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Abortion Essentials: Post Abortion Care and Contraception

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15th FIAPAC Conference

20-21 September 2024 | Brussels, Belgium

Pregnancy Risk after Abortion

Ovulation

- As early as 8-10 days post-treatment
- >90% within 1 month

Sex

- 50% resume within 2 weeks of treatment

Lähteenmäki P Clin Endocrinol (Oxf). 1978 Schreiber CA Contraception. 2011 Boesen HC Acta Obstet Gynecol Scand. 2004

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Guidance

FSRH Guideline

Contraception After Pregnancy

January 2017 | FSRH

NICE National Institute for Health and Care Excellence

Abortion care

NICE guideline

Published: 25 September 2019

www.nice.org.uk/guidance/ng140

Making Abortion Safe

RCOG's global initiative to advocate for women's health

Best practice in post-abortion contraception

September 2022

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Common Themes

01
Offer all people accessing abortion a contraception discussion.

02
Ensure full method range available.

03
Provide method at time of abortion.

04
“Immediate” LARC: higher use and continuation, lower unintended pregnancies.

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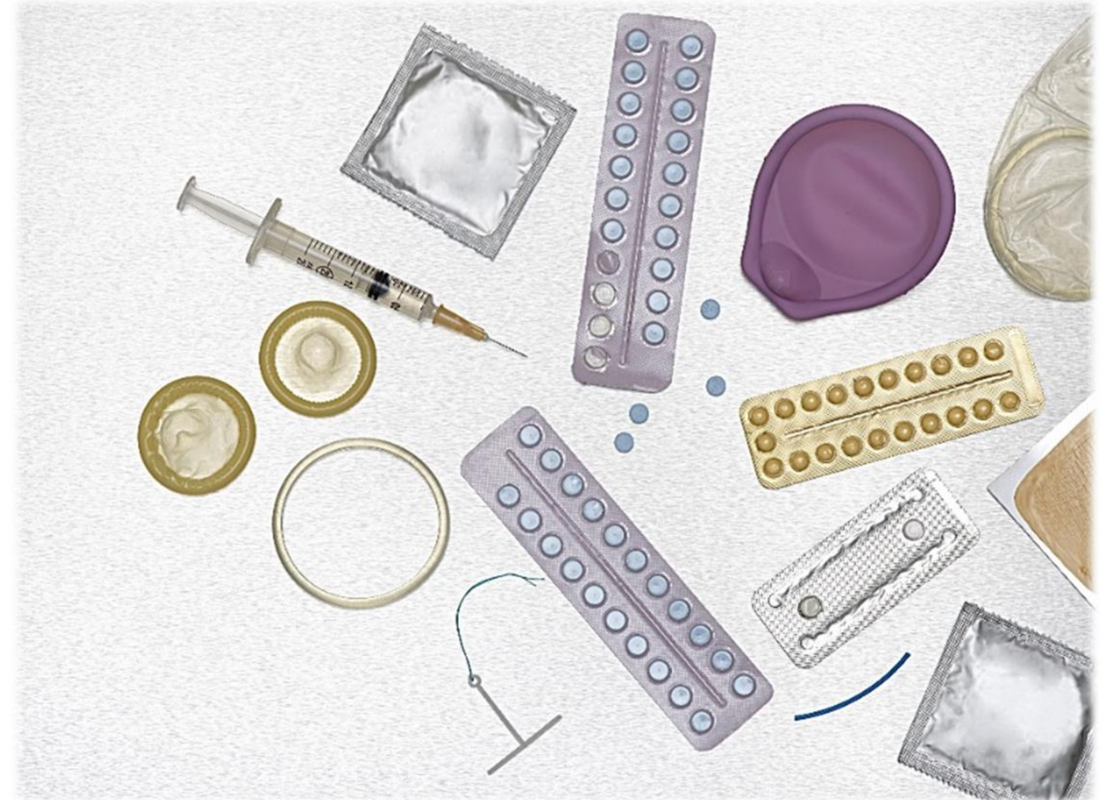
Medical Eligibility Criteria

- US (2024), UK (2019), WHO (2015)
- Classification by risk*/benefit of method by condition or characteristic

  1 = no restriction
  2 = benefits generally outweigh risks
  3 = risks usually outweigh benefits
  4 = unacceptable risk



