"Liberating women - removing barriers and increasing access to safe abortion care"

14.-15. September 2018, Nantes, France
Timing of IUD insertion after abortion

DR. ROBERTO LERTXUNDI

CLÍNICA EUSKALDUNA, BILBAO. SPAIN
Conflict of interest

Dr. Lertxundi has relevant financial relationships with the following commercial interests:

- Exelgyn
- Nordic-Pharma
- Bayer
- Exeltis
- MSD
- Effik
Evidence

The scientific Community emphasizes the need to utilize an effective contraceptive method as rapidly as possible following an abortion.
Evidence

The scientific Community emphasizes the need to utilize an effective contraceptive method as rapidly as possible following an abortion.

“As soon as possible”

Dewan R. EJCRHC 2018;23:231-236.
After ToP, surgical or medical, all contraceptives methods are recommended

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**COMBINED HORMONAL CONTRACEPTIVES (CHCs)**

CHCs do not protect against sexually transmitted infections (STIs), including HIV. If there is a risk of STI/HIV, the correct and consistent use of condoms is recommended. When used correctly and consistently, condoms offer one of the most effective methods of protection against STIs, including HIV. Female condoms are effective and safe, but are not used as widely by national programmes as male condoms.

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>CATEGORY</th>
<th>I = initiation, C = continuation</th>
<th>CLARIFICATIONS/EVIDENCE</th>
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<tbody>
<tr>
<td>POST-ABORTION</td>
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<tr>
<td>a) First trimester</td>
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<tr>
<td>b) Second trimester</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>c) Immediate post-septic abortion</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Clarification: COCs, P, CVR or OCs may be started immediately post-abortion.

Evidence: Women who started taking COCs immediately after first-trimester medical or surgical abortion did not experience more side-effects or adverse vaginal bleeding outcomes or clinically significant changes in coagulation parameters compared with women who used a placebo, an IUD, a non-hormonal contraceptive method, or delayed COC initiation (134–141). Limited evidence on women using the CVR immediately after first-trimester medical or surgical abortion indicated no serious adverse events and no infection related to CVR use during 3 cycles of follow-up post-abortion (77).

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**PROGESTOGEN-ONLY CONTRACEPTIVES (POCs)**

POCs do not protect against sexually transmitted infections (STIs), including HIV. If there is a risk of STI/HIV, the correct and consistent use of condoms is recommended. When used correctly and consistently, condoms offer one of the most effective methods of protection against STIs, including HIV. Female condoms are effective and safe, but are not used as widely by national programmes as male condoms.

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<td>1</td>
</tr>
<tr>
<td>c) Immediate post-septic abortion</td>
<td>1</td>
<td>1</td>
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</tr>
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</table>

Clarification: POCs may be started immediately post-abortion.

Evidence: Limited evidence suggests that there are no adverse side-effects when an LNG implant or NET-EN are initiated after first-trimester abortion (113–116).

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WHO 2015. Medical eligibility criteria for contraceptive use
After ToP, surgical or medical, all contraceptives methods are recommended.

### INTRAUTERINE DEVICES (IUDs)

IUDs do not protect against sexually transmitted infections (STIs), including HIV. If there is a risk of STI/HIV, the correct and consistent use of condoms is recommended. When used correctly and consistently, condoms offer one of the most effective methods of protection against STIs, including HIV. Female condoms are effective and safe, but are not used as widely by national programmes as male condoms.

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<th>CLARIFICATIONS/EVIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I = initiation, C = continuation</td>
<td>Cu-IUD</td>
</tr>
<tr>
<td>Recommendations reviewed for the MEC 5th edition, further details after this table</td>
<td>Cu-IUD = copper-bearing IUD</td>
<td>LNG-IUD = levonorgestrel-releasing IUD (20 μg/24 hours)</td>
</tr>
<tr>
<td>*additional comments after this table</td>
<td></td>
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</tr>
</tbody>
</table>

#### POST-ABORTION

- **a) First trimester**
  - Category: 1
  - Clarification: IUDs can be inserted immediately after first-trimester, spontaneous or induced abortion.
  - Evidence: There was no difference in risk of complications for immediate vs delayed insertion of an IUD after abortion. Expulsion was greater when an IUD was inserted following a second-trimester abortion vs a first-trimester abortion. There were no differences in safety or expulsions for post-abortion insertion of an LNG-IUD compared with a Cu-IUD (36–48).

