

# **New Evidence on the Effectiveness of Post Abortion Contraception in Reducing Abortions**

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# POST-ABORTION CONTRACEPTION

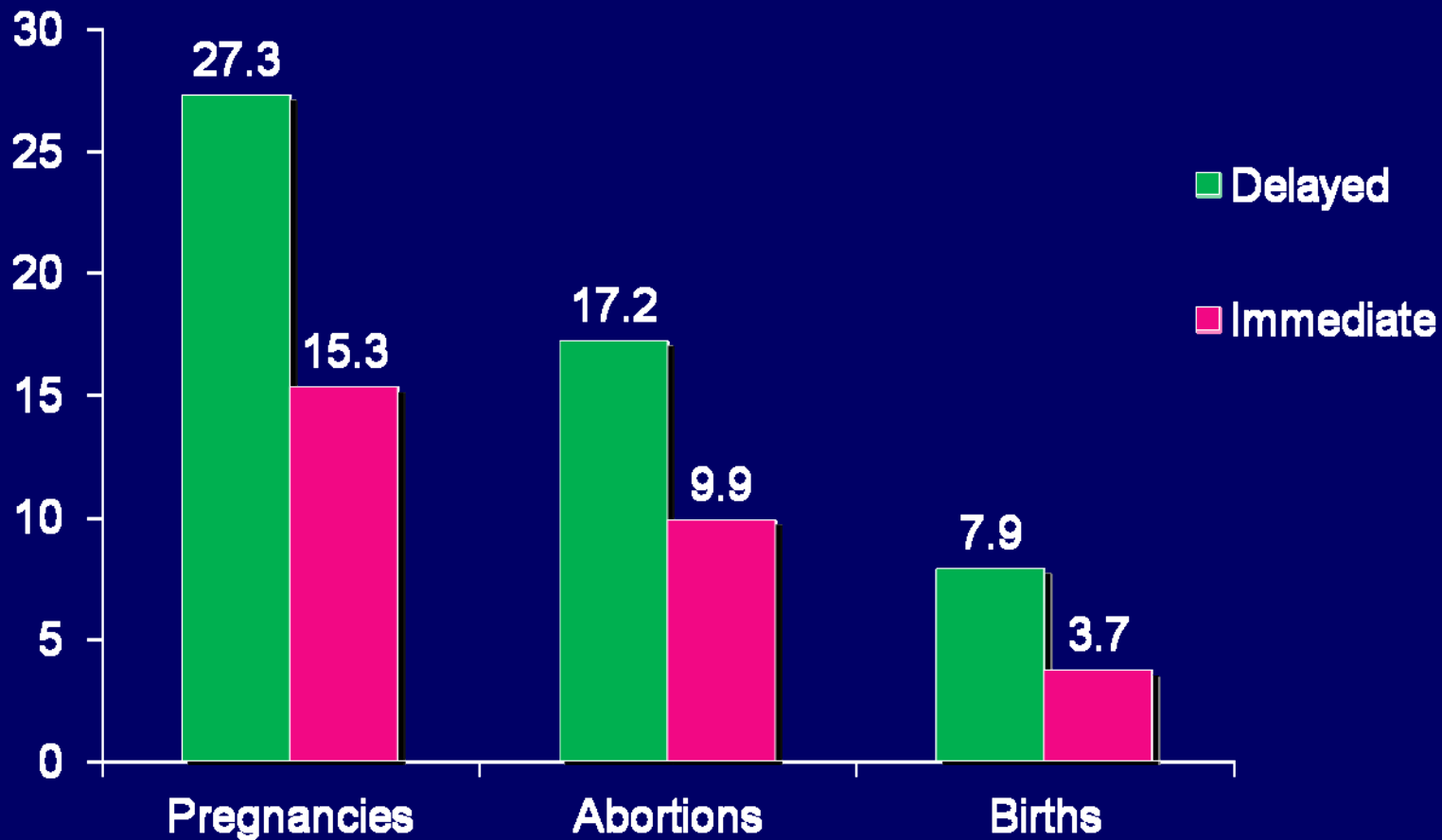
Current evidences indicate that post-abortion contraception is effective in preventing repeated abortion when it complies with two conditions:

- 1. The woman leaves the health unit using a contraceptive method**

# WHY TO INITIATE A METHOD IMMEDIATELY AFTER ABORTION

Because the chances of start **using the chosen method are reduced** and **the risk of unintended pregnancy increases** when the women is referred to get the method in another health service and sometime 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**

**Current evidences indicate that post-abortion contraception is effective in preventing repeated abortion when it complies with two conditions:**

- 1. The woman leaves the health unit with a contraceptive method**
- 2. That method is long acting and does not require re-supply**

# WHY THE PREFERENCE FOR LONG ACTING METHODS

The decision **to chose** her preferred  
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The decision to chose her preferred  
contraceptive method is a right of the  
woman.

But she also has the **right to be** fully  
and **correctly informed** at the time of  
choosing a method after an abortion

# **Informed choice of the selected method**

**An essential information or the choice of a contraceptive after abortion is its **effectiveness****

**For that reason, a fundamental information is **the "real" effectiveness** of each method**



# The actual effectiveness 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)**

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**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 effectiveness of the COC

**Lack of compliance with daily pill-taking** and, more important, 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)** [IUD, IUS,  
Implants] 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**.

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

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



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

	<u>Perfect Use</u>	<u>Typical Use</u>
• <b>Periodic abstinence</b>	<b>0.4-5.0</b>	<b>24.0</b>
• <b>Diaphragm</b>	<b>6.0</b>	<b>12.0</b>
• <b>Condom</b>	<b>2.0</b>	<b>18.0</b>
• <b>TCu 380-A IUD</b>	<b>0.6</b>	<b>0.8</b>
• <b>Combined oral contraceptive pill</b>	<b>0.3</b>	<b>9.0</b>
• <b>NuvaRing vaginal ring</b>	<b>0.3</b>	<b>9.0</b>
• <b>Depo-Provera</b>	<b>0.2</b>	<b>6.0</b>
• <b>Mirena (LNG-IUS)</b>	<b>0.2</b>	<b>0.2</b>
• <b>Implanon</b>	<b>0.05</b>	<b>0.05</b>
• <b>Tubal ligation</b>	<b>0.5</b>	<b>0.5</b>
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# Pregnancy rates during the first year of use of a contraceptive method

	<u>Typical Use</u>
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• Mirena (LNG-IUS)	0.2
• Tubal ligation	0.5
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• 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

