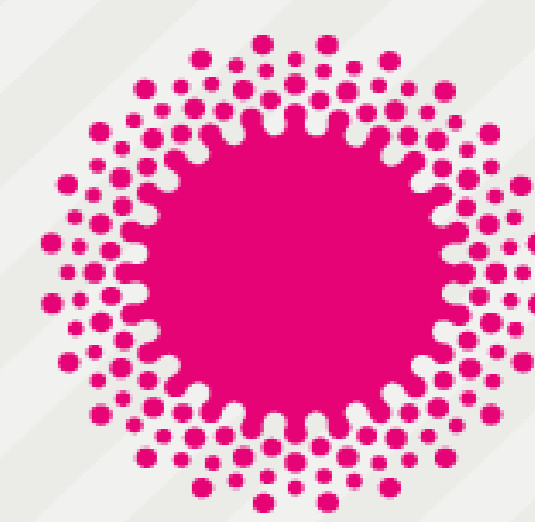


Contraceptive planning for postnatal women with substance abuse disorders



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BACKGROUND

Women with substance abuse disorders are known to have lower use of contraception.¹ Unplanned pregnancies may be complicated by fetal exposure to addictive or teratogenic substances. Therefore, comprehensive contraceptive discussion and facilitation in this patient group should be a focus of perinatal care.

AIM

To review and describe contraceptive preferences, planning and supply challenges of postpartum women with drug and alcohol abuse disorders who have given birth at the RWH.

METHOD

A retrospective cohort study was conducted on women with substance abuse disorders discharged postnatally from RWH between January 2015 - January 2018. Medical records were reviewed for demographic data, admission details, documentation of contraceptive planning, and evidence of contraceptive supply.

RESULTS

Data was reviewed for 67 eligible women (see Table 1).

Age (years)		
Mean ± SD	30.3 ± 6.5	
Range	18 - 44	
Gravida		
Mean ± SD	4.0 ± 2.3	
Range	1 - 11	
Terminations		
Mean ± SD	0.7 ± 1.1	
Range	0 - 5	
Substances abused		
	n=67	%
Smoker (tobacco)	52	77.6
Methamphetamines (e.g. ICE & other)	45	67.2
Opioids (e.g. heroin)	42	62.7
Cannabis	37	55.2
Alcohol	14	20.9

Table 1. Demographics

Many women were polysubstance abusers, with stimulants being the most commonly illicit abused substance and over 77% also currently smoking (see Table 1).

Twenty-six of 67 (38.8%) women had undergone previous terminations, 53 (79.1%) had psychiatric disorders or cognitive impairment, and 62 (92.5%) had identifiable barriers to follow-up (e.g. homelessness). Twenty-six (38.8%) women were discharged after-hours. Eight (11.9%) either self-discharged or absconded.

- Fifty-eight (86.6%) women had documented postnatal discussion about contraception.

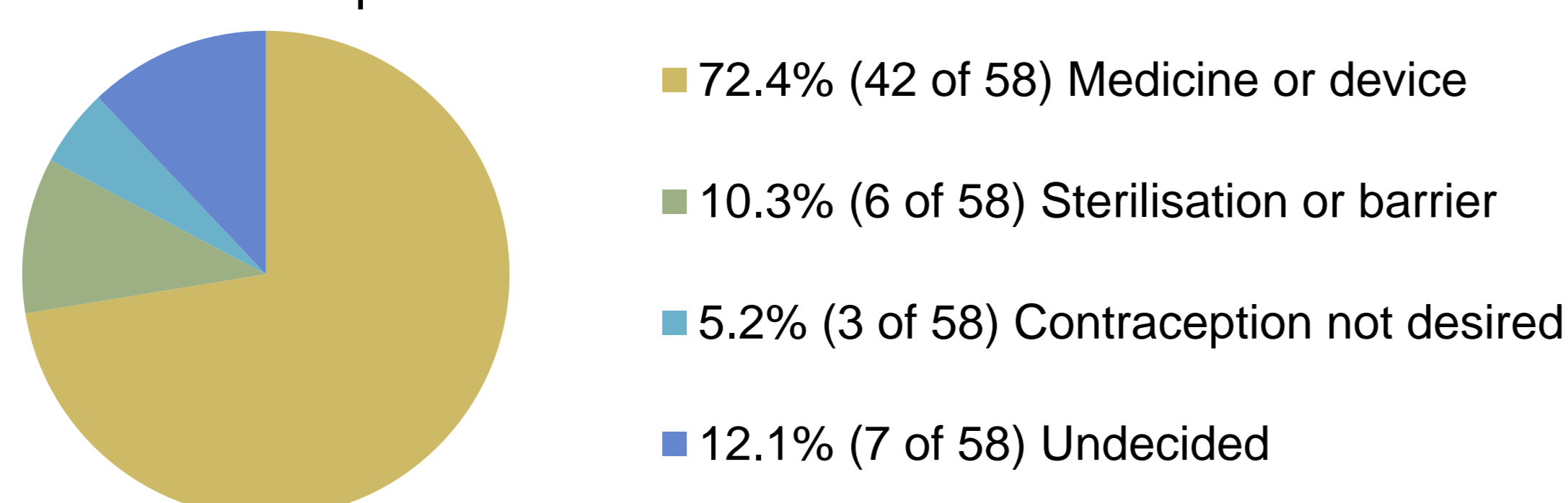


Figure 1: Documented contraceptive methods selected

- Implanon NXT® (etonogestral 68mg implant; 28 of 67; 41.8%) being the most commonly preferred (Figure 2).
- Thirty patients (44.8%) had their chosen contraceptives prescribed before discharge.