- **b) Second trimester**
  - Category: 2

- **c) Immediate post-septic abortion**
  - Category: 4

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WHO 2015. Medical eligibility criteria for contraceptive use
There is no question in regards to the convenience of inserting an IUD immediately after a SURGICAL termination if the women so desires.
Diminish repeat abortion rate is one of the main objectives of Public Health Policies

- Repeat abortion rate in Spain is almost 40%
- The best way to reduce repeat abortion is to improve post abortion contraception
Preventing repeat abortion in Canada: is the immediate insertion of intrauterine devices postabortion a cost-effective option associated with fewer repeat abortions?∗

Christina M. Ames,a,b Wendy V. Normanb

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bUniversity of British Columbia, Vancouver, BC, V6H 1Z3 Canada

Received 1 September 2010; revised 3 May 2011; accepted 4 May 2011

Abstract

Background: In 2005, 97,254 abortions were performed in Canada, of which 38% were repeat abortions. The objective of this research was to determine if provision of free intrauterine devices (IUDs) postabortion is associated with a reduction in health-care costs and repeat abortions in a Canadian population compared with provision of oral contraceptives (OCPs) or depo-medroxyprogesterone acetate (DMPA).

Study Design: A retrospective cohort study was conducted by intention-to-treat chart review in a facility providing the majority of abortions in a Canadian health region. All (n=1782) residents of this region who underwent abortion in 2003, 2004 and 2008 were included. One- and 5-year rates of repeat abortion were calculated, and a cost-effectiveness analysis was conducted to compare health-care system costs of providing patients with IUDs, OCPs or DMPA and subsequent repeat abortions.

Results: In 2003 and 2004, 1101 index abortions occurred. The main contraceptive cohorts were immediate IUD insertion (n=117, 10.6%), immediate OCP (n=413, 37.5%) and immediate DMPA administration (n=357, 32.4%). After 5 years repeat abortion rates in the respective cohorts were: IUD, 9.4%; OCP, 17.4%; DMPA, 16.2% (p<0.05). One-year rates of repeat abortion were not significantly different. Costs of providing contraception and subsequent abortions over 5 years were $142.63 (IUD), $385.61 (OCP) and $384.81 (DMPA) per user.

Conclusion: The immediate insertion of IUDs postabortion is associated with a lower 5-year rate of repeat abortion than provision of OCPs or DMPA. A cost reduction to the health-care system occurs when providing IUDs postabortion vs. alternate contraception of equivalent duration.

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Keywords: Abortion; Induced abortion; Health system cost analysis; Contraception health policy

Impact of immediate postabortal insertion of intrauterine contraception on repeat abortion∗

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bPlanned Parenthood Golden Gate, San Francisco, CA 94109, USA
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Received 7 December 2007; revised 5 March 2008; accepted 5 March 2008

Abstract

Background: Of the 1.3 million abortions performed annually in the United States, approximately half are repeat procedures. Immediate postabortal intrauterine device (IUD) insertion is a safe, effective, practical and underutilized intervention that we hypothesize will significantly decrease repeat unintended pregnancy and abortion.

Study design: All women receiving immediate postabortal IUD insertion in eight clinics of a Northern California Planned Parenthood agency during a 3-year period comprise the IUD cohort. We selected a cohort of controls receiving abortions but choosing other, non-IUD contraception on the day of the abortion visit in a 2:1 ratio matched by date of abortion. We obtained follow-up data on repeat abortions within the agency for both cohorts through 14 months after the 3-year period. We evaluated differences in repeat abortion between cohorts. All analyses were intent-to-treat.

Results: Women who received an immediate postabortal IUD had a lower rate of repeat abortions than controls (p<0.001). Women who received a postabortal IUD had 34.6 abortions per 1000 woman-years of follow-up compared to 91.3 for the control group. The hazard ratio for repeat abortion was 0.38 [95% confidence interval (CI), 0.27–0.53] for women receiving a postabortal IUD compared to controls. When adjusted for age, race, ethnicity, marital status, and family size, the hazard ratio was 0.37 (95% CI, 0.26–0.52).

Conclusion: Immediate postabortal intrauterine contraception has the potential to significantly reduce repeat abortions.

