Barriers of post-abortion contraception within the FIGO Initiative on Prevention of Unsafe abortion

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Post abortion contraception

- Post-abortion women are at a high risk of repeated unwanted pregnancy
- Ovulation can occur within 8 days and 83% of women by 4weeks.
- Post-abortion contraception prevents repeated unintended pregnancies

S chreiber CA, etal (2011). Ovulation resumption after medical abortion with mifepristone and misoprostol. Contraception;84(3):230–3
Lahteenmaki P, Luukkainen T: Return of ovarian function after abortion. Clinical endocrinology 1978, 8(2):123-132.

WHY THE EMPHASIS ON POST-ABORTION CONTRACEPTION

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 certainly resort to another abortion.

WHY THE EMPHASIS ON POST-ABORTION CONTRACEPTION

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 THE EMPHASIS ON POST-ABORTION CONTRACEPTION

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.

“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.”

Cynthia Steele Verme, 1994
Postabortion Care (PAC) Consortium,
International Conference on Population and Development (ICPD), Cairo

WHY START A METHOD IMMEDIATELY

Because the probability of initiating use of the chosen method decreases and the risk of an unplanned pregnancy increases when an appointment is made to initiate the method weeks later.

Facilitators for LARC uptake

- **Family planning services should be offered in the same clinic where treatment for abortions complications occurs.**
- **Women should have access to wide range of contraceptive methods.**

Kirsten M.J.et.al (2011). Contraceptive policies affect post-abortion provision of long-acting reversible contraception. Contraception 83 (2011) 41–47

Facilitators for LARC uptake

- **Good quality counseling by knowledgeable health workers**
- **Improve skills and knowledge of health care providers**
- **Removal of payments.**

- Kirsten M.J.et.al (2011). Contraceptive policies affect post-abortion provision of long-acting reversible contraception. Contraception 83 (2011) 41–47

Women related barriers:

- Lack of awareness of the methods
- Health concerns about contraceptive methods, fear of side effects
- Belief that they can't conceive immediately after an abortion, ignorance
- Lack of partner support/culture
- Religious beliefs

Barriers to uptake of LARC

- **Cultural and religious issues**
- **Fear of side effects**
- **Lack of access to family planning services**
- **Family, spouse & peer pressures**

Kirsten M.J.et.al (2011). Contraceptive policies affect post-abortion provision of long-acting reversiblecontraception. Contraception 83 (2011) 41–47

How to overcome women related barriers:

- Educate the community about FP, media, village meetings
- Increase male involvement (through educating the community)

Barriers to uptake of LARC

- Lack of provider skill & knowledge.
- Lack of awareness on the part of the women
- Cost of contraceptives
- Work load
- Lack of protocols and guidelines

Kirsten M.J.et.al (2011). Contraceptive policies affect post-abortion provision of long-acting reversible contraception. Contraception 83 (2011) 41–47

Providers related barriers

- Lack of knowledge and skills on post abortion contraception counseling and provision
- Lack of provider's skills at the point where PAC is done since most MVAs done by Clinical Officers who may not be very skilled to provide LARC.
- No dedicated program for FP- Little training in FP

How to overcome providers related barriers

To train the health care providers in charge of MVA in order to increase their knowledge and skills on post abortion contraception

Hospital system barriers

- Religious affiliation: Hospitals supported by the RC church do not allow staff to provide FP
- Poor infrastructure: FP methods not available in the same room as MVA services
- Stock outs of FP commodities, unsustainable supply, lack of proper logistic of distribution

Hospital system barriers

- Emergency gynecology providing MVA usually very busy. Staff time for LARC constrained
- Provision of post-abortion contraception seen as less important
- No FP services in secondary and tertiary facilities providing abortion services

How to overcome hospital system barriers

- Commitment of Government - MoH to ensure purchase of LARC (with external assistance as required) and logistic of distribution that ensure that LARC are available at site of abortion care

- Commitment of Hospital administrators and Head of Department who are educated in the mid and long term benefits of post abortion contraception with LARC

How to overcome hospital system barriers

No cost adaptations of health facilties to ensure that LARC are available in the site where MVA is providers.

Ensure that staff trained on post abortion contraception with LARC and MVA are deployed to provide such services