

Postnatal contraception

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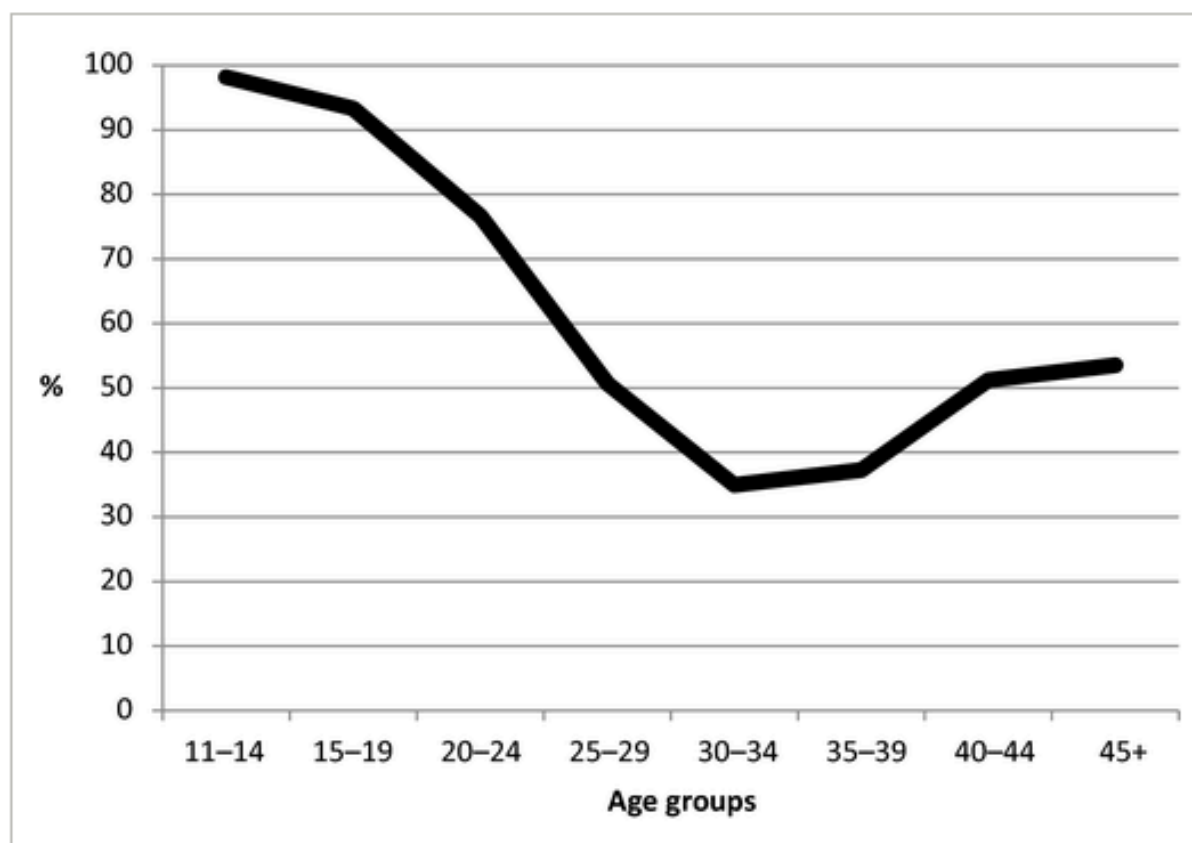
What is it?

- Contraception after childbirth
- Can be initiated straight away depending on method
- Should be initiated by D21

Why is it important?

- Short inter pregnancy interval has risks for mother and baby
- SGA babies, preterm birth
- Maternal mental health
- Unplanned pregnancy risks
- 53% of all pregnancies in NZ are unplanned

Unplanned pregnancy in New Zealand

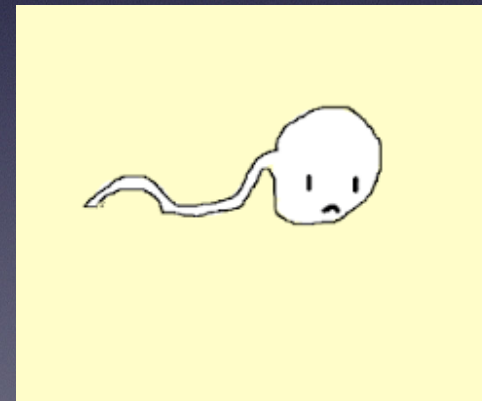


Who should offer it?