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Keywords: Repeat abortion; IUD; IUC; Intrauterine contraception; Postabortal
Preventing repeat abortion in Canada: is the immediate insertion of intrauterine devices postabortion a cost-effective option associated with fewer repeat abortions?☆
Christina M. Ames☆,☆, Wendy V. Noman☆

Abstract
Background: In 2005, 97,254 abortions were performed in Canada to determine if provision of free intrauterine devices (IUDs) to women in a Canadian population compared with provision of a subset of oral contraceptives (OCPs) would have a profound impact on repeat abortion rates. Study Design: A retrospective cohort study was conducted in a Canadian health region. All (n=1782) residents of this region who had at least one repeat abortion were identified and their OCP use was compared with that of women having IUDs. Results: In 2003 and 2004, 1101 index abortions occurred. The 5-year rates of repeat abortion were calculated, and a cost analysis was performed using OCPs and DMPA. Conclusion: The immediate insertion of IUDs postabortion provides a cost reduction to the health-care system equivalent to the cost reduction calculated over a 5-year period.

Impact of immediate postabortal insertion of intrauterine contraception on repeat abortion☆☆
Suzan Goodman☆☆☆☆, Sarah K. Hendlish☆☆☆, Matthew F. Reeves☆☆☆, Anne Foster-Rosales☆☆☆☆,*
*University of California, San Francisco, San Francisco, CA 94120, USA

Abstract
Background: Of the 13.9 million abortions performed annually in the United States, approximately half are repeat procedures. Immediate postabortal intrauterine device (IUD) insertion is a safe, effective, practical, and underutilized intervention that we hypothesize will significantly decrease repeat unintended pregnancy and abortion. Study design: All women receiving immediate postabortal IUD insertion in eight clinics of a Northern California Planned Parenthood agency during a 3-year period comprise the IUD cohort. The proportion of women who received a postabortal IUD vs. those who did not is compared. Results: Women who received an immediate postabortal IUD had a lower rate of repeat abortion than controls (p<.001). Women who received a postabortal IUD had 34.6 abortions per 1000 woman-years of follow-up compared to 91.3 for the control group. The hazard ratio for repeat abortion was 0.38 [95% confidence interval (CI), 0.27–0.53] for women receiving a postabortal IUD compared to controls. When adjusted for age, race/ethnicity, marital status, and family size, the hazard ratio was 0.37 (95% CI, 0.26–0.52).
Conclusion: Immediate postabortal intrauterine contraception has the potential to significantly reduce repeat abortion.

Keywords: Repeat abortion; IUD; IUC; Intrauterine contraception; Postabortal
Our last experience

250 IUD immediate inserted after SToP through out 2015 and 2016

After 1 year follow-up (10.2% lost to follow-up) the results are equivalent to other published data regarding

- Continuation
- Expulsion
- Faliure
- Satisfaction
Our last experience

250 IUD immediate inserted after SToP through out 2015 and 2016
(1 year follow-up. The results are based on subjects for whom data were available)

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary removal</td>
<td>12</td>
<td>4,8%</td>
</tr>
<tr>
<td>Expulsion</td>
<td>7</td>
<td>3%</td>
</tr>
<tr>
<td>Faliure</td>
<td>3</td>
<td>1,2%</td>
</tr>
<tr>
<td>Continuation</td>
<td>202</td>
<td>90,8%</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>187</td>
<td>85%</td>
</tr>
</tbody>
</table>

*IUD models: Cu T 380 and ML 375*
IUD insertion post SToP

Immediate versus Delayed IUD Insertion after Uterine Aspiration

Paula H. Bednarek, M.D., M.P.H., Mitchell D. Creinin, M.D., Matthew F. Reeves, M.D., M.P.H., Carrie Cwiak, M.D., M.P.H., Eve Espey, M.D., M.P.H., and Jeffrey T. Jensen, M.D., M.P.H., for the Post-Aspiration IUD Randomization (PAIR) Study Trial Group

What about MToP and IUD insertion time?
In our opinion, like most authors:

A.S.A.P!!

In the first follow-up visit after the MToP procedure
Why not in the same day after MFP intake?