* Real or theoretical

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USMEC Post-Abortion

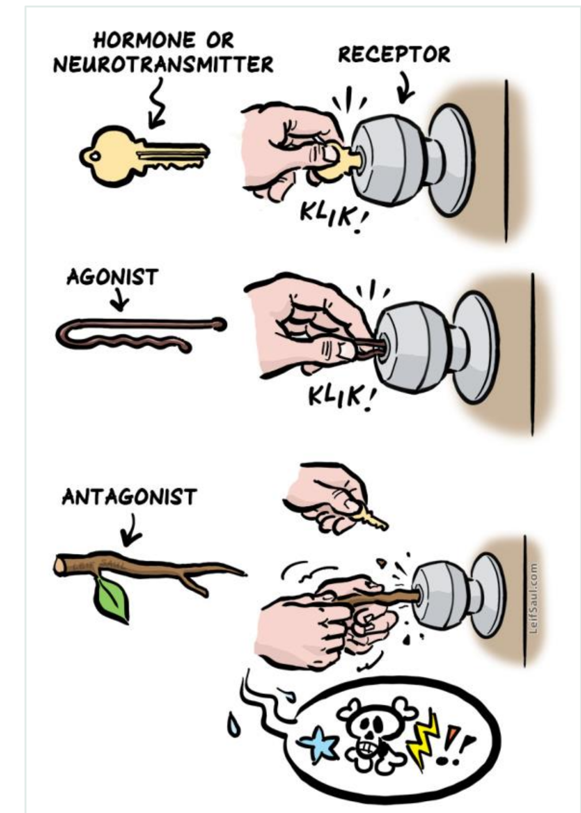
	Cu IUD	LNG IUD	Implant	DMPA	POP	CHC	Barrier
First trimester							
Procedural	1	1	1	1	1	1	1
Medication	1	1	1	1 / 2*	1	1	1
Second trimester							
Procedural	2	2	1	1	1	1	1*
Medication	2	2	1	1	1	1	1*

IUD category 4 if septic abortion

Nguyen AT et al. MMWR Recomm Rep 2024

Progestogens and Mifepristone

- Progestogen-only contraceptives and mifepristone both act at the progesterone receptor.
  - Mifepristone = antagonist
  - Progestogen-only contraceptives = agonist.
- Concern that co-administration may impact medical abortion effectiveness.



https://leifsaul.com/author/leif/

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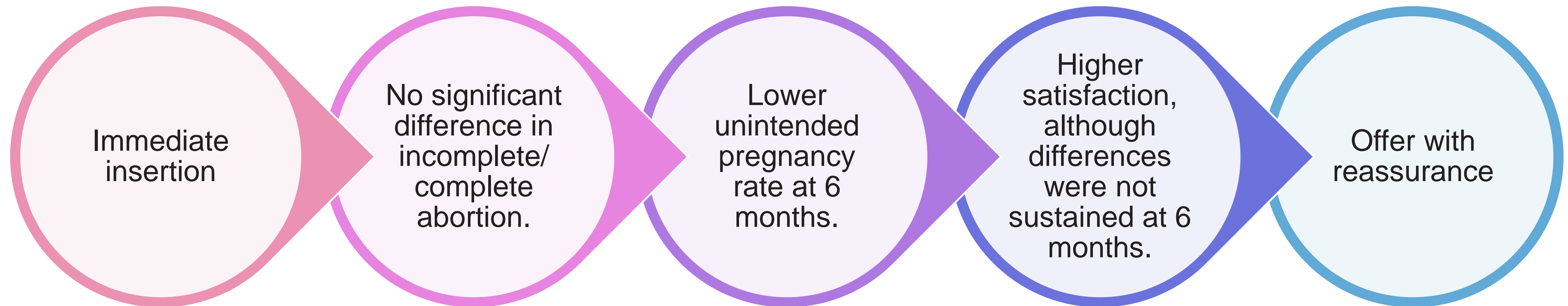
Mifepristone + Immediate vs Delayed Implant



