SHORT REPORT

Informed choice — the timing of postpartum contraceptive initiation

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Background. In South Africa injectable progestogen-only contraceptives (IPC) are typically administered to women immediately after delivery. Several guidelines advise that breast-feeding women should not commence IPC until 6 weeks postpartum on the basis of theoretical risks to the infant.

Objective. We examined women's preferences regarding timing of postpartum IPC initiation, as well as women's contraceptive and breast-feeding behaviours and pregnancy risk in the early postpartum period.

Design and data collection. A cross-sectional study was conducted among 200 antenatal clinic (ANC) attendees and 180 mothers attending a child health clinic (CHC). At the ANC, women were given information on the theoretical risks of IPC and re-interviewed about their postpartum contraceptive intentions.

Results. Most ANC women planned to use IPCs (92%) and to breast-feed (98%) after delivery. Most CHC mothers had used IPCs (91%) and had breast-fed (83%) after delivery. When women at the ANC were provided with appropriate information they made decisions about when to initiate IPC by balancing the theoretical risks of IPC to their infant against their personal risk of pregnancy and ability to return to a clinic in the early postpartum period.

Conclusion. It is important to include informed choice in postpartum IPC initiation guidelines.

S Afr Med J 2003; **93**: 862-864.

In South Africa's public sector maternity services injectable progestogen-only contraceptives (IPCs) are typically administered immediately after delivery to women choosing to use these methods. The 1999 draft South African National Contraceptive Guidelines[1] advised that breast-feeding women should not commence IPCs until 6 weeks postpartum. This recommendation was based on international guidelines[2,3] resulting from theoretical concerns about the effects on early infant development of small amounts of progestins in breast-milk.[4] The recommended delay must, however, be balanced against both the mother's risk of pregnancy in the early postpartum period and her ability to return to a clinic that provides family planning services at 6 weeks post-delivery to initiate a method. To better understand women's perspectives on this risk-benefit balance, this study was commissioned by the Provincial Administration of the Western Cape Reproductive Health Programme. We examined contraceptive behaviours and pregnancy risk in the early postpartum period, feasibility of delaying IPC initiation, and knowledge of the lactational amenorrhoea method (LAM) of contraception.

Methods

During 2001 we conducted a cross-sectional survey among pregnant women attending an antenatal clinic (ANC) and women less than 6 weeks postpartum attending a child health clinic (CHC) in Kayamandi, a peri-urban settlement in the Western Cape. The survey was designed to document women's postpartum contraceptive and breast-feeding intentions (ANC sample) and postpartum contraceptive use, breast-feeding practices and sexual activity (CHC sample), as well as health care provider practices regarding the administration of contraceptives postpartum.

A sample of consecutive women attending an ANC and a convenience sample of women attending a CHC were recruited. Consenting women were interviewed in their home language using a structured questionnaire. Interviews assessed postpartum intentions and/or practices regarding contraception, breast-feeding and sexual activity.

After the initial interview, women at the ANC were read the following information and re-interviewed about their postpartum contraceptive intentions: 'Usually mothers who have just had a child get a contraceptive injection a few hours after delivery. Some people now suggest that she should wait

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until 6 weeks after delivery because small amounts of the hormone can reach the baby through breast-milk. Some people worry about how this might affect the newborn baby. But, no harmful effects of the hormone on the baby have been found.'

Data were analysed using Epi Info 6.04 (Atlanta, USA). The study was approved by the University of Cape Town Research Ethics Committee and the local health authority.

Results

A total of 380 women participated; 200 pregnant women from the ANC and 180 recently delivered mothers from the CHC. Table I presents characteristics of each sample.

Contraceptive intentions and practices

All women interviewed at the ANC (N = 199, 99.5%) intended to use contraception after delivery, with 92% (N = 183) planning to use IPCs. Most women who planned to use IPCs preferred to receive these immediately postpartum (N = 153/183, 84%). Of the 180 postpartum mothers interviewed at the CHC, 94% (N = 169) had used contraception after delivery, with most of these (N = 163/169, 96%) having used IPCs.

