



International Federation of Gynecology and Obstetrics



THE ROLE OF POST- ABORTION CONTRACEPTION IN PREVENTION OF UNSAFE ABORTION



THE ROLE OF POST- ABORTION CONTRACEPTION IN PREVENTION OF UNSAFE ABORTION

**FIGO WORKING GROUP ON
PREVENTION OF UNSAFE
ABORTION**

Post-Abortion Contraception

Post-abortion contraception is the most effective means to reduce abortion rate, if it complies with two conditions:

- The woman leaves the facility with a method
- The method does not require frequent re-supply

Post-Abortion Contraception

1. *Why post-abortion contraception is so important in abortion care?*
2. Why the contraceptive method should be initiated immediately following abortion?
3. Why the preference for long-acting contraceptives?
4. Can acceptance rates of these long-acting methods be increased?

Why post-abortion contraception is so important in abortion care?

- 1.1 Because the woman who presents with an induced abortion or requesting a legal termination of pregnancy is expressing her firm decision not to have a child and if she becomes pregnant again, she will often resort to another abortion.
- 1.2 Because a very high proportion of all abortions are repeat abortions.

Why post-abortion contraception is so important in abortion care?

- 1.3 Because the woman who presents with an incomplete abortion or requesting a legal termination of pregnancy is motivated not to repeat the experience of having to undergo an abortion and is open to appropriate counseling.

Why post-abortion contraception is so important in abortion care?

- 1.4 Because the woman is already at a healthcare facility and receiving care from a professional who is able to provide her with a contraceptive method.

