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CASE STUDY
Efficiencies

Clinical Audit Awareness Week, 2-6 June 2025 (#CAAW25)
featuring the Clinical Audit Heroes Awards

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Improving Provision and Uptake of Postnatal Contraception
King's College Hospital, London

This project began as a retrospective audit looking at postnatal contraception, with the discussions surrounding it in the antenatal and postnatal period. The intervention quickly focused in on the postnatal aspect, and provision, of postnatal contraception within the maternity services at King's College Hospital, London.

Who is the project designed to support?
Women and birthing people who have delivered at King's College Hospital, be that at the hospital or in the community. The aim is that everyone has an antenatal and postnatal discussion surrounding postnatal contraception, and thus they leave with the type of contraception they wish within 48 hours of delivery or before discharge.

When looking at the importance of postnatal contraception, there are several things to consider. Unplanned pregnancies are common. Fertility can return as soon as three weeks after delivery. One in 13 women access abortion services as soon as one year following delivery. 2021 saw the highest number of abortions in England and Wales since the Abortion Act was introduced. In addition, the coronavirus pandemic and fractured sexual health services led to poor accessibility. Since the end of the pandemic, access has not improved to pre-pandemic levels.

The WHO recommends 24 months between a live birth and trying to conceive. And a short inter-pregnancy interval, defined as less than 12 months, carries increased risks of poorer maternal and neonatal outcomes which include: preterm birth, fetal growth restriction, uterine rupture, maternal/neonatal mortality and stillbirth. NICE has stipulated that women should be supported in making an informed choice about their contraceptive choices after childbirth (within a week) to reduce the adverse effects of a short interpregnancy interval.

What did it set out to achieve?
The aim was to decipher the proportion of patients who give birth and are given information about all contraceptive methods by their midwife or doctor: antenatally, within seven days of delivery and/or offered their choice of contraceptive method in the immediate postnatal period. Based on the NICE Quality Standard, 100% of new mothers should be counselled at each stage during their booking.

When did the project start and how long will it run?
The audit compared data collected from January 2024 and January 2025. Following the results from January 2024, the decision was made to create interventions and implement them during the audit cycle, hoping this would see change in an iterative process. The interventions included:

- Education sessions for resident doctors and midwives
- Updating the postnatal contraception guidelines, incorporating the new pathway within it
- Providing a wider array of contraceptives methods postnatally, not only intrauterine contraceptive devices at caesarean sections, but subdermal implants, depot injections and the progestogen only pill
- Setting up a postnatal contraception clinic in the MAU for those who had been discharged without their choice of contraception and organising the marketing to promote the service alongside this.

How did the project work?
The sample was composed of a list of patients who had a live birth at the Denmark Hill site of King's College Hospital within January 2024 and January 2025. This gave us 285 and 278 patients respectively. Two retrospective data collections using EPIC searches (the electronic healthcare record software used at King's College Hospital) were performed and patient notes were reviewed.

The software would expand the search to include related words. For example, searching with the word 'contraception', would include notes with references to 'family planning'. This raised confidence in the knowledge that the majority of documented conversations were captured. Homebirths and intrauterine deaths were excluded.

Who is involved in this project?
The concept, design and leadership was provided by Dr Rahel Odonde, Consultant Obstetrician and Gynaecologist. The data collection, analysis and audit write-up was led by Dr Courtney Taylor, Community Sexual and Reproductive Health 1st year trainee and Dr Rachel Massey, in her second and final Foundation Year. The marketing to promote the new postnatal contraception service has been managed by Dr Courtney Taylor. This audit and the resulting nascent service has been supported by the department, doctors and midwives; particularly the postnatal, maternity assessment unit (MAU) and digital midwives.

What changes to processes were implemented?
Rather than wait a year to make a change, the decision was made to start implementing changes whilst auditing data. Trying to be as efficient as possible by using existing resources.

Dr Odonde delivered postnatal contraception education, provided contraception on the postnatal ward and established a new monthly postnatal contraception clinic – held in the already established MAU. She already had a role within MAU as a supervising consultant. Dr Taylor has provided support ranging from directing referrals, advertising to implant insertions. The new clinic has been advertised and promoted through Instagram, mass emails, Whatsapp groups and word of mouth. Referrals are taken via the MAU.

