



# The PoCo Study

# OFC2021-117. Postnatal contraception in the North East and North Cumbria: surveying the current landscape to inform policy and research

The PoCo Study: Preliminary Findings

Dr Malcolm Moffat

Honorary Consultant in Public Health/NIHR Doctoral Fellow

Malcolm.Moffat@newcastle.ac.uk







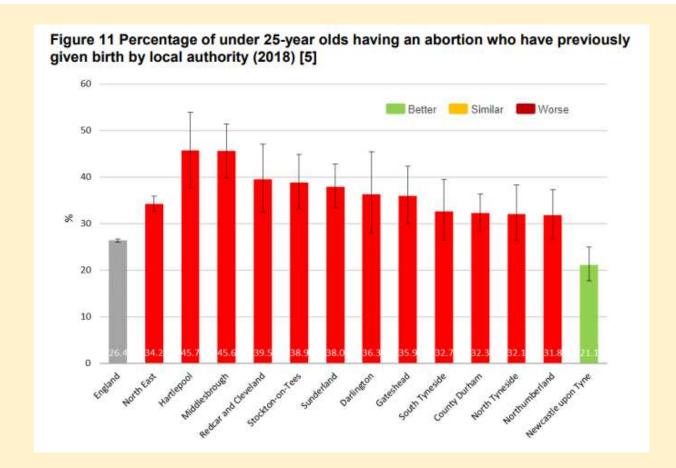
- A third of births and 45% of all pregnancies are unplanned
- Up to 50% of women resume sexual activity within six weeks after childbirth
- Sexual and reproductive health services, including contraception services, are currently very fragmented
- Postnatal contraception has been identified as a research and policy priority

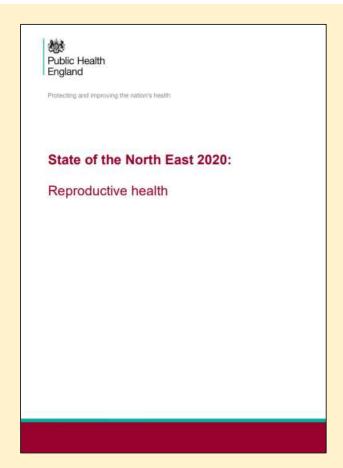


















"Due to the high rate of under 25s having an abortion who have previously given birth in the North East, maternity services, sexual health services and general practices should ensure contraception advice is provided pre, during and post pregnancy, with the full range of contraception made available."









#### • Aim:

 To survey and explore the current provision of postnatal contraception services in the North East and North Cumbria (NENC) through consultation with healthcare professionals and women.

#### Objectives:

- 1. To analyse data returned from the survey to explore service user perspectives on postnatal contraception provision in the NENC region.
- 2. To examine current provision and healthcare professional views on its effectiveness and quality through discussions with core clinical staff involved in the delivery of postnatal contraception (midwives, obstetricians, health visitors, contraception nurses and GPs).
- 3. To explore healthcare professional perspectives on barriers and facilitators to conducting sexual and reproductive health (SRH) research in the postnatal period, and to consider how access to participation in SRH research can be improved for service users and professionals.







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Contraception after you've had a baby in the North East and North Cumbria: The PoCo Study

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Page 1: Welcome

Thank you for taking the time to complete this survey. It should take 20-30 minutes to complete.











NIHR Applied Research Collaboration North East and North Cumbria

Newcastle University







## Partnerships

- Primary care
  - Partner practices
- Secondary care
  - All NHS Foundation Trusts in NENC region (research midwives)
- Local Authority Public Health Teams
- Community and third sector organisations
  - CRN
  - Maternity Voices Partnerships
  - Other groups with links to steering group members







#### Results

- Survey live from December 2022 to April 2023
- More than 2,500 eligible survey responses received
  - Diverse sample by demography and geography
- More than 30 healthcare professional participants
  - Midwives, health visitors, obstetricians, GPs and specialist sexual health doctors/nurses
  - Pragmatic mix of focus groups and interviews







Resumption of sexual activity following delivery							
Less than 1 week later	0.2% (4)						
1 to 4 weeks later	12.1% (302)						
5 to 8 weeks later	34.9% (872)						
More than 8 weeks later	47.5% (1,188)						
Not applicable	5.3% (133)						
Any sexual activity during 8 week postnatal period	47.1% (1,178)						







Any more effective contraceptive-method prescribed/administered during 8-week postnatal period	38.7% (969)
Any long-acting reversible contraception (LARC) prescribed/administered during 8-week postnatal period	15.5% (389)

Able to access preferred contraceptive method during 8-week postnatal period						
Yes	51.7% (1,238)					
No	18.8% (451)					
Not applicable (no preferred method/did not want PNC)	29.5% (706)					