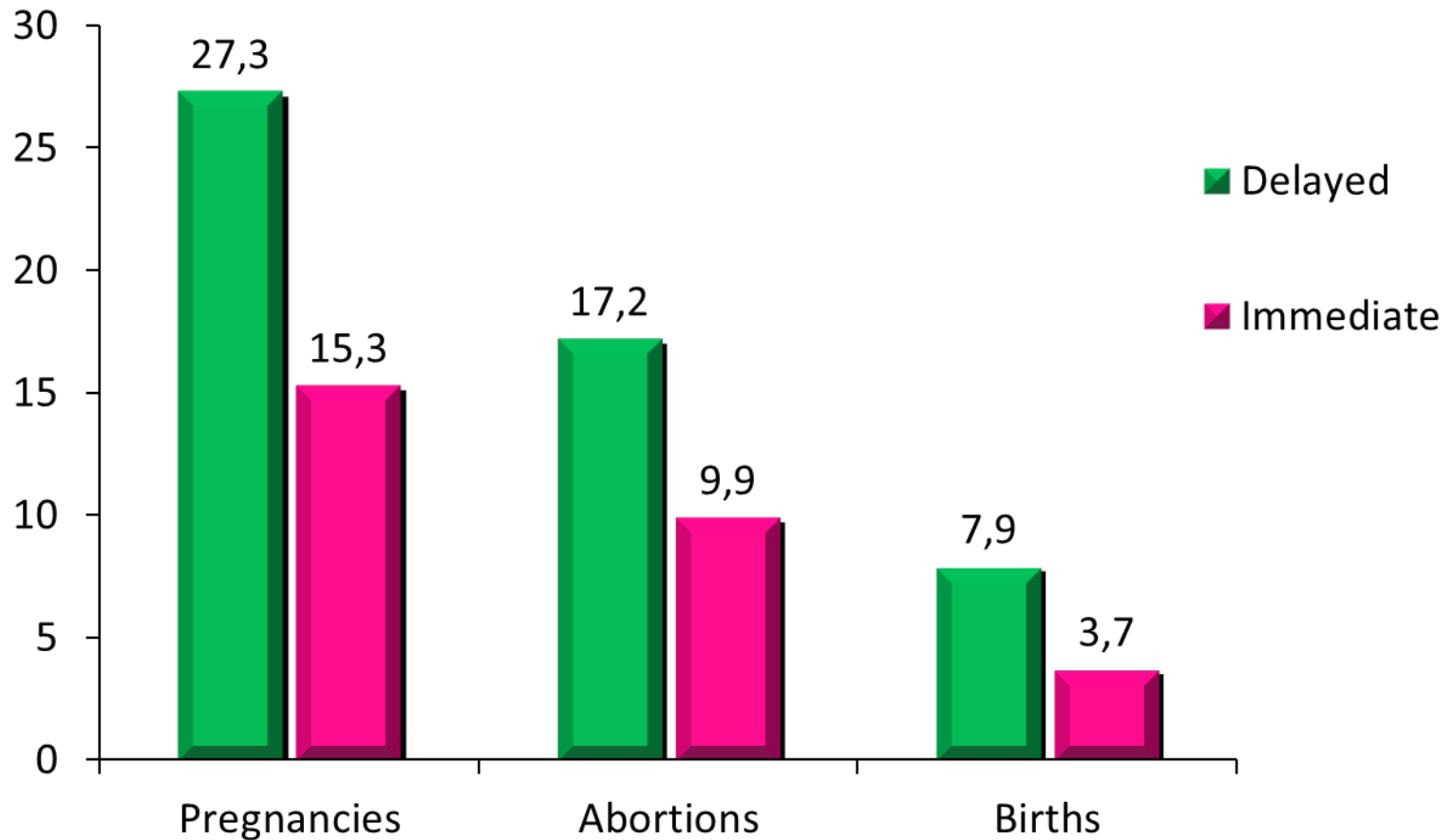
Post-Abortion Contraception

1. Why the emphasis on post-abortion contraception?
2. *Why start a method immediately?*
3. Why the preference for long-acting methods?
4. Can acceptance rates of these long-acting methods be increased?

Why start a method immediately

- 2.1 Because the probability of initiating use of the chosen method decreases and the risk of an unplanned pregnancy increases when use of the method is initiated weeks later.

Percentage of pregnancies, abortions and deliveries in the year following a legal abortion, according to whether a contraceptive method was initiated immediately following the abortion or if the patient was referred to initiate the method later.



Continuation of use and pregnancy six months after insertion of an IUD immediately following a second trimester abortion or programmed for a later date

MOMENT OF INSERTION

	Immediately	Delayed
Use of IUD	81.7%	28.4%
Unplanned pregnancy	0.0	5.1%

Post-Abortion Contraception

1. Why the emphasis on post-abortion contraception?
2. Why the contraceptive method should be initiated immediately following abortion?
3. *Why the preference for long-acting methods?*
4. Can acceptance rates of these long-acting methods be increased?



A woman has the right to choose her contraceptive method

- ✓ It is a woman's right to be able to choose which contraceptive method she would prefer to use.
- ✓ However, the woman also has the right to be fully and accurately informed at the time of choosing a method.

Informed choice of contraceptive method

- ✓ When choosing a post-abortion contraceptive method, information on its efficacy is vital.
- ✓ For this reason, accurate information must be given on the “actual” efficacy of each method.

The actual efficacy of contraceptive methods

- ✓ For more than three decades, investigators have been noticing a marked difference between the efficacy of some methods in controlled clinical trials compared to what is found in population-based studies.

The actual efficacy of contraceptive methods

- ✓ Trussel introduced the concept of the failure rate of methods during perfect use (in clinical trials) and during typical use (in real life).

Example of the combined oral contraceptive (COC)

Its efficacy depends on:

1. The ability of the COC to inhibit ovulation.
2. The woman's compliance with daily pill-taking and with the prescribed pill-free interval.

The efficacy of the COC

Lack of compliance with daily pill-taking and with the pill-free interval increases the risk of “escape ovulation” and pregnancy.

The risk of prolonging the interval between cycles

The same principle applies to other methods:

- The contraceptive patch,
- The vaginal ring,
- Injectable contraceptives.

The efficacy of long-acting contraceptive methods

The actual efficacy during typical use of Long Acting Reversible Contraceptives (LARC) is the same as the theoretical efficacy during “perfect” use.

