

# Joint statement on contraception

July 2024

Contraception provision<sup>†</sup> is fundamental to the basic human right of women to decide whether and when to have a child or children.<sup>1</sup> It is a key component required to achieve gender equality. It is also vital to support informed decision making on timing, number and spacing of any pregnancies. The provision of comprehensive contraception services and care is therefore critical to the health and wellbeing of women, adolescents and children. In contrast, contraceptive inaccessibility carries devastating personal, social, economic and public health consequences.

Ensuring access to contraceptive information and services should be addressed at all stages of the life course. Only through the protection and provision of individual choice and empowerment can contraception contribute to improving health and economic outcomes for people of reproductive age worldwide. Contraception provision is also a key strategy to reduce maternal deaths and disabilities. Studies suggest that addressing the unmet need for contraception as a single intervention could reduce global maternal deaths by as much as 30%.<sup>2</sup> Furthermore, short inter-pregnancy intervals have been associated with maternal anaemia, small-for-gestational age infants, preterm birth, and increased infant mortality and malnutrition.<sup>3–7</sup>

## Strategic priorities

The International Federation of Gynecology and Obstetrics (FIGO) and the International Confederation of Midwives urgently call upon obstetrician-gynaecologists (OBGYNs) and midwives at all levels of practice, in hospitals and communities – whether in government (public), non-profit or private sectors – to prioritise and actively engage in the following ways to ensure the provision of contraception to all.

- Integrate person-centred and respectful contraception provision into sexual, reproductive, maternal and adolescent care services, and emergency obstetric and neonatal care.
- Prioritise equitable postpartum and post-abortion contraception provision.
- Provide education and access to contraceptives for marginalised and underserved populations, including migrants, refugees and displaced people, adolescents, members of the LGBTQ+ community, people with disabilities, racial and ethnic minorities, and people living in extreme poverty.

## Integrating services

The World Health Organization (WHO) recommends beginning contraceptive counselling during initial facility based antenatal care visits or at community based pregnancy screenings.<sup>8</sup> This is crucial, as 75% of women see a midwife or OBGYN at least once during their pregnancies and often for subsequent postpartum visits.<sup>9</sup> Integrating contraception into antenatal, intrapartum, postpartum, post-abortion, and maternal and newborn health services is a key strategy for improving maternal and newborn health indicators in future pregnancies. This strategy could also increase postpartum contraceptive uptake by as much as 14%.<sup>5,9–12</sup>

---

<sup>†</sup> The provision of contraceptive methods and services for the purposes of birth control or family planning.

There may be additional opportunities to integrate contraception provision into basic and comprehensive emergency obstetric and neonatal care (EmONC) services. These include provision of modern contraceptive methods including long-acting reversible methods (intrauterine devices, implants) after obstetrical emergencies. This includes contraception after vaginal birth, caesarean section, abortion or miscarriage.

## **Prioritising postpartum care**

The greatest unmet need for contraception is among postpartum women and initiating antenatal discussions around contraception is critical if we are to realise this need.<sup>5,13,14</sup> In many settings, intrapartum and post-pregnancy care may be the only time a healthy woman comes into contact with an OBGYN or midwife. This provides an ideal opportunity for contraceptive advice, especially as many women are unlikely to seek subsequent care specifically for contraceptive advice.<sup>15</sup> Studies have found that women who receive contraceptive counselling postpartum or post-abortion were more likely to accept a contraceptive method and use it long-term.<sup>10,16,17</sup> As such, the postpartum period presents both a particular challenge and a crucial touchpoint for healthcare professionals to offer contraception and optimise advice and care within the healthcare system. Pivoting to immediate postpartum contraception, as opposed to contraception in the extended postpartum period, may reap greater rewards.

## **Supporting marginalised and underserved populations**

Adolescent girls and young women represent a crucial demographic for contraception provision: they face an unmet need for contraception of 43%.<sup>4</sup> If addressed, this could reduce unintended pregnancies by at least 6 million annually.<sup>18</sup> Doing so requires holistic, comprehensive sexuality education, integration of contraceptive needs assessments into primary care visits, and updated training for healthcare professionals.<sup>19, 20</sup> Other marginalised populations – including women who are displaced or living in conflict zones and climate-affected areas, members of the LGBTQ+ community, and those with disabilities – may require tailored counselling and contraceptive methods based on the WHO medical eligibility criteria and their specific needs. Contraceptive provision is critical in humanitarian settings. All contraceptive counselling and provision should be accessible in a variety of languages and formats. It must emphasise the universal and basic human right to contraception free from coercion.<sup>8</sup>

## **The strength of OBGYNs and midwives together: symbiosis for the best care and outcomes**

ICM and FIGO are committed to supporting the increase of inclusive, equitable, accessible and high-quality comprehensive reproductive health services, including contraceptive care. Collaboration between OBGYNs and midwives is essential for providing the best care and outcomes for women.

