Why it is our duty to provide post abortion contraception using LARC to reduce unsafe abortion

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The FIGO Initiative on Prevention of Unsafe Abortion

Goals:

- To contribute to the reduction of maternal mortality and morbidity associated with unsafe abortion

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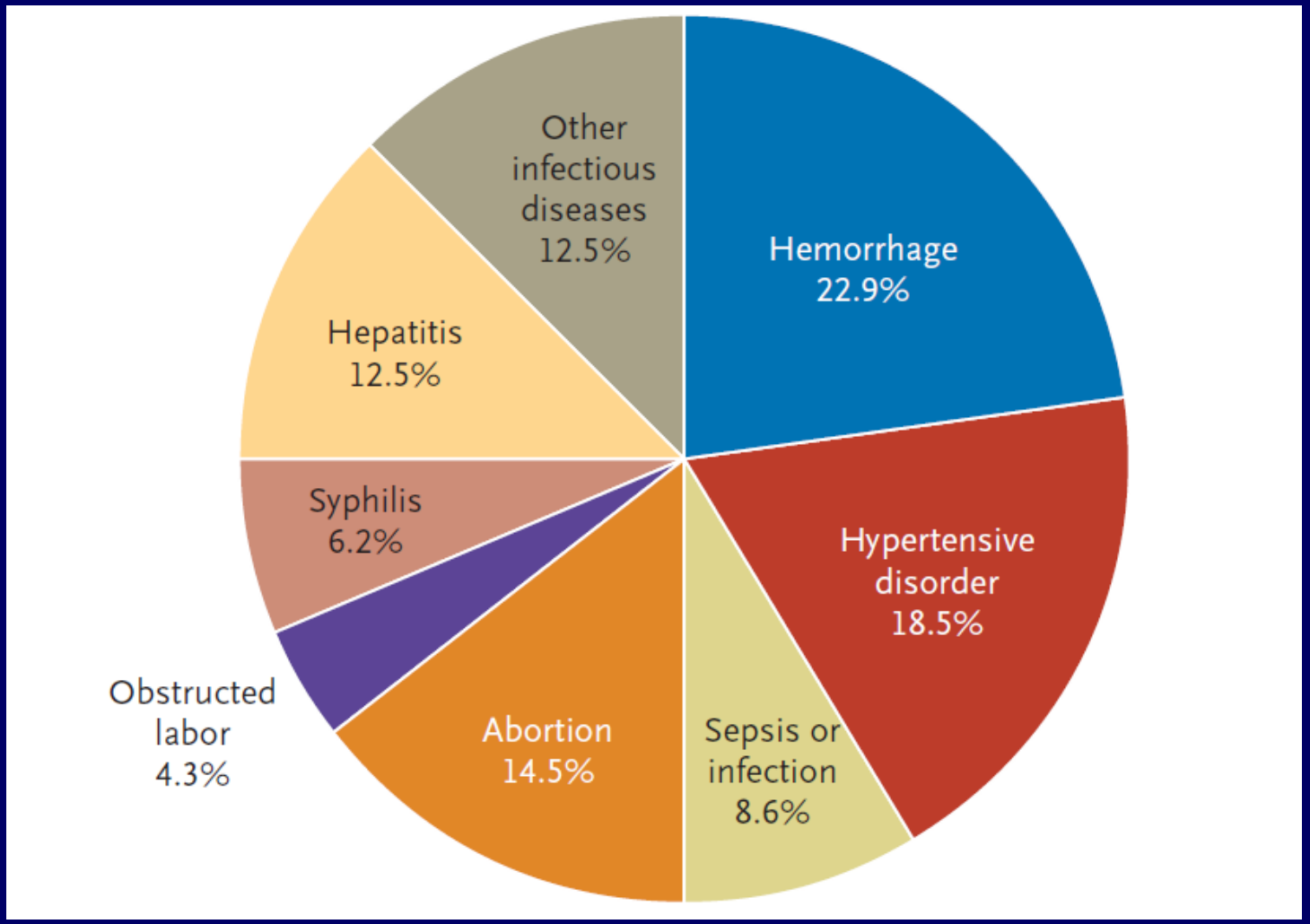
- To contribute to the reduction of maternal mortality and morbidity associated with unsafe abortion
- To contribute to the reduction of the burden of induced abortion for women

Why are those goals so important?

- Because unsafe abortion continue to contribute with 12% to 14.5% of all maternal deaths

Causes of Maternal Deaths in the world



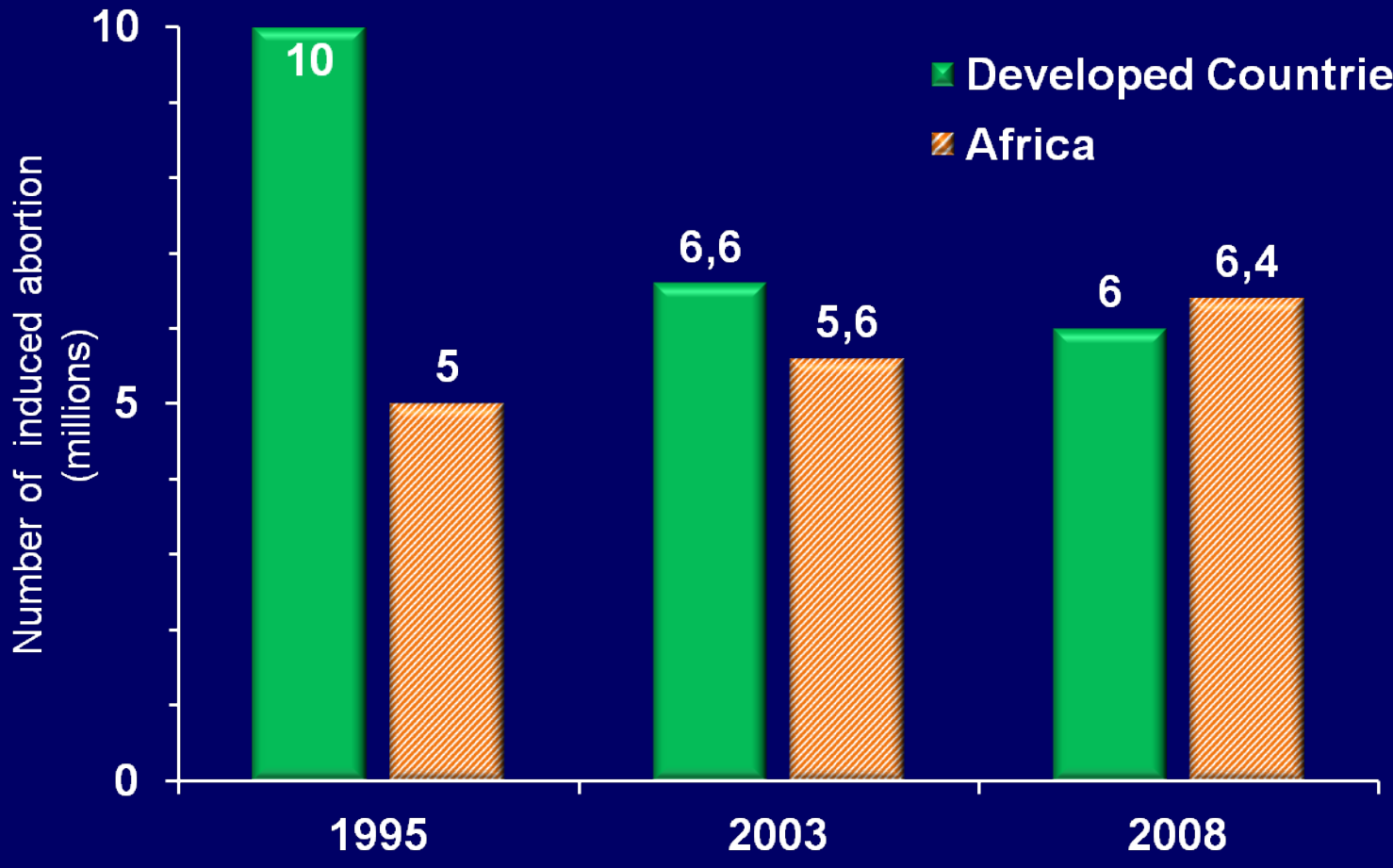
Source: Lozano R et al.Lancet 2011;378:1139-65.

