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Long Acting Reversible Contraception in PostAbortion Care: *No Missed Opportunities*

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Setting the stage

- Global burden of PAC:
 - 1/3 of pregnancies end in abortion
 - 44 million induced abortions, 22 million unsafe
 - 31 million spontaneous abortions
 - 47,000 women die of unsafe abortion yearly
- Importance of PAC - FP integration
 - Prevention of unplanned pregnancies
 - Spacing between pregnancies
 - Maximize maternal and neonatal outcomes

Rationale for PAC – FP Integration

- Return to fertility
 - Rapid!
 - Ovulation can occur as soon as 7 days after miscarriage / abortion
 - Misperceptions regarding fertility
- WHO recommendations for spacing between abortion and subsequent pregnancy
 - 6 months to maximize maternal and perinatal outcomes

Choosing LARC

- When barriers removed, women choose IUDs
 - CHOICE project: cost barrier removed, 60% chose IUDs
- High continuation once chosen
 - CHOICE project: 90% at 24 months
- High satisfaction with IUDs and with timing of placement leading to high continuation rates

What we know about IUD and PAC

IUDs are very effective contraception

- Forgettable
- Not dependent on compliance or follow up

Easy to provide after abortion

- Easier than interval insertion
- No additional training needed
- Single visit with AB procedure
- High motivation for FP after AB

Safe, effective, practical, underutilized

LARCs after abortion

- High efficacy against pregnancy
- High satisfaction, high continuation
- Women choose LARCs when given the choice

**Why doesn't
everyone
choose
LARC?**

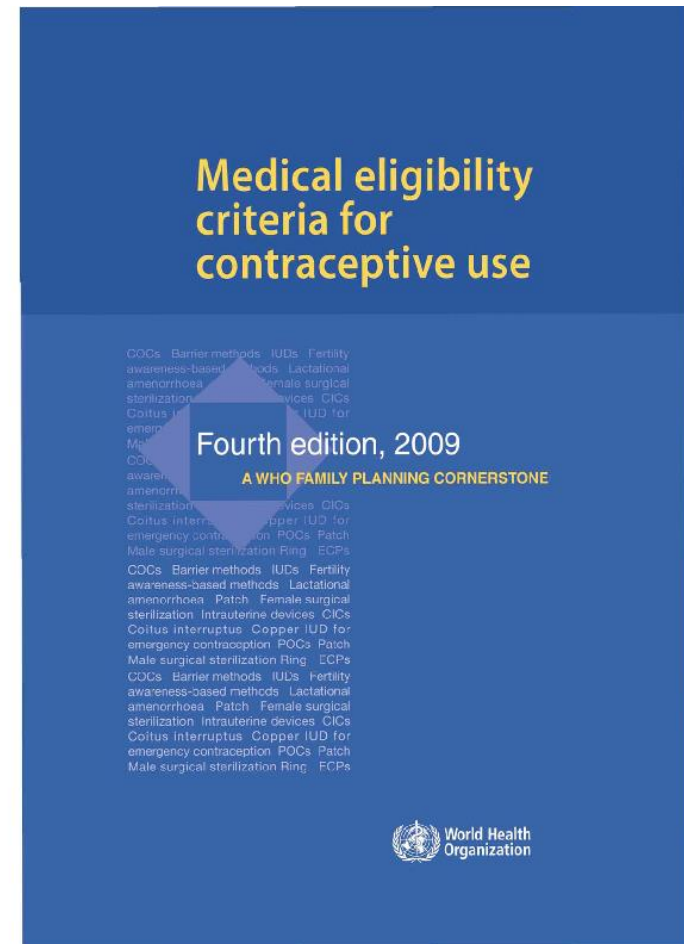
**Myths and
misconceptions
among both
provider and
clients**

Myths and Misconceptions

- Provider Concerns:
 - Discomfort with own skill set – am I able to safely put in an IUD
 - Concern for perforation
 - Concern for increased expulsion or infection
 - Misunderstanding of client eligibility for an IUD postabortion
 - Reliance on ultrasound to determine complete evacuation/eligibility

IUD Eligibility in PAC

- WHO Medical Eligibility Criteria for LARC use after PAC
 - Parity
 - Age



SAFETY DATA





Review article

Intrauterine contraceptive insertion postabortion: a systematic review[☆]

Maria W. Steenland^{a,*}, Naomi K. Tepper^a, Kathryn M. Curtis^a, Nathalie Kapp^b

^a*Centers for Disease Control and Prevention, Atlanta, GA, 30341, USA*

^b*Department of Reproductive Health and Research, World Health Organization, 1211, Geneva, Switzerland*

Received 15 October 2010; revised 7 March 2011; accepted 10 March 2011

- 1966-2010, 19 studies met criteria - 12 prospective cohorts and 7 RCT
- Immediate IUD insertion after abortion compared to insertion at any other time point
- IUDs placed immediately after abortion not associated with increased adverse events
- Slightly higher expulsion in second vs first trimester abortion immediate placement

Myths and Misperceptions

- Client concerns with LARCs in PAC
 - Pain with insertion
 - Perforation with remote displacement
 - Expulsion
 - Infertility/delayed fertility
 - Better to delay adoption of an FP method?
 - Other barriers: partner support for FP after PAC?