Schmidt-Hansen M et al. Hum Reprod Update. 2020

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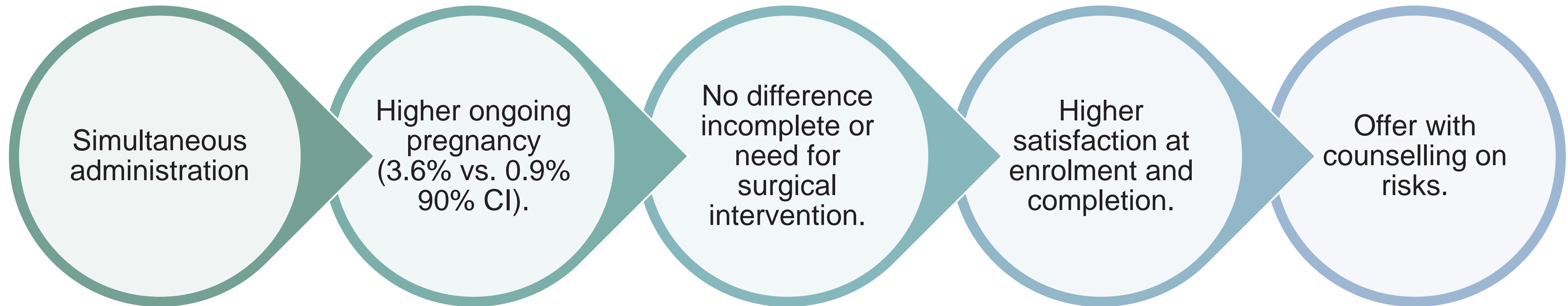
Mifepristone + Immediate vs Delayed Depo IM



Raymond EG Obstet Gynecol 2016

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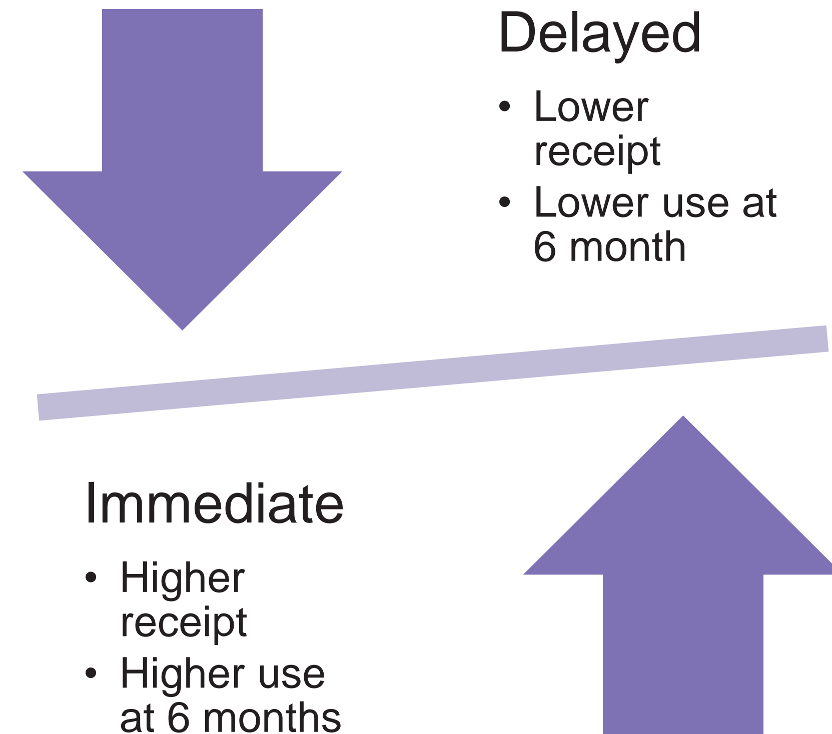
Immediate versus Delayed IUD Insertion

- Higher gestational age
  - Larger uterus
  - More cervical dilation
  - More contractions
- Expulsion rates: 1st vs 2nd trimester
  - Procedural abortion (within 15 mins): 0.8%–2.0% vs 3%–7%
  - Medical abortion (within 1 week): 7-12% vs 32% (within 24 hours)



Hsu Roe A and Bartz D Contraception 2019; Constant D et al BMJ SRH 2022; Saav I et al PLoSOne 2012; Betstadt DJ, et al Contraception 2011; Shimoni N et al Obstet Gynecol 2011;