Two reasons:

• Higher expulsion rates

• No contraceptive advantage because we recommend one week without vaginal penetration on sexual intercourse

Early IUD insertion after medically induced abortion

Rupali Dewan, Nivedita Bharti, Aditi Mittal, and Abhinav Dewan

*Department of Obstetrics and Gynecology, Vardhaman Mahavir Medical College, Guru Gobind Singh Indraprastha University, New Delhi, India; **Department of Obstetrics and Gynecology, Vardhaman Mahavir Medical College, Safdarjung Hospital, New Delhi, India; ***Department of Radiation Oncology, Rajiv Gandhi Cancer Institute and Research Centre, New Delhi, India.

**ABSTRACT**

**Objective:** There is insufficient evidence on the continuation, safety and acceptability of immediate insertion of the intrauterine device (IUD) after medical abortion. The objective of the present study was to evaluate clinical outcomes of early IUD insertion, compared with those of delayed IUD insertion, following medical abortion.

**Methods:** Women undergoing medical abortion with mifepristone and misoprostol up to 49 days’ gestation and opting for Copper T 380A IUD contraception underwent early (5-14 days after mifepristone) or delayed insertion (3-4 weeks after mifepristone). The primary outcome measure was 6 month IUD continuation rate after medical abortion. Secondary outcome measures included user acceptability and safety.

**Results:** Between October 2015 and October 2016, post-medical abortion IUD insertion was performed in 120 eligible women fulfilling the inclusion and exclusion criteria. There was no statistically significant difference in the continuation rates of the early and delayed IUD insertion groups at 6 months (76.7% versus 83.3%, p = .75). The 6 month IUD expulsion rates were 6.7% and 3.3% in the early and delayed insertion groups, respectively (p = .56). There were 10 (16.3%) removals in the early and eight (13.3%) in the delayed insertion groups (p = .77). Level of satisfaction with postabortal IUD use was comparable in both groups. Adverse events were rare and did not differ significantly between the two groups.

**Conclusion:** We demonstrated high continuation rates, safety and acceptability of early IUD insertion after medical abortion.

**Table 3. Clinical outcomes of early versus delayed IUD insertion after medical abortion.**

<table>
<thead>
<tr>
<th>Clinical outcome**</th>
<th>Total (n = 120)</th>
<th>Early insertion (n = 60)</th>
<th>Delayed insertion (n = 60)</th>
<th>p Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adverse event</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heavy menstrual bleeding</td>
<td>18 (15.0)</td>
<td>8 (13.3)</td>
<td>10 (16.7)</td>
<td>.91</td>
</tr>
<tr>
<td>Pelvic pain</td>
<td>28 (23.3)</td>
<td>16 (26.7)</td>
<td>12 (20.0)</td>
<td>.87</td>
</tr>
<tr>
<td>Pelvic inflammatory disease</td>
<td>2 (1.7)</td>
<td>1 (1.7)</td>
<td>1 (1.7)</td>
<td>1.00</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>2 (1.7)</td>
<td>0 (0)</td>
<td>2 (3.3)</td>
<td>.72</td>
</tr>
<tr>
<td>Uterine perforation</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Continuation rate</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expulsions</td>
<td>6 (5.0)</td>
<td>4 (6.7)</td>
<td>2 (3.3)</td>
<td>.56</td>
</tr>
<tr>
<td>Removals</td>
<td>18 (15.0)</td>
<td>10 (16.7)</td>
<td>8 (13.3)</td>
<td>.77</td>
</tr>
<tr>
<td>Discontinuations</td>
<td>24 (20.0)</td>
<td>14 (23.3)</td>
<td>10 (16.7)</td>
<td>.82</td>
</tr>
<tr>
<td>Continuations</td>
<td>96 (80.0)</td>
<td>46 (76.7)</td>
<td>50 (83.3)</td>
<td>.75</td>
</tr>
<tr>
<td><strong>Acceptability</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfaction with postabortal IUD</td>
<td>90 (75.0)</td>
<td>44 (73.3)</td>
<td>46 (76.7)</td>
<td>.89</td>
</tr>
<tr>
<td>Recommend postabortal IUD to others</td>
<td>72 (60.0)</td>
<td>34 (56.7)</td>
<td>38 (63.3)</td>
<td>.78</td>
</tr>
</tbody>
</table>

*Cumulative event rate at 6 months.