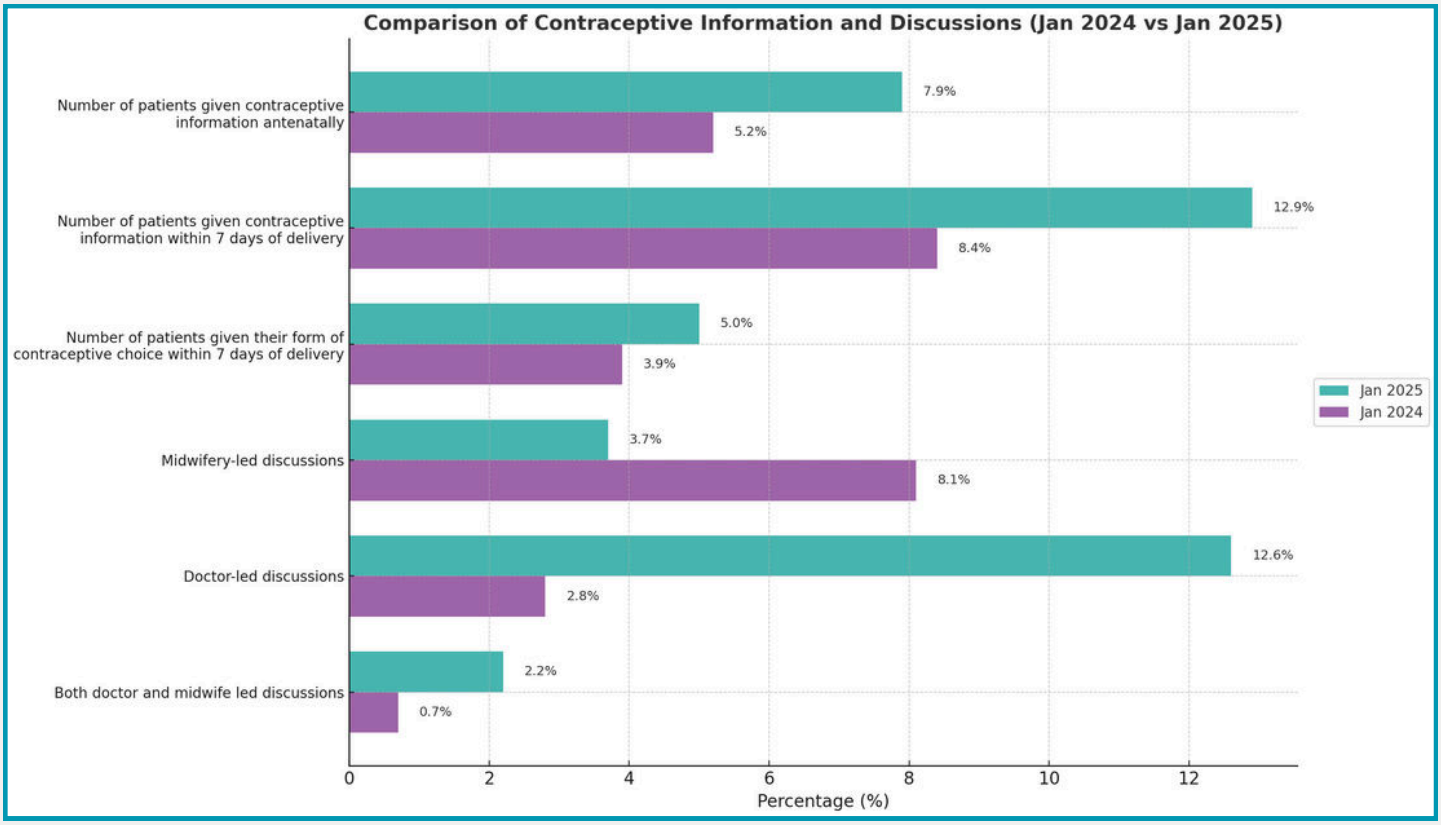
15
subdermal implants have been inserted via maternity services since January 2025 (as of 6 June 2025)

This is compared to **Zero** subdermal implants over the same time period in 2024

This was made possible through efficient interventions and resource optimisation

Did the project succeed and, if so, what is the evidence?

Currently, data is being collecting on the methods of contraception that are being provided on the ward and through the monthly postnatal clinic. The plan is to evaluate the service provided to see how service users find the process. Since January 2025, 15 subdermal implants have been inserted via our maternity services (as of 6th June 2025). This compared to zero over the same time period in 2024. This was made possible due to efficient interventions through resource optimisation.



Obstacle	Solutions?
Lack of clarity of who should be delivering the information when there is crossover between midwife vs obstetric-led care	• Discussing postnatal contraception is the responsibility of both midwives and doctors - multidisciplinary teaching/meetings to ensure gaps not missed
Education, training and confidence e.g. hesitancy of administering IM depot	• FSRH Essentials Course planned **PENDING** • Supplementary F2F teaching sessions with midwives and residents - can provide simple competency/knowledge checklist for postnatal contraception **DONE** • The postnatal clinic is being turned into a training clinic for midwives and doctors to upskill staff and increase access for patients. **IN PROCESS**
Immediate availability of contraception on postnatal wards e.g. access to implants	• 'Postnatal contraception' trolley to be created and stocked by named midwife • Contraception available in on ward stock and as TTAs **DONE**
Lack of appropriate setting, MAU has recently moved locations	• Room on/near postnatal ward that can be made available for procedures • Beds with stirrups are needed for IUD insertion **DONE**
Funding – contraception is not currently funded by maternity services. Signposting to GP and sexual health risks loss to follow up	• Made use of existing services, staff, and resources to minimise cost **DONE** • London-wide postnatal contraception funding brainstorm sessions, to aid in accessing long term funding **INVITATION ACCEPTED** • Member of postnatal contraception networks **DONE**

As challenges are noted, solutions are devised. The aim is to make the solution as simple as possible, using the skills available. If the skill is not readily available, plans are then set in motion to address this in the intermediate to long-term period.