OBGYNs and midwives play a key role in educating women and their families about the benefits and side effects of contraceptive methods, dispelling myths and addressing taboos. They are ideally positioned to offer the necessary information, support and care to prevent unintended or mistimed pregnancies. Additionally, they are equipped to support women in making informed choices about contraception and providing the appropriate contraceptive service across the life course, including anticipatory guidance during the antenatal, intrapartum and postpartum periods. Effective communication with women and their families – considering factors such as religious beliefs, cultural norms and gender inequalities – is key to facilitating informed choices.

ICM and FIGO jointly recommend that appropriate contraceptive methods be discussed and made available immediately postpartum, including lactational amenorrhea methods, intrauterine devices, condoms and sterilisation.<sup>21</sup> Importantly, they highlight the need for healthcare professionals to be aware of specific WHO Medical Eligibility Criteria for postpartum and breastfeeding populations.<sup>22</sup>

## Actions for OBGYN societies and midwives' associations

FIGO and ICM commit, promote and advocate for post-pregnancy contraception provision as a critical means of addressing and decreasing maternal and child mortality worldwide. Together, our organisations call attention to the following key opportunities for midwives and OBGYNs to work collaboratively to address contraceptive needs comprehensively and holistically:

- **Educate and build capacity** at all levels of care provision, including in facilities and communities, with an emphasis on pre-service and in-service education and training for OBGYNs and midwives. It is critical to highlight the importance of competency-based continuing education and training.
- **Disseminate** and implement recommendations on postpartum and post-abortion contraception, ensuring women receive appropriate knowledge and resources.
- **Advocate** for universal access to contraceptive methods and services that are appropriate, accessible, inclusive, equitable, affordable and cost-effective. Advocate for information about contraception and preconception health to be included in adolescent health education and promotion programmes.
- **Amplify** one another's voices in the field through respect and inter-professional collaboration. It is crucial that midwives and OBGYNs recognise the importance and value of contributions by both professions in providing optimal care.
- **Participate** in efforts to influence national regulation, strategic planning, policy evaluation and clinical guideline revision. Acknowledge the importance of improved referral pathways for contraception provision that benefit services provided by both midwives and OBGYNs, with the ultimate goal of improving ease of access and positive outcomes for women.

### Additional resources from the World Health Organization

- Selected Practice Recommendations for Contraceptive Use<sup>23</sup>
- Family Planning: A Global Handbook for Providers<sup>8</sup>
- Family planning and comprehensive abortion care toolkit for the primary health care workforce<sup>24</sup>

## References

1. United Nations DoEaSA, Population Division. Family Planning and the 2030 Agenda for Sustainable Development: Data Booklet. 2019.
2. Ahmed S, Li Q, Liu L, Tsui AO. Maternal deaths averted by contraceptive use: an analysis of 172 countries. *Lancet*. Jul 14 2012;380(9837):111-25. doi:10.1016/S0140-6736(12)60478-4

