Targeted contraception reduces births among opioid dependent women

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Fiona (not her real name but her real story) is 38 years old and heroin dependent. She has been a victim of domestic violence and had a total of 10 pregnancies resulting in 7 deliveries and 3 terminations of pregnancies. Two of her children are living under special guardianship with her mother and four are in foster care.
In her last pregnancy her addiction was well controlled on 40mg Methadone/day and she fully engaged with social care. A contraceptive implant was administered prior to discharge from the postnatal ward. Three months later, supported by social care with funding for childcare she is able to attend therapy sessions. Fiona is continuing well with her recovery and her youngest child remains in her care.
We all know cases like Fiona's but we also know that we are underserving this population.

Introduction:
Women with severe drug addiction have near normal fertility but often do not use conventional sexual and reproductive health (SRH) services. This results in unplanned and complicated pregnancies, poor perinatal outcomes and children going into the care system and is an important risk factor for maternal mortality and morbidity.

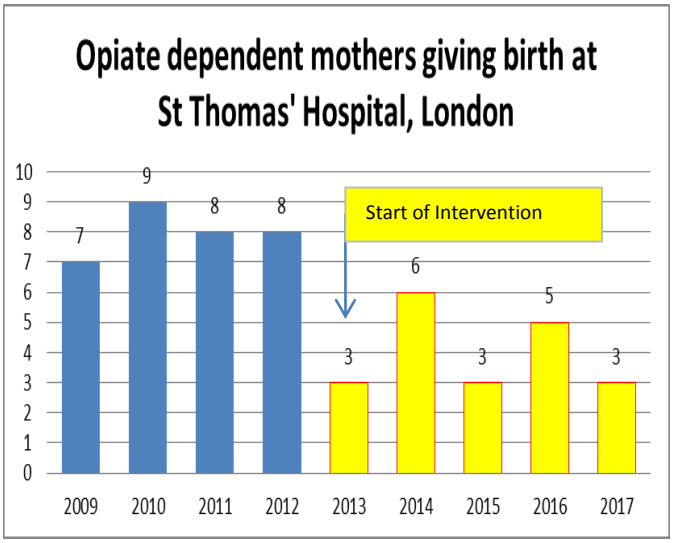
Objectives:
To evaluate a targeted human rights-based complex intervention to improve SRH care among women with addiction. Here we present the impact of this approach on births in women with opioid dependency at St. Thomas's Hospital, a large London teaching hospital.

Design and Method:
In 2013, we developed a weekly consultant-led SRH clinic on the premises of two specialised addiction services, in various homeless hostels and a system to rapidly provide contraceptive implants on the postnatal ward at St. Thomas's Hospital (London, U.K.) on-demand at the request of the safeguarding midwives.

Before and after analysis: The number of women receiving methadone or buprenorphine on the postnatal ward during a calendar year was determined using records of controlled drugs dispensed for the years 2009 to 2012 (pre-intervention) and 2013 to 2017 (with intervention) . We used simple regression analysis to compare the two periods with each other.

Results:
Before the intervention (2009-2012), 32 opioid-dependent women were looked after on the postnatal ward. During the first 5 years of our intervention (from 2013 to 2017) this fell to 20. The mean number of deliveries from 2009 to 2012 in opioid-dependent women was 8 per year and 4 per year from 2013 to 2017. The decline was statistically highly significant ($p<0.001$).

Discussion:
We have already shown that SRH service delivery in addiction centres can result in a high uptake of LARC methods (1). Combined with easy access to postpartum implants, such a



service is associated with a decline of births in our target group. We do not claim that this association is causal, but our intervention is likely to have contributed to the above outcome as the number of addicted women remained more or less static during this period.

Targeted SRH provision with a focus on the prevention of unplanned pregnancies in opioid addicted women is fully justified: their pregnancies often cause difficult medical, social and personal problems and in the UK account for about ¼ of all maternal deaths.

Locally ½ of children born to opioid depended mothers will not be under the care of the mother, costing the care system about £36,000/year per looked-after child (2).

We believe our targeted service supports a woman to fulfil her right to determine the number of children she will have at the time of her choosing empowering vulnerable women to have greater control over their bodies and lives. It reduces the number of high risk pregnancies, saves maternity costs and also reduces societal costs by reducing the number of looked after children in care.

We are in the process of training midwives to provide immediate post-partum contraception to further facilitate timely access to contraception information, choice and methods for our target group.

References:
1 Vanthuyne A, Mundt-Leach R, Boyd A, Broughton S, Pittrof R. Sexual and reproductive healthcare provided onsite in an inner-city community drug and alcohol service. J Fam Plann Reprod Health Care. 2016 Apr;42(2):152-4.
2 http://researchbriefings.files.parliament.uk/documents/SN04470/SN04470.pdf.
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