The efficacy of long-acting contraceptive methods

The exception is the intrauterine device, which can be expelled or may perforate the uterus, leaving the woman exposed to the risk of pregnancy. Such events are rarely not adverted

The efficacy of long-acting contraceptive methods

Depo Provera is an intermediate case; however, unlike methods that last for years, its efficacy during typical use is much lower than during perfect use.

The actual efficacy of contraceptive methods

For these reasons, there is a considerable difference in the definition of which methods are highly effective according to whether the pregnancy rate during “perfect use” or during “typical use” is taken into consideration.

Pregnancy rates during the first year of use of a contraceptive method

	Perfect Use	Typical Use
Periodic abstinence	0.4 – 5.0	24.0
Diaphragm	6.0	12.0
Condom	2.0	18.0
Tcu 380-A IUD	0.6	0.8
Combined oral contraceptive pill	0.3	9.0
NuvaRing vaginal ring	0.3	9.0
Depo-Provera	0.3	6.0
Mirena (LNG-IUS)	0.2	0.2
Implanon	0.05	0.05
Tubal ligation	0.5	0.5
Vasectomy	0.10	0.15



FIGO

INTERNATIONAL FEDERATION
OF
GYNECOLOGY & OBSTETRICS

Pregnancy rates during the first year of use of a contraceptive method

	Typical Use
Implanon	0.05
Vasectomy	0.15
Mirena (LNG-IUS)	0.2
Tubal ligation	0.5
Tcu 380-A IUD	0.8
Depo-Provera	6.0
Combined oral contraceptive pill	9.0
NuvaRing vaginal ring	18.0
Condom	12.0
Diaphragm	24.0
Periodic abstinence	



The actual efficacy of contraceptive methods

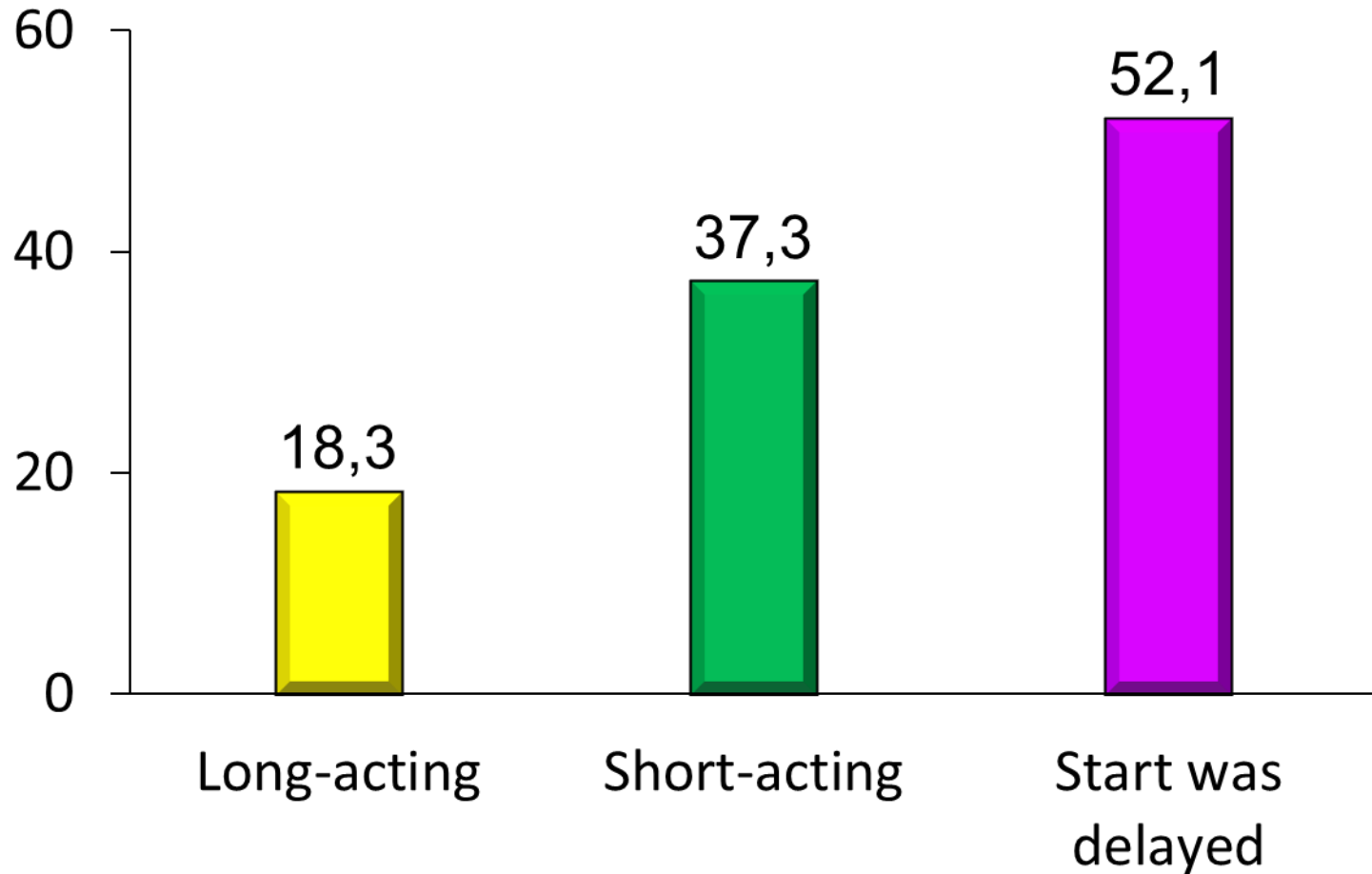
This is what women need to know when they are deciding what contraceptive method to use following an abortion.



