

Results from a pilot of an enhanced contraception pathway following telemedicine abortion

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Scotland

Part of UK but
separate
abortion
legislation

13700 abortions in 2021

99% Medical abortion

53% Mifepristone and
Misoprostol at Home

29% Mifepristone in clinic
and Misoprostol at Home



Nearly all patients
have telephone
consultation



Approx 2/3 have
no in-person
clinician contact



Uptake of long-acting reversible contraception after telemedicine delivered abortion during Covid-19



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Table 2. Method of contraception received and whether there was a face-to-face consultation for patients receiving abortion care in NHS Lothian Oct 2020–Feb 2021. (Table view)

Method received	Number of Patients (% of 944)	% of patients who received method after initially choosing method	Number of patients who had face-to-face appointment (% of patients who received method)
IUD (initially chosen by 100 patients)	27 (2.9%)	27%	15 (55.6%)
IUS (initially chosen by 123 patients)	29 (3.1%)	23.6%	15 (51.7%)
Implant (initially chosen by 77 patients)	72 (7.6%)	94.0%	49 (68.1%)
Injection (DepoProvera/SayanaPress) (Initially chosen by 30 patients)	25 (2.6%)	83.3%	15 (60.0%)
Wished LARC, did not receive (Data does not report which, if any, other method used)	177 (18.8%)	53.6% (of 330 patients initially choosing LARC)	65 (37.8%)
Progestogen only pill	324 (34.3%)	NB. data unavailable as to whether patients initiated methods of short acting contraception after receiving	124 (38.3%)
Barrier Method	122 (12.9%)		36 (29.5%)
None	84 (8.9%)		37 (44.0%)
Combined oral contraceptive pill	53 (5.6%)		21 (39.6%)
Patch/Ring	29 (3.1%)		17 (58.6%)
Fertility awareness	1 (0.1%)		0 (0.0%)
Female sterilisation	1 (0.1%)	1 (100.0%)	

Self-reported contraceptive use and satisfaction among women accessing telemedicine medical abortion at the onset of the COVID-19 pandemic at 3–6-month follow-up

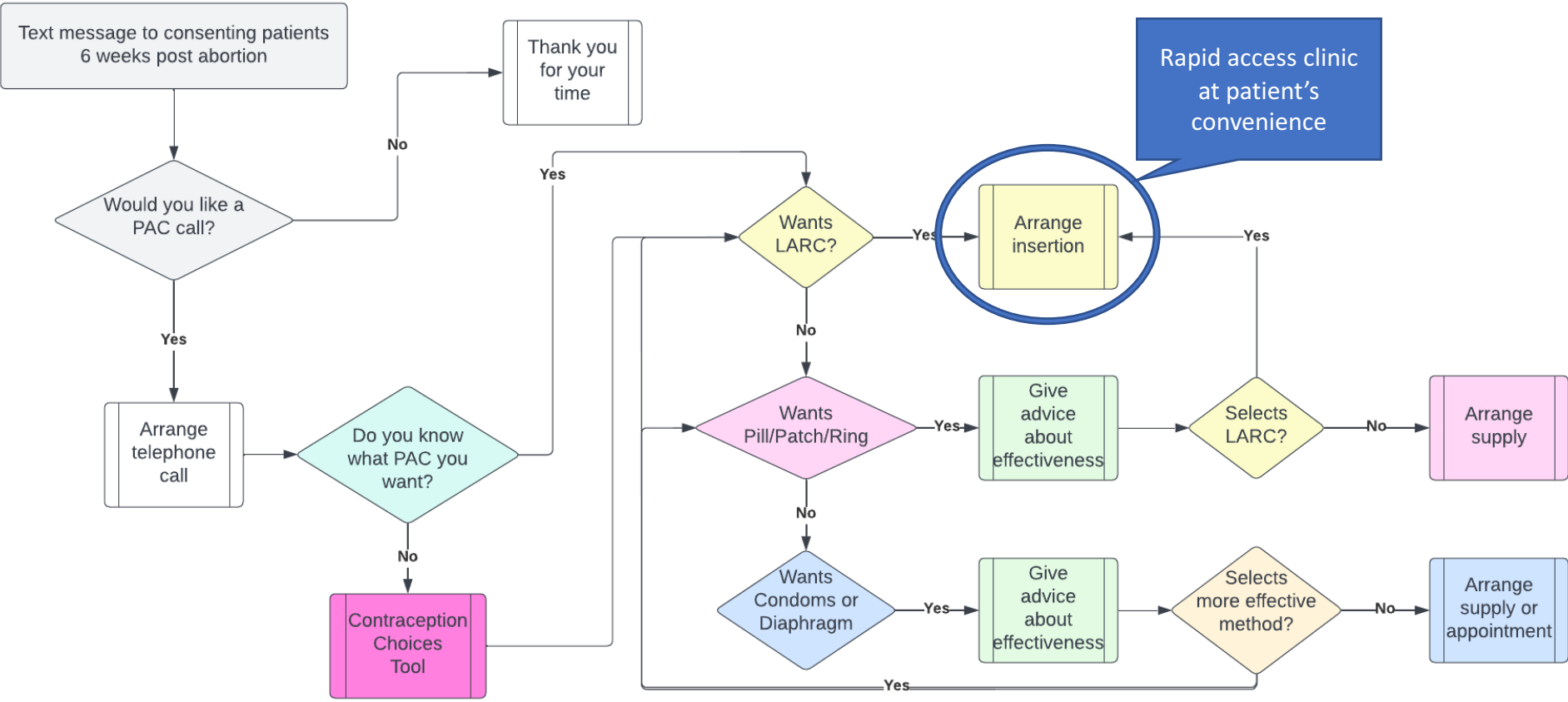
Margherita Vianello ¹, John Joseph Reynolds-Wright ^{2,3}, Sharon Cameron ^{2,3}