Dewan R. EJCRHC 2018;23:231-236.
Timing of Copper Intrauterine Device Insertion After Medical Abortion
A Randomized Controlled Trial

Noa’a Shimoni, MD, MPH, Anne Davis, MD, MPH, Maria Elena Ramos, MA, Linette Rosario, MD, and Carolyn Westhoff, MD, MS

OBJECTIVE: To compare intrauterine device (IUD) use at 6 months in women randomized to receive an intrauterine copper contraceptive 1 week compared with 1 month after medical abortion.

METHODS: We recruited women undergoing medical abortion with mifepristone and misoprostol and choosing the copper IUD for contraception. We randomly assigned participants to “immediate” insertion 1 week after mifepristone or “delayed” insertion 4–6 weeks later. We followed rates of IUD insertion, 6-month utilization, expulsion, removal, and pregnancy. Participants recorded bleeding in a diary for 4 weeks.

RESULTS: We randomized 156 participants. We inserted an IUD in 97% of participants in the immediate group and 76% in the delayed group (P<.001). At 6 months, 69% of participants in the immediate group used the IUD compared with 60% in the delayed group (P=.24). Expulsion rates were comparable: 12% (8 of 69) in the immediate group compared with 11% (7 of 65) in the delayed group. Removals occurred in 14% (10 of 69) of immediate and 8% (5 of 65) of delayed group participants (P=.21). Four pregnancies occurred in delayed group participants who did not return for IUD insertion (P=.99). The immediate and delayed groups reported a median of 20 and 19 bleeding or spotting days, respectively (P=.15). We detected no cases of serious infection, uterine perforation, or hemorrhage.

CONCLUSION: Immediate insertion increased uptake of the IUD without increasing expulsions or bleeding.

(Obstet Gynecol 2011;118:623–8)
DOI: 10.1097/AOG.0b003e31822ad6e7

LEVEL OF EVIDENCE: 1

Women undergoing abortion are often at risk for repeat pregnancy and are likely to benefit from immediate initiation of highly effective contraceptive methods such as the intrauterine device (IUD). Use of IUDs has increased in the United States,1 and recent studies demonstrate that women undergoing suction abortion accept immediate IUD insertion when available.2,3 Intrauterine device perforation and expulsion rates immediately after first trimester suction abortion are low and comparable to interval insertion.3,4 A
Therefore, we turned down the notion of “delayed insertion” (3-4 weeks after abortion) and we recommend an “early insertion” (between 5 and 14 days after the MFP intake)
Immediate postabortal insertion of intrauterine devices (Review)

Okusanya BO, Oduwole O, Effa EE

**PLAIN LANGUAGE SUMMARY**

Inserting an IUD right after abortion or miscarriage versus at a later time

Inserting an intrauterine device (IUD) right after an abortion or miscarriage can be good for many reasons. The woman is not pregnant and may be thinking about birth control, and the time and place are convenient for the woman. If asked to delay IUD insertion, many women do not return to get the device. However, the IUD might be more likely to come out on its own if put in right after abortion or miscarriage. This review looked at how safe it was to insert an IUD right after abortion or miscarriage. We also looked at whether the IUD stayed in.

We did computer searches for randomised trials of IUDs inserted right after abortion or miscarriage. We also wrote to researchers to find more studies. Trials could compare types of IUDs or times for insertion. We found 12 studies to include.

Four trials randomised women to an IUD inserted right away or at a later time. One had no major difference. Three recent trials (of levonorgestrel intrauterine system or CuT380A) showed use was greater at six months for an IUD inserted right away compared to one inserted later. Another trial assigned women to the levonorgestrel IUD or Nova T; more women with the Nova T stopped use due to pregnancy. A subanalysis showed more IUDs came out when inserted right after abortion or miscarriage rather than later.

Seven trials looked at inserting the IUD right away. From two large trials, the TCu 220C was better than the Lippes Loop and the Copper 7 for preventing pregnancy and staying in. The IUD was more likely to come out on its own when inserted after a mid-pregnancy abortion than after an earlier one. In other work, when the Lippes Loop had copper arms added, fewer women got pregnant and the IUD stayed in more often.

Moderate level evidence shows that inserting an IUD right after an abortion or miscarriage is safe and practical. However, the IUD is more likely to come out when inserted right away rather than at a later time. Women are more likely to use an IUD at six months if they had it inserted right away compared to some weeks after the abortion or miscarriage.
There are no reasons to delay the insertion.

Usually the follow-up visit is the **ONLY OPPORTUNITY** for the women to start using an adequate contraceptive.