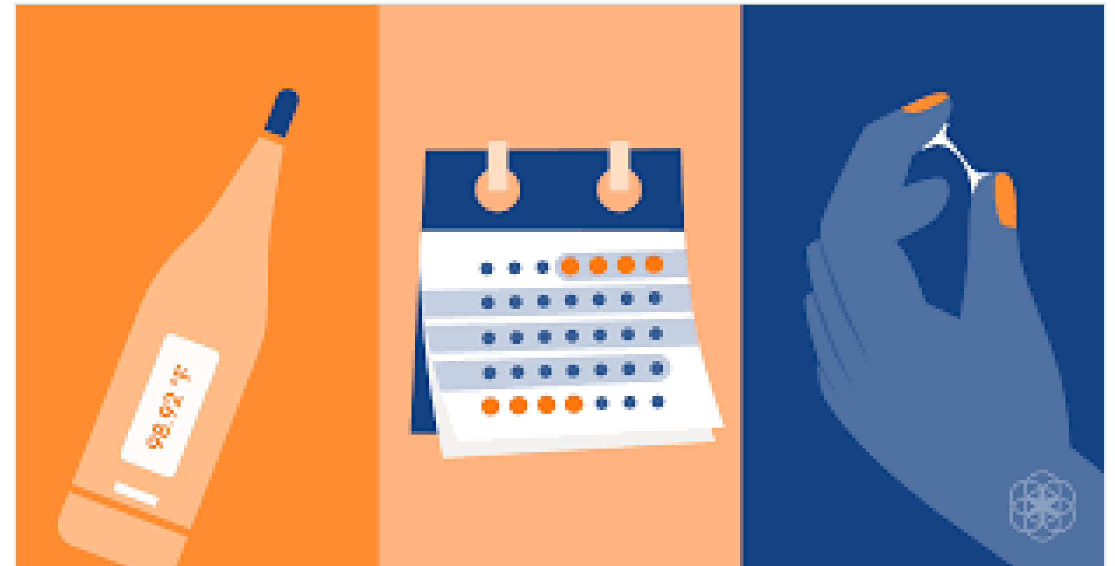
Diaphragms and Caps

- Refitting may be required.

- Diaphragm and cap are unsuitable until 6 weeks after second trimester abortion.

Fertility Awareness Based (FAB) Methods

- Do not worsen any medical condition.
- Eligibility categories
    - **Caution**: Counseling on correct use and precautions needed.
    - **Delay**: Use of method should be delayed until the condition is evaluated or corrected.



FABM Post Abortion

- Ovarian function can produce detectable fertility signs, hormonal changes, or both after abortion but likelihood increases with time

- **Caution** with **symptom-based method**
- **Delay** with **calendar-based method** until at least one postabortion menses (Offer bridge method)

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Contraception & Telemedicine

- Progestogen-only pills.
- Combined hormonal pill, patch, ring (self-reported blood pressure).
- SC DMPA (Sayana Press) with teaching via video.
- Streamline access to copper or LNG IUD or implant (ideally within 5 days).
- Condoms (latex/non-latex).
- Emergency hormonal contraception (in advance of need).

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Routine Follow-up After Abortion?

- Typically, 7-14 days after treatment and intended to:
  - Confirm complete abortion
  - Diagnose/treat complications
  - Provide general reproductive health care, contraception, emotional support.
- However, data show:
  - Poor attendance (due to cost, inconvenience, low rate of complications)
  - Serious complications usually present in first week
  - Ovulation typically occurs within 2-3 weeks
  - Vast majority of women do not need “psychosocial support”.

Grossman D, et al. Obstet Gynecol 2004.

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Instead: Follow-up as Indicated

- Identify specific women who might benefit from follow-up
- Undertake prompt evaluation of suspected immediate complications at time of treatment (e.g., missed abortion/ectopic)
- Give written and verbal guidance on normal/abnormal recovery
- Provide 24-hour telephone help line (chat)
- Offer quick access to check up appointments if necessary

