

Summary of free-text responses

Reasons given for positive views towards PPIUC implementation	
PPIUC as improving access to LARC and addressing unmet needs	<p>“Anything that expands access to LARC for women is fantastic!”</p> <p>“Reduced pregnancies back to back”</p> <p>“Safe and effective. Good continuation rate. Less likely to have perforations. Less visits for patient to access LARC.”</p> <p>“Very effective and (will) save a lot of time for the patient.”</p> <p>“Feedback from the women that I have seen after PPIUC has been so positive. Even if the device is expelled, they are by and large keen to continue with IUC.”</p> <p>“Choice – particularly for women at risk of further unintended pregnancies [...] Practicality for everyone debatable.”</p>
Role of PPIUC in maximising contraceptive options for women	<p>“Any intervention which gives women maximum choices on when and where to have their preferred method is good.”</p> <p>“Always good to give women more contraceptive choices and will hopefully reduce pregnancy intervals.”</p> <p>“I’m in favour of anything that improves women’s contraceptive options and choices”</p> <p>“Sounds as though it is what women want and good way to ensure they have sufficient contraception in a timely fashion”</p>
Potential challenges to PPIUC service implementation	<p>“[...] limited funds locally to action this.”</p> <p>“[...] valid concerns that obstetricians and midwives are too pressed with concerns around safe delivery of baby to provide the service before most women are discharged.”</p> <p>“Idea of providing contraception immediately postpartum good but limitations of service make implementation difficult.”</p> <p>“All for it. But the Gynae and midwife colleagues need to be on board.”</p> <p>“Will take time and energy to get key stakeholders involved.”</p> <p>“Good thing to offer quickly although I worry about lost threads/removal later and how difficult this will be.”</p>

Reasons given for negative and neutral views towards PPIUC implementation	
Concerns around clinical risks associated with PPIUC	<p>“I believe there are risks to insertion of IUC whilst the uterus is still ‘soft’ post-delivery posing increased perforation risk. [...] Also is there is a risk of the coil or threads being lodged in the uterine incision scar?”</p> <p>“[I have] concerns re perforation and expulsion”</p>
Practical barriers to PPIUC service implementation	<p>“Local funding issues – having to save 6% every year.”</p> <p>“It is a difficult time. Trained people are not available as freely as SRH. It may take ages to get a positive feeling.”</p>
Lack of knowledge and awareness of PPIUC as a contraceptive option	<p>“Not come across this concept before. No patients have had it done to my knowledge.”</p> <p>“Never worked in a service where (this) option was possible.”</p>
Alignment with women’s priorities in the postpartum period	<p>“For vast majority (of) postnatal women contraception does not seem like (the) immediate priority.”</p> <p>“I can see the benefits, however I think this discussion about contraception should take place before admission to hospital, ideally in the community, when the women can have time to consider the risks/benefits of IUS, and possibly include in her birth plan.”</p> <p>“[Women] have other priorities and less likely to be able/willing to access healthcare professional if having problems.”</p>
Additional challenges to PPIUC implementation	
Access to education and training on PPIUC	<p>“Potentially high training workload for us – must develop a sustainable training model.”</p> <p>“We are always short-staffed so releasing a doctor/nurse to go up to the hospital to train/fit PPIUC would be difficult.”</p> <p>“Giving midwives the time to study and train.”</p> <p>“Should it be mentioned in LoC IUT training? Add information about procedure to e-learning on LfH site [eLearning for Healthcare].”</p> <p>“[PPIUC] is dependent on uptake and training by O&G trainees so needs to be in RCOG curriculum.”</p>

LARC – long acting reversible contraception, IUC – intrauterine contraception, LoC IUT – Letter of Competence in Intrauterine Techniques, PPIUC – postpartum intrauterine contraception, RCOG – Royal College of Obstetricians and Gynaecologists