Why are those goals so important?

- **Because unsafe abortion continue to contribute with 12% to 14.5% of all maternal deaths**

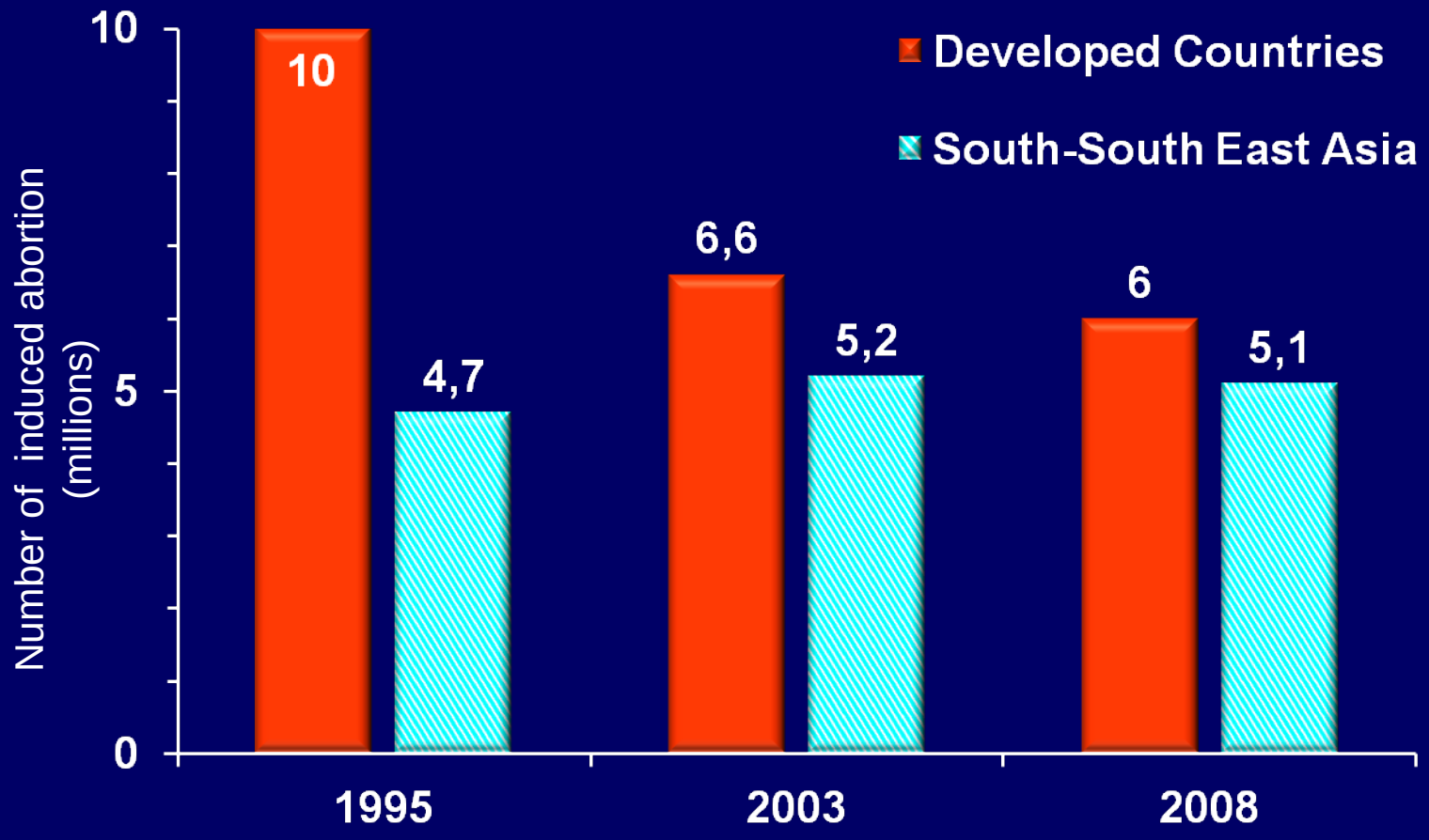
- **Because we have failed to reduce the number of induced/unsafe abortion in developing countries**

Evolution the number of induced abortion from 1995 through 2008 in Developed countries and Africa



Source: Sedgh G et al; Lancet 2012; 379:625-32

Evolution the number of induced abortion from 1995 through 2008 in Developed countries and South-South East Asia



Source: Sedgh G et al; Lancet 2012; 379:625-32

How to achieve those Goals?