# **Why the preference for long-acting methods?**

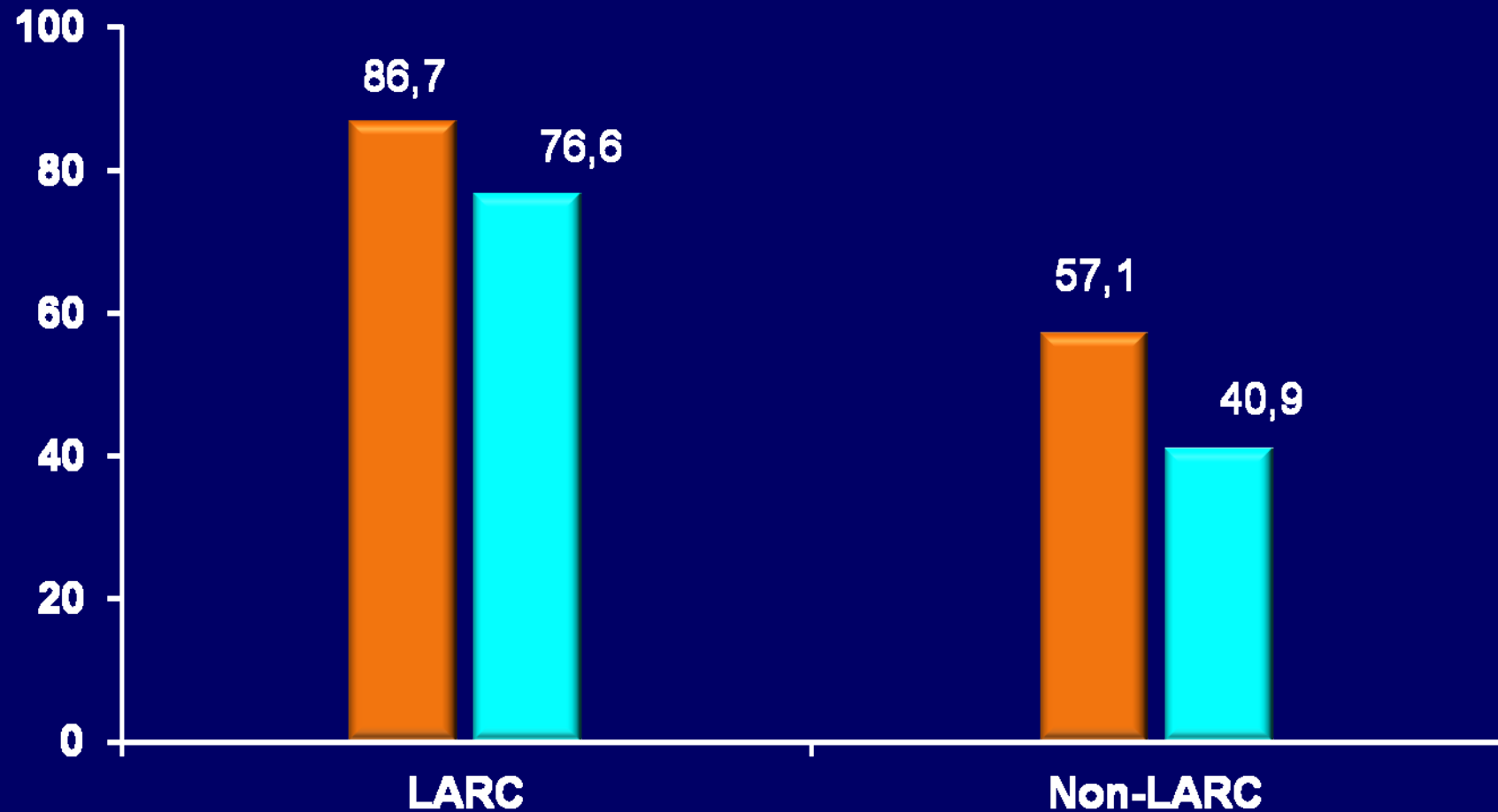
**Practical experience has confirmed the higher efficacy of long-acting reversible contraceptives (LARC) in reducing the incidence of repeat abortion.**

