Post-abortion contraception - start immediately

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FIAPAC 2012
to be discussed ...

- abortions globally, nationally, individually
  - trends
  - repeat abortion

- contraception after abortion
  - counselling
  - type, use, time of starting
    - effects on repeat TOP
  - IU contraception immediate vs delayed
    - I, II trimester, medical abortion
About abortions

1. 50% of pregnancies are unintended
   - <50% of these end up in TOP
   - USA

2. 45 mill. abortions / year
   - 49% unsafe, proportion increasing
     - 47,000 deaths due to unsafe abortions each year
       - 62% in Africa

WHO
About abortions 2.

repeat TOP

- sign of contraceptive & counselling failure

% of all TOP

About abortions 3.

Costs

- for the woman (physical, psychological, social, economical)
- for the health care system, society
- with the price of a TOP, you could get ... quite many IUSs, IUDs, implants

Unintended pregnancy - a fact of life

... but both primary and secondary prevention important!
Counselling

- is an important part of post-abortion care
  - included in guidelines, laws

- however, it does not have a long-term effect on the use of contraception and risk of repeat TOP

Schunmann C, Glasier A Hum Reprod 2006
## Results

<table>
<thead>
<tr>
<th></th>
<th>Standard care</th>
<th>Specialist care</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starting contraception</td>
<td>39%</td>
<td>86%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Use at 16 weeks</td>
<td>49%</td>
<td>53%</td>
<td>n.s.</td>
</tr>
<tr>
<td>Repeat TOP within 2 years</td>
<td>10%</td>
<td>15%</td>
<td>n.s.</td>
</tr>
</tbody>
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Recovery of ovarion function after abortion

- is rapid
- 50 / 80% ovulate ≤4 / ≤6 weeks

Lähteenmäki P Clin Endocr. 1978

- surgical vs pg-induced
- 90 % ovulate 29 vs 24 days after abortion

Cameron IT, Baird DT Acta Endocrinol 1988

→ need of immediate contraception does exist!
Risk factors for repeat TOP

- young age
- previous pregnancies (TOP, deliveries)
- low socioeconomic status
- unmarried, single
- choosing less effective contraception after TOP

Risk of repeat TOP

- repeat TOP by 31st December 2005
- 98% came to FU

Heikinheimo O et al Contraception 2008
Continuation of reversible contraception

**OCs**
- change to a less effective / no method common
  - teenage + OC 1-year pregnancy risk x 2 vs >30 years

Kost K et al Contraception 2008

**CHOICE**
- n = 5087
- 3-year contraception free of charge
- 1-year continuation rates
  - OCP 55 %
  - IUD / IUS 84 / 88 %

Peipert JF et al Obstet Gynecol 2011
Type of contraception and repeat TOP risk 1.
Cameron ST et al. BJOG 2012;119(9):1074-80

- retrospective study
- index TOP January - June 2008, provision of contraception, 2-year FU
- n = 986
- surgical (37.2%) and medical TOPs (early 43.7%)
- IUD, IUS, implant, COCP, DMPA, ster., condom, none ...
- 12.3 % (121) came to a repeat TOP
Type of contraception and repeat TOP risk 2.

Cameron ST et al BJOG 2012;119(9):1074-80

- <25 years  57.2 %
- previous TOP  33.1 %
- deliveries  40.2 %

- IUD / IUS vs COCP
  - older (20-24 years, OR 2.5 and vs >34 years, OR 8.1), previous TOP (OR 2) or delivery (OR 5.7)

- Implant vs COCP
  - younger (> 1/3 of teenagers, OR 1.6), previous TOP (OR 1.9) or delivery (OR 2.4)
Type of contraception and repeat TOP risk 3.

Cameron ST et al BJOG 2012;119(9):1074-80

Risk of repeat TOP (OR)

- COCP: 1.0
- IUD / IUS: 0.05
- Implant: 0.06
- None: 1.3

n.s. vs COCP, DMPA
IUD / IUS insertion

- **WHO MEC 2009**
  - I trim. category 1
  - II trim. category 2

  -> benefits outweigh the risks also in II trimester

- **WHO Safe abortion 2012**

  after medical abortion: “when it is reasonably certain that the woman is no longer pregnant”
IUD / IUS insertion

Surgical I trim. abortion
- immediate vs delayed
  - expulsion rates: 5-8* / 2.7-3*%
  - continuation rates: 92.3 / 76.6%

Pakarinen P et al. 2003*, Bednarek PH et al. NEJM 2011

Surgical II trim. abortion
- up to 24 weeks
- immediate insertions: expulsion rate 3-7%
- continuation rates at 6 months imm. vs del. <85 vs 28-67%
- failure to attend later insertion!
  - 29.5 - 45.5 - 52% come to later insertion after II trim. abortion

IUD / IUS insertion

after medical abortion

- immediate
  - appr. 1 week after medical abortion
  - expulsion rate 4%
  - 3-month continuation rate 80%
    
    Betstadt S et al. Contraception 2011

- immediate vs delayed
  - 76% came to delayed insertion (4-6 weeks)
  - at 6 months: expulsions, removals ns, use 69 vs 60%, pregnancies 0 vs 4
    
    Shimoni N et al Obstet Gynecol 2011

- “fast-track” referral
  - 53% came, older, previous contact to FPC
    
    Cameron ST et al 2012 J Fam Plann Reprod Health Care
In favor of immediate IU contraception...

**Immediate IU vs non-IU**

- repeat TOP 33.6 vs 91.3 /1000 w-y, HR 0.38
- costs
  - n = 1101, 1- and 5-year repeat abortion rate
  - costs: free contraception + costs of an eventual repeat TOP

<table>
<thead>
<tr>
<th>5-year results</th>
<th>IUD n =117</th>
<th>OCP n = 413</th>
<th>DMPA n = 357</th>
</tr>
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<tbody>
<tr>
<td>Repeat TOP %</td>
<td>9.4</td>
<td>17.4</td>
<td>16.2</td>
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<tr>
<td>Costs $</td>
<td>142.63</td>
<td>385.61</td>
<td>384.81</td>
</tr>
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*Goodman S et al Contraception 2008*

*Ames CM et al. Contraception 2012*
Contraception after abortion

- hormonal contraception
  - can be started immediately after both surgical and medical abortion
  - COCPs, rings, patches, POPs, implants, injections

- IU contraception
  - at surgical abortion
  - immediately / 1-2 weeks after medical abortion
  - need for an extra appointment a principal barrier!

Stanek et al Contraception 2009
Challenges in post-abortal contraception

Medical abortions & IUD/IUS insertion
- in spite of fast-track appointments, attendance low
- home administration & assessment increasing - does "lost to follow-up" increase, too?

Old beliefs concerning IU contraception
- nulliparity, risk of infections ... BUT in fact, efficient contraception for many years, relief of menstrual problems achieved

Remember implants!

Provision of LARCs - who pays, who would benefit from paying ...
... both words and action needed
... convince, counsel
... fit and forget
Thank you!