

Intrauterine contraception after medical abortion

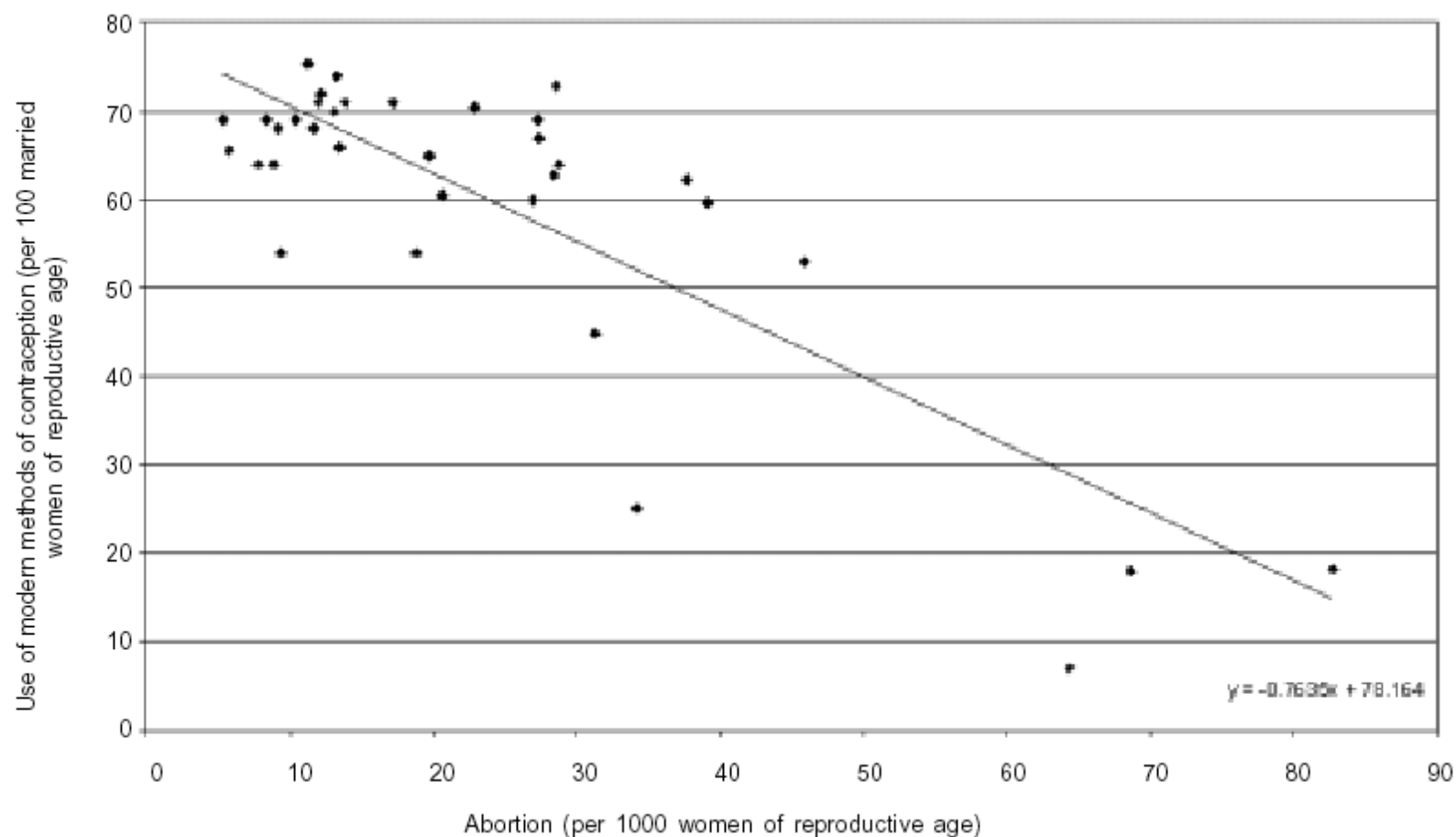
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- Medical abortion is first choice for a majority of women
- Although many advantages – non-invasive procedure, possibility for privacy at home, self diagnostic test at home
- IUC requires an extra visit to the abortion clinic