FIGO proposed four stages of prevention following epidemiological examples

How to reduce unsafe abortion and its consequences

- **Primary Prevention: Less unintended pregnancies and abortions**

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- **Secondary Prevention: Non preventable abortions should be safe**

How to reduce unsafe abortion and its consequences

- **Tertiary Prevention: Unsafe abortions do not complicate and kill the woman**

How to reduce unsafe abortion and its consequences

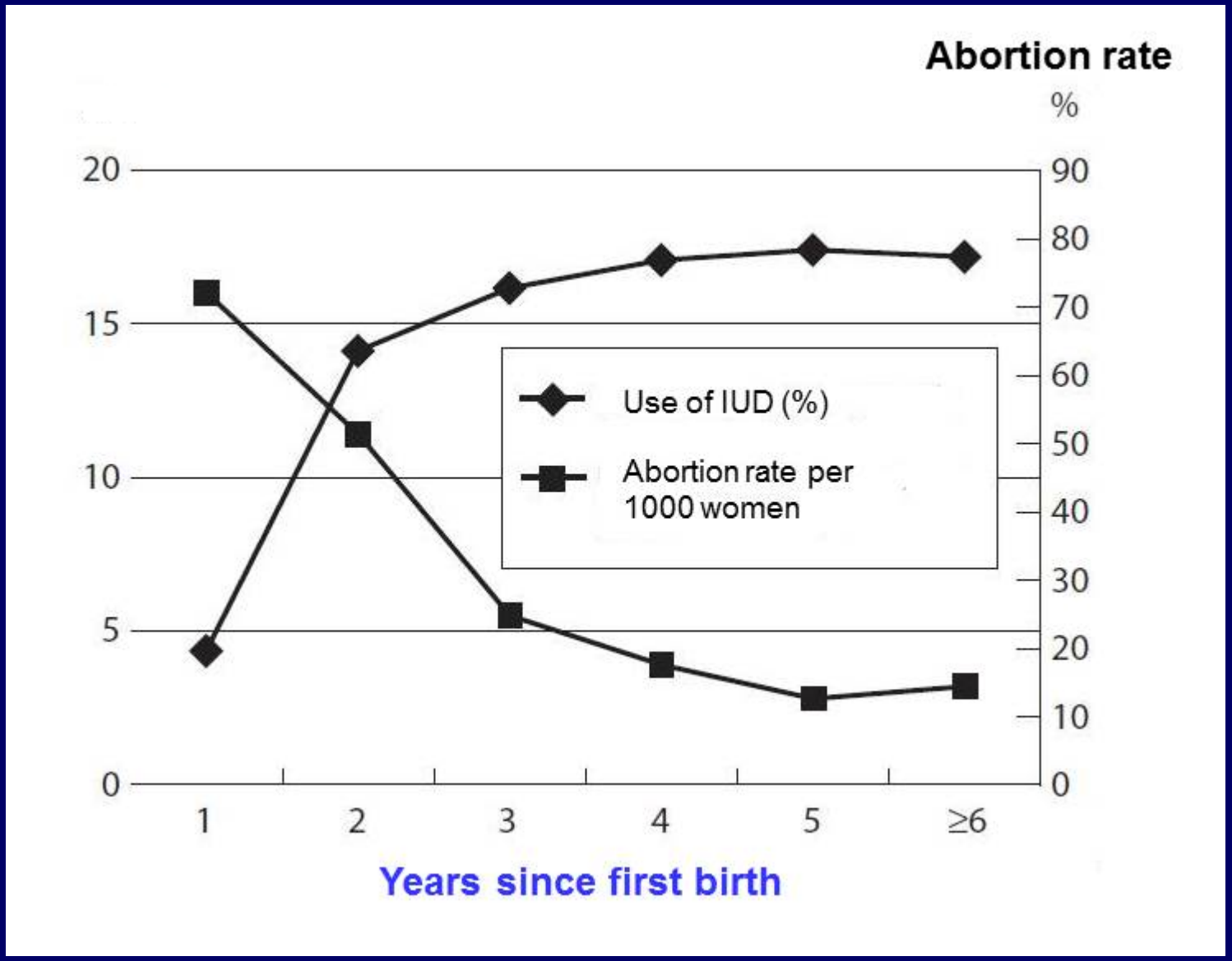
- **Tertiary Prevention: Unsafe abortions do not complicate and kill the woman**

- **Quaternary Prevention: Post-abortion counseling and services to prevent repeated abortions**

Reducing unintended pregnancies and abortions

- Required access to contraceptive information and services

ABORTION RATE AND PERCENTAGE OF WOMEN USING IUD ACCORDING TO YEARS AFTER FIRST BIRTH, SHANGAI, CHINA



Fonte: Marston & Cleland, Int Fam Plann Perspec 2003, 29:6-13

Reducing unintended pregnancies and abortions

- Required access to contraceptive information and services

But not all women have the same risk of having an abortion if they get pregnant.

Reducing unintended pregnancies and abortions

- If our primary intention is to reduce the number of induced / unsafe abortions, we have to concentrate our efforts on **women with high risk of aborting** their next unintended pregnancy.

Women with high risk of abortion

- Women with high risk of aborting their next pregnancy are not easy to identify and capture as clients if we look at the general population.

Which women are at higher risk of abortion?

Which women are at higher risk of abortion?

There are several factors that can determine the decision to abort:

- Young age,
- being unmarried,
- low income,
- high parity,
- being college student, etc

Which women are at higher risk of abortion?

There is one characteristic that is common to all those factors:

the decision to terminate a pregnancy and become a client for abortion or post-abortion care

Which women are at higher risk of abortion?

Women who request a LTP or already had an abortion are telling us that they are so determine to prevent the birth of a child, that they are willing to run all the physical and emotional cost and risks of having an abortion.

Women at higher risk of abortion

Are easily identified in the clinics that provide abortion and post-abortion services.

Women at higher risk of abortion

Are easily identified in the clinics that provide abortion and post-abortion services.

If they are at high risk of repeated abortion, is it not our duty to counsel and provide an effective contraceptive?

Why it is our duty to provide post-abortion contraception?

1.1 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 resort to another abortion.

Why it is our duty to provide post-abortion contraception?

1.2 Because a very high proportion of all abortions are repeat abortions.

Why it is our duty to provide post-abortion contraception?

1.3 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 post-abortion contraception is so important in abortion care?

1.4 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.

