a distance of ≤10 mm from fundus on ultrasonography, >10–20 mm in 12% and in 6% it was placed beyond 20 mm. Average fundo–cervical length was 17.49 cm.
Satisfaction questionnaire administered to participants and providers showed that 91% of participants experienced same or decrease level of pain before and after PPIUCD insertion while 9% had increase in pain. Providers reported that they found 93% cases of insertion to be easy, 2% cases slightly difficult and 5% cases difficult with respect to ease of insertion. Both the providers and the participants were satisfied with the method. Almost all the participants said that they will recommend the method to their friend or relatives.
Conclusion The prototype PPIUD inserter was working as intended. It was easy to use and effectively delivered the IUD to the fundus. It has the potential to simplify PPIUD practices and make them more convenient and acceptable. Following this proof-of-concept study, we are doing RCT a single blinded, non-inferiority, randomised, multi-centre study with conventional forceps insertion technique as the comparator.

FC9.004

Intrauterine contraception: Build your expertise intrauterine contraceptive health Practitioner/ Patient Audit Program

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Introduction Intrauterine contraception (IUC) is a safe and highly effective form of long-acting, reversible contraception (LARC), yet it is under-utilised in Canada, mainly due to misunderstandings about the need, appropriate patient selection, and associated risks. Several myths or misperceptions contribute to the underuse of IUC - the most highly effective and only LARC available in Canada. Thus, additional training and education for practitioners and patients is necessary. Practitioners who build awareness about LARC are better able to provide patients with full and informed choices when addressing contraceptive needs.
Methods The Society of Obstetricians and Gynaecologists of Canada (SOGC) worked with content experts to develop a two-part accredited training program targeted to primary care providers and pharmacists. Part one is an on-line program, designed to educate and create awareness about IUC, and to determine education gaps and requirements. Objectives were to dispel myths, identify appropriate patients, and to counsel patients appropriately. The program is hosted on an online platform.
Part two is a practice assessment that measures and explores the counseling and prescribing habits of physicians relating to intrauterine contraception. An online survey was administered to primary care physicians and 10 patient assessments/physician were performed.
Results Over 3300 primary care providers (n = 1109) and pharmacists (n = 3201) have completed the program to date. Participants reported that access to a provider trained in IUC insertion, cost, debunking premediated myths patient has about IUC, difficulty insertion in nulliparous, patient apprehension and pain were concerns about prescribing IUDs. After completing the online program, both pharmacists and primary care providers felt more comfortable and knowledgeable and would change their

practice around IUC prescribing; they report that they would consider the IUC earlier, consider the IUC for younger patients, were more likely to discuss IUC as the first-line birth control option for all eligible women of child-bearing age, and offer more IUC to the nulliparous population.
The patient assessment revealed that most patients (55%) were between 20 and 30 years old, 49% were nulliparous, 72% were planning on having children in the future, 42% were using oral contraceptives presently and 56% were not satisfied with their current type of birth control. After counselling, patients reported being most comfortable with IUC (57%).
Conclusion The online training program for IUC filled an education need and contributed to primary care providers and pharmacists to change their behaviour and practice around IUC prescribing. Patients also were more comfortable after counselling and most would choose IUC as their method of birth control.

FC9.005
Post termination of pregnancy choice and uptake of long acting reversible contraceptive methods- An Australian Perspective

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Objectives To examine the choice, uptake and immediate provision of long-acting reversible contraceptives (LARC) contraception post termination of pregnancy (TOP).
Methods Cross-sectional study of post TOP contraception choices and uptake in all Marie Stopes International (MSI) clinics across Australia between September and December 2012 under ethics approval granted by the human research ethics committee at The University of Sydney and was in keeping with the guidelines set forth by the National Statement on Ethical Conduct in Research Involving Humans.
Analysis was based on the 6348 women with completed demographic details. The statistical analyses were carried out with SAS 9.3.
Results Only 27.4% chose a LARC method for use after TOP and of those immediate provisions occurred in 71%. Women aged 20–24 years were more likely to choose a LARC method. Also LARC method choice was associated with number of children, with the likelihood of LARC choice increasing with number of children. Immediate insertion occurred more frequently in women aged over 30 compared to younger women and in women who were Australian or African born. Women in the lowest socio-economic quintile were the least likely to get the LARC method inserted. LARC provision occurred more often after surgical abortion.
Conclusion Abortion TOP services recognise the need to ensure women leave their services with reliable contraception. Given the good evidence that LARC provision can reduce the chance of repeat abortion, there needs to be greater emphasis on ensuring that LARC methods are made more accessible and more affordable. This will enable more women to avoid a further unintended pregnancy.

FC9.006
Institutionalisation of immediate postpartum IUD services in Nepal: Initial experience of implementing The Nepal Society of Obstetrics and Gynecology (NESOG) and International Federation of Gynecology and Obstetrics (FIGO) PPIUD project

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Introduction Postpartum family planning (PPFP) services remain low in Nepal with only 9% of women given information or counselling on family planning (FP) during a postpartum checkup and 52% of women having an unmet need for family planning within 24 months postpartum (Nepal Demographic and Health Survey, 2011).
Nepal is one of six countries implementing an initiative on Postpartum IUD led by FIGO and NESOG during 2015–17.
Objective The initiative aims to institutionalise immediate postpartum IUD (PPIUD) services by advocating with health professionals and managers, incorporating PPFP as a routine part of antenatal counselling and delivery room services and providing a 24 h PPIUD service in labor wards and operating theatres.
An independent evaluation of the initiative by Harvard University, in partnership with the Center for Research on Environment Health and Population Activities (CREHPA) aims to assess the impact of programme interventions as well as the safety and effectiveness of PPIUD.
Methods Six health facilities in Nepal are participating with deliveries of between 6000 and 11 000 per year. The hospitals are randomly allocated to Group A or B. Baseline data were collected September to December 2015 in all hospitals. The PPIUD intervention was then implemented in the three Group A facilities. In Group B baseline data collection will continue for 9 months before implementation and they will operate as a control group. Women are interviewed after delivery before discharge to get information about antenatal counselling and PPIUD insertion at baseline.
Interventions include local advocacy, counselling training, PPIUD insertion training and PPIUD promotion. PPIUD is inserted during caesarean section, post placental or within 48 h of delivery.
Results There were 13 239 deliveries in 6 hospitals during the period of baseline data collection. 46% (n = 5972) of women had ANC check up in the same hospital. Only 9% (n = 1100) received counseling on family planning (FP) during pregnancy and 9% (n = 97) of these women had heard about PPIUD. Among them, only 3% gave consent for PPIUD insertion during ANC visits.

Altogether, only 5 women out of 12 664 deliveries received PPIUD. Early implementation has identified a range of challenges to institutionalisation that are being addressed

Conclusion In spite of governmental efforts to deliver PPIUD over the previous 4–5 years, acceptance and provision of PPIUD remains low in large referral hospitals. This initiative must ensure that PPIUD counselling and delivery become part of routine practice.

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