The link between contraceptive prevalence and abortion



WHO; *Progress in Reproductive Health, 2003*

Post-abortion contraception

- A large proportion of abortions are repeat abortions.
 - In 2005, the rate of repeat abortion ranged from 30% in Finland up to 47% in the USA,
 - UK (32%) and Sweden (38%)
-

Risk factors for repeat abortions

Finnish cohort 1269 medical abortion followed 49.2 \pm 8 mo
Counselling by physicians and nurse midwives, FU at 2-3 w
25.2% postponed use of contraception

Risk factors:

Prior abortion, Parous, Young age, Smoking,
Not attending FU visit

Postponing contraception - highest rate of repeat abortion

Risk factors for repeat abortions

Reduced risk:

- Immediate initiation of contraceptive in contrast to postponed
- LARC more effective vs OC/condom
- IUC most effective to avoid another abortion

LNG-IUS lowest cumulative risk at 5yrs

IUC use for young and nulliparous

Increasing use also among nulliparous women

Safe and cost-effective

High continuation rate

Low failure rate

Intrauterine contraception (IUC)

- Cu-IUD (Nova-T, Grafenberg's ring, Frameless IUC, IUB)
- LNG-IUS (Progestasert, Mirena, Kayleena, Jaydess)

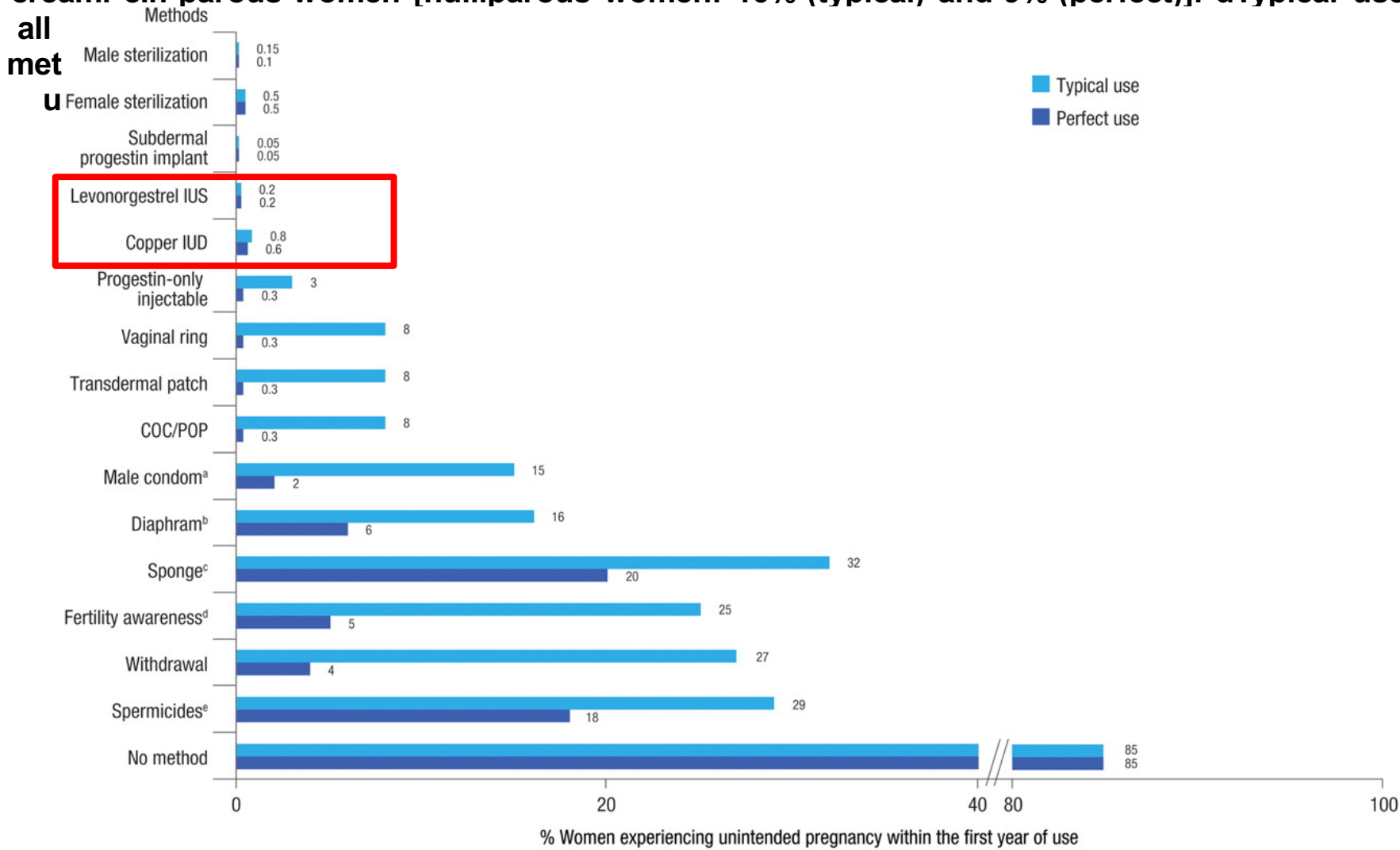


www.muvs.org ©2013 Vienna



Percentages of women experiencing an unintended pregnancy with typical versus perfect contraceptive use (Trussell and Wynn, 2008). aWithout spermicides. bWith spermicidal jelly or cream. cIn parous women [nulliparous women: 16% (typical) and 9% (perfect)]. dTypical use for all methods

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P.D. Blumenthal et al. Hum. Reprod. Update 2011;17:121-137