.... and the benefits of **LARC** over **SARC** are evident.
Risk factors and the choice of long-acting reversible contraception following medical abortion: effect on subsequent induced abortion and unwanted pregnancy

Riina Korjamo, Oskari Heikinheimo and Maarat Mentula

Department of Obstetrics and Gynaecology, University of Helsinki and Helsinki University Hospital, Helsinki, Finland

ABSTRACT

Objective: To analyse the post-abortion effect of long-acting reversible contraception (LARC) plans and initiation on the risk of subsequent unwanted pregnancy and abortion.

Materials and methods: Retrospective cohort study of 666 women who underwent medical abortion between January–May 2013 at Helsinki University Hospital, Finland. Altogether 159 (23.8%) women planning post-abortion use of levonorgestrel-releasing intrauterine system (LNG-IUS) participated in a randomized study and had an opportunity to receive the LNG-IUS free-of-charge from the hospital. The other 507 (76.2%) women planned and obtained their contraception according to clinical routine. Demographics, planned contraception, and LARC initiation at the time of the index abortion were collected. Data on subsequent abortions were retrieved from the Finnish Abortion Register and electronic patient files until the end of 2014.

Results: During the 21 months (median, IQR 20–22) follow-up, 548 (8.1%) women requested subsequent abortions. When adjusted for age, previous pregnancies, deliveries, induced abortions and gestational age, planning LARC for post-abortion contraception failed to prevent subsequent abortion (33 abortions/360 women, 9.2%) compared to other contraceptive plans (21/306, 6.9%) (HR 1.22, 95% CI 0.68–2.17). However, verified LARC initiation decreased the abortion rate (4 abortions/177 women, 2.3%) compared to women with uncertain LARC initiation status (50/489, 10.2%) (HR 0.17, 95% CI 0.06–0.48). When adjusted for LARC initiation status, age <25 years was a risk factor for subsequent abortion (77 abortions/263 women, 29.2%) compared to women >25 years (27/383, 7.0%).

Conclusions: Initiation of LARC as part of abortion service at the time of medical abortion is an important means to prevent subsequent abortion, especially among young women.
Our experience on IUD early insertion after MToP

115 IUDs after MToP (2015 and 2016)
- 1 year follow-up (11% lost to follow-up)
- 3 IUD models
  - Mirena
  - Nova T Cu 380
  - OCON IUB 300
Our experience on IUD early insertion after MToP

(1 year follow-up. The results are based on subjects for whom data were available)

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary removal</td>
<td>8</td>
<td>7%</td>
</tr>
<tr>
<td>Expulsion</td>
<td>4</td>
<td>3.9%</td>
</tr>
<tr>
<td>Failure</td>
<td>1</td>
<td>0.9%</td>
</tr>
<tr>
<td>Continuation</td>
<td>88</td>
<td>86%</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>82</td>
<td>80%</td>
</tr>
</tbody>
</table>

Results similar to the rest of IUD users
Cost-effectiveness of immediate post abortion IUD

Original research article

Cost analysis of immediate postabortal IUD insertion compared to planned IUD insertion at the time of abortion follow up

Jennifer Salcedo*, Andrea Sorensen†, Maria I. Rodriguez†

*Department of Obstetrics & Gynecology, University of California, Los Angeles, Los Angeles, CA, 90024, USA
†Department of Public Policy, University of California, Los Angeles, Los Angeles, CA, 90024, USA

Received 30 August 2012; revised 3 November 2012; accepted 19 November 2012

Abstract

Background: Immediate postabortal intrauterine device (IUD) insertion decreases rates of repeat abortion. However, only one third of high-volume, non-hospital abortion providers in the United States offer immediate postabortal IUD placement.

Study Design: We conducted a cost analysis from a public payer perspective to evaluate the potential cost savings associated with a policy of immediate postabortal IUD insertion, compared to planned IUD insertion at the time of abortion follow up. Sensitivity analyses and Monte Carlo simulation were performed.

Results: Considering only direct costs of contraception and pregnancy-related care over 1 year, immediate postabortal IUD provision decreases public program expenditure by US$111 per woman compared to planned IUD placement at follow up. Over 5 years, the savings increase to US$436 per woman, when public health and social program costs are also considered.