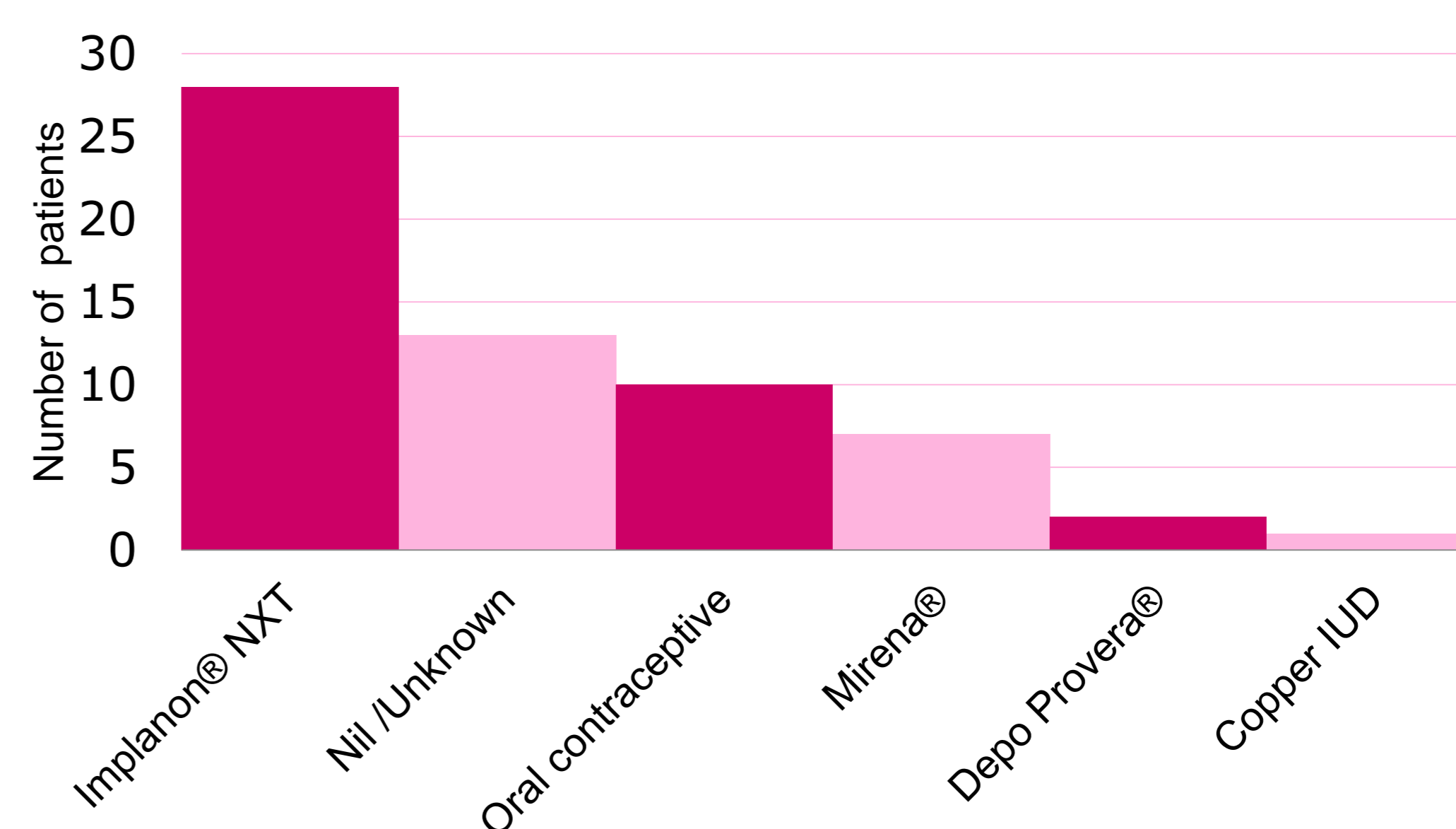


Figure 2: Planned (pharmaceutical) postnatal contraception

DISCUSSION

Contraceptive planning could be improved in postpartum women with substance abuse disorders.

- Contraceptive history-taking and discussion with patients was not consistently documented. Many women were undecided about contraception prior to discharge.
- This patient group is also particularly vulnerable to barriers to follow-up (i.e. complex social situations).
- Patients discharged unexpectedly or after-hours may be less likely to obtain their choice of contraceptive before discharge.

Pharmacists are well placed to assist with obtaining past history of contraceptive use, and facilitating choice, prescribing, supply, and follow-up planning.



The most common postnatal contraceptive planned was Implanon NXT®. Pharmacists must be able to provide comprehensive education about this device, and facilitate supply of the product after-hours if requested.

CONCLUSION

Inpatient postpartum periods for this cohort were characterised by concomitant psycho-social complexities, inconsistent documentation and prescribing, and patient unpreparedness to make a choice prior to discharge. The study highlights an important potential role for pharmacists in contraceptive management, including early counselling to enhance decision-making and possibly lower incidence of unplanned pregnancies.

REFERENCES

- Comfort CS, Close HJ, Bray R, Beere D, Mason JM. Contraceptive Use and Pregnancy Outcomes among Opioid Drug-Using Women: A Retrospective Cohort Study. PLoS ONE 2015; 10(3): e0116231. doi:10.1371/journal.pone.0116231