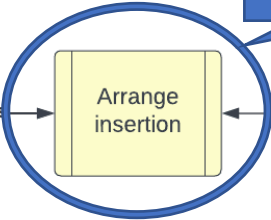
Table 2 Contraception use following telemedicine early medical abortion at 3–6 month follow-up and after offer of further contraception

Contraceptive method	Contraception provided following abortion (n (%))	Contraception use self-reported at 3–6 month follow-up (n (%))	Contraception use following offers of contraception at 3–6 month follow-up (n (%))
Total (all methods)	329* (100)	329* (100)	329* (100)
Combined oral contraceptive	24 (7)	34 (10)	35 (11)
Combined hormonal contraceptive patch	10 (3)	6 (2)	6 (2)
Progestogen-only pill	215 (65)	98 (30)	94 (28)
Pill (unsure which)	0 (0)	8 (2)	8 (2)
Copper-bearing intrauterine device	11 (3)	12 (4)	17 (5)
Levonorgestrel-releasing intrauterine device	14 (4)	19 (6)	27 (8)
Implant	10 (3)	19 (6)	23 (7)
Progestogen-only injectable	7 (2)	8 (2)	10 (3)
Condoms	25 (8)	65 (20)	56 (17)
No method	13 (4)	60 (18)	53 (16)

*Excludes two women who did not answer the question.



Rapid access clinic
at patient's
convenience



Do you want regular periods, or no periods?


- Regular periods
- No periods

Do you want lighter/less painful periods?

- Yes
- Not an issue

Do you want less acne?

- Yes
- Not an issue

Do you want less PMS? 

- Yes
- Not an issue

Do you want something that is less effort to remember?

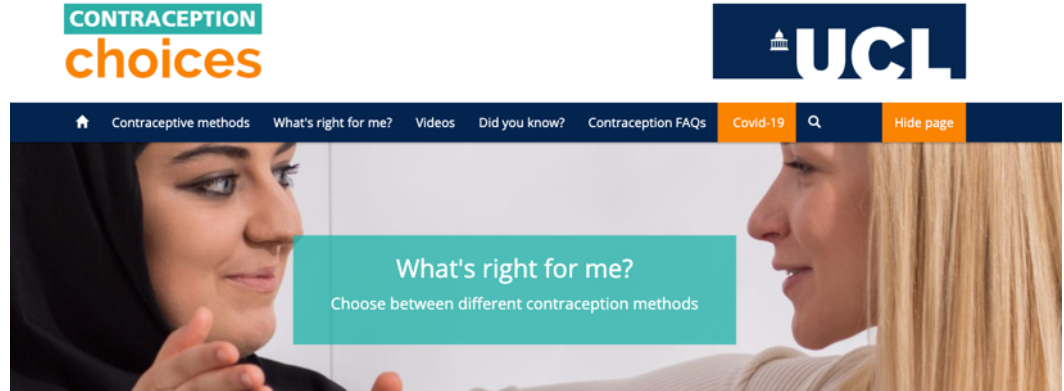
- Yes
- Not an issue

Do you want a method without hormones?

- Without hormones
- Not an issue

Do you want to be pregnant in the next few months?

- No
- Yes/maybe



Calculate top three methods >

Results

- Total number of patients receiving abortion care 1st Feb 2022 – 30th April 2022 = 672
- Agreeing to follow up contact = 427 (63.5%)
 - 180/427 (42.2%) did not respond
 - 174/427 (40.7%) responded but declined further PAC consult
 - 73/427 (17.1%) requested a further PAC consult
 - No difference between these groups re: deprivation score, smoker status, previous pregnancies, or age

Results

- 63/73 (86.3%) already knew which method they wanted
- 8/73 (11%) did not know what they wanted
- 2/73 (2.7%) did not respond when contacted

I know what I want (n=63)

- 7 (11.1%) were already using LARC
 - 2 implant, 2 IUC, 3 DMPA-IM
 - Of the DMPA-IM users, 1 switched to DMPA-SC and 1 switched to IUD
- 56 (88.9%) were not using LARC
 - 20 POP, 16 no method, 14 condoms, 5 CHC, 1 App
 - 38/56 (67.8%) selected LARC at consult
 - 26/56 (46.4%) initiated LARC method following consult

I don't know what I want (n=8)

- All used the Contraception Choices decision aid
 - 5 chose the number 1 recommended method based on their answers
 - 3 x IUS, 2 x IUD
 - 2 chose no method
 - 1 chose a method (POP) not in top 3 recommendations
- 2 patients initiated the method they selected
 - 1 x POP
 - 1 x IUD (originally chose IUS) but attended for this 4 months after consult

Overall

- 34 moved to a higher effectiveness method after consult
 - 46% of all receiving consult, 5.1% of all patients receiving abortion (672)
- A greater proportion of patients received LARC following abortion if they received the intervention compared to those who declined or did not respond
 - 46% intervention group vs 28% declined/no response, $p=0.001$
 - Difference persists in excluding DMPA from LARC
 - Difference persists in those aged under 25

Key Learning from this Pilot Project

- Just over 10% of abortion patients engaged in a further consultation for post-abortion contraception
- Of these:
 - Over 4 in 5 already knew what method they wanted
 - Approximately half switched to a more effective method
 - LARC initiation higher after consultation
 - For those using the decision aid, high proportions chose LARC but did not attend appointments to initiate

Next Steps

Refining intervention

- How/when intervention is 'pitched' to patients
- Other modalities for consultation
- Timing in relation to abortion care

Randomised controlled trial

- Enhanced post-abortion contraception consultation and pathway
- Standard care (contraception offer at time of abortion)

Thank you

Any questions?

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