Post-Abortion Contraception

Post-abortion contraception is the most effective means to reduce abortion rate, if it complies with two conditions:

- **The woman leaves the facility with a method**

Post-Abortion Contraception

Post-abortion contraception is the most effective means to reduce abortion rate, if it complies with two conditions:

- The woman leaves the facility with a method
- The method does not require frequent re-supply

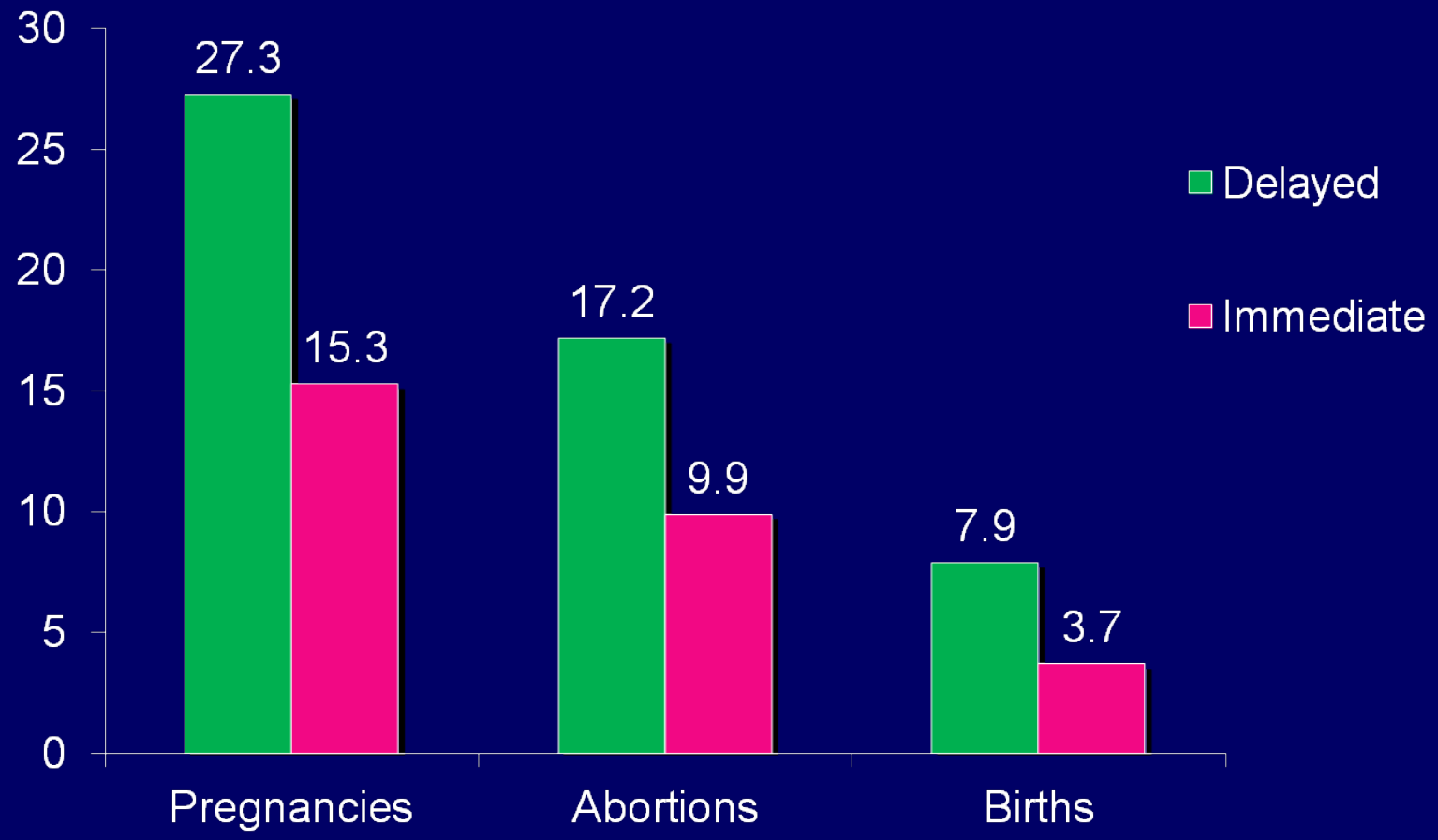
Post-Abortion Contraception

1. Why the contraceptive method should be initiated immediately following abortion?

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 use of the method is initiated weeks later.

Percentage of pregnancies, abortions and deliveries in the year following a legal abortion, according to whether a contraceptive method was initiated immediately following the abortion or if the patient was referred to initiate the method later.



Source: Langston et al. Contraception 2014;89:103-8.

Post-Abortion Contraception

1. Why the contraceptive method should be initiated immediately following abortion?
2. Why the preference for long-acting methods?

A woman has the right to choose her contraceptive method

It is a woman's right to be able to choose which contraceptive method she would prefer to use.

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It is a woman's right to be able to choose which contraceptive method she would prefer to use.

However, the woman also has the right to be fully and accurately informed at the time of choosing a method.

Informed choice of contraceptive method

When choosing a post-abortion contraceptive method, information on its efficacy is vital.

For this reason, accurate information must be given on the **“actual” efficacy** of each method.

The actual efficacy of contraceptive methods

For more than three decades, investigators have been noticing a marked difference between the efficacy of some methods in controlled clinical trials compared to what is found in population-based studies.

The actual efficacy of contraceptive methods

Trussel introduced the concept of the failure rate of methods during **perfect use** (in clinical trials) and during **typical use** (in real life).

Example of the combined oral contraceptive (COC)

Its efficacy depends on:

1. **The ability of the COC to inhibit ovulation.**

The effectiveness of the COC

Its effectiveness depends on:

1. **The ability of the COC to inhibit ovulation.**
2. **The woman's compliance with daily pill-taking and with the prescribed pill-free interval.**

The efficacy of the COC

Lack of compliance with daily pill-taking and with the pill-free interval increases the risk of "escape ovulation" and pregnancy.

The risk of prolonging the interval between cycles

The same principle applies to other methods:

The contraceptive patch,

The vaginal ring,

Injectable contraceptives.

The efficacy of long-acting contraceptive methods

The actual efficacy during typical use of Long Acting Reversible Contraceptives (LARC) is the same as the theoretical efficacy during "perfect" use.

The efficacy of long-acting contraceptive methods

Depo Provera is an intermediate case; however, unlike methods that last for years, its efficacy during typical use is much lower than during perfect use.