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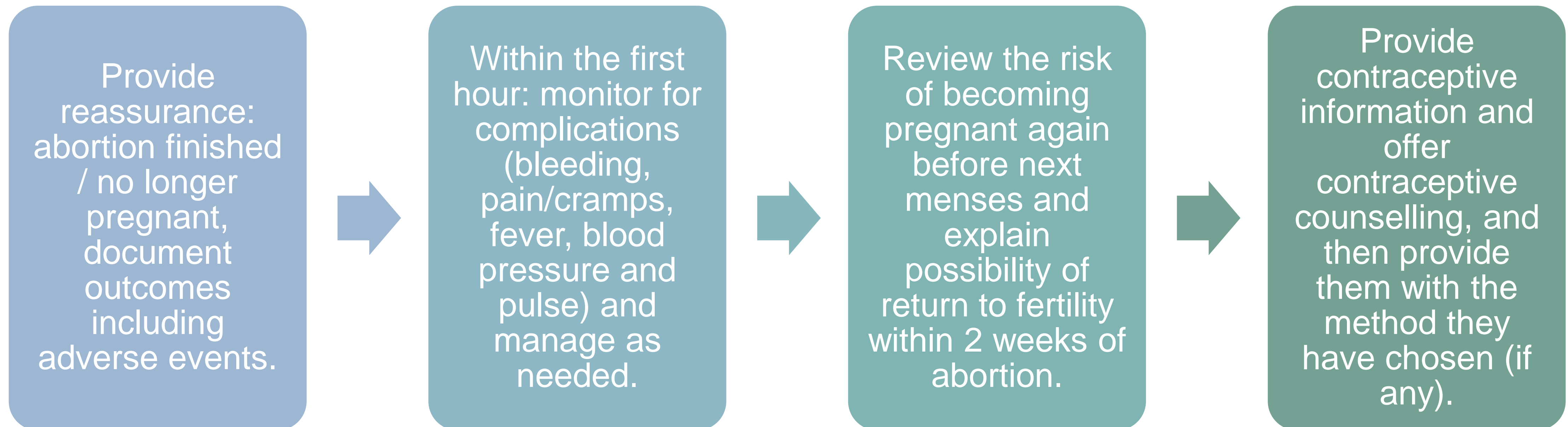
In Clinic Care: Prior to Discharge



World Health Organization 2023.

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Discharge

Criteria	Instructions (verbal and written)

• Ambulatory
• Stable blood pressure, pulse
• Bleeding controlled
• Pain controlled
	• Vaginal bleeding for ~ 2 weeks is normal.
	  • Light bleeding or spotting after surgical abortion
	  • Heavier bleeding with medical abortion and generally lasts for 9 days on average (but can last up to 45 days in rare cases).
	• Resume sexual intercourse when ready.
	• Risk breast engorgement (later abortion)
	  • Breast bandage
	  • Tight bras
	  • Pharmacologic inhibition of lactation.

World Health Organization 2023.

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Lactation Prevention: Cabergoline

- After 14–20-week pregnancy loss or abortion, 50% breast tenderness, 45% engorgement, 20% milk leakage: painful and exacerbates emotional distress.
- Cabergoline 1mg once vs. placebo after abortion or management of fetal death (median gestational age 21 weeks, range 18–26 weeks)
- By Day 4: significantly fewer participants receiving cabergoline reported any breast symptoms vs. placebo (28% vs 97%, $p<0.001$) and fewer reported significant bother (3% vs 33%, $p=0.001$).
- These differences persisted through day 14.

Henkel A et al. Obstet Gynecol 2023

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When to Return

- Continuing signs/symptoms of pregnancy (i.e., nausea, vomiting, breast tenderness, fatigue)
- Increased intensity of cramping or abdominal pain
- Heavy vaginal bleeding such as soaking more than two pads (or equivalent) per hour for two consecutive hours
- Fever