# 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

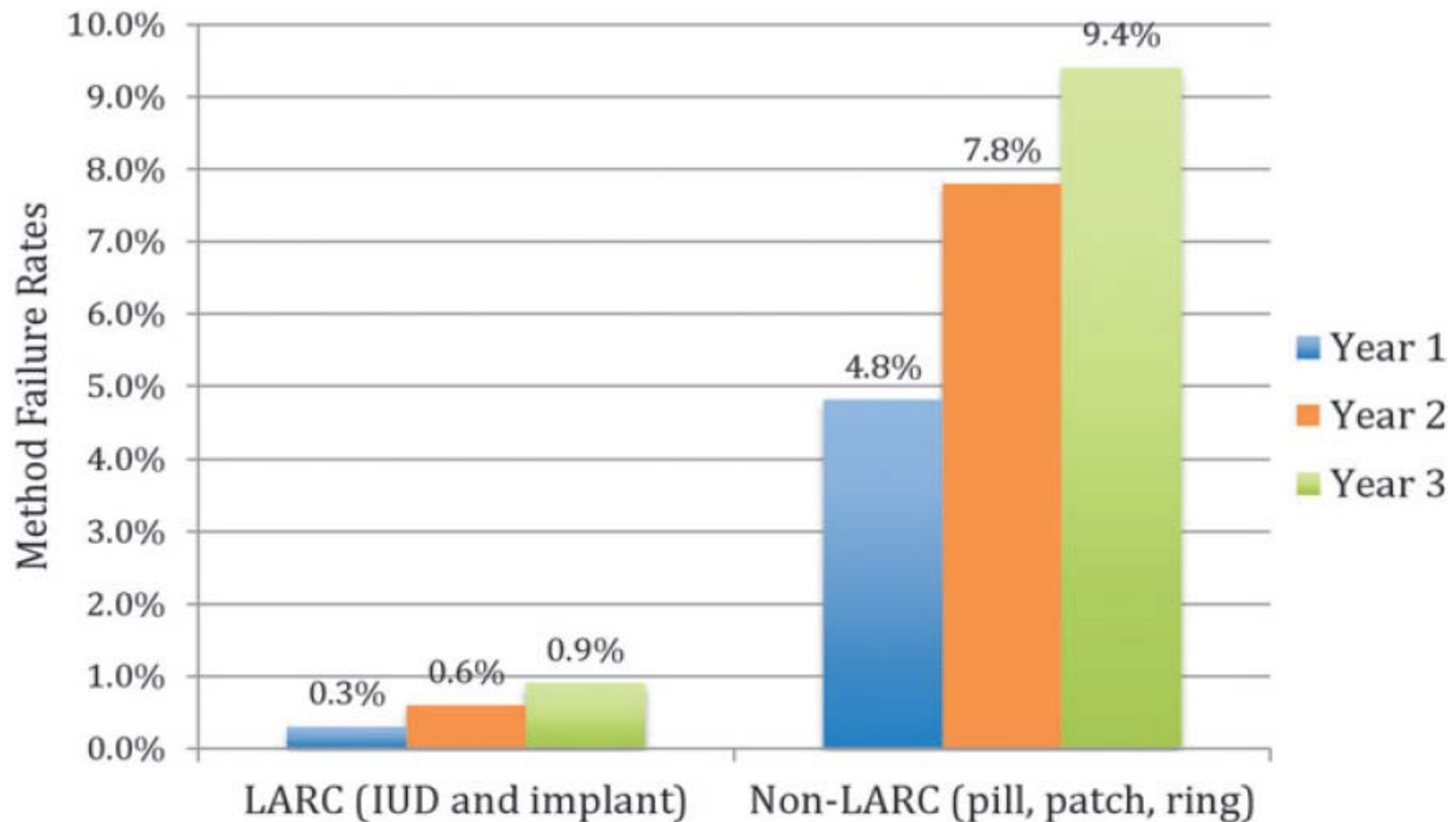
# Why the preference for long-acting methods?

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**

# CUMMULATIVE PREGNANCY RATE AFTER 1, 2, AND 3 YEARS OF USE OF LARC AND OF SHORT ACTING CONTRACEPTIVES

CONTRACEPTIVE CHOICE PROJECT REVIEW



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	<i>n</i>	<i>OR</i> ( <i>Confidence interval</i> )	<i>P</i>
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)	