The actual efficacy of contraceptive methods

For these reasons, there is a considerable difference in the definition of which methods are highly effective according to whether the pregnancy rate during “perfect use” or during “typical use” is taken into consideration.

Pregnancy rates during the first year of use of a contraceptive method

	Perfect Use
• Periodic abstinence	0.4 – 5.0
• Diaphragm	6.0
• Condom	2.0
• TCu 380-A IUD	0.6
• Combined oral contraceptive pill	0.3
• NuvaRing vaginal ring	0.3
• Depo-Provera	0.3
• Mirena (LNG-IUS)	0.2
• Implanon	0.05
• Tubal ligation	0.5
• Vasectomy	0.10

Source: Trussell J. Contraceptive Technology, 20th ed., 2011.

Pregnancy rates during the first year of use of a contraceptive method

	Perfect Use	Typical Use
• Periodic abstinence	0.4-5.0	24.0
• Diaphragm	6.0	12.0
• Condom	2.0	18.0
• TCu 380-A IUD	0.6	0.8
• Combined oral contraceptive pill	0.3	9.0
• NuvaRing vaginal ring	0.3	9.0
• Depo-Provera	0.2	6.0
• Mirena (LNG-IUS)	0.2	0.2
• Implanon	0.05	0.05
• Tubal ligation	0.5	0.5
• Vasectomy	0.10	0.15

Source: Trussell J. Contraceptive Technology, 20th ed., 2011.

Pregnancy rates during the first year of use of a contraceptive method

	Typical Use
• Implanon	0.05
• Vasectomy	0.15
• Mirena (LNG-IUS)	0.2
• Tubal ligation	0.5
• TCu 380-A IUD	0.8
• Depo-Provera	6.0
• Combined oral contraceptive pill	9.0
• NuvaRing vaginal ring	9.0
• Condom	18.0
• Diaphragm	12.0
• Periodic abstinence	24.0

Source: Trussell J. Contraceptive Technology, 20th ed., 2011.

The actual efficacy of contraceptive methods

This is what women need to know when they are deciding what contraceptive method to use following an abortion.

Why the preference for long-acting methods?

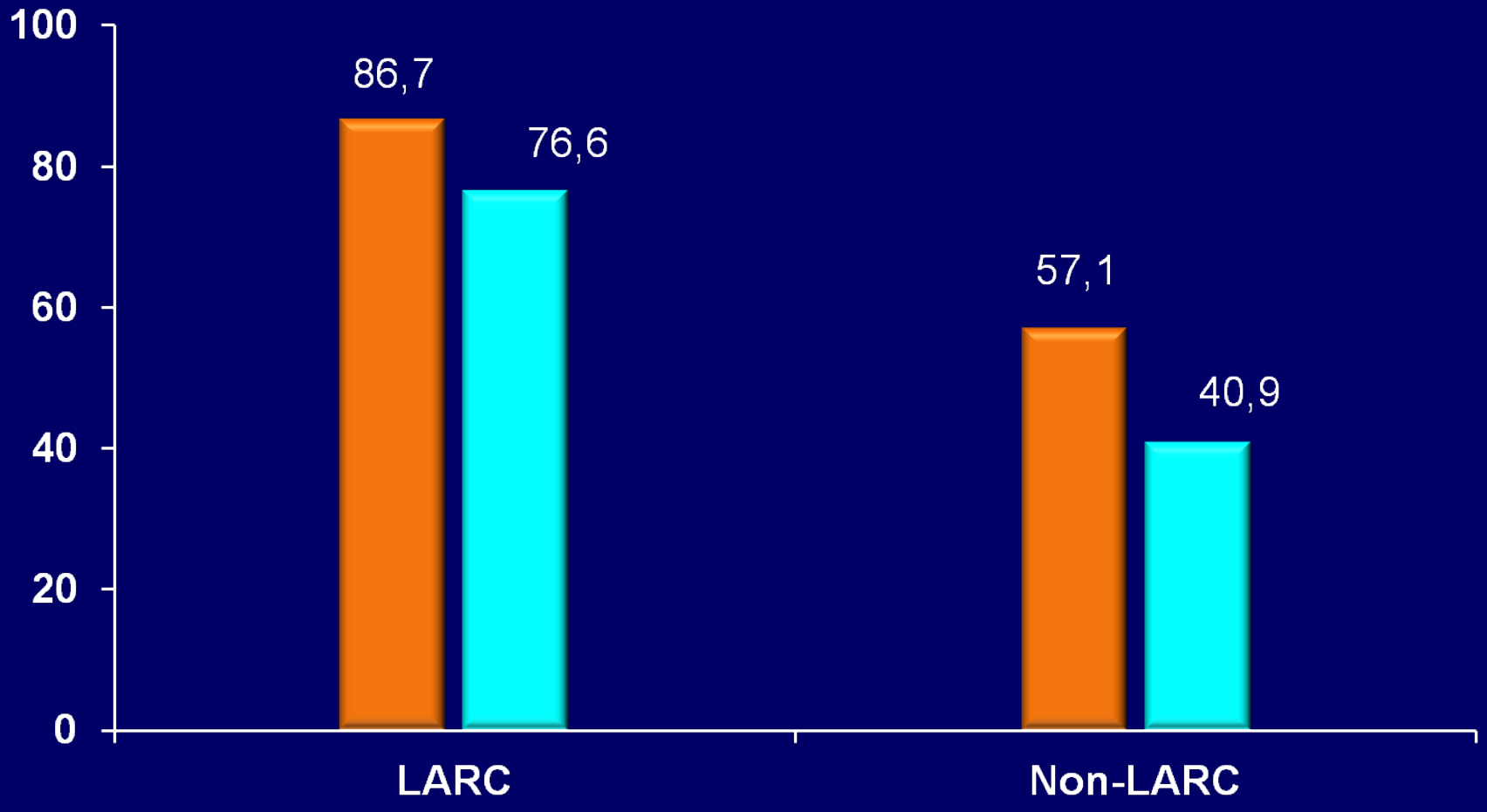
Practical experience has confirmed the higher efficacy of long-acting reversible contraceptives (LARC) in reducing the incidence of repeat abortion.

Why the preference for long-acting methods?