3. Ahrens KA, et al. Short interpregnancy intervals and adverse perinatal outcomes in high-resource settings: An updated systematic review. *Paediatr Perinat Epidemiol*. Jan 2019;33(1):O25-O47. doi:10.1111/ppe.12503
4. Kozuki N, et al. The associations of birth intervals with small-for-gestational-age, preterm, and neonatal and infant mortality: a meta-analysis. *BMC Public Health*. 2013;13(3)
5. Askew I, Raney L, Kerrigan M, Sridhar A. Family planning saves maternal and newborn lives: Why universal access to contraception must be prioritized in national maternal and newborn health policies, financing, and programs. *International Journal of Gynecology and Obstetrics*. 2023;164(2):536-540.
6. World Health Organization (WHO). *Birth spacing - report from a WHO technical consultation*. 2005.
7. Molitoris J, Barclay K, Kolk M. When and Where Birth Spacing Matters for Child Survival: An International Comparison Using the DHS. *Demography*. Aug 2019;56(4):1349-1370. doi:10.1007/s13524-019-00798-y
8. WHO. *Family Planning: A Global Handbook for Providers*. 2022 update.
9. Kpebo D, et al. Effect of integrating maternal and child health services, nutrition and family planning services on postpartum family planning uptake at 6 months post-partum in Burkina Faso, Cote d'Ivoire and Niger: a quasi-experimental study protocol. *Reproductive Health*. 2022;19:181.
10. Speizer IS, et al. Influence of integrated services on postpartum family planning use: a cross-sectional survey from urban Senegal. *BMC Public Health*. 2013;13:752.
11. Nelson AR, et al. Operationalizing Integrated Immunization and Family Planning Services in Rural Liberia: Lessons Learned from Evaluating Service Quality and Utilization. *Global Health: Science and Practice*. 2019;7(3):418-434.
12. Cooper CM, et al. Integrated Family Planning and Immunization Service Delivery at Health Facility and Community Sites in Dowa and Ntchisi Districts of Malawi: A Mixed Methods Process Evaluation. *International Journal of Environmental Research and Public Health*. 2020;17(12):4530.
13. Dev R, et al. A systematic review and meta-analysis of postpartum contraceptive use among women in low- and middle-income countries. *Reprod Health*. Oct 29 2019;16(1):154. doi:10.1186/s12978-019-0824-4
14. Yemane TT, Bogale GG, Egata G, Tefera TK. Postpartum Family Planning Use and Its Determinants among Women of the Reproductive Age Group in Low-Income Countries of Sub-Saharan Africa: A Systematic Review and Meta-Analysis. *Int J Reprod Med*. 2021;2021:5580490. doi:10.1155/2021/5580490
15. Hackett K, et al. Evaluating the Implementation of an Intervention to Improve Postpartum Contraception in Tanzania: A Qualitative Study of Provider and Client Perspectives. *Glob Health Sci Pract*. Jun 30 2020;8(2):270-289. doi:10.9745/GHSP-D-19-00365
16. Cleland J, Shah IH, Daniele M. Interventions to Improve Postpartum Family Planning in Low- and Middle-Income Countries: Program Implications and Research Priorities. *Studies in Family Planning*. 2015;46(4):423-441.
17. Adegbola O, Okunowo A. Intended postpartum contraceptive use among pregnant and puerperal women at a university teaching hospital. *Archives of Gynecology and Obstetrics*. 2009;280:987-992.
18. Darroch JE, Woog V, Bankole A, Ashford LS. *Adding it up: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents*. 2016.
19. FIGO position statement on comprehensive sexuality education. <https://doi.org/10.1002/ijgo.15319>
20. Potter J, Santelli JS. Contraceptive Counseling for Adolescents. *Women's Health*. 2015
21. WHO. *Programming strategies for Postpartum Family Planning*. 2013.
22. WHO. *Medical eligibility criteria for contraceptive use*. 2015.
23. WHO. *Selected practice recommendations for contraceptive use*. 3rd ed. 2016.
24. WHO. *Family planning and comprehensive abortion care toolkit for the primary health care workforce*. 2022.

## About our organisations

ICM and FIGO work together and with their extensive and globally diverse network of professional members to support women to achieve the highest standards of health and wellbeing, to keep birth normal and to promote equity for all women's sexual and reproductive health and rights. FIGO and ICM promote the use of respectful, dignified and evidence-based care to reduce the global burden of maternal morbidity and mortality, of which the most significant contribution is postpartum haemorrhage (PPH), occurring during or within 24 hours of childbirth.

Quality care provided by midwives and OBGYNs contributes to the achievement of the Sustainable Development Goals (SDG) and the attainment of universal health coverage (UHC). FIGO and ICM develop standards and guidance for their respective professions that are aligned with World Health Organization (WHO) recommendations.

### FIGO

FIGO is a professional organisation that brings together more than 130 obstetrical and gynaecological associations from all over the world. FIGO's vision is that women of the world achieve the highest possible standards of physical, mental, reproductive and sexual health and wellbeing throughout their lives. We lead on global programme activities, with a particular focus on sub-Saharan Africa and South East Asia.

FIGO advocates on a global stage, especially in relation to the Sustainable Development Goals (SDGs) pertaining to reproductive, maternal, newborn, child and adolescent health and non-communicable diseases (SDG3). We also work to raise the status of women and enable their active participation to achieve their reproductive and sexual rights, including addressing female-genital mutilation (FGM) and gender-based violence (SDG5).

[communications@figo.org](mailto:communications@figo.org) / +44 (0) 20 7928 1166

### ICM

The International Confederation of Midwives (ICM) supports, represents and works to strengthen professional associations of midwives throughout the world. The ICM has 143 members associations, representing 124 countries across every continent. ICM envisions a world where every childbearing woman has access to a midwife's care for herself and her newborn. ICM's mission is to strengthen midwives' associations and advance the profession of midwifery.

ICM is an accredited non-governmental organisation representing midwives and midwifery to organisations worldwide to achieve common goals in the care of mothers and newborns. ICM works closely with the WHO, UNFPA and other UN Agencies; global professional health care organisations including FIGO, the International Pediatric Association (IPA), the International Council of Nurses (ICN), non-governmental organisations, and bilateral and civil society groups.

[info@internationalmidwives.org](mailto:info@internationalmidwives.org) / +31 (0) 70 306 0520

## Referencing this statement

International Federation of Gynecology and Obstetrics and International Confederation of Midwives. *Joint statement on Contraception*. 2024. Available from: <https://doi.org/10.1002/ijgo.15936>