

Postabortion Care and Postabortion Contraception

Joan Healy, MPH
Ipas

David and Lucille Packard Foundation

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Postabortion Care

Recommended Uterine Evacuation Methods

First Trimester

- Vacuum Aspiration
- Misoprostol alone
- Expectant Management

Second Trimester*

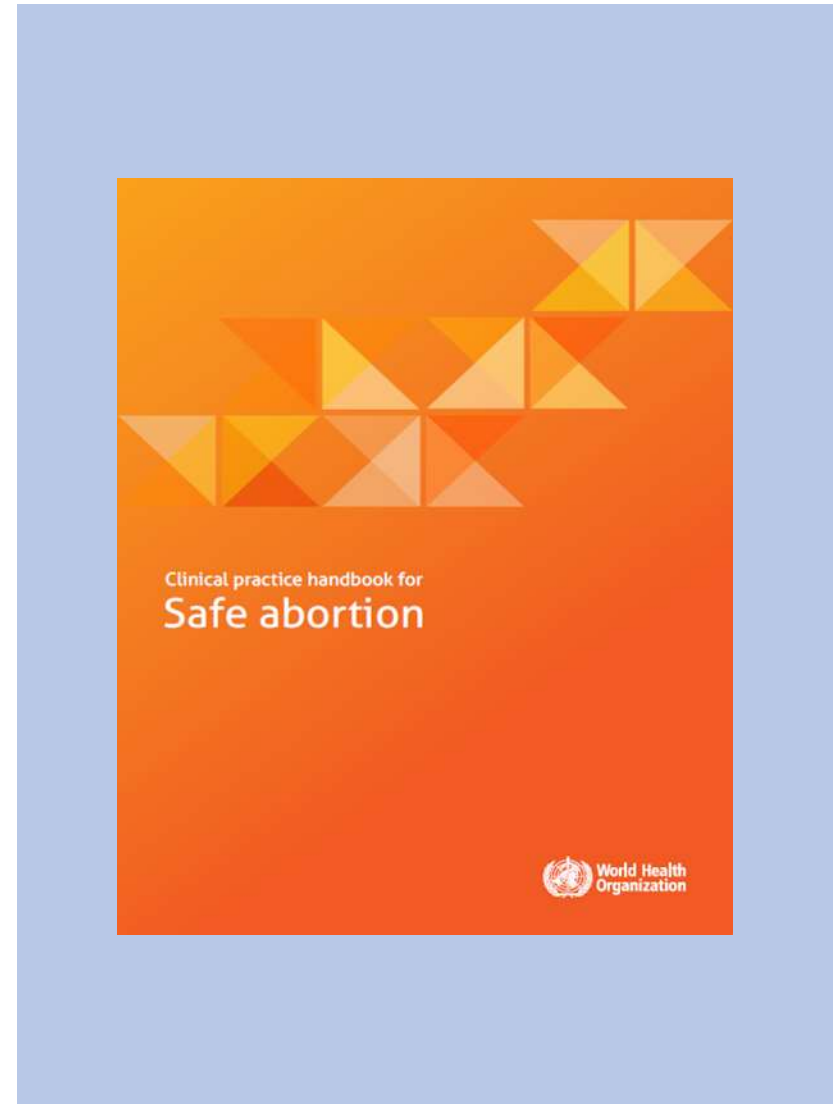
- Misoprostol

Young Women**

- All methods, all gestations
safe, effective and acceptable

* Mark, AG et al (2015)

** Renner, RM et al (2014)



Postabortion Contraceptive Method Eligibility



Generally, all methods can be considered after uncomplicated vacuum aspiration or misoprostol alone

- **Hormonal methods started on day of misoprostol**
- **IUD and female sterilization – no longer pregnant**
- **Fertility awareness – regular menses**

Complications:

Sepsis – “4” unacceptable health risk for IUD

Serious complications - “Delay” for sterilization

Uterine perforation – “Special” for sterilization

Postabortion Contraception Medical Eligibility

POST-ABORTION CONDITION	FIRST TRIMESTER	SECOND TRIMESTER	IMMEDIATE POST-SEPTIC ABORTION
COC	1	1	1
CIC	1	1	1
Patch & vaginal ring	1	1	1
POP	1	1	1
DMPA, NET-EN	1	1	1
LNG/ETG implants	1	1	1
Copper-bearing IUD	1	2	4
LNG-releasing IUD	1	2	4
Condom	1	1	1
Spermicide	1	1	1
Diaphragm	1	1	1

1 = A condition for which there is no restriction for the use of the contraceptive method.