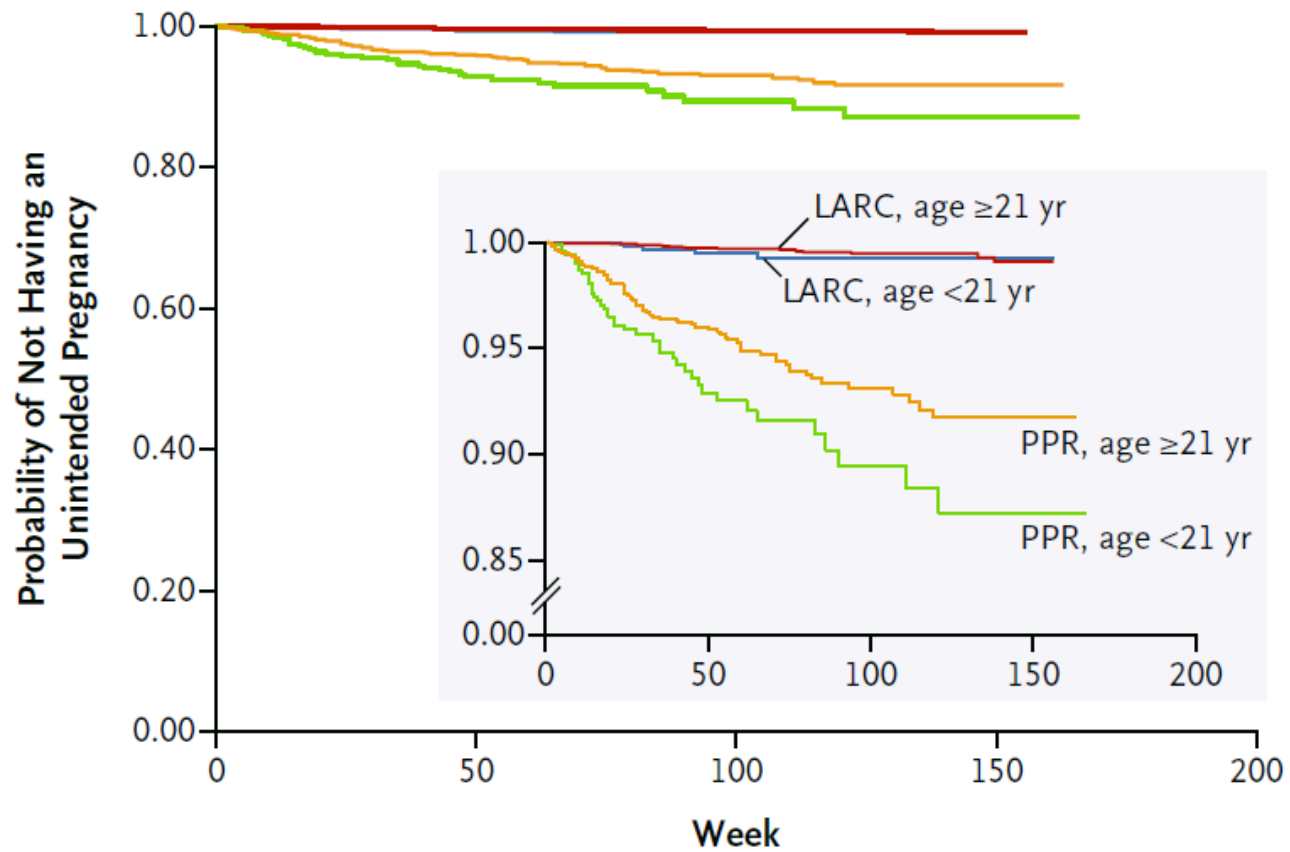
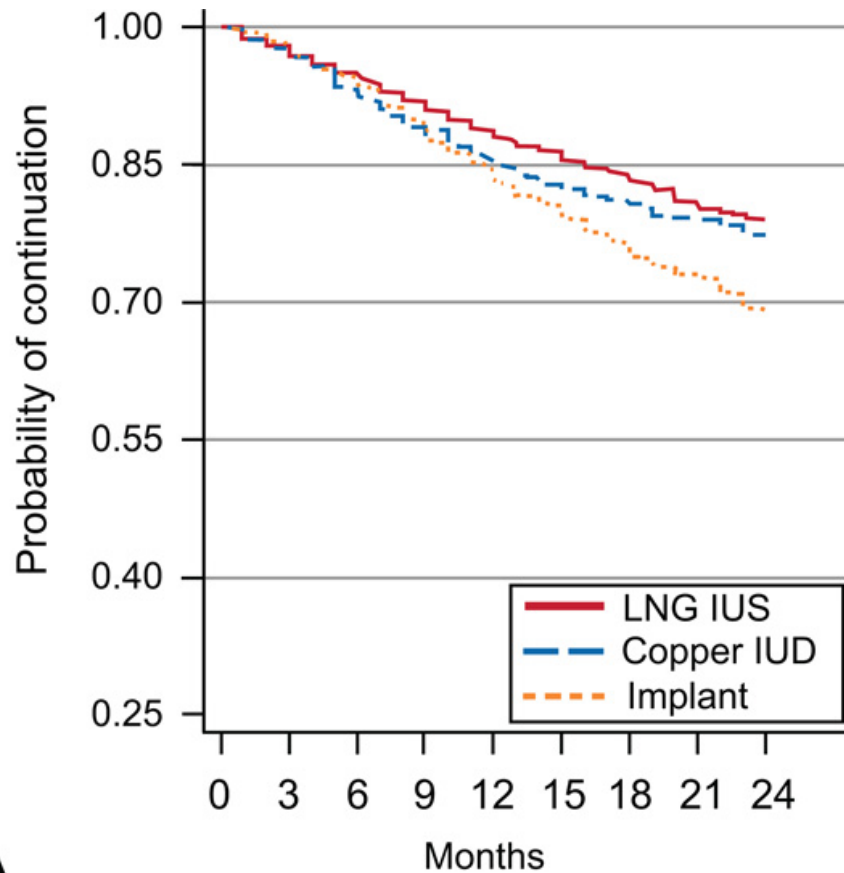