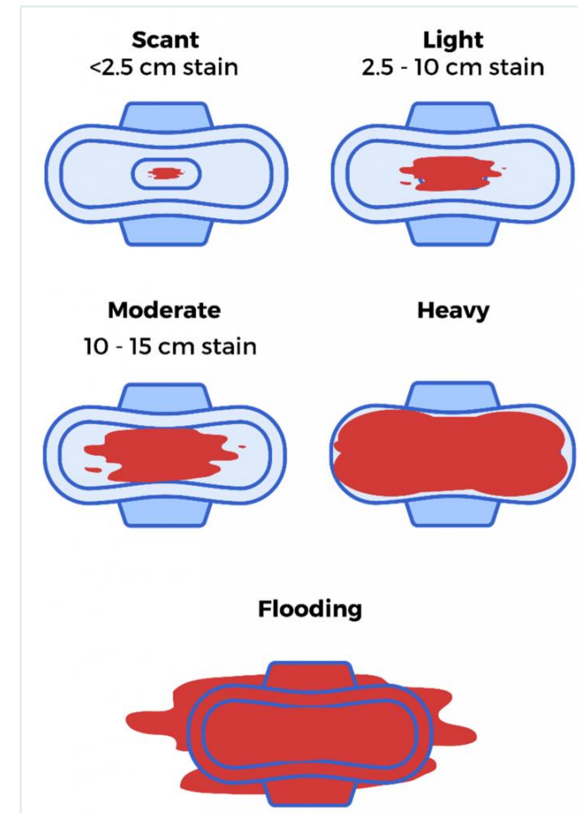

Image: NUPAS

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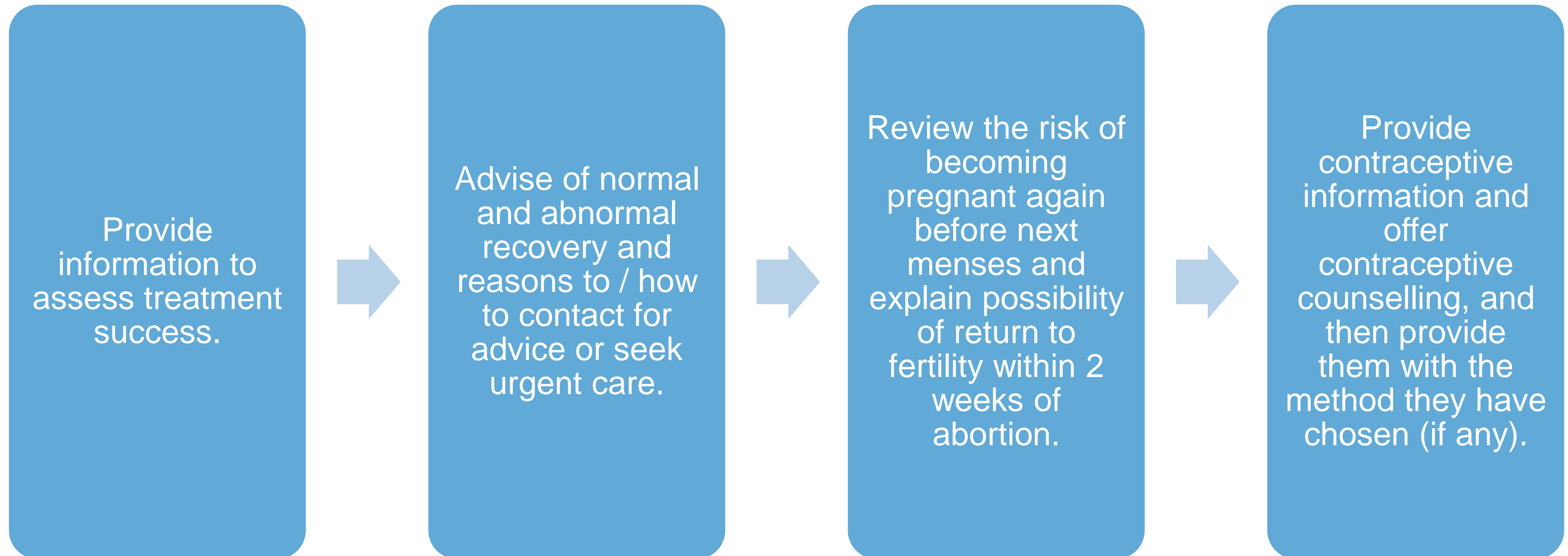
Self-Managed Medical Abortion



