

Long-acting user-independent contraceptives post abortion

Rising abortion rates in the UK could be reduced by promotion of the use of long-acting user-independent contraceptives in women for whom these could be the most appropriate methods of contraception; namely teenagers, young women, and women post delivery or termination of pregnancy who may not be contemplating a pregnancy for a couple of years or more.

Abortion rates in the UK remain high, especially among teenagers. Sex education and the availability of free contraception have not significantly reduced the numbers of women seeking termination of pregnancy. The single most effective approach in reducing the rates of unwanted pregnancy is the provision of effective contraception. For the teenager or young woman, especially post-abortion, the long-acting user-independent contraceptive may be the contraceptive of choice.

Abortion remains an emotive issue, and despite the availability of effective and reliable contraception, abortion rates continue to rise in the UK (Department of Health, 2005), with about one in five pregnancies ending in an abortion. Reasons for this high rate of termination of pregnancy include non-use or poor use of contraception, resulting in unwanted pregnancies (Duncan et al, 1990). This has not changed in the last decade. Young women and teenagers constitute the majority of women seeking termination of pregnancy, and a distinct but important group of women, those seeking repeat terminations, is also emerging, accounting for over 30% of all abortions (Department of Health, 2005).

Teenagers and young women

These are a particularly vulnerable group, who often move from one contraceptive method to the other, never really staying with a particular method for any length of time. In so doing they may leave gaps of sometimes weeks in between these changes, during which no contraception is practised despite sexual intercourse taking place.

Implicated in teenagers' non-use or inappropriate use of contraception are unfounded fears of side effects (Wareham and Drummond, 1994). Appropriate contraceptive education is important in dispelling these fears, so that teenagers can confidently avail themselves of the broad range of contraceptive options available.

Teenage sex is also commonly opportunistic and embarked upon in an unprepared fashion, with drunkenness increasingly playing an important role. Teenagers also lead busy and chaotic lives, which may affect the order and discipline required to take the oral contraceptive pill at a set time. They may also lack the patience and care required to correctly use a condom.

The government has set itself the task of reducing conception rates, especially among teenagers by 2010, and has put in place a programme to achieve this (Social Exclusion Unit, 1999). A more pragmatic approach to contraception in teenagers and young women in general, specifically post-abortion, will significantly help to meet these targets. All teenagers and young women seeking contraception should have a detailed explanation of the benefits of a long-acting user-independent method of contraception. Ideally these would be intra-uterine contraceptive devices (IUCDs) or progesterone implants. Depot progesterone injections could also be used, although there are concerns about bone demineralization and risk of osteoporosis with depot progestogens after 2 or more years of use (Cromer et al, 1996; Wooltorton, 2005). This is particularly important where a pregnancy may not be planned for 2 or more years, as may be the case with students or a recently delivered woman.

Doctors across the board also need to have training and skills to be able to offer a broad range of contraceptive alternatives to their clients. It is much easier for doctors to offer the patient a prescription for the oral contraceptive pill, a supply of condoms or a referral to the family planning clinic rather than an exploration of and provision of contraception which may be more suited to the young woman. The patient may not keep the appointment at the family planning clinic and soon runs out of the initial supply of contraceptive pills or condoms. This may lead to unprotected sex which may result in an unwanted pregnancy.

Several studies have indicated that more than 50% of women with unwanted pregnancies or seeking termination of pregnancy used no contraception at the presumed time of conception, or used condoms or oral contraceptives haphazardly or intermittently, with a high incidence of condom accidents and missed pills (Duncan et al, 1990; Wareham and Drummond, 1994). Although the oral contraceptive pill is highly effective in preventing pregnancy when taken properly, it has high failure rates

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when taken haphazardly and precautions for missed pills ignored as tends to occur with teenagers. Following termination of pregnancy there is a rapid return to sexual activity, especially in young people. Boesen et al (2004) found that by 2 weeks post-termination of pregnancy over 50% of women had resumed sexual intercourse.

It is important that contraception be commenced before discharge, and discussions should have started preoperatively. Where a woman has fallen pregnant while using a particular method of contraception, she should leave the hospital post-termination with an agreed contraceptive method rather than a contraceptive plan. There should also be very strong and relevant reasons for not considering a change of contraception, especially if the failed method might have resulted from a user-dependent failure.

Women seeking termination of pregnancy also lack knowledge about emergency contraception, especially if they are teenagers. Perslev et al (2002) showed that only 44% of a cohort of women requesting termination of pregnancy had adequate knowledge about the use of emergency contraception, and only 6% had used it in the pregnancy in question. This demonstrates apathy to the use of emergency contraception in women who are aware of its benefits in the prevention of pregnancy.

Repeat abortions

There is evidence (Garg et al, 2001) that condoms and oral contraceptive pills are the commonest contraceptive methods used by women seeking their first or repeat terminations respectively. These methods fail largely as a result of user-independent variables, inappropriate or inconsistent use (Garg et al, 2001). Women who have undergone a termination are more likely to seek to avoid another unwanted pregnancy by using contraceptives (Westfall and Kallail, 1995). They are also likely to be receptive to an exploration of the reasons for the failure of the method practised at conception, and also to the initiation of a different method less likely to suffer from the causes of failure of the initial method.

The rising numbers of women seeking repeat abortions are an indictment of the care of women seeking abortion. For these women the initiation of effective contraception

is perhaps more important than the termination of the pregnancy. Repeat abortions may mark out women with psychological problems, relationship and family difficulties as well as abused women. Abuse is a powerful driver for women seeking termination of pregnancy and unless a proper referral is made and the issue addressed then the problem of repeat abortion is very real.

Women who repeatedly abort their pregnancies commonly use less effective methods of contraception, but recognize that the contraceptive method of choice for them is one that they do not have to remember to take (Fisher et al, 2005). They should be assisted with such methods.

Conclusions

The use of long-acting user-independent contraceptive methods (IUCDs, progestogen implants and depot progesterone injections) should be promoted as first-line peri-abortion contraception, as there is evidence that these are the main forms of contraception that prevent repeat unwanted pregnancies (Stevens-Simon et al, 2001). In a cohort of teenage mothers contraceptive choices made post-partum of the use of Norplant (Wyeth, Madison, New Jersey) especially, and Depo-Provera (Pharmacia NV/SA, Puurs, Belgium) less so, were strong predictors of the avoidance of repeat pregnancies in the first 2 postpartum years (Stevens-Simon et al, 2001). Health education should continue to promote condom use but this should be seen as prophylaxis for sexually transmitted diseases, while a long-acting user-independent method of contraception is used for birth control. **BJHM**

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KEY POINTS

- Abortion rates continue to rise despite easily available and free contraception.
- Teenagers and young women make up the most important groups of women seeking abortions.
- The incidence of women having repeat abortions is rising.
- The majority of women seeking abortions are not using contraception or use condoms or oral contraceptive pills inappropriately.
- Long-acting user-independent contraceptives are more suited to teenagers and young women who have difficulties in using the pill and condoms.
- Post-termination of pregnancy, long-acting user-independent contraceptives may be the contraceptives of choice.