

# POSTPARTUM CONTRACEPTION IN AUSTRALIA

## Risks of closely spaced and/or unintended pregnancies

▶ Closely spaced pregnancies are associated with **greater risk** of poor pregnancy outcomes, obstetric complications, stillbirth, preterm birth, neonatal mortality<sup>1-4</sup>

▶ Closely spaced and unintended pregnancies place **physical, social, mental and financial burdens** on women and families<sup>4-11</sup>



## Recommendations for pregnancy spacing



International guidelines recommend **12-18 months** between birth and next pregnancy<sup>12,13</sup>

Prioritising antenatal and postnatal contraception education supports pregnancy planning and spacing<sup>14-19</sup>



## Why is postpartum contraception important?

Those not exclusively breastfeeding or using contraception can conceive again as early as



**21 days postpartum**<sup>20</sup>

Access to contraception information and services during pregnancy and postnatally is essential for<sup>20,24,25</sup>

- ✓ Informed decision-making
- ✓ Pregnancy planning and optimal spacing
- ✓ Access to most effective contraception methods
- ✓ Achieving reproductive goals

Postpartum contraception delivers **high return on investment** by preventing unintended pregnancies and improving health outcomes<sup>21-23</sup>



Immediate postpartum contraception implant and IUD provision offers the

**GREATEST COST SAVINGS**

by reducing short-interval pregnancies and related healthcare costs<sup>23</sup>

In the UK, providing contraception in maternity settings

**RETURNS £32**

for every

**£1 INVESTED**<sup>21</sup>

In Scotland, immediate postpartum IUD insertion saves up to

**£133 (caesarean) and £100 (vaginal)**

per patient compared to delayed insertion<sup>26</sup>

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## What is happening in Australia?

**6.5  
million**

women of  
reproductive age,  
15-49 years<sup>27</sup>

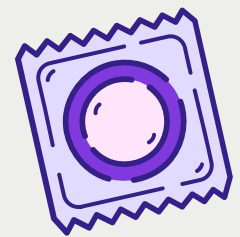
By eight weeks postpartum

**60%**

of women have resumed vaginal sex<sup>28</sup>

Women are not commonly advised about fertility return, optimal birth spacing, or safety and efficacy of contraception postnatally<sup>5,29</sup>

Contraception is often not discussed or provided during pregnancy, in hospital, or at 6-week postnatal check<sup>30-33</sup>



The most common contraception after birth is **condoms** or **no contraception**<sup>34,35</sup>

**20%**

of women fall pregnant again within **12 months** of birth<sup>5</sup>

**40%**

of women fall pregnant again within **18 months** of birth<sup>36</sup>



Few women (<7.5%) find inter-pregnancy intervals of **<12 months ideal**<sup>5,6,29</sup>

Australia lacks **national, Australian-specific guidelines** for postpartum contraception<sup>38,39</sup>

**Lack of clarity around maternity providers' roles and responsibilities** for postpartum contraception counselling and care<sup>14,40</sup>

Postpartum women **NEED AND WANT**

better access to contraception information and services<sup>30,31,37</sup>

# POSTPARTUM CONTRACEPTION IN AUSTRALIA

## Role of midwives in postpartum contraception care

International guidelines recommend

### INTEGRATING CONTRACEPTION

into maternity care pathways<sup>20,24,41,42</sup>

#### Midwives in Australia:

- Care for the majority of women during pregnancy, birth and postnatally<sup>38,43</sup>
- Are the lead carers in half of pregnancies<sup>43</sup>
- Provide postnatal home visits to most women<sup>43</sup>

Midwives are **well-placed** to provide postpartum contraception care<sup>44</sup>

Long-acting reversible contraception (LARC) provision, including IUDs and implants, is within midwives

**scope of practice**<sup>46,47</sup>

Midwife-led contraception care models have **INCREASED ACCESS** to contraception internationally<sup>46-48</sup>



Task-sharing contraception services with midwives is acceptable to women, midwives, stakeholders<sup>44,47,48</sup>

## However...

Contraception is **not routinely** embedded in most Australian hospital postnatal care

Only  
**33%**

of midwives feel comfortable providing education on IUDs<sup>49</sup>

Less than  
**50%**

of midwives feel comfortable providing education on the contraception implant<sup>49</sup>

Only  
**14%**

of midwives have had training relating to contraception or family planning<sup>14</sup>

Barriers to midwife provision of postpartum contraception include<sup>34,48,49</sup>



Unclear role boundaries



Lack of training



Fragmented care pathways



Time constraints



Often limited availability of contraceptive implants or IUDs

# POSTPARTUM CONTRACEPTION IN AUSTRALIA

## Role of general practitioners in postpartum contraception care

GPs are the primary providers of ongoing postpartum care in Australia



GPs view their

**SCOPE**

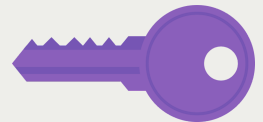


as providing comprehensive, ongoing reproductive health care, including contraception<sup>33,50</sup>



GPs are **well-placed** to provide postpartum contraception care<sup>33</sup>

GPs typically deliver the routine 6-week postnatal check which is a **key opportunity** for contraception discussions<sup>30,31,33,51</sup>



## However...



Contraception is **not routinely discussed** at the 6-week postnatal check<sup>30-33</sup>



Limited access to training and support reduces GPs' capacity to provide long-acting reversible contraception (LARC)<sup>35,52-57</sup>

Barriers to GP delivery of postpartum contraception care relate to<sup>35,50,58</sup>



Time constraints



Poor financial remuneration



Limited access to training



No guidelines

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