Table I. Selected demographic characteristics and postpartum intentions and practices among women recruited from an antenatal clinic (ANC) and a child health clinic (CHC)

	Antenatal clinic (ANC) (N = 200)	Child health clinic (CHC) (N = 180)
Characteristic	N (%)	N (%)
Age, median (range)	25.0 (14 - 44)	25.0 (16 - 40)
Education		
None or primary	21 (10.5)	13 (7)
Secondary or higher	179 (89.5)	167 (93)
Relationship status		
No partner	2 (1)	4 (2)
Partner, not cohabiting	104 (52)	99 (55)
Partner, cohabiting	94 (47)	77 (43)
Knowledge of effectiveness of LAM for birth control		
Not effective	115 (58)	97 (54)
Effective	63 (32)	58 (32)
Don't know of method	22 (11)	25 (14)
Postpartum intentions at ANC		
Plans to use contraception		
None	1 (0.5)	–
IPC	183 (92)	–
Other	16 (8)	
Plans to breast-feed	195 (98)	–
Postpartum practices at CHC		
Contraceptive use		
None	–	11 (6)
IPC		163 (91)
Other		6 (3)
Breast-fed infants during 6 weeks postpartum		
No		30 (17)
Yes, not exclusive	–	140 (78)
Yes, exclusive		10 (6)
Had sexual intercourse during 6 weeks postpartum	–	39 (22)
Postpartum contraceptive intentions before and after informational intervention at ANC		
Before information, planning to use IPC	183 (92)	–
Before information, prefers to start IPC immediately postpartum	153 (84)	–
After information, planning to use IPC	183 (91.5)	–
After information, prefers to start IPC immediately postpartum	21 (11)	–

Nearly all postpartum IPC users at the CHC had received IPCs immediately after delivery (N = 157/169, 93%).

Breast-feeding and sexual activity

Ninety-eight per cent of the ANC sample (N = 195) planned to breast-feed after delivery. In the CHC sample, 83% (N = 150) reported breast-feeding in the early postpartum period. By 6 weeks postpartum, 6% of CHC mothers (N = 10) were exclusively breast-feeding and 22% (N = 39) had resumed vaginal intercourse. Of these 39 sexually active women, 2 (5%) were exclusively breast-feeding, 10 (26%) were not breast-feeding at all, and 27 (69%) were not exclusively breast-feeding at 6 weeks postpartum. Thus, 37 women (95% of sexually active women, 21% of the total CHC sample) were at risk of pregnancy.

Feasibility of return to clinic

Most pregnant women interviewed at the ANC (N = 178, 89%) said that it would be feasible (in terms of clinic access, time and transport) for them to initiate IPC 6 weeks postpartum.

Knowledge of LAM

Only one-third of ANC (N = 63, 32% and CHC (N = 58, 32%) women knew that exclusive breast-feeding could effectively protect against pregnancy in the postpartum period.

Postpartum contraceptive intentions after the informational intervention

As stated above, before the informational intervention 84% of women in the ANC sample who planned to use IPCs postpartum preferred to received them immediately post-delivery (N = 153/183). After the intervention all 183 women still planned to use IPCs. However, 89% (N = 162) now preferred to wait 6 weeks postpartum before initiating IPC. Sixteen of the 21 women (76%) who still preferred that the IPC be administered immediately postpartum gave the need for protection from pregnancy in the 6 weeks post delivery as the reason for this decision. Ninety per cent (N = 146) of the women who preferred to initiate IPC use at 6 weeks postpartum said that concern about the potential effect of the immediate initiation of IPC on the infant motivated their decision. Four per cent (N = 7) of those who preferred to wait made that decision because they were certain that they would not be sexually active in the first 6 weeks after delivery.

Discussion

Our study showed that almost all pregnant women interviewed in Kayamandi (ANC sample) intended to use IPCs post delivery and that almost all recently delivered women in Kayamandi (CHC sample) had used IPCs postpartum. Further, most ANC women were planning to breast-feed and most CHC women did breast-feed. These preferences indicate the importance of the timing of postpartum IPC initiation in this population and suggest that patient education on LAM is required.

In South Africa, IPCs are typically administered immediately after delivery, and this was found to be the case in the Kayamandi CHC sample. The National Contraceptive Policy Guidelines,[5] published subsequent to this study, recommend that women be given a choice about the timing of IPC initiation postpartum after appropriate counselling. Our findings support the importance of including informed choice in the guidelines. In our study, when women were provided with appropriate information they made decisions about when to initiate IPC by balancing the theoretical risks of IPC to their infant against their personal risk of pregnancy and ability to return to a clinic in the early postpartum period.

Effective implementation of the guidelines requires that providers counsel women appropriately about the theoretical risks of immediate post-delivery IPC initiation and assist women in their assessment of postpartum pregnancy risk (i.e. plans for and ability to negotiate resumption of sexual activity, ability to use barrier contraceptives, feasibility of exclusive breast-feeding for at least 6 weeks post delivery, and feasibility of visiting a clinic 6 weeks postpartum to initiate a contraceptive method). IPCs should be available immediately after delivery for women who choose not to delay initiation.

We thank the participants, the health service staff at participating clinics, and the Reproductive Health Programme of the Provincial Administration of the Western Cape. The study was funded by the Health Systems Trust.

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