- Anyone involved in the care of pregnant women - midwife, GP, obstetrician, practice nurse
- Information in standard pregnancy pack
- 28 week visit discussion
- Ideally there should be a plan in place before the woman gives birth and definitely by the time she leaves the maternity unit
- Some midwives may be able to offer LARC procedures
- If you can't offer LARC, be aware of local referral pathway
- Have up to date information including written information

What are the options?

- Lactational amenorrhoea method
- POP
- Condoms
- OCP
- Depo Provera
- Jadelle
- Copper IUD
- Mirena IUS



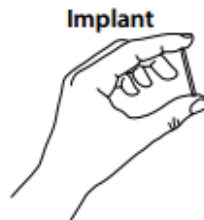
Effectiveness of Contraceptive Methods

More Effective
↑
Less than 1 pregnancy per 100 women in a year

6-12 pregnancies per 100 women in a year

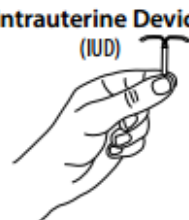
18 or more pregnancies per 100 women in a year

Less Effective
↓



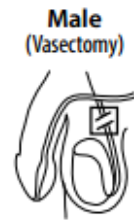
Implant

0.05 %*



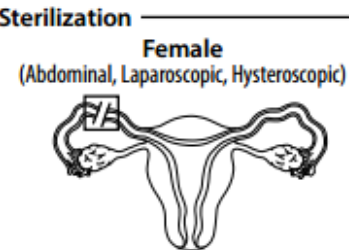
Intrauterine Device (IUD)

LNG - 0.2 % CopperT - 0.8 %



Male (Vasectomy)

0.15 %



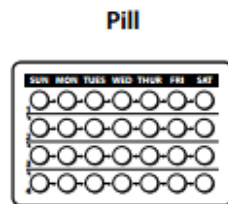
Female (Abdominal, Laparoscopic, Hysteroscopic)

0.5 %



Injectable

6 %



Pill

9 %



Patch

9 %



Ring

9 %



Diaphragm

12 %



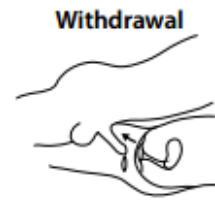
Male Condom

18 %



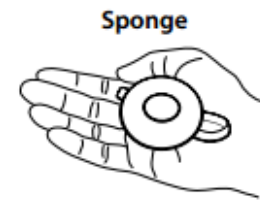
Female Condom

21 %



Withdrawal

22 %



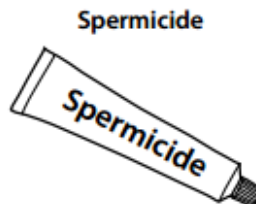
Sponge

24 % parous women
12 % nulliparous women



Fertility-Awareness Based Methods

24 %



Spermicide

28 %

How to make your method most effective

After procedure, little or nothing to do or remember.

Vasectomy and hysteroscopic sterilization: Use another method for first 3 months.

Injectable: Get repeat injections on time.

Pills: Take a pill each day.

Patch, Ring: Keep in place, change on time.

Diaphragm: Use correctly every time you have sex.

Condoms, sponge, withdrawal, spermicides: Use correctly every time you have sex.

Fertility awareness-based methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be the easiest to use and consequently more effective.

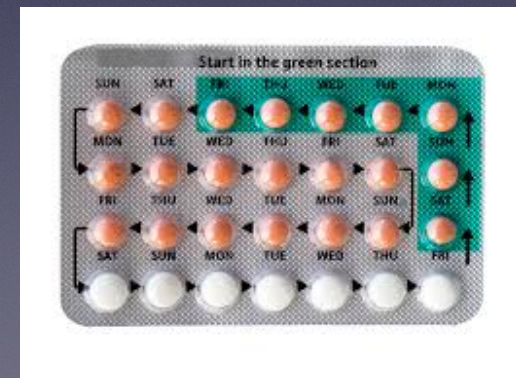
* The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method.