Strategies to Combat Client Myths

- Address providers as barriers
 - Provider resistance to LARCs with PAC will perpetuate client myths
- Normalize LARCs with PAC
 - IEC materials
 - Sensitize all staff to LARCs with PAC
 - Champion clients or champion providers

Strategies to Combat Client Myths

- It's all in the counseling....
- Provide comprehensive, efficacy-based FP counseling in the setting of PAC
 - “Efficacy –based” means offering LARCs as first line methods
 - Best methods for pregnancy prevention
 - Emphasizing informed choice, safety, quick return to fertility, availability of removal services if needed

CHOICE Project

- When efficacy based structured counseling is used, more women choose LARCs
- Satisfaction and continuation is high
- Unplanned pregnancies and repeat abortions decrease

Immediate vs Delayed IUD Insertion

- What happens when women delay insertion of IUDs until planned follow up visit?
 - (either by choice or because insertion of IUD is not offered at the PAC visit)

PAIR Study: Results

Outcome	Immediate	Delayed	Difference (95%CI)
Insertions	100%	71%	29% (24, 34)
Expulsions	5.0%	2.7%	2.3% (-1.0, 5.8)
LNG-IUS	5.5%	3.4%	
Copper T 380A	3.4%	0%	
Use at 6 months	90%	77%	13% (6, 20)
Pregnancies	0	4	
Perforations	0	0	

Immediate vs. Delayed Insertion after Dilation & Evacuation 15-23 wks

Two studies:	LNG-IUS		Cu T380a	
	Immediate	Delayed	Immediate	Delayed
Women	44	44	111	104
IUD Insertion	100%	45%	90%	30%
Expulsion	7%	5%	3%	0%
Continuation, 6-month	85%	56%	82%	28%
Lost to follow-up	39%	39%	32%	21%
Pregnancy	0%	4%	4%	6%

Hohmann. Contraception, epub 13 Sept 2011.

Cremer. Contraception 2011;83(6):522-7.

Service Delivery Considerations

- Uterus empty:
 - If no signs of infection, can insert immediately after evaluation
- Retained products of conception:
 - MVA for Uterine evacuation
 - Assessment for infection
 - Placement of IUD immediately

IMPACT DATA



Post-abortal vs. Interval IUD

- This is the real question:
Is it better to insert the IUCD immediately after abortion or to wait?
- What impact would post-abortal insertion have?
 - On unintended pregnancies
 - On repeat abortion
 - On maternal mortality



Contraception 78 (2008) 143–148

Contraception

Original research article

Impact of immediate postabortal insertion of intrauterine contraception on repeat abortion[☆]

Suzan Goodman^{a,*}, Sarah K. Hendlish^b, Matthew F. Reeves^{c,d}, Anne Foster-Rosales^{a,b}

- All women who received immediate post abortal IUDs over 3 years
- Matched to women receiving abortions but choosing other methods
- Repeat abortion data obtained for 14 months after 3 year period
- Women receiving immediate IUD: lower rate of repeat abortions (34.6 vs 91.3, $p < .001$)
- Hazard ratio for repeat abortion in IUD group: 0.38

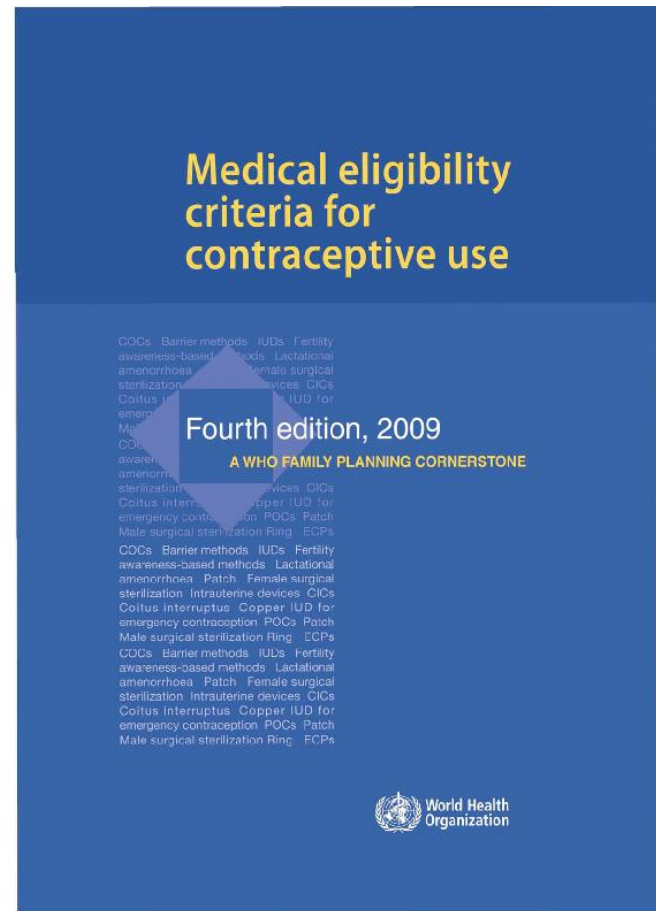
Modeled Decision Analysis: Results

- Pregnancies per 1000 women receiving post-abortal IUCDs in the base case
 - Post-abortal (immediate) insertion: **34**
 - Interval (delayed) insertion: **86**
- **52 fewer pregnancies** with immediate insertion after 12 months
- If 20% opted for and received immediate insertion, estimated 20K abortions prevented in the first year

Reeves et al. Obstet Gynecol 2007.

Implants

- Not fraught with all the same issues
 - Can be inserted immediately
 - Same provider or separate provider
 - No concern about infection or incomplete evacuation



Summary

IUDs and Implants are very effective contraception

- Forgettable
- Not dependent on compliance or follow-up
- Immediate effect after abortion

Easy to provide after abortion

- IUDs can be easier than interval insertion
- Single visit with AB procedure
- High motivation for FP after AB
- No insertion-related complications in any study
- No increase in expulsion rate

High satisfaction with IUDs/Implants and with timing of placement leading to high continuation rates

Summary

Safe, effective, practical, underutilized

Policy Implications:

- Reduce unintended pregnancies
- Reduced repeat abortion
- Reduced maternal mortality

Discussion