Conclusion: Immediate postabortal IUD insertion is cost saving from a public payer perspective, compared to planned insertion at the time of follow up. These savings are seen over a wide range of model inputs.

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Keywords: Cost analysis, Postabortal contraception, IUD, Medicaid

Preventing repeat abortion in Canada: is the immediate insertion of intrauterine devices postabortion a cost-effective option associated with fewer repeat abortions?

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Abstract

Background: In 2005, 97,224 abortions were performed in Canada, of which 38% were repeat abortions. The objective of this research was to determine if provision of free intrauterine devices (IUDs) postabortion is associated with a reduction in healthcare costs and repeat abortions in a Canadian population compared with provision of oral contraceptives (OCPs) or depot medroxyprogesterone acetate (DMPA).

Study Design: A retrospective cohort study was conducted by intention-to-treat chart review in a facility providing the majority of abortions in a Canadian health region. All (n=1782) residents of this region who underwent abortion in 2003, 2004 and 2008 were included. One- and 5-year rates of repeat abortion were calculated, and a cost-effectiveness analysis was conducted to compare health-care system costs of providing patients with IUDs, OCPs or DMPA and subsequent repeat abortions.

Results: In 2003 and 2004, 1101 index abortions occurred. The main contraceptive cohorts were immediate IUD insertion (n=175, 10.0%), immediate OCP (n=413, 73.5%) and immediate DMPA administration (n=377, 26.4%). After 5 years repeat abortion rates in the respective cohorts were: IUD, 9.4%; OCP, 17.4%; DMPA, 16.2% (p<0.05). One-year rates of repeat abortion were not significantly different. Costs of providing contraception and subsequent abortions over 5 years were $422.83 (IUD), $105.61 (OCP) and $184.81 (DMPA) per user.

Conclusion: The immediate insertion of IUDs postabortion is associated with a lower 5-year rate of repeat abortion than provision of OCPs or DMPA. A cost reduction to the health-care system occurs when providing IUDs postabortion vs. alternate contraception of equivalent duration.

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Keywords: Abortion, Induced abortion, Health system cost analysis, Contraception health policy

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Cost-effectiveness of immediate post abortion IUD

Abstract

Background: In 2005, 97,254 abortions were performed in Canada, of which 38% were repeat abortions. The objective of this research was to determine if provision of free intrauterine devices (IUDs) postabortion is associated with a reduction in health-care costs and repeat abortions in a Canadian population compared with provision of oral contraceptives (OCPs) or depot-medroxyprogesterone acetate (DMPA).

Study Design: A retrospective cohort study was conducted by intention-to-treat chart review in a facility providing the majority of abortions in a Canadian health region. All (n=1782) residents of this region who underwent abortion in 2003, 2004 and 2008 were included. One- and 5-year rates of repeat abortion were calculated, and a cost-effectiveness analysis was conducted to compare health-care system costs of providing patients with IUDs, OCPs or DMPA and subsequent repeat abortions.

Results: In 2003 and 2004, 1101 index abortions occurred. The main contraceptive cohorts were immediate IUD insertion (n=117, 10.6%), immediate OCP (n=413, 37.5%) and immediate DMPA administration (n=357, 32.4%). After 5 years repeat abortion rates in the respective cohorts were: IUD, 9.4%; OCP, 17.4%; DMPA, 16.2% (p<.05). One-year rates of repeat abortion were not significantly different. Costs of providing contraception and subsequent abortions over 5 years were $142.63 (IUD), $385.61 (OCP) and $384.81 (DMPA) per user.

Conclusion: The immediate insertion of IUDs postabortion is associated with a lower 5-year rate of repeat abortion than provision of OCPs or DMPA. A cost reduction to the health-care system occurs when providing IUDs postabortion vs. alternate contraception of equivalent duration.

Keywords: Abortion; Induced abortion; Health system cost analysis; Contraception health policy
In our experience after having an abortion

- 35% of women decided to use an IUD after the procedure if it is cost free

- Only 5% of women decided to use an IUD after the procedure if they must pay for it
Our advice

✓ Let none leave the follow-up visit without an adequate contraceptive advice
✓ Take advantage of the opportunity of follow-up visit on this way.
✓ If women desire, insert the IUD A.S.A.P
✓ Ask to Health Care Services to improve the accessibility and cost free of LARCs
Thank you very much for your attention!!