When can they be started?

- Straight after delivery:
- POP
- Depo Provera
- Jadelle
- LAM
- Copper IUD/IUS (up to 48 hours, and then after 4w)

OCP after childbirth

- Can be started after 6 weeks whether BF or not
- This relates to the VTE risk rather than anything to do with breastfeeding



UK MEC

Condition	Cu-IUD	LNG-IUS	IMP	DMPA	POP	CHC
Postpartum (in breastfeeding women)						
a) 0 to <6 weeks	See below		1	2	1	4
b) ≥6 weeks to <6 months (primarily breastfeeding)			1	1	1	2
c) ≥6 months			1	1	1	1
Postpartum (in non-breastfeeding women)						
a) 0 to <3 weeks	See below					
(i) With other risk factors for VTE*			1	2	1	4
(ii) Without other risk factors			1	2	1	3
b) 3 to <6 weeks						
(i) With other risk factors for VTE*			1	2	1	3
(ii) Without other risk factors			1	1	1	2
c) ≥6 weeks			1	1	1	1
Postpartum (in breastfeeding or non-breastfeeding women, including post-caesarean section)						
a) 0 to <48 hours	1	1	See above			
b) 48 hours to <4 weeks	3	3				
c) ≥4 weeks	1	1				
d) Postpartum sepsis	4	4				

* In the presence of other risk factors for VTE, including immobility, transfusion at delivery, body mass index ≥30 kg/m², postpartum haemorrhage, post-caesarean delivery, pre-eclampsia or smoking, use of CHC may pose an additional increased risk for VTE.

What's the situation in Auckland?

- Patchy
- Family Planning does not cover the whole of Auckland & has waiting lists
- Each DHB does things differently - CMDHB / ADHB/ ?Waitemata DHB
- Each PHO does things differently - ProCare, AH+, Easthealth, Auckland PHO....
- No standardised training pathway exists - many GPs not trained; May be trained in some procedures and not others - where is the information? How do you find out?

What is going on in Auckland?

- CMDHB -

- Postnatal LARC on the ward
- POAC subsidy to credentialed GPs offering LARC in the community
- Nurse led clinic at Manukau (MSC)
- Mangere contraception clinic since October 2018

- ADHB-

- Postnatal LARC on the ward
- Postnatal Jadelle clinic at Greenlane
- Future: Glen Innes Clinic

What is working?

- Jadelle on the ward - adequate counselling? Is this the right time?
- MSC and GP surgery LARC clinics - high rates DNA (up to 50%)
- Mangere - 2 month waiting list after 6 months in operation
- First 100 women seen at the clinic: 46 Jadelle, 12 Mirena, 14 IUCD, 10 Jadelle removal
- 49% Pasifika, 24% Maori, 10% Indian, 5% European, 4% Asian
- 89% Q4/5
- 19% DNA
- Majority of women coming to the clinic are not using contraception
- 2 women were already pregnant by the time they came to the clinic after referral
- Please offer **bridging contraception** when referring for a LARC

Contact details on Healthpoint



Counties Manukau Health - Mangere Hub Contraception Clinic
PUBLIC SERVICE

Contact Details

10 WADDON PLACE, MANGERE, AUCKLAND
South Auckland

PHONE (09) 259 3826
MOBILE 021 190 8575

WEBSITE
www.countiesmanukau.health.nz

To book appointments please call:
(09) 259 3826

If you have any questions regarding services or the clinic please call 021 190 8574



CLINICAL INFORMATION

General

- [Referral Contact Details](#)

CLOSED TODAY.

Women need to be empowered to make a choice regarding their fertility.

The Mangere Hub Contraception Clinic provides funded contraception services including:

- Oral and injectable contraception
- Jadelle insertion and removal
- IUCD insertion and removal
- Pregnancy testing
- Emergency contraception

Women can make an appointment or just walk in.

