



The association between choice of abortion method, post-abortion contraception and the risk of having another unintended pregnancy among young women

Findings from a quantitative survey

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Study background and objectives



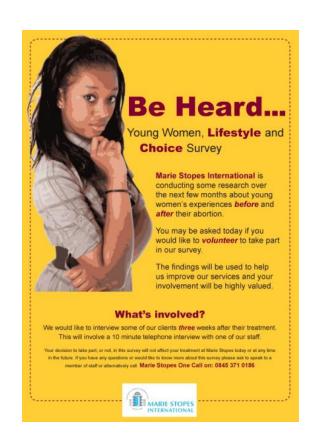
- The number of women who had one or more previous abortions is increasing. 27% of young women who had an abortion in 2012, had already had one or more previously
- In recent years there has been a "push" for abortion providers to promote and provide LARCs, e.g. dedicated LARC nurse at MSI
- Increase in women choosing to have Early Medical Abortion
- MSI funded study to explore the behavioural, social and service related factors that are associated with one or more unintended and unwanted pregnancy amongst young women (16-24 years)
- Cross sectional survey objectives: 1) Determine factors associated with having more than one abortion; 2) Measure uptake of contraception at 4 weeks post abortion; and 3) Determine factors associated with uptake of contraceptives post abortion

Methods



- Eligible women recruited after consultation at one of MSI's centres or via the Call Centre prior having an abortion
- Women consented to be contacted 4 weeks following their abortion.
 Telephone interview
- Asked about pre- and post- abortion contraceptive use and experience of consultation and service. Women who had a previous abortion asked about contraceptive use between last two abortions.

Data collection started 18 June2012 – 10 May 2013





Results: Contraceptive use and method of abortion

- A total of 1,641 women recruited and 430 women completed an interview
- 28% (n=121) of women said they had had one or more previous abortions
- 57% reported to have been using contraception, namely the pill and condom, at the time they got pregnant.
 - Failed to work due to inconsistent or improper use. Majority did not know why they got pregnant
- Majority of young women chose to have a surgical abortion (63%)
- More women choosing a surgical abortion were more likely to have had a previous abortion than those choosing early medical abortion (33.1% vs. 20.4%; p value=0.005)

Post abortion contraception uptake

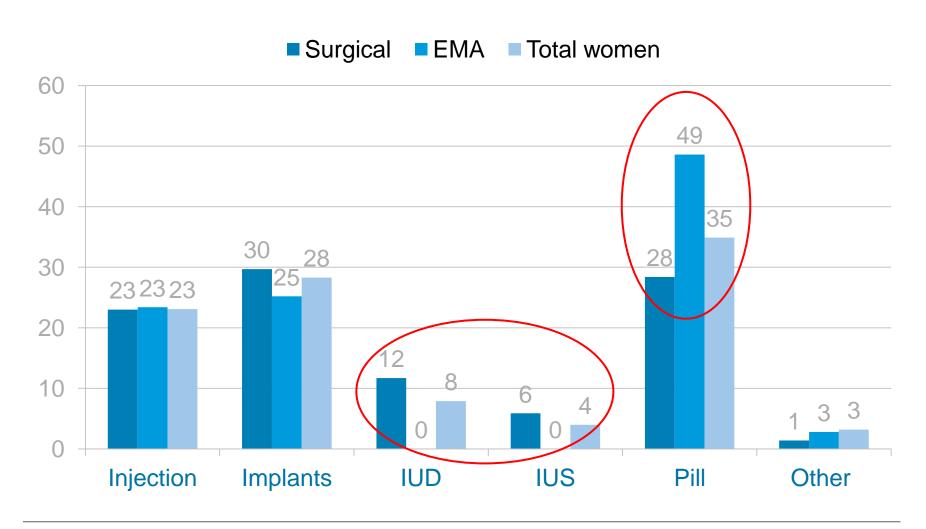


| | Surgical | Early medical | Total women | P-value |
|--|----------|------------------|----------------|---------|
| Contraceptive uptake at clinic (n=430) | 84.7 % | 68.6 % | 79.0 % | 0.000 |
| Contraceptive use at 4 weeks (n=430) | 88.2 % | 80.3 % | 85.6 % | 0.026 |

- More women who had a surgical abortion compared to those who had a medical abortion left the clinic with a method of contraception
- Women were less likely to be using contraception at 4 weeks if they:
 - had an EMA compared to surgical (80% vs. 88%; p=0.026)
 - from a black ethnic group compared to white and other ethnic group (73% vs. 88% & 86%; p=0.018)
- No difference between women who had more than one abortion and those who had one

Choice of contraceptive method post abortion from MSI by method of abortion (n=420) (%)







Use of LARC methods

- 63% of all young women received a LARC method from MSI
- Women were more likely to start using a LARC method if they:
 - had a surgical abortion compared to a medical abortion (70% vs. 50%; p=0.000)
 - had a previous abortion compared to women who had an abortion for first time (74% vs. 59%; 0.009)
- An equal proportion of women who had a surgical and medical started the injection (25% and 25%) and small difference for implants (30% vs. 25%)

Conclusion



- More young women choosing medical abortion are more likely to be having an abortion for the first time
- Majority of these women (first time abortion & medical abortion) went on to take the pill post abortion
- Women who choose medical abortion are less likely to:
 - leave the clinic with a contraception method post abortion
 - start using contraception at 4 weeks
 - start a LARC method
- Identified a gap in service provision: possible tension between promoting women to have EMA and start using LARC method following abortion



Recommendations



- More could be done to ensure women who choose to have EMA are provided with support and information to easily access LARC if this is their chosen method, as well as being routinely provided with a bridging method of contraception
- Improve pathways (communication) between, as well as integration of, abortion and contraception services so women can be followed up more easily and efficiently
- Since the pill is the preferred method among young women who have an EMA (and a single abortion), more needs to be done to ensure effective use and support women in this choice



Thank you for your attention

For full report see: http://mariestopes.org/

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