Why the preference for long-acting methods?

Practical experience has confirmed the higher efficacy of long-acting reversible contraceptives (LARC) in reducing the incidence of repeat abortion.

Repeat abortion rate x 1000 women/year, according to the type of method and whether it was provided immediately following an abortion or later

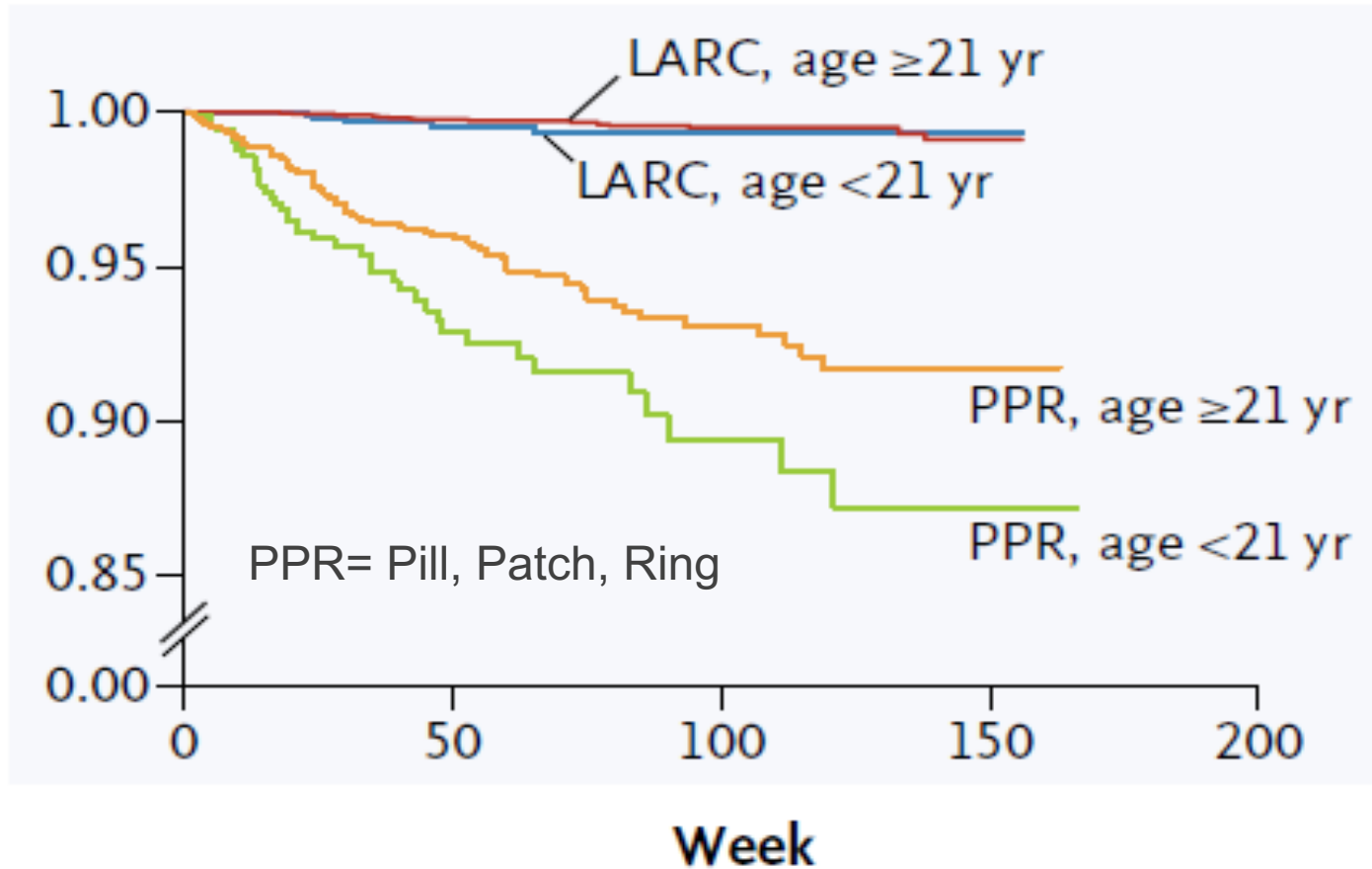




Post-Abortion Contraception

The use of LARC is particularly important for adolescents who need to post pone a pregnancy

The probability of not becoming pregnant according to the contraceptive method used and the woman's age



Post-Abortion Contraception

1. Why the emphasis on post-abortion contraception?
2. Why the contraceptive method should be initiated immediately following abortion?
3. Why the preference for long-acting contraceptives?
4. *Can acceptance rates of these long-acting methods be increased?*



Can acceptance rates of these long-acting methods be increased?

This depends on:

- The availability of no-cost contraceptive methods or methods made available at highly subsidized prices.



Prospective cohort study of women of 14-45 years of age who wanted to avoid pregnancy for at least one year

Following counseling, participants were able to select a method at no cost.

- 67% of the 2,500 participating women chose a long-acting method.
- 56% chose an intrauterine device.
- 11% chose subdermal implants.

Can acceptance rates of these long-acting methods be increased?

This depends on:

- Their availability at no cost or at highly subsidized prices.
- The training and attitude of the providers.

Can acceptance rates of these long-acting methods be increased?

This depends on:

- Their availability at no cost or at highly subsidized prices.
- The training and attitude of the providers.
- Organization of a system to provide counseling and immediate provision of the method.

CONCLUSIONS

There will always be unplanned pregnancies and induced abortions because no contraceptive method is perfect.

We can contribute enormously to reducing these rates if we organize ourselves to increase acceptance of post-abortion contraception with the use of methods that are in fact highly effective.



FIGO, ICM, ICN Consensus (2009)

“If a woman comes to a hospital with an incomplete [induced] abortion, we've already failed once to help her avoid an unwanted or a mistimed pregnancy. If she leaves the facility without having any means of preventing another pregnancy in the future that may not be wanted, we've failed her twice.”



FIGO

INTERNATIONAL FEDERATION
OF
GYNECOLOGY & OBSTETRICS

THANK YOU