POST-ABORTION CONTRACEPTION

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"In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning service. Prevention of unwanted pregnancies must always be given the highest priority and all attempts should be made to eliminate the needs for abortion" __ Paragraph 8.25 from ICPD Plan of Action

Of the estimated 205 million pregnancies that occur annually, 42 million are terminated by voluntary abortion, according to estimates for the year 2003. Some 22 million of these abortions are carried out safely by a skilled provider working in hygienic conditions. The remaining 29 million abortions – of which five million are carried out in teenagers - are performed by unskilled providers working in unhygienic conditions. Almost all of these unsafe abortions take place in developing countries. Of the 20 million women who undergo unsafe abortions every year, an estimated 67000 die as a result of complications, equivalent to about 13% of all maternal deaths. A further 5 million women suffer temporary or permanent disability due to complications from unsafe abortion.

Women who have undergone abortion and are at risk of another unwanted pregnancy represent an important group with unmet family planning needs. While other high-risk groups of women have been the focus of family planning programmes, there are few examples of successful attempts to reach women treated for complications of unsafe abortion. In addition, although significant advances in the availability of family planning services have been made in recent decades, there are still many areas where services are only marginally available to the community at large. These services are often of low quality and are not designed and delivered in a way that responds to the interests and needs of the women and men who use them.

Post-Abortion Physiological Return to Fertility

Research on the levels of hormones associated with pregnancy and ovulation shows that the hormones associated with pregnancy disappear quickly, and the cycle of hormone production that enables ovulation to occur resumes promptly after an abortion. Seventy-five percent of women will ovulate within six weeks following an abortion. Often ovulation occurs within two weeks after a first-trimester abortion and within four weeks after a second-trimester abortion. Specifically, after a first trimester termination, the levels of oestrogen and progesterone decrease to non-pregnant levels within a few days of the abortion. Likewise, other hormonal levels re-equilibrate very soon after abortion: ovarian response to follicle stimulating hormone (FSH) occurs within 4-9 days, while human chorionic gonadotropin (HCG) takes longer, disappearing within 38 days. These equilibrations enable ovulation to take place as soon as 2-3 weeks following the termination.

Post-Abortion Clinical Recommendations

Providers should familiarize themselves with precautions applicable to all women who are treated for abortion complications or who have an abortion:

- Treatment of acute, serious conditions is the first priority for providers caring for women with abortion complication;
- Consideration of contraception can occur once the patient's medical condition has stabilized;
- Sexual intercourse is not recommended until bleeding stops, and signs of infection (if present) and other complications are resolved;
- The woman should seek immediate medical help if certain warning signs appear: foul smelling discharge, severe abdominal pain, continued bleeding, or high fever. Early diagnosis and treatment of a complication will instill general confidence in pos-abortion care;
- Eligibility criteria for individual contraceptive methods should be followed;
- The full range of contraceptive methods can be considered for use after an abortion, as long as the client is appropriately screened and able to make an informed choice;
- If natural family planning (NFP) is the woman's choice, it should not rely upon until a regular menstrual pattern returns.

Contraceptive Use in Presence of Clinical Complications

- Confirmed or Presumptive Infection Related to the Abortion
  - Delay female sterilization until infection is either ruled out or fully resolved;
  - Do not insert IUDs until infection is either ruled out or fully resolved;
  - Any other method can be considered immediately:
    - ✓ Norplant;
    - ✓ Injectables;
    - ✓ Oral contraceptives;
    - ✓ Condoms (male/female);
    - ✓ Spermicidal foam, jelly, tablets or film;
    - ✓ Vasectomy (for her partner).

- Trauma to the Genital Tract
  - Delay female sterilization until trauma is healed, however, if abdominal surgery is required, sterilization can be done concurrently if no additional risk is involved;
  - Do not insert an IUDs until uterine perforation or other serious trauma is healed;
  - The use of female barriers and spermicides may be limited according to the extent and placement of the injury;
  - Any other method can be considered immediately:

- ✓ Norplant;
- ✓ Injectables;
- ✓ Oral contraceptives;
- ✓ Vasectomy (for her partner).

- Hemorrhage/Severe Anemia
  - o Female sterilization and insertion of IUDs should not be used in this situation;
  - o Following methods are considered appropriate for these women:
    - ✓ Norplant;
    - ✓ Injectables;
    - ✓ Progestin-releasing IUD;
    - ✓ Oral contraceptives (beneficial when haemoglobin is low);
    - ✓ Diaphragm, cervical cap, sponge;
    - ✓ Condoms (male/female);
    - ✓ Spermicidal foam, jelly, tablets or film;
    - ✓ Vasectomy (for her partner).

In addition to ensuring that specific contraceptives are appropriate for a woman's individual clinical condition. Providers must be aware of when these methods should be initiated. Many providers mistakenly apply existing contraceptive guidelines that may inappropriate for post-abortion women. Guidelines that advise delay of initiation of oral contraceptives for post-partum women based on breast-feeding, for example, are sometimes used when advising post-abortion women. In fact, if a woman selects oral contraceptives following an induced abortion procedure or treatment of complications, she should start this method immediately.

Reference:
WHO Reducing unsafe abortions. In: Progress No.75, 2007
WHO Pos-abortion family planning: a practical guide for programme managers. 1997