Choice of contraception after abortion: what do women seek?

Experience of an abortion-related center in Lisbon Portugal.

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INTRODUCTION

• Abortion by women request is one of the most commonly performed procedure in the world.

• **Education** on contraception is an essential element of high-quality abortion care.

• Women seeking abortion often leave health facilities without receiving contraceptive counselling or methods, increasing their risk of unintended pregnancy.
INTRODUCTION

• Healthcare providers are the gate keepers of contraceptives → they have considerable potential to impact contraceptive use through the content of care provided and the nature of their interactions.

• A number of studies have identified demographic, cultural, and reproductive risk factors for contraceptive nonuse, misuse, and discontinuation.
OBJECTIVES

Access the choice of contraceptive method after abortion and the factors that may determine this choice.
METHODS

• Retrospective cohort study
• Review of medical records of patients
• Single tertiary centre – Hospital de Santa Maria, Lisbon
• Between January 2015 and March 2016;

• We conducted associations between age, number of previous abortions, and educational status and prescription of contraception at the time of abortion.
METHODS

- **Statistical analysis** with SPSS version 23, p<0.05 considered statistically significant.
- We conducted associations between age, number of previous abortions, and educational status and prescription of contraception at the time of abortion.
- **Between-group differences** were analysed using Student’s t-test and chi-square test.
RESULTS

A total of 613 women were studied.
RESULTS

• Personal history
  • Average age of included women was 28 years (13-47);
  • 65.5% were Caucasian;
  • 10.2% were unemployed.
RESULTS

• Obstetric history
  • 45.9% were nulliparous;
  • 20.6% had at least two live birth
  • 14.4% had a delivery in the last two years.
RESULTS

- 69.2% were doing an induced voluntary abortion for the first time;
- 31.8% had one or more previous voluntary abortion (1-8);
- 18.6% had it in the last five years;
RESULTS

### CONTRACEPTION BEFORE

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implanon</td>
<td>0.3%</td>
</tr>
<tr>
<td>Transdermic</td>
<td>1.2%</td>
</tr>
<tr>
<td>Injectable</td>
<td>0.7%</td>
</tr>
<tr>
<td>IUD</td>
<td>1%</td>
</tr>
<tr>
<td>Vaginal Ring</td>
<td>4.5%</td>
</tr>
<tr>
<td>OAC + B</td>
<td>0.3%</td>
</tr>
<tr>
<td>OAC</td>
<td>43%</td>
</tr>
<tr>
<td>Barrier</td>
<td>26.2%</td>
</tr>
<tr>
<td>Natural</td>
<td>23.7%</td>
</tr>
<tr>
<td>None</td>
<td>0%</td>
</tr>
</tbody>
</table>

- **Previous to the abortion:**
  - 23.7% used no contraception,
  - 2.2% used natural methods,
  - 22.2% used barrier methods and
  - 36.4% used oral contraceptives.
  - A minority used long-acting contraceptives.

- 76% knew why the method failed
  - Forgetfulness in taking oral contraceptives (29.5%)
  - Interruption of the method on its own initiative (15.77%)
RESULTS

CONTRACEPTION AFTER

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barrier</td>
<td>1.3</td>
</tr>
<tr>
<td>OCA</td>
<td>18.4</td>
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<tr>
<td>Vaginal Ring</td>
<td>1.9</td>
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<tr>
<td>Hormonal IUD</td>
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<td>Cooper IUD</td>
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<tr>
<td>Injectable</td>
<td>7.7</td>
</tr>
<tr>
<td>Implant</td>
<td>8.9</td>
</tr>
<tr>
<td>Refuse</td>
<td>0.9</td>
</tr>
</tbody>
</table>

- After the abortion:
  - 19.2% did not attend the review consultation
  - 0.9% (1) refused counseling
  - 19% preferred oral contraceptives
  - The majority (77.5%) chose long-acting reversible contraceptives (LARC).
RESULTS

HISTORY OF ABORTIONS AND AFTER CONTRACEPTION

- Women with history of previous abortions seem to adhere less to contraception ($p=0.003$).
- Women in their first abortion seem to prefer oral contraceptives while the others prefer LARC ($p=0.01$).
RESULTS

PARITY AND CONTRACEPTION AFTER

- Women with children seem to adhere less to contraception and nulliparous seem to prefer OAC (p=0.001)
- We found no association between age and educational status and contraceptive choice after abortion (p=1.12, p=0.67).
Multiple studies have shown that women who request abortion services that include contraception have high contraceptive uptake than those who do not.
DISCUSSION

The last visit is very important

• To assure the procedure’s efficacy and safety,
• To put into effect measures to avoid another unwanted pregnancy.

The recommended actions include:

a) Guidance and counseling on future pregnancies
b) Contraception
c) Access to sexual and reproductive health services.
DISCUSSION

• The clinicians are critical in optimizing female contraception.

• It’s important to try to access woman’s specific beliefs about the medication, her engagement and adherence.

• New tools?
DISCUSSION

• A **major limitation** of this study is the women’s short follow-up.
• More studies are needed to understand the odds of repeat abortions within 3–4 years after the contraceptive choice.
CONCLUSION

• Despite high access to contraceptive services, among women who seek an abortion in our institution:
  • 31.8% have a history of previous abortion(s)
  • 19.2% did not attend to last consultation or refused guidance in family planning.
  • LARC seem well accepted by these women.