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# Post-abortion contraception - start immediately

Satu Suhonen
MD, PhD

Centralized Family Planning, City of Helsinki Health Centre
Finland

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

- 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

| | % of all TOP |
|---|---|
| US | 50 |
| England, Wales 2010 | 34 |
| Scotland 2010 | 28 |
| Finland 1991 | 29 |
| Finland 2001 | 30 |
| Finland 2011 | 37 |

# 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

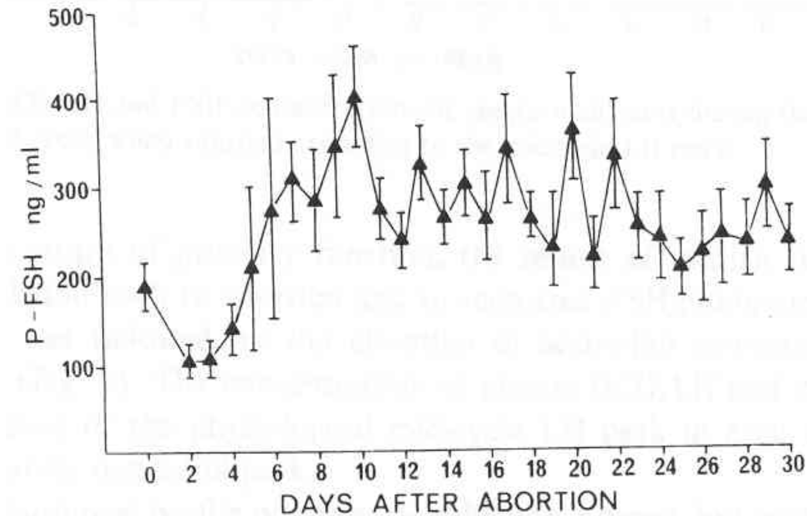
Schunmann C, Glasier A Hum Reprod 2006

# Results

| | *Standard care* | *Specialist care* | *p* |
|---|---|---|---|
| Starting contraception | 39% | 86% | <0.001 |
| Use at 16 weeks | 49 % | 53% | n.s. |
| Repeat TOP within 2 years | 10% | 15% | n.s. |

Schunmann C, Glasier A Hum Reprod 2006

# Recovery of ovarion function after abortion




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

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

Heikinheimo O et al Contraception 2008, Niinimäki M et al Obstet Gyn 2009, Mentula M et al AmJOG 2010, Roberts H et al Contraception 20101, Cameron ST et al 2012 …

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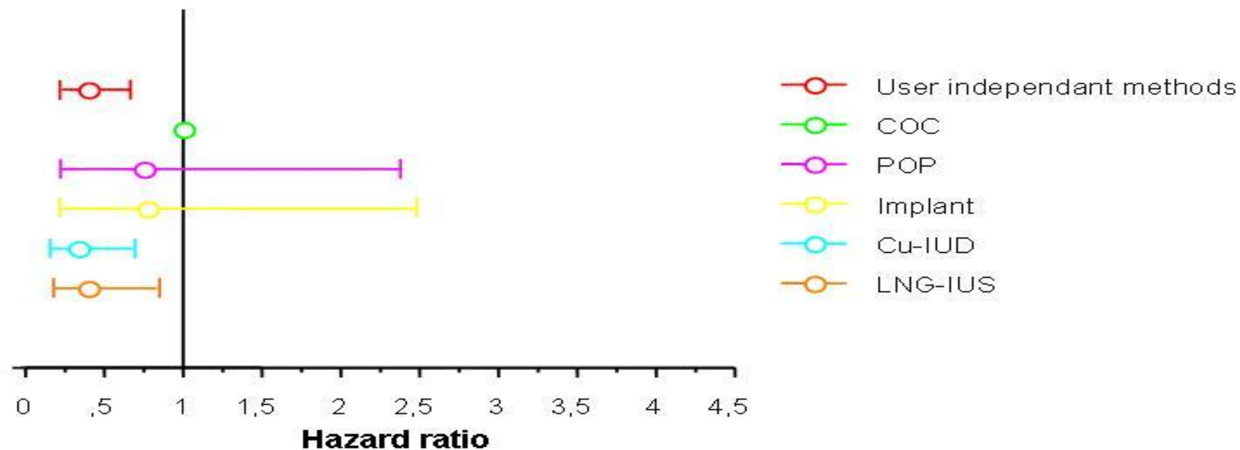
# Risk of repeat TOP

- early medical abortions, n = 1269, Aug. 2000-Dec. 2002
- 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 1.

- 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 the woman is no longer pregnant"

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# IUD / IUS insertion 2.

## 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

Fox MC et al, Cremer et al, Hohmann HL et al Contraception 2011, 2012

# IUD / IUS insertion 3.

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 el 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

| *5-year results* | *IUD n =117* | *OCP n = 413* | *DMPA n = 357* |
|---|---|---|---|
| *Repeat TOP %* | *9.4* | *17.4* | *16.2* |
| *Costs $* | *142.63* | *385.61* | *384.81* |

Goodman S et al Contraception 2008
Ames CM et al. Contraception 2012

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# 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 concernig 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 !