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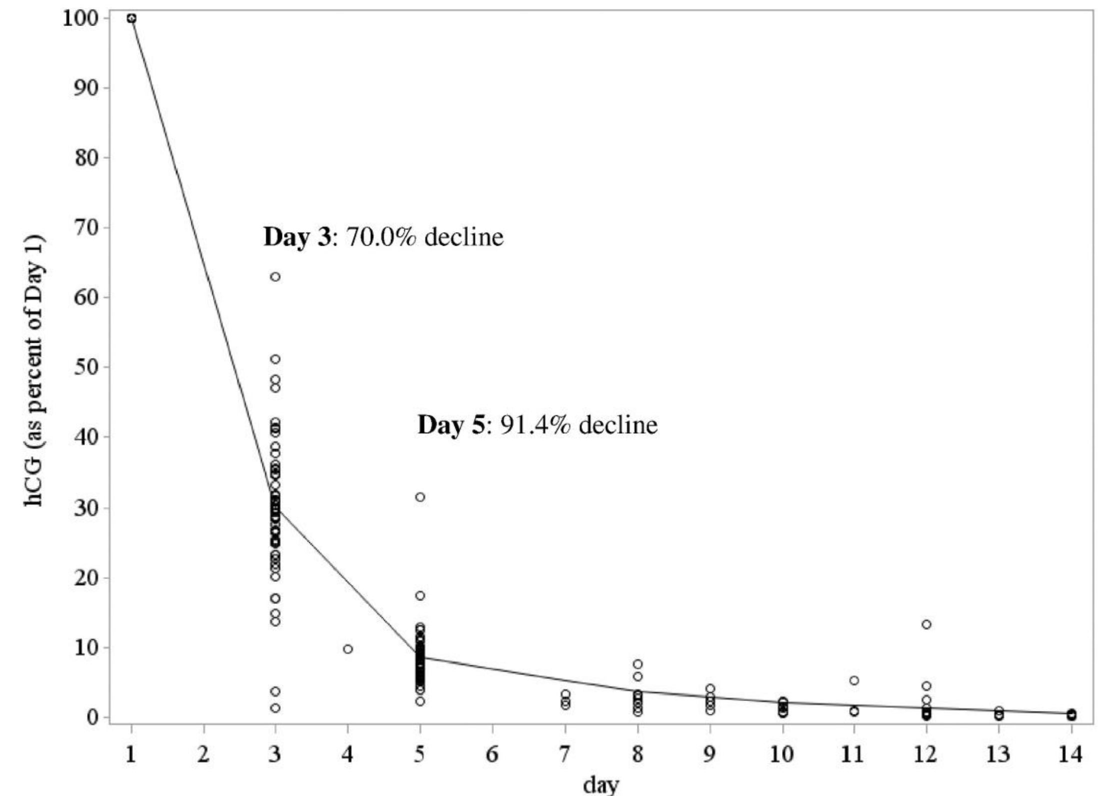
Assessing Outcome After Medical Abortion

- Physical signs / symptoms
  - Expected amount / duration of bleeding (caution progestogen-only contraceptives can cause amenorrhoea: do not attribute lack of bleeding to the contraceptive)
  - See passage of pregnancy
  - Pregnancy symptoms resolve
- Pregnancy tests
  - Low-sensitivity urine test (1000 IU) from 2 weeks after treatment
  - High-sensitivity urine test (</= 50 IU hCG) from 4 weeks after treatment
  - Serial serum beta hCG (pre and 3-14 days post)



Poicus KD et al Contraception 2017

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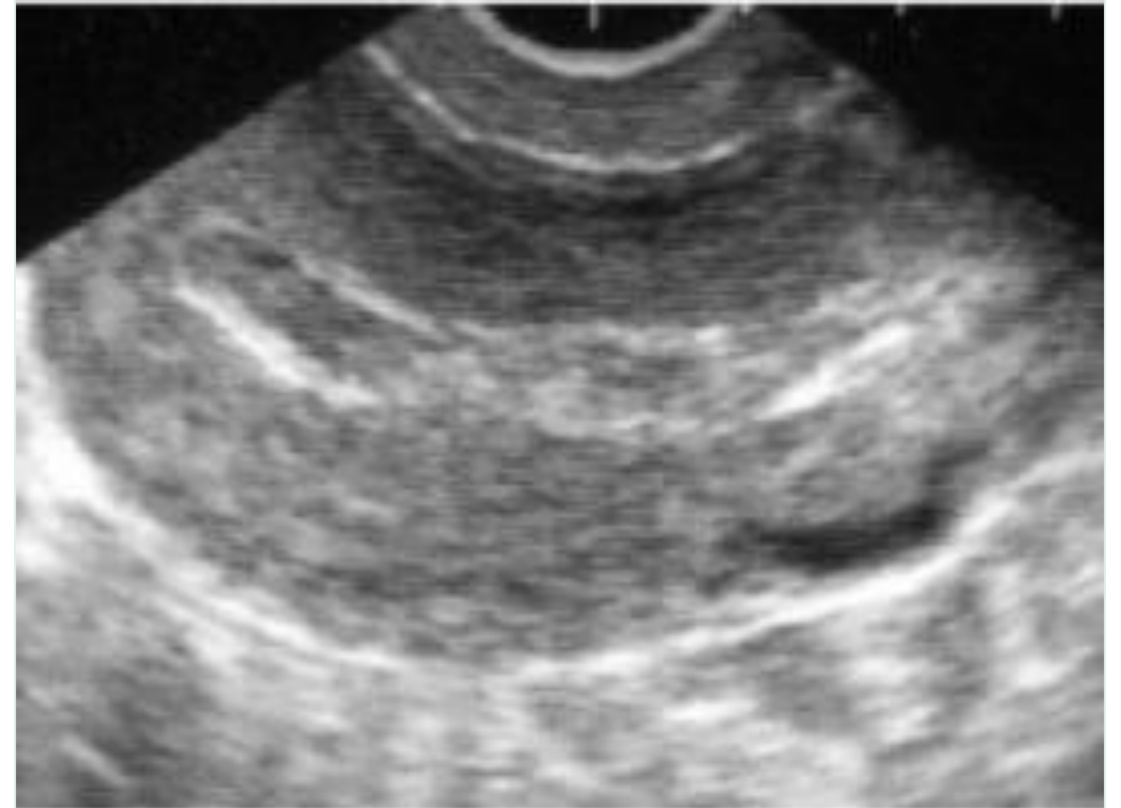
Assessing Outcome After Medical Abortion