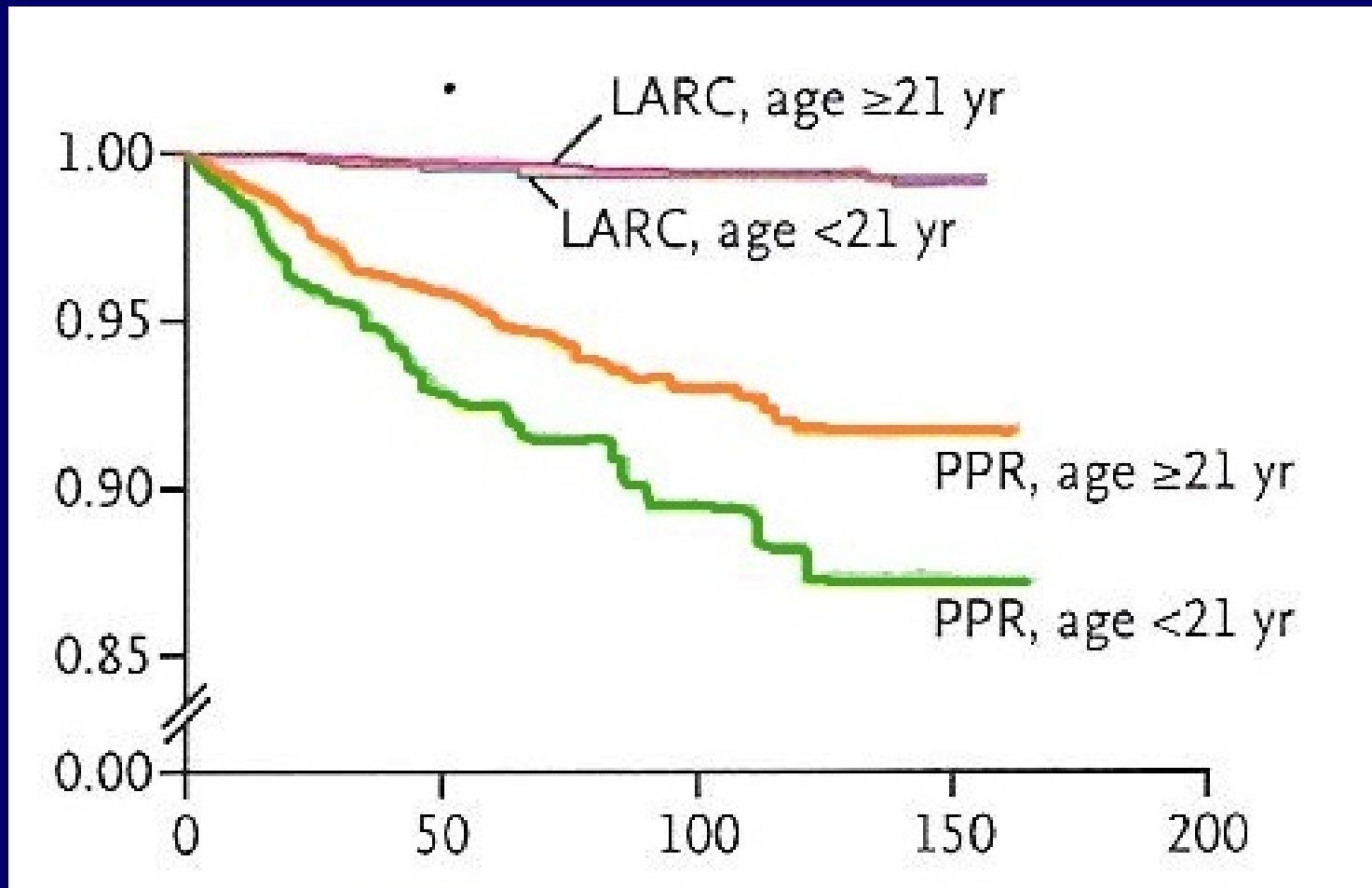
Fuente: Cameron et al BJOG. 2012, Aug;119(9):1074-80

# Post-Abortion Contraception

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**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



Fuente: Winner et al NEJM 2012, 366:1998-2007

# Post-Abortion Contraception

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**Can acceptance rates of  
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be increased?**

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# 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.**

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

**This depends on:**

- **Their availability at no cost or at highly subsidized prices.**
- **The training and attitude of the providers.**