2 = A condition where the advantages of using the method generally outweigh theoretical or proven risks.

3 = A condition where the theoretical or proven risks usually outweigh the advantages of using the method.

4 = A condition that represents an unacceptable health risk if the contraceptive method is used

Clinical practice handbook for safe abortion. Geneva: World Health Organization;2014, based on WHO Medical eligibility criteria for contraceptive use, Fourth edition, 2009.

Medical Eligibility Recommendations Implant and IUD

Condition	Implant	IUD	Comment
Age less than 20 years*	1	2	Expulsion/STI
Nulliparous*	1	2	
High risk STI **	1	2/3	

1 = No restriction for the use of the contraceptive method

2 = Advantages of using the method generally outweigh theoretical or proven risks

3 = Theoretical or proven risks usually outweigh the advantages of using the method

*Medical eligibility criteria for contraceptive use, Fourth edition 2009; Geneva: World Health Organization.


**Medical eligibility criteria for contraceptive use, Fifth edition 2015, Executive Summary. Geneva: World Health Organization.

Postabortion Contraception Service Delivery Models

High Impact Practice:

Provide counseling and services at same time and same location before women leave the facility where they receive services related to spontaneous or induced abortion.





I want to help her. I want her to trust me.

Tell me what you know about ways to prevent pregnancy? Have you discussed this with your boyfriend?

She might judge me for having sex.

I'm never going to have sex again!