- Ultrasound
  - Assess for ongoing pregnancy
  - Variable endometrial thickness after successful abortion
- Challenge with no test medical abortion: every pregnancy is of unknown location at treatment



Courtesy of Mary Fjerstad via Ipas

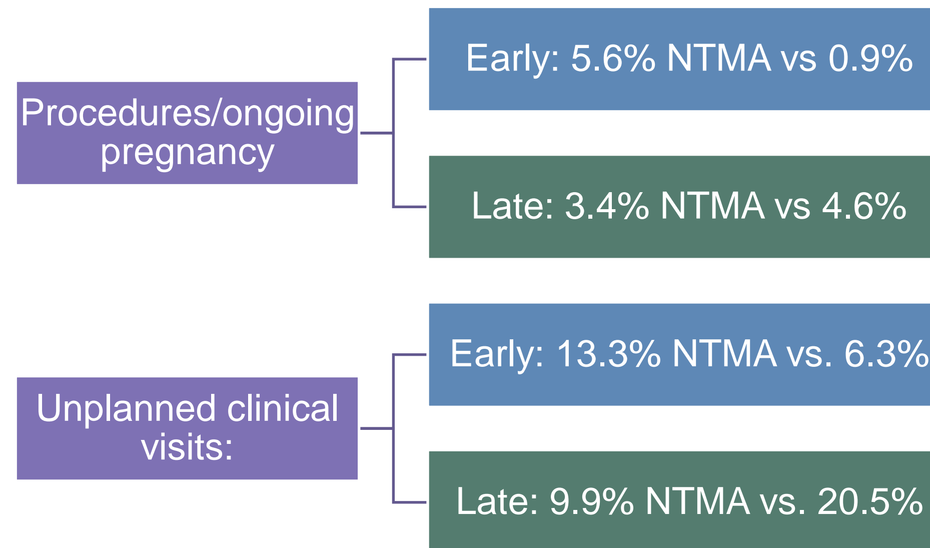
Need for Emergency Care

- Uncommon but may be more common with NTMA / remote / self-management
  - Case series ED visits: 0.87% with scan/in person vs. 2.6% no scan/some telemedicine
- Potential reasons:
  - Low threshold for referral (PUL)
  - Lack of confidence with remote assessment (providers)
  - Lack of familiarity with self-management (patients)
  - ED may be only source of support

Upadhyay, et al. JAMA 2022 and Obstet Gynecol 2015

Confidence with Experience?

- TelAbortion study comparison 2 phases: Early (end Mar-mid Sept 2020, n=416) and late (end Sept 2020-end Sept 2021, n=364)



Anger Contraception 2024 (in press)

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Summary

Offer contraception counselling to all and a method at the time of abortion for those who want it.

All reversible methods are suitable post-abortion; most suitable for immediate initiation.

Routine follow-up not required; instead counselling on when it is needed and easy to access appointments.

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Thank You.

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