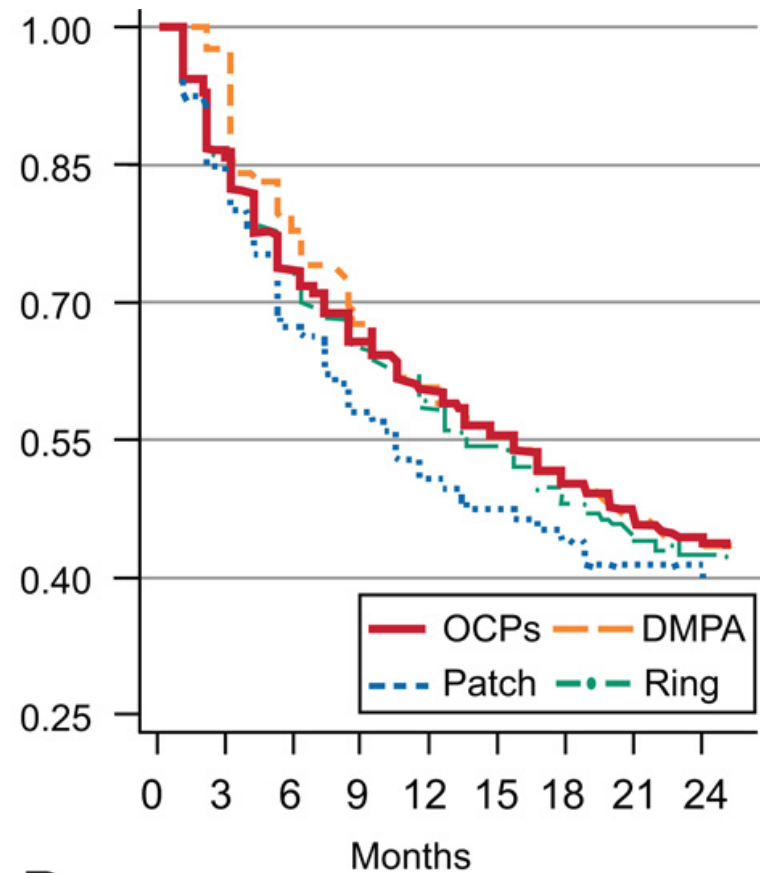