Contraceptive methods utilised during 8-week postnatal period						
Male condom	29.7%					
None	28.9%					
Progestogen-only contraceptive pill (POP)	10.1%					
Contraceptive injection	7.2%					
Combined oral contraceptive pill (COCP)	6.0%					
Contraceptive pill (type unknown)	5.8%					
Contraceptive implant	4.8%					
Lactational Amenorrhoea Method (LAM)	4.1%					
Avoiding penetrative sex	3.4%					
Hormonal coil (intrauterine system: IUS)	2.3%					
Copper coil (intrauterine device: IUD)	1.4%					
Tubal ligation	0.9%					
Male partner vasectomy	0.8%					
Contraceptive patch	0.3%					
Female condom	0.2%					
Vaginal ring	0.1%					







- Significant demographic predictors of uptake of any more effective HCPprescribed PNC:
  - Younger age
  - Living in a more deprived postcode (IMD)
  - Lower educational attainment
  - Lower household income
  - White British ethnicity/born in the UK







- Significant *demographic* predictors of uptake of any more effective HCP-prescribed PNC:
  - Younger age
  - Living in a more deprived postcode (IMD)
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## • Significant demographic predictors of uptake of LARC postnatally:

- Younger age
- Relationship status (unmarried)
- Lower educational attainment
- Lower household income
- Unemployed
- 'Very bad' mental health (self-reported)
- Disability







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	Total Sample	Accessed Contraception Prescribed by a Healthcare Provider in the 8-Wer					Accessed Long-A	cting Reversible	Contraceptive (LA	RC) in 8-Week Po	ostnatal Period
	% (n)	% (n)	OR	95% CI	aOR	95% CI	% (n)	OR	95% CI	aOR	95% CI
Age at time of pregnancy											
19 and under	1.4% (35)	71.4% (25)	ref		ref		51.4% (18)	ref		ref	
20 to 24	11.2% (277)	46.9% (130)	.354*	.164764	.377*	.149952	23.1% (64)	.284*	.138583	.254*	.102633
25 to 29	34.0% (842)	43.0% (362)	.302*	.143636	.429	.171-1.076	17.3% (146)	.198*	.100394	.211*	.084526
30 to 34	39.1% (968)	35.0% (339)	.216*	.102454	.356*	.140940	12.9% (125)	.140*	.070279	.162*	.063416
35 to 39	12.9% (320)	31.3% (100)	.182*	.084393	.292*	.111770	10.3% (33)	.109*	.051231	.119*	.043330
40 and over	1.4% (36)	19.4% (7)	.097*	.032291	.144*	.038554	5.6% (2)	.056*	.012268	.064*	.011373







- Significant pregnancy-related predictors of uptake of any more effective HCP-prescribed PNC:
  - Grand multiparity
  - Mode of delivery (C-section)
  - Pregnancy intention: unplanned/ambivalent
  - No breastfeeding
  - Gestational Diabetes
  - Postnatal depression







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- Significant pregnancy-related predictors of uptake of LARC postnatally:
  - Grand multiparity
  - History of abortion
  - Pregnancy intention: unplanned/ambivalent
  - No breastfeeding
  - Gestational Diabetes
  - Postnatal depression







- Significant *pregnancy-related* predictors of uptake of LARC postnatally:
  - Grand multiparity
  - History of abortion
  - Pregnancy intention: unplanned/ambivalent
  - No breastfeeding
  - Gestational Diabetes
  - Postnatal depression







## Tentative interpretation of findings:

- PNC uptake is low and there is unmet need
- Demographic and pregnancy-related characteristics are relatively weak predictors of PNC uptake, but age and pregnancy intention appear to be important
- Some evidence of targeted, high-risk approach to provision groups most likely to have an unplanned pregnancy and to be at greatest risk of harm are more likely to access reliable PNC in NENC
  - In keeping with qual findings







### Next steps...

- Healthcare-related predictors of PNC uptake, across the pregnancy/postnatal pathway
- Analyses relating to populations of interest
  - Breastfeeding, GDM, sexual orientation...
- Thematic analysis of HCP focus groups/interviews
- Content/thematic analysis of open-ended survey responses
- Implementation working with practice partners







https://www.eventbrite.co.uk/e/postnatal-contraception-in-the-north-east-and-north-cumbria-the-poco-study-tickets-630771603847



Postnatal contraception in the North East and North Cumbria: the PoCo Study

Sharing the findings of the PoCo Study and charting a way forward to better, more responsive postnatal contraception care in our region.

www.eventbrite.co.uk

#### **Dissemination Event:**

Wednesday 12<sup>th</sup> July, 09:30-16:00 The Catalyst, Helix Site, Newcastle Register at Eventbrite





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