2019

Postpartum Family Planning: Increasing awareness among patients of the health benefits of spacing pregnancies and options for postpartum birth control

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Postpartum Family Planning:

Increasing awareness among patients of the health benefits of spacing pregnancies and options for postpartum birth control

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PROJECT MENTORS: MELISA GIBSON, MD
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Problem Identification

- Short interval pregnancies increase health complications for mothers and infants (Shachar & Lyell, 2019).
  - For mothers, increased risk of anemia in pregnancy and uterine rupture if attempting VBAC
  - For infants, increased risk of preterm birth, low birth weight, and stillbirth
- ACOG recommends an interval of **at least 6 months** between pregnancies
- Short interval pregnancies are more likely to be unintended (Gemmill & Lindberg, 2013), particularly among certain populations of women (younger, economically disadvantaged).
  - HOWEVER, providers should avoid assuming that short interval pregnancies are unplanned or unwanted.

Goal: Support women in family planning while acknowledging that decisions are shaped by personal experiences and cultural context.

Public Health Costs

- In 2018, the rate of preterm birth Chittenden county was 8.2% of live births- increased from previous year (Premature Birth Report Card, *March of Dimes*)
- Preterm birth is associated with increased healthcare costs from both inpatient stays and healthcare visits throughout infants' first year of life
- Annual cost of **preterm** birth in U.S. in 2005: **$32,325**
- Annual cost of **term** birth in U.S. in 2005: **$3,325**

Takeaway: Interventions that promote healthy pregnancy outcomes may reduce healthcare costs.

Community perspective

Clinicians perspective on misconceptions about postpartum fertility:

"I always tell women that you ovulate before you get your period, so if you're waiting for your period to return before you start birth control… that might be a mistake."

-Dr. Gibson, Milton Family Practice

"I think [the idea that] you can't get pregnant while breastfeeding is a common one."

-Dr. Heath, Community Health Centers of Burlington

Intervention and Methodology

- Pamphlet (see next slide)
  - Contained information on 3 main topics:
    - Return of fertility postpartum
    - Health benefits of spacing out pregnancies for both mom and baby
    - Postpartum birth control options

5B

What about breastfeeding as birth control?

Breastfeeding can be effective for birth control, but only if the following conditions are met:

- Nursing every 6 hours during the day, every 4 hours at night
- Less than 6 months postpartum and period has not returned

Pumping, introducing solid foods, and your baby sleeping for longer stretches at night can all make breastfeeding less effective as birth control.

While breastfeeding has many other health benefits for both mom and baby, many women chose to start an additional contraceptive method in the postpartum period.

Have questions?

Ask your healthcare provider, and check out the following websites:

- **Planned Parenthood**
- **ACOG- Postpartum Birth Control**
- **KellyMom**
- **La Leche League**

Postpartum Family Planning

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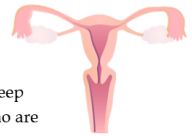
Cultural beliefs, personal experiences with pregnancy and parenting, finances and life goals are just a few things women consider when making decisions about family size. Know the facts about postpartum fertility so that you can chose what's right for you.

When will my period return?



The timing of the first postpartum period varies from woman to woman. Prolactin, the hormone responsible for milk production, can keep ovulation from occuring in women who are exclusively breastfeeding.

Breastfeeding: Among women who are breastfeeding, the timing of the first postpartum period can vary. One study found the median time to first period was 7 months postpartum.

Not breastfeeding: Women who are not breastfeeding can expect their period to return 6-8 weeks postpartum.

What are the health benefits of spacing out pregnancies?

The American College of Obstetricians and Gynecologists (ACOG) recommends at minimum waiting **6 months** postpartum before becoming pregnant again. Waiting **18-24 months** may be even better. A short time in between pregnancies is associated with health complications.

For mom:	For baby:
• Anemia • Uterine rupture if attempting VBAC	• Low birth weight • Preterm birth • Stillbirth

What are my birth control options?

For most women, all types of birth control are an option. Some types of birth control can be started immediately after delivery in the hospital. For others, it is best to wait until the 6-week postpartum visit.

Options that contain estrogen (combined birth control pill, patch, ring) may affect milk supply, so for women who plan to breastfeed it is often best to wait to start those options until supply is established (around 6 weeks).

Longest-acting: IUDs (3-10 years), implant (3 years)

Able to start immediately after delivery: IUD, implant, shot (Depo-Provera), progesterone-only pill (mini-pill).

Even though IUDs and implants last for years, they are quick and typically easy to remove if your family plans change.

Effectiveness:

- **99%** IUD (copper or hormonal), implant (Nexplanon)
- **94%** Shot (Depo-Provera)
- **91%** Pills (combined or progesterone-only), patch, ring
- **85%** Condoms

Results/Response

- Response from providers at Milton Family Practice was enthusiastic
  - Felt that having informational materials available for patients would be useful, especially if a follow-up conversation about birth control would take place at a later visit.
  - Options for distribution include individual distribution by providers to patients, having pamphlets available in the waiting room, or having a copy of the pamphlet displayed on the bulletin board in exam rooms.

Evaluation of Effectiveness and Limitations

- **Evaluation of effectiveness:**
  - Pamphlet effectiveness could most directly be assessed by administering a follow-up survey to those who received the information at one of their antenatal visits. Questions could include whether the pamphlet provided them with new information, and whether this information influenced their plans for future pregnancies.
- **Limitations of intervention:**
  - Does not replace a conversation between patient and provider about family planning
  - Importance of a shared decision-making framework
    - "When engaging in shared decision making regarding contraceptive use, obstetrician–gynecologists should be aware of and address their own biases, work to empower patients, and strive for equitable outcomes for all patients regardless of age, race or ethnicity, class, or socioeconomic status."

-ACOG Committee Opinion #699

Future Directions

- A more structured needs assessment involving interviews with pregnant patients
  - Could formally assess understanding of fertility postpartum, plan for contraception and factors that influence contraceptive method choice.
- Exploration of how cultural beliefs and values surrounding family planning differ among VT populations, including refugee and socioeconomically disadvantaged groups.
  - Could be made into an educational session for providers to increase cultural competency.

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Consents for Interviews

Written Project:

Students are required to submit a 10-slide PowerPoint summarizing their community project at the end of their clerkship. The titles of the slides are pre-set, please see #4. The first nine slides should summarize the community project and should be uploaded to ScholarWorks separately from page 10.

Slide 10 will state the following:

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.

Consented __X___

Name: _____Lincoln Heath, MD_____

Written Project:

Students are required to submit a 10-slide PowerPoint summarizing their community project at the end of their clerkship. The titles of the slides are pre-set, please see #4. The first nine slides should summarize the community project and should be uploaded to ScholarWorks separately from page 10.

Slide 10 will state the following:

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.

Consented __x___

Name: _____Melisa Gibson, MD

Thank you to both Dr. Heath and Dr. Gibson for their insights!