Figure 2. Probability of Not Having an Unintended Pregnancy, According to Contraceptive Method and Age.



A



B

O'Neil, Micaela E. et al. "Twenty-Four-Month Continuation of Reversible Contraception." *Obstetrics and gynecology* 122.5 (2013): 1083–1091. *PMC*. Web. 12 Oct. 2016.

All methods of contraception, including intrauterine devices and hormonal contraceptives, can be considered for use after abortion, as long as attention

Safe Abortion: Technical and Policy Guidance for Health Systems

Contraception following abortion

- B** 56. Before she is discharged following abortion, future contraception should have been discussed with each woman and contraceptive supplies should have been offered if required. The chosen method of contraception should be initiated immediately following abortion.
- B** 57. Intrauterine contraception can be inserted immediately following a first- or second-trimester termination of pregnancy.

IUC insertion after medical abortion

Insertion usually takes place at the follow-up visit after 3-4 weeks, or during the first menstruation

In contrast to surgical vacuum aspiration, where insertion usually is performed immediately



Most women, 83%, ovulate the first month after abortion (no difference between methods)

Ovulation may return as early as 8-10 days after abortion



More than 50 % of women reinitiate sexual activity within
2 weeks after induced abortion

16% have unprotected intercourse during the first week
after medical abortion

41% had unprotected sex before routine
insertion at 3-4 weeks

16% had unprotected sex during the first week

Post-abortion contraception should be started within
1 week post medical abortion

Counseling at the first outpatient visit gives time to obtain
the contraceptive for immediate postabortion start.

Contraceptive counselling critical component of the
abortion service



Use after 6 months considerably
higher when inserted immediately
after surgical abortion



How many turn up for insertion?

[Timing of copper intrauterine device insertion after medical abortion: a randomized controlled trial.](#)
Shimoni N, Davis A, Ramos ME, Rosario L, Westhoff C. *Obstet Gynecol.* **2011** Sep;118(3):623-8