Human-rights Based Approach

Accessibility
Confidentiality
Accountability

Privacy

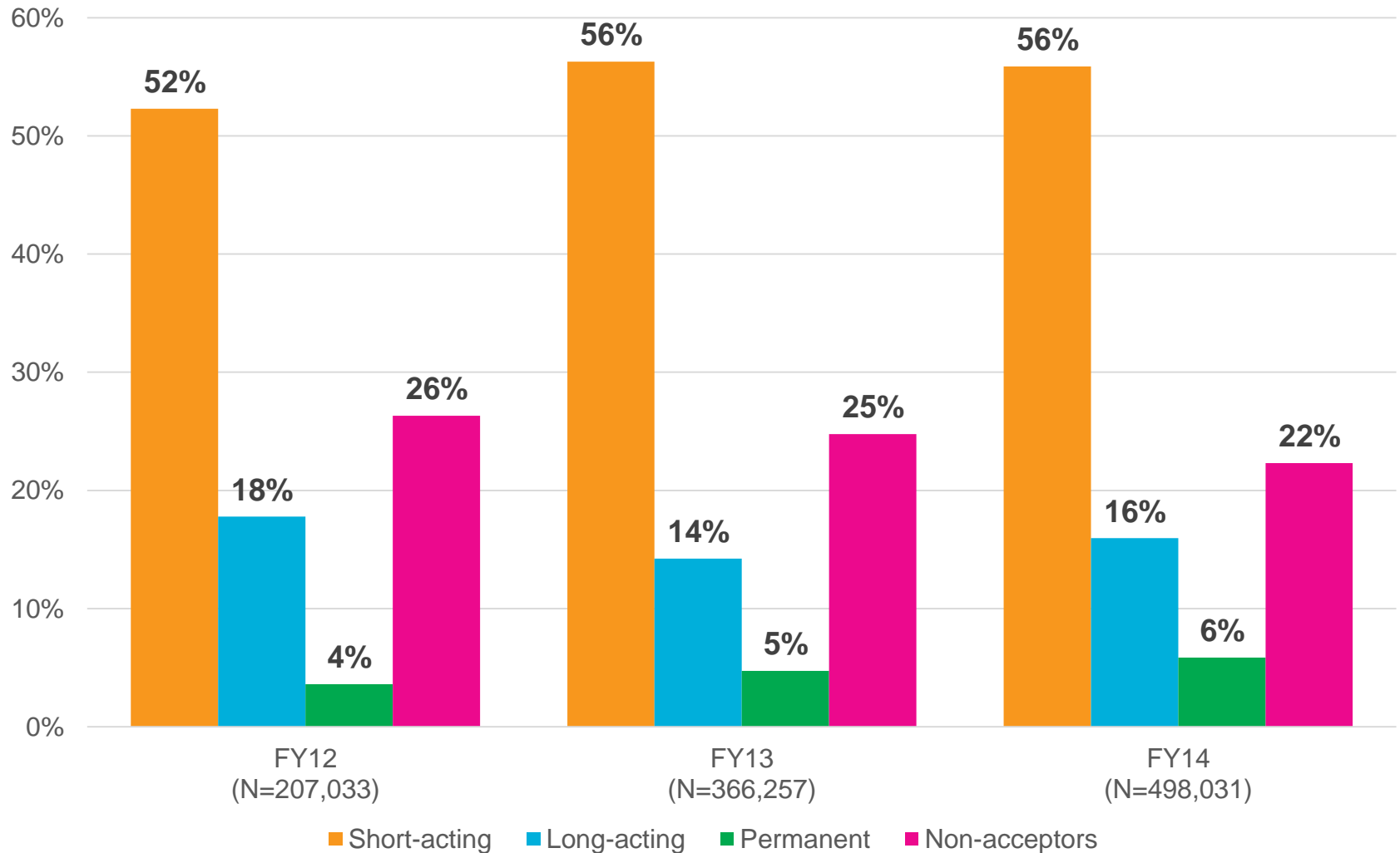
Informed Decision-making

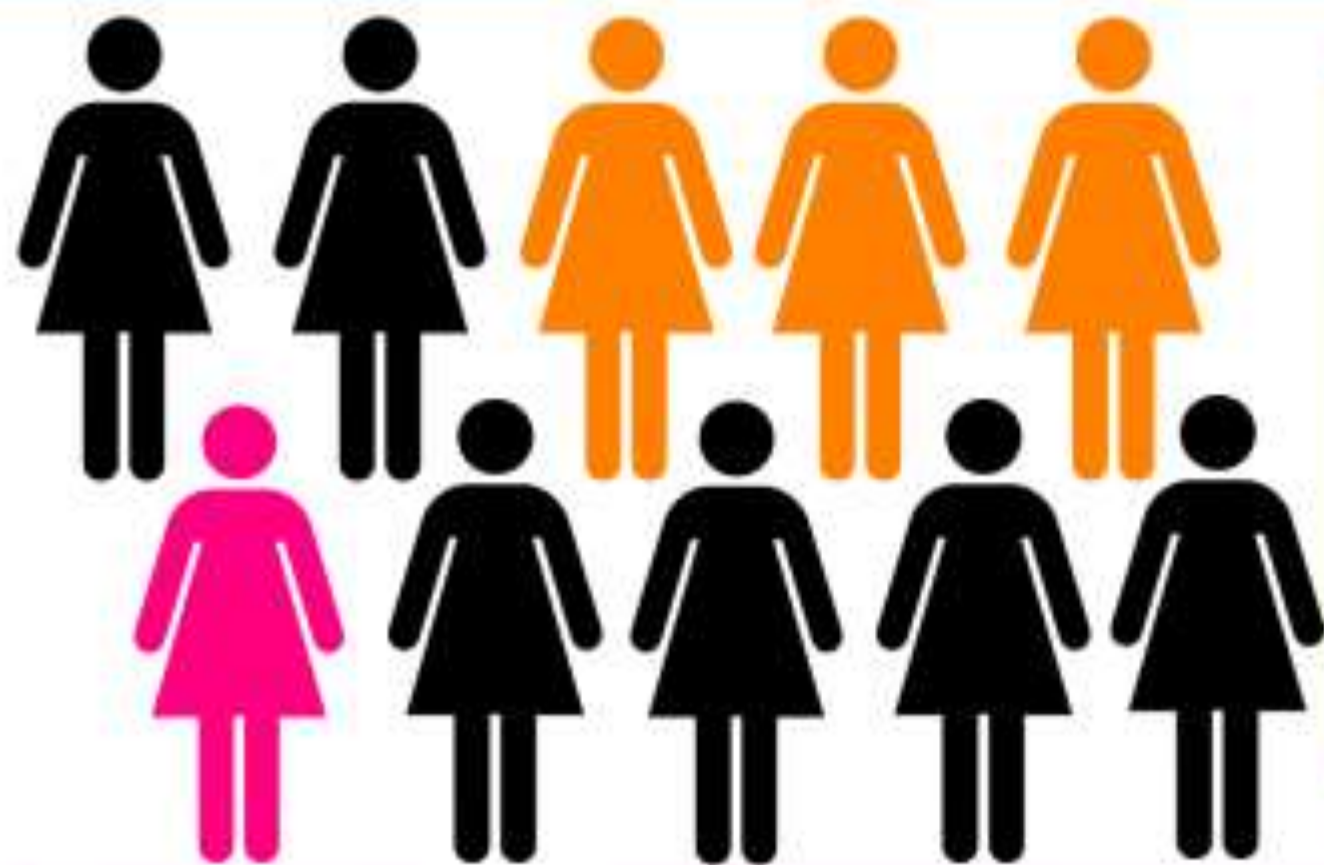
Availability
Quality

Acceptability



Percentage Postabortion Contraceptive Provision In Ipas-supported Facilities Globally By Method Type, by Year (July 2011 – June 2014)



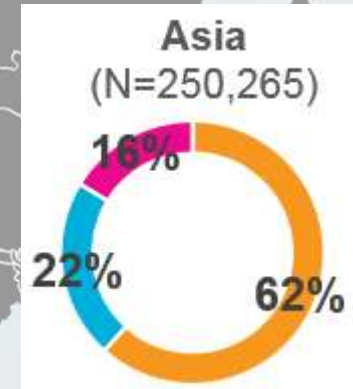
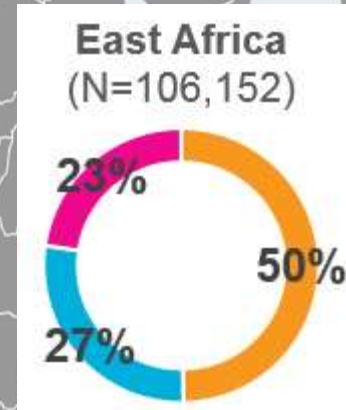
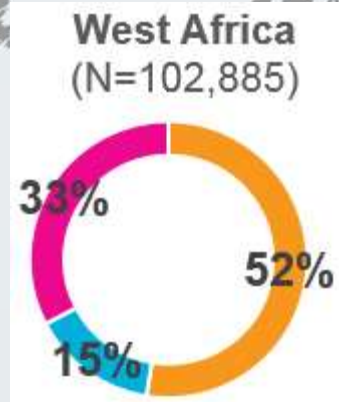
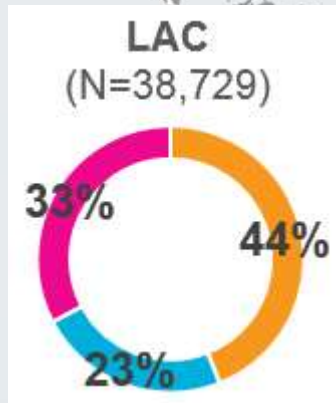


3 out of every
10 women
receiving UE
procedures in
Ipas-supported
facilities are
between

**20 and 24
years old**

Almost **1** out of every 10 women receiving a UE procedure in
Ipas-supported facilities is **under the age of 20**

Percentage Postabortion Contraceptive Provision In Ipas-supported facilities By Method Type and Region, July 2013 – June 2014



- Short-acting methods
- Long-acting/Permanent methods
- Non-acceptors

Thank you!

