NICE National Institute for Health and Care Excellence

Contraception

Quality standard

QS129

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Quality statement 4: Contraception after childbirth

Quality statement

Women who give birth are given information about, and offered a choice of, all contraceptive methods by their midwife.

Rationale

Supporting women to make an informed choice about contraception after childbirth will reduce the risk of future unplanned pregnancies. Advice and information should be given as soon as possible after delivery, and within the first week, because fertility may return quickly, including in women who are breastfeeding. Providing advice about contraception after childbirth also helps avoid the risk of complications associated with an interpregnancy interval of less than 12 months.

Quality measures

Structure

a) Evidence of local processes to ensure that women who give birth are given information about all contraceptive methods by their midwife within 7 days of delivery.

Data source: Local data collection.

b) Evidence of local processes and referral pathways to ensure that women who give birth are offered a choice of all contraceptive methods by their midwife within 7 days of delivery.

Data source: Local data collection.

Process

a) Proportion of women who give birth who are given information about all contraceptive methods by their midwife within 7 days of delivery.

Numerator – the number in the denominator who are given information about all contraceptive methods by their midwife within 7 days of delivery.

Denominator – the number of women who give birth.

Data source: Local data collection.

b) Proportion of women who give birth who are offered a choice of all contraceptive methods by their midwife within 7 days of delivery.

Numerator – the number in the denominator who are offered a choice of all contraceptive methods by their midwife within 7 days of delivery.

Denominator – the number of women who give birth.

Data source: Local data collection.

Outcome

a) Satisfaction with advice about contraceptive methods after childbirth.

Data source: Local data collection

b) Contraception uptake rates in women who have given birth.

Data source: Local data collection.

c) Women who have a short interpregnancy interval.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (secondary care and community maternity services) establish protocols to ensure that midwives give women information about all contraceptive methods and offer them a choice of all methods, as soon as possible and within 7 days of delivery. Service providers ensure women are referred to a contraceptive service if their chosen contraceptive cannot be provided immediately.

Healthcare practitioners (midwives) give women information about and offer them a choice of all contraceptive methods, as soon as possible and within 7 days of delivery. Midwives refer women to a contraceptive service if their chosen contraceptive cannot be provided immediately.

Commissioners (clinical commissioning groups) ensure that maternity services give women information about and offer them a choice of all contraceptive methods as soon as possible and within 7 days of delivery, and refer them to a contraceptive service if contraception cannot be provided immediately.

Women who give birth are offered a choice of all contraceptive methods and given the information they need to decide which method is suitable for them by their midwife. This happens within a week of delivery. The midwife tells them how to get their chosen contraceptive.

Source guidance

- Contraceptive services for under 25s. NICE guideline PH51 (https://www.nice.org.uk/guidance/ph51) (2014), recommendation 6
- Contraception after pregnancy. Faculty of Sexual and Reproductive Healthcare guideline (https://www.fsrh.org/standards-and-guidance/documents/contraception-after-pregnancy-guideline-january-2017/) (2017), section 2.1.1

Definitions of terms used in this quality statement

Information about contraceptive methods

This information covers all contraceptive methods and includes:

- how the method works
- how to use it
- how it is administered
- insertion and removal (for implants and intrauterine devices)
- suitability
- how long it can be used for
- risks and possible side effects

- failure rate
- non-contraceptive benefits
- when to seek help.

[Adapted from NICE's guideline on long-acting reversible contraception (https://www.nice.org.uk/guidance/cg30) and expert opinion]

All contraceptive methods

This quality standard focuses on all methods of contraception. These are divided into 3 groups:

Long-acting reversible contraceptives that need administration less than once per month. These are:

- contraceptive implant
- contraceptive injection
- intrauterine system (IUS)
- intrauterine device (IUD).

[Adapted from NICE's guideline on long-acting reversible contraception (https://www.nice.org.uk/guidance/cg30)]

Methods that depend on the person remembering to take or use them. These include:

- combined vaginal ring
- combined transdermal patch
- combined oral contraception
- progestogen-only pill
- male condom

- female condom
- diaphragm or cap with spermicide
- fertility awareness.

Permanent methods of contraception. These are:

- vasectomy
- female sterilisation.

[Adapted from the Faculty of Sexual and Reproductive Healthcare guidelines on barrier methods for contraception and STI prevention (https://www.fsrh.org/standards-and-guidance/documents/ceuguidancebarriermethodscontraceptionsdi/), fertility awareness methods (https://www.fsrh.org/standards-and-guidance/documents/ceuguidancefertilityawarenessmethods/), progestogen-only pills (https://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-pop-mar-2015/) and combined hormonal contraception (https://www.fsrh.org/standards-and-guidance/documents/combined-hormonal-contraception/)]

Equality and diversity considerations

Age, religion and culture may affect which contraceptive methods the woman considers suitable. When discussing contraception healthcare practitioners should give information about all methods and allow the woman to choose the method that suits her best.

If a healthcare practitioner's beliefs do not let them supply contraception, they should ensure that the woman can see another practitioner as soon as possible.