↓
76%

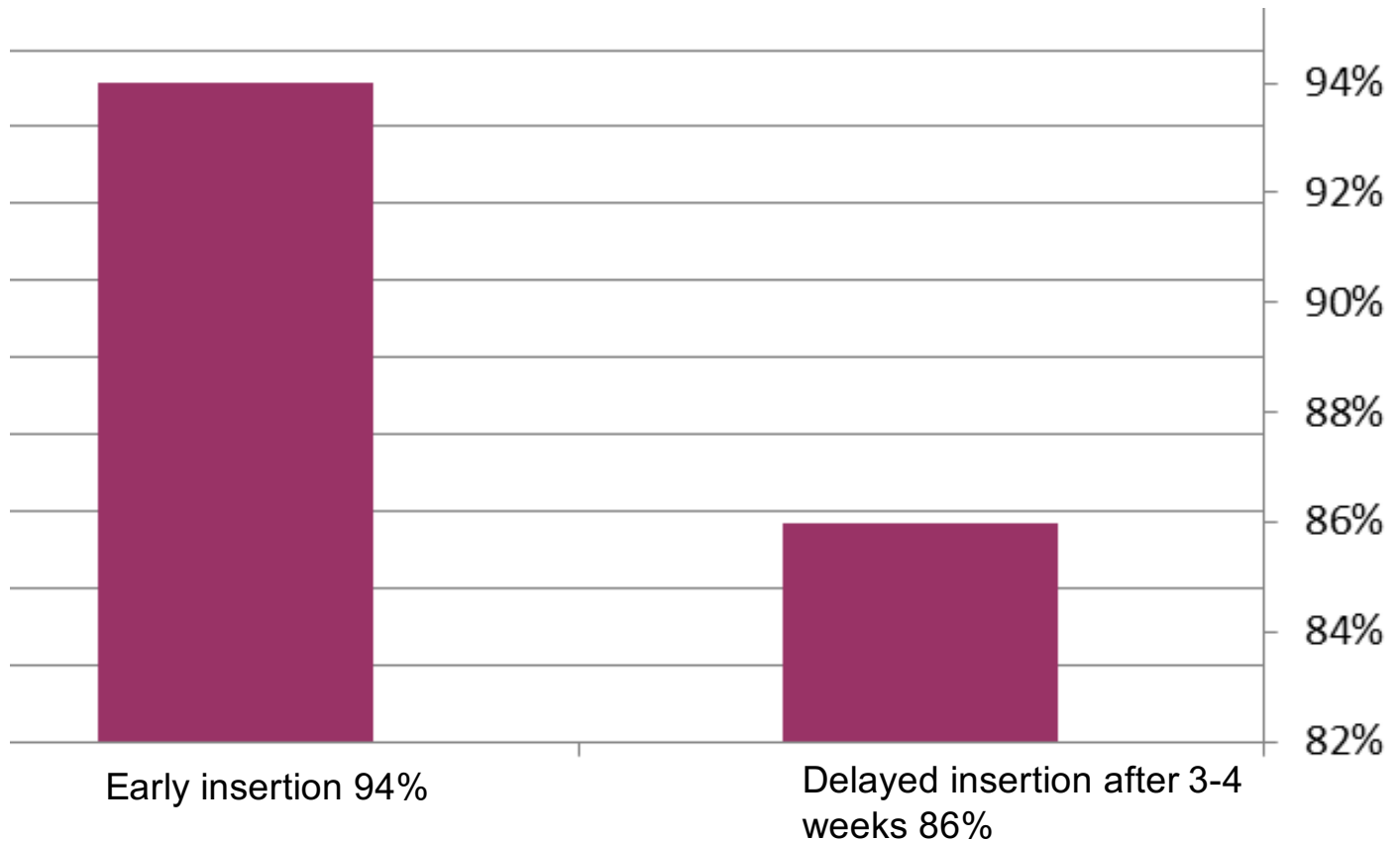
Early versus Delayed Insertion of Intrauterine Contraception after Medical Abortion — A Randomized Controlled Trial. Säav I, Stephansson O, Gemzell-Danielsson K (2012) *PLoS ONE* 7(11): e48948.
doi:10.1371/journal.pone.0048948

↓
86%

How many returns in ordinary clinic?

Many women do not return for follow-up!

Higher rate of insertion when women are scheduled early (p=0.03)



• **Table 2. Outcomes of Early versus Delayed IUC insertion after medical abortion.**

Outcome	Early insertion n = 62 n (%)	Delayed insertion n = 54 n (%)	Difference in observed Percentage (%)	95% Confidence interval (95% CI)	p-value
Expulsion all	6/62 (9.7)	4/54 (7.4)	2.3	-9.2-13.4	0.54
Copper IUD	2/30 (6.7)	0/25 (0.0)	6.7	-7.3-21.5	0.25
LNG-IUS	4/32 (12.5)	4/29 (13.8)	1.3	-20.3-16.9	0.99
Use at 6 months all	42/62 (67.7)	39/54 (72.2)	4.5	-20.9-12.5	0.55
Copper IUD	24/30 (80.0)	18/25 (72.0)	8.0	-14.7-31.2	0.38
LNG-IUS	18/32 (56.2)	21/29 (72.4)	16.2	-38.6-8.2	0.20