Open Thursdays 1-4.30

Care with LARC counselling

- Removal is not under the woman's control
- May not be straightforward, and there may be a cost involved
- Comprehensive counselling increases satisfaction & continuation
- Bleeding with Jadelle: know the stats




Bleeding with Jadelle

- 20% amenorrhoea
- 30% infrequent spotting
- 10% frequent spotting
- 20% prolonged bleeding
- Seek advice early



Education

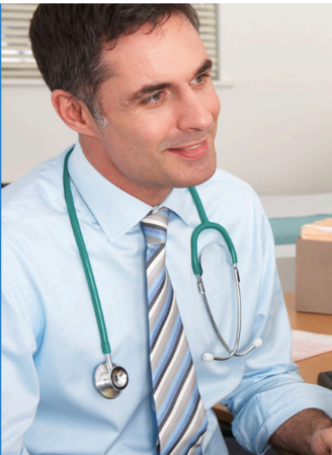
www.goodfellowunit.org

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unit**

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Continuing Professional Development

general practice and primary health care



Intrauterine contraceptive devices

Programme: Medical Practitioner
Nurse
Nurse Practitioner
Year: 2017
Price: FREE

Welcome

IUCDs (intrauterine contraceptive devices) are forms of long acting reversible contraception (LARC). They have low failure rates and are cost effective even after the first year of use (Long-acting reversible contraception NICE Guideline 2014). They may be non hormonal (Copper IUD) or hormonal, containing levonorgestrel (Mirena, Jaydess).

By the end of this short course you will be able to:

- Assess and advise women who wish to use an IUCD either short term (emergency contraception) or longer term.
- Describe their mode of action and efficacy.
- Demonstrate familiarity with the UK MEC (Medical Eligibility Criteria) for use.
- Discuss appropriate screening eg swabs.
- Describe the timing of insertion & removal.
- Discuss equipment and insertion technique.
- Describe management of medical emergencies eg. uterine perforation, cervical shock.
- Decide on appropriate follow up and management of side effects and complications.

Welcome

Jadelle® is a long-acting reversible contraception (LARC) initially approved for use in the US in 1996. Jadelle® is now approved in more than 44 countries and used by more than 3 million women worldwide.

By the end of the course you will be able to:

- Advise women and men requesting contraception and enable them to make informed choices about managing their fertility.
- Appropriately consult with and assess women who wish to use the Jadelle® implant.
- Understand the composition and pharmacokinetics of the Jadelle® implant and potential drug interactions.
- Explain the indications and contraindications, medical eligibility criteria, advantages and disadvantages, side effects and complications of Jadelle® implant use.
- Understand the mode of action and contraceptive efficacy of implants.
- Manage side effects of Jadelle® including bleeding problems.
- Describe the management of an impalpable implant.

Certification

Once you have completed this short course and quiz, please click 'submit' where you will be taken to the results page. From here you can print your certificate for 2 hours of Continuing Professional Development points.

Training

- Not just 'see one do one teach one'
- Structured programme - theory, model training, live patient training
- Ongoing - minimum number of procedures over a credentialing cycle
- Same for all practitioners - nurse, midwife, doctor - though some may need Jadelle insertion training only (EDU, postnatal ward)
- Training 'hubs' - guaranteed to observe procedures + counselling
- CME

Why credentialing?

credentialing

[kriden'shəling]

examination and review of the credentials of individuals meeting a set of educational or occupational criteria and therefore being licensed in their field. Strict credentialing is required by both hospital and managed care accreditation bodies. The process is conducted periodically because of the responsibility of the organization for any claims of malpractice by its staff. See also [certify](#).

"CITE"  Mosby's Medical Dictionary, 9th edition. © 2009, Elsevier.

- Thankyou



BEDSIDER

birth control methods

where to get it

reminders

features

questions


Q search


METHOD EXPLORER /

★
most effective

party ready

STI prevention

 *hormone free*

 *easy to hide*

do me now



[share this /](#)



What is all this stuff?

The explorer is a place to learn about all your birth control options. We cover every available method, from the IUD (and others on our most effective list) to condoms, the pill, the patch, and more. Click on any method for more details. Want a more apples-to-apples way to compare? [View a side-by-side comparison.](#)