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

**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.**

# CONCLUSIONS

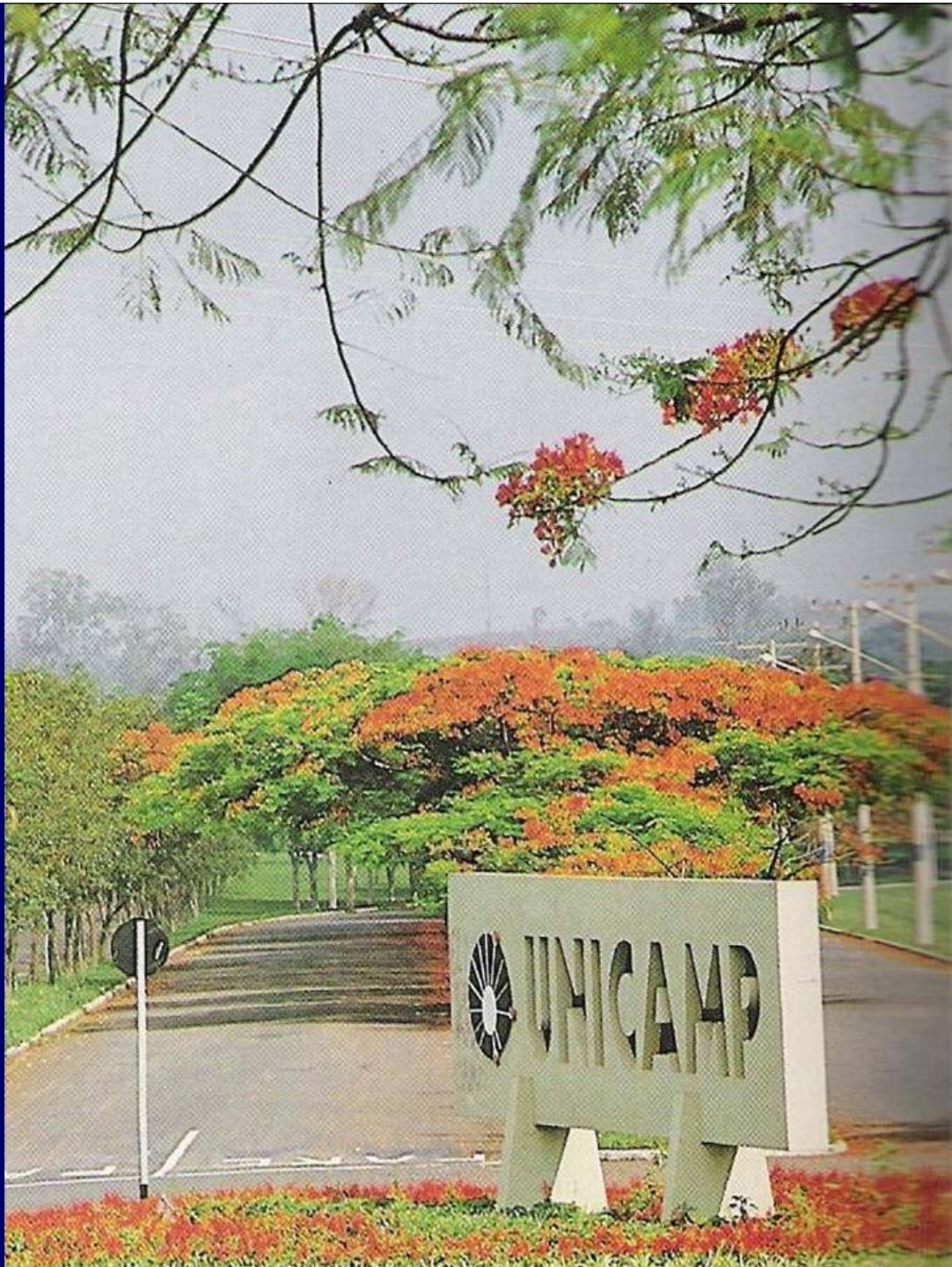
There will always be **unplanned pregnancies and induced abortions** because no contraceptive method is perfect.



# CONCLUSIONS

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.**



**Many  
thanks!**

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