IUC denotes intrauterine contraception, IUD intrauterine device and LNG-IUS levonorgestrel intrauterine system.
doi:10.1371/journal.pone.0048948.t002

Sääv I, Stephansson O, Gemzell-Danielsson K (2012) Early versus Delayed Insertion of Intrauterine Contraception after Medical Abortion — A Randomized Controlled Trial. PLoS ONE 7(11): e48948. doi:10.1371/journal.pone.0048948
<http://journals.plos.org/plosone/article?id=info:doi/10.1371/journal.pone.0048948>

”Expulsion rates were comparable; 12% (8 of 69) in the immediate group compared with 11% (7 of 65) in the delayed group.”

- Table 3. The number of days of bleeding pattern following Early versus Delayed IUC insertion evaluated at 1 and 6 months follow-up.



Outcome	Early insertion (n = 62)	Delayed insertion (n = 54)
Total BD at 1 month	19 (0–28)	20 (0–28)
Heavy	0 (0–10)	0 (0–11)
Normal	3.5 (0–28)	4 (0–21)
Sparse	12.5 (0–28)	9 (0–28)
Total BD at 6 months	6 (0–16)	5.5 (0–28)
Heavy/Normal	2 (0–5)	1.5 (0–5)
Sparse	3 (0–21)	4 (0–28)

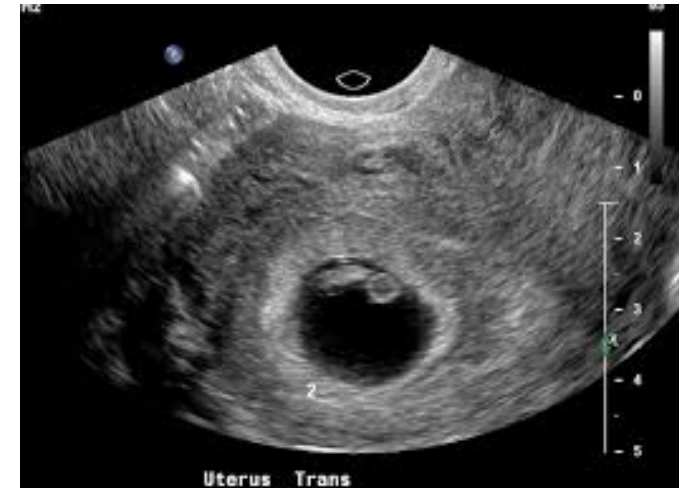
Values are median (range) if otherwise not indicated.

IUC denotes intrauterine contraception and BD bleeding days measured during the last preceding month at one and six months after IUC insertion. Bleeding was characterized as number of days with heavy, normal or sparse bleeding as compared with menstrual bleeding. Only the worst category is reported per patient per day.

[doi:10.1371/journal.pone.0048948.t003](https://doi.org/10.1371/journal.pone.0048948.t003)

Sääv I, Stephansson O, Gemzell-Danielsson K (2012) Early versus Delayed Insertion of Intrauterine Contraception after Medical Abortion — A Randomized Controlled Trial. PLoS ONE 7(11): e48948. doi:10.1371/journal.pone.0048948
<http://journals.plos.org/plosone/article?id=info:doi/10.1371/journal.pone.0048948>

Ultrasound can be used to exclude ongoing pregnancy or missed abortion, but endometrial thickness is of no use and cannot predict IUC expulsion



If expulsion of the pregnancy cannot be confirmed visually or by ultrasound, a semi-quantitative u- hCG test can be used to exclude ongoing pregnancy

Recommendations

- Include contraceptive counseling in the first visit to the clinic
- Exclude ongoing pregnancy
- Early insertion of IUC during the first week after medical abortion should be offered as a routine

Future development

Assessment of immediate insertion of IUC after medical abortion
– requires ultrasound diagnosis of successful expulsion?

Self-diagnosis of pregnancy
Self-counseling regarding contraception using
telemedicine
Home use of medication for medical abortion
Self-diagnosis of successful treatment
One-stop visit for follow-up and IUC insertion

Thank you!

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