Studies have shown that in comparison with short acting contraceptives that require frequent re-supply, LARC have:

1. **Greater continuation rate**

12 AND 24 MONTHS CONTINUATION RATE OF LARC AND SHORT ACTING CONTRACEPTIVE METHODS



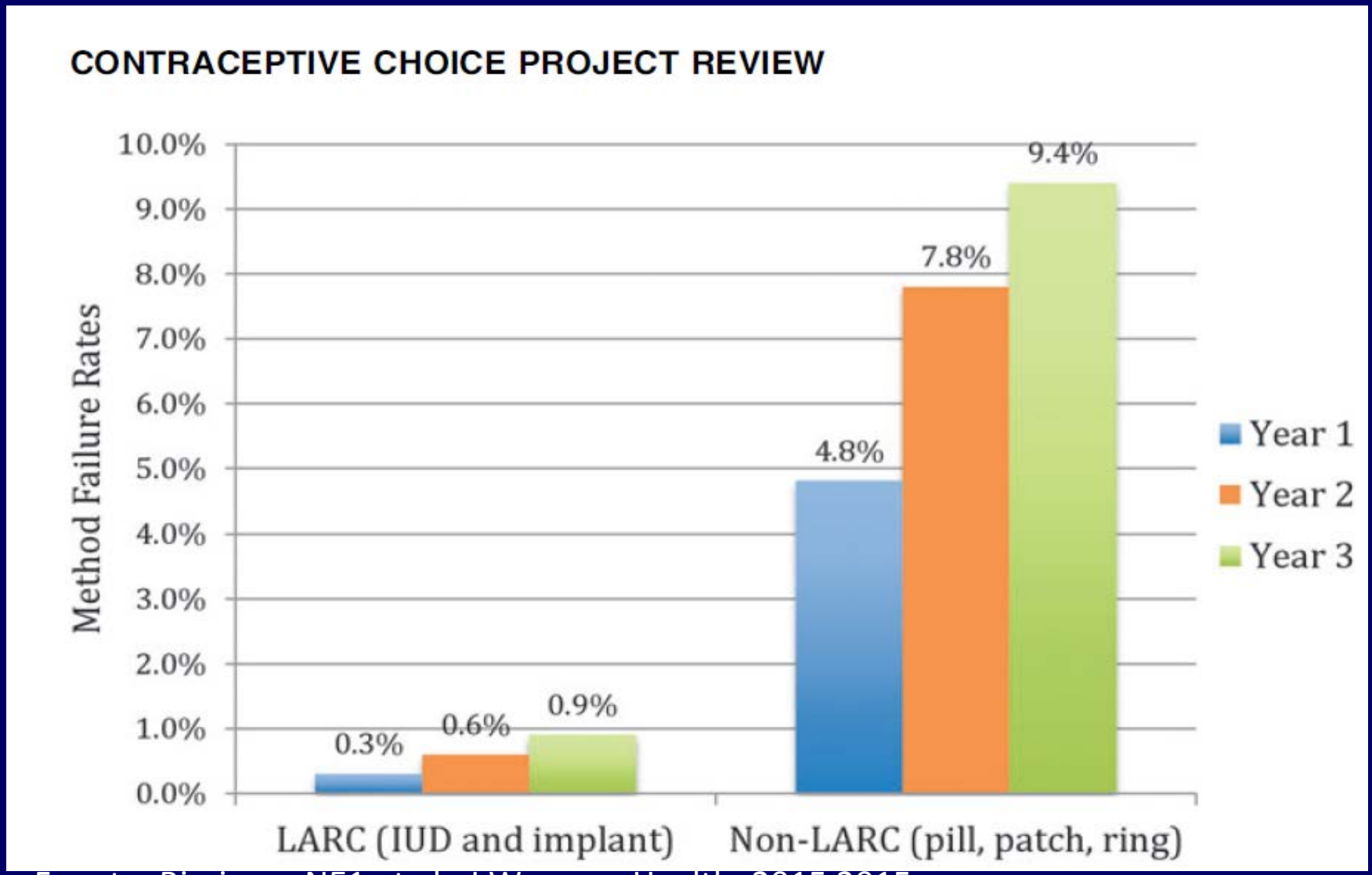
Source: O'Neil et al. Obstet Gynecol. 2013 November ; 122(5): 1083–1091

Why the preference for long-acting methods?

Studies have shown that in comparison with short acting contraceptives that require frequent re-supply, LARC have:

1. Greater continuation rate
2. **Lower pregnancy rate**

CUMMULATIVEPREGNANCY RATE AFTER 1, 2, AND 3 YEARS OF USE OF LARC AND OF SHORT ACTING CONTRACEPTIVES



Fuente: Birgisson NE1 et al, J Womens Health. 2015 2015

Why the preference for long-acting methods?

Studies have shown that in comparison with short acting contraceptives that require frequent re-supply, LARC have:

1. Greater continuation rate
2. Lower pregnancy rate
3. Lower risk of repeated abortion

RELATIVE RISK (ODD RATIO) OF REPEAT ABORTION ACCORDING TO METHOD USE AFTER LAST ABORTION

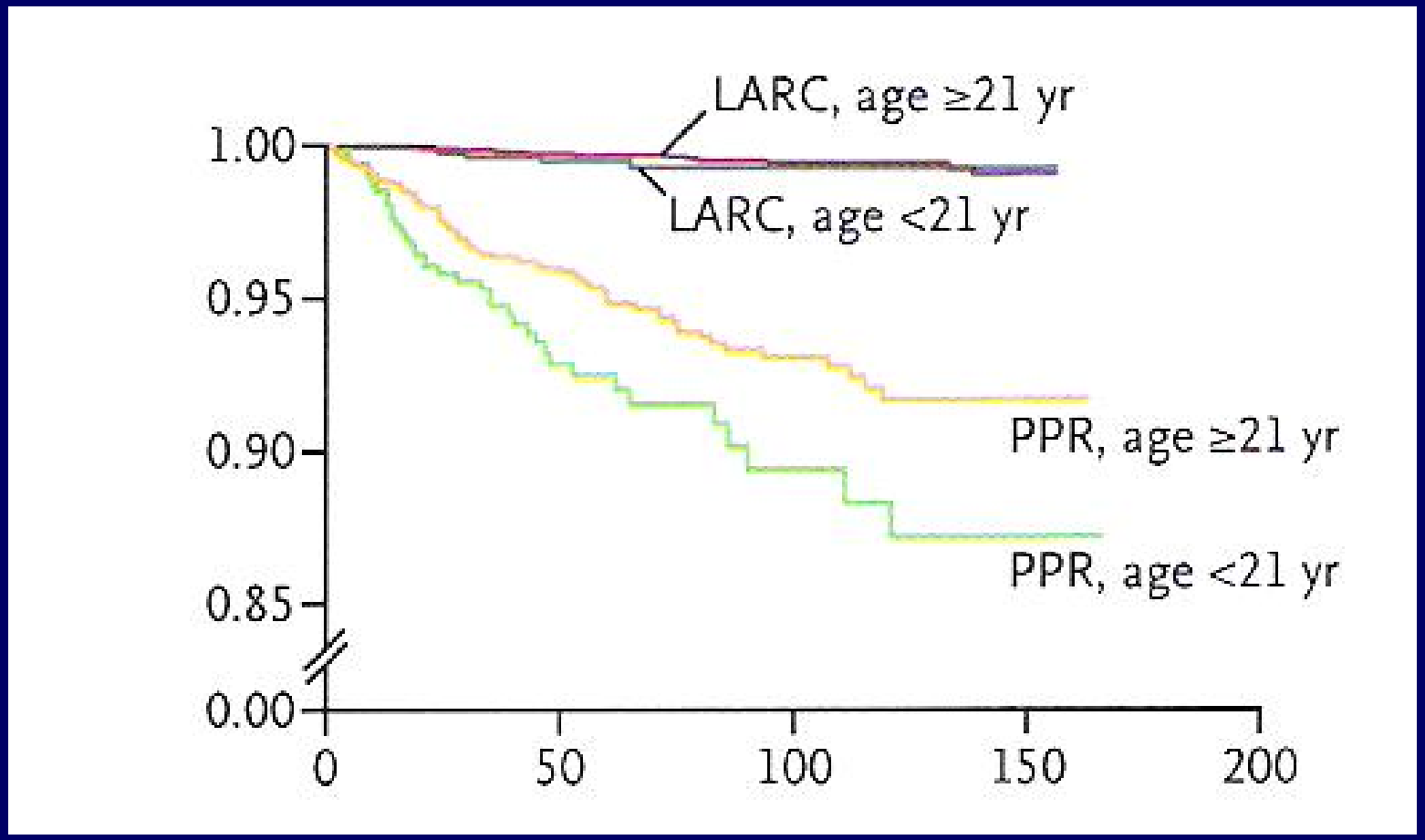
Post-abortion Contraception	*n*	*OR (Confidence interval)*	*P*
Pill	266	1.0	<0.001
IUD/IIUS	85	0.05 (0.01-0.41)	
Implants	137	0.06 (0.02-0.23)	
Three months inyection	90	0.5 (0.2-1.2)	
None	216	1.3 (0.8-2.1)	

Fuente: Cameron et al BJOG. 2012, Aug;119(9):1074-80

Post-Abortion Contraception

The use of LARC is particularly important for adolescents who need to post pone a pregnancy

The probability of not becoming pregnant according to the contraceptive method used and the woman's age



Source: Winner et al. N Engl J Med 2012;366:1998-2007.

Eligibility Criteria for Contraceptive Use (WHO)

	IMPLANTS	T-Cu 380
Age < 18 years	1	2
Nulliparous	1	1/2
Following 1st trimester abortion	1	1
Following 2nd trimester abortion	1	2
Following septic abortion	1	4
Current sexually transmitted infection	1	4
Risk of sexually transmitted infection	1	2/3

1. No restriction to use of the method; 2. The advantages of the method generally outweigh any possible risks.; 3. The possible risks outweigh the advantages; 4. An unacceptable health risk if the method is used.

Post-Abortion Contraception

1. Why the contraceptive method should be initiated immediately following abortion?
2. Why the preference for long-acting contraceptives?
3. Can acceptance rates of these long-acting methods be increased?

Can acceptance rates of these long-acting methods be increased?

This depends on:

- **The availability of no-cost contraceptive methods or methods made available at highly subsidized prices.**

Prospective cohort study of women of 14-45 years of age who wanted to avoid pregnancy for at least one year

Following counseling, participants were able to select a method at no cost.

- **67% of the 2,500 participating women chose a long-acting method.**
- **56% chose an intrauterine device.**
- **11% chose subdermal implants.**

Source: Secura et al., AJOG, 2011.

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- **The training and attitude of the providers.**

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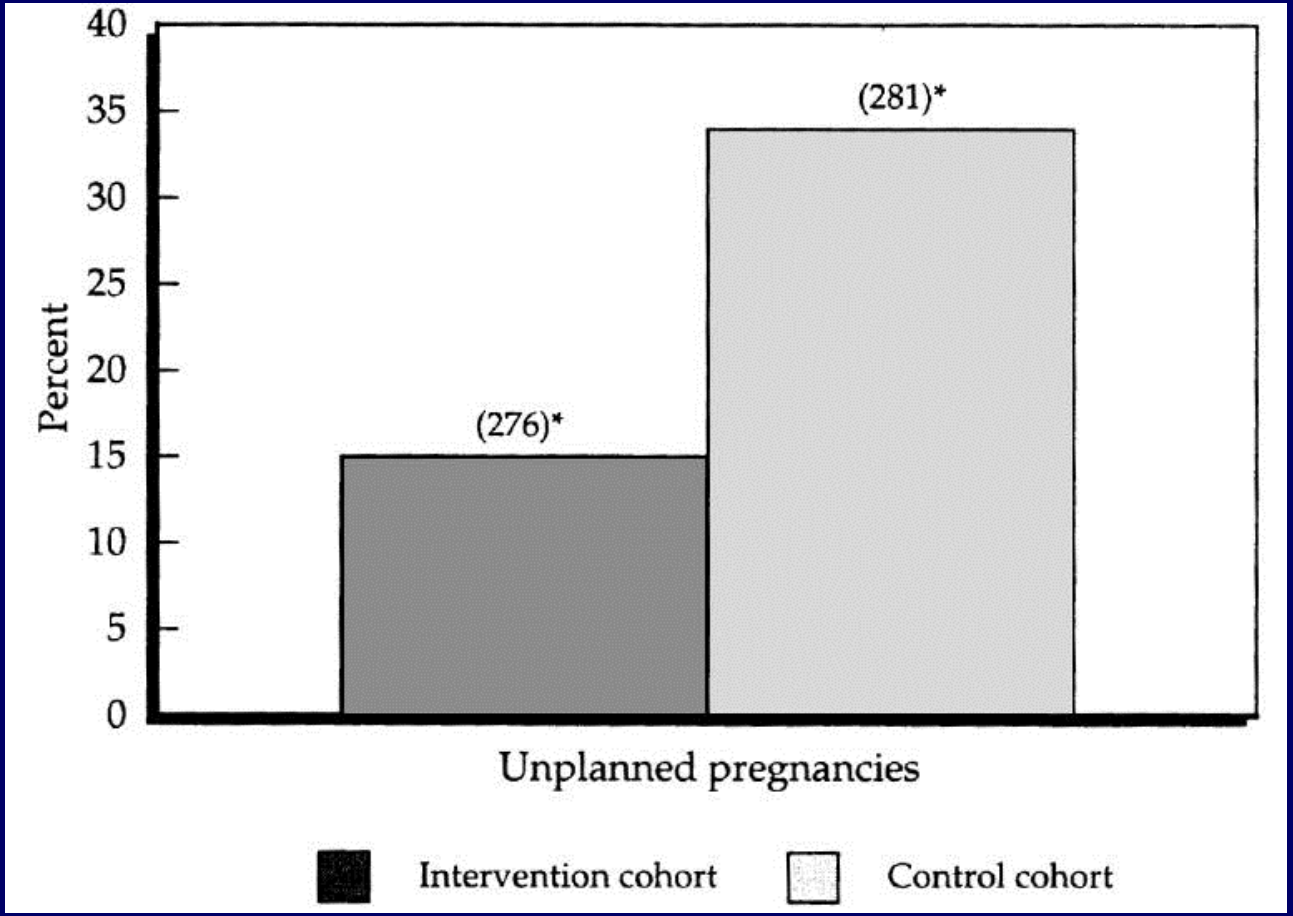
This depends on:

- **Their availability at no cost or at highly subsidized prices.**
- **The training and attitude of the providers.**
- **Organization of a system to provide counseling and immediate provision of the method.**

Percent of women who wanted to delay next pregnancy for 2 years or more who had an unintended pregnacy up to 12 months after abortion. Zimbabwe, 1996-97



Source: Brooke R. Jonshon et al, Studies in Family Planning, 2002; V.33; No. 2;195-202

CONCLUSIONS

There will always be unplanned pregnancies and induced abortions because no contraceptive method is perfect.

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There will always be unplanned pregnancies and induced abortions because no contraceptive method is perfect.

We can contribute enormously to reducing these rates if we organize ourselves to increase acceptance of post-abortion contraception with the use of methods that are in fact highly effective.

- FIGO, ICM, ICN Consensus (2009)

“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.

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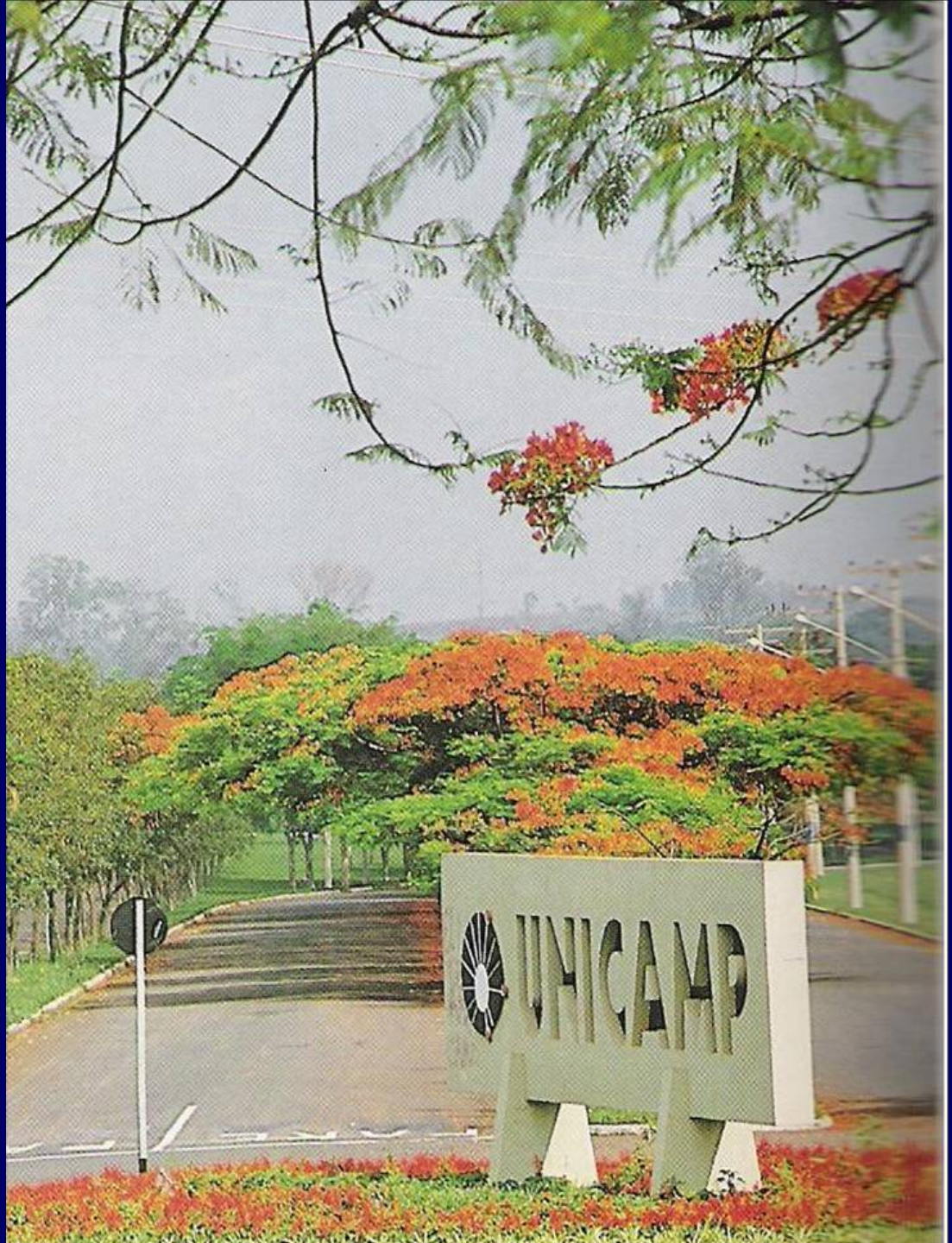
“If a woman comes to a hospital with an incomplete [induced] abortion, we've already failed once to help her avoid an unwanted or a mistimed pregnancy. If she leaves the facility without having any means of preventing another pregnancy in the future that may not be wanted, we've failed her twice.”



Many thanks!

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