Contraception after first and second trimester abortion

An advanced slide kit complementing the WHO training tool is available from:
www.fptraining.org

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Contents

• Background: Return of fertility after abortion
• Background: VTE risk during first and second trimester pregnancy
• WHO Medical eligibility criteria for contraceptive use after abortion
• When to initiate contraception after first trimester abortion
• IUD insertion after medical abortion
• When to initiate contraception after second trimester medical and surgical abortion
• Summary
Background

Important messages:

- Ovulation can occur as early as 5 - 8 days after abortion
- 80-90% of women ovulate during the first cycle following an abortion
- Return to fertility after a surgical abortion does not differ from that following medical abortion
- More than 50% of women have sexual intercourse within 2 weeks after the induced abortion
- All this implies that contraception should be initiated soon

Ref.1-3
Background

VTE risk after abortion

- The risk for venous thromboembolism increases during the course of pregnancy.

- This implies that the VTE risk is elevated already during the first and even more during the second trimester of pregnancy.

- The VTE risk is even higher in women with special risk factors, therefore a detailed risk history is mandatory (→ Session CHC 2).

- No recommendations are given about the prevention of venous thromboembolism after early termination of pregnancy, such as miscarriage or induced abortion, because these risks are largely unknown.

- The around 2 fold elevated VTE risk has to be taken into consideration for the counselling of women about contraception after abortion, especially late second trimester abortion.

Ref. 1-6
### WHO Medical eligibility criteria for contraceptive use after abortion

<table>
<thead>
<tr>
<th>Post-abortion</th>
<th>CHC (Oral, vaginal, Patch)</th>
<th>POP</th>
<th>DMPA</th>
<th>Implant (ETG)</th>
<th>IUD-Cu</th>
<th>IUS-LNG</th>
<th>TL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st trimester</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2nd trimester</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

**ESC recommendation:** For healthy women all methods are eligible after abortion, however the woman might benefit from an individualised counselling, especially with regard to the VTE risk associated with immediate start of CHC and the dislocation risk associated to immediate IUD/IUS insertion.

Ref. 1-3
Topic: Contraception after abortion

When to initiate contraception after first trimester Medical abortion?

<table>
<thead>
<tr>
<th>Contraceptive method</th>
<th>Start</th>
<th>Comments</th>
<th>Surgical Abortion</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHC (oral, ring, patch)</td>
<td>On day of misoprostol intake</td>
<td>No impact on efficacy of medical abortion. No increase in side-effects or adverse vaginal bleeding outcomes. VTE risk is low during this early period of pregnancy.</td>
<td>On day of procedure</td>
<td>Balance VTE risk against unplanned pregnancy</td>
</tr>
<tr>
<td>POP</td>
<td>On day of misoprostol intake</td>
<td>No impact on efficacy of medical abortion. No increase in side-effects or adverse vaginal bleeding outcomes. No increase of VTE risk</td>
<td>On day of procedure</td>
<td>No increase of VTE risk</td>
</tr>
</tbody>
</table>

- Women should be advised that additional contraceptive precautions are required if hormonal contraception is started 5 days or more after abortion.
- Additional contraceptive precaution is not required if contraception is initiated immediately or within 5 days of abortion.

Ref. 1-5
### When to initiate contraception after first trimester Medical abortion?

<table>
<thead>
<tr>
<th>Contraceptive method</th>
<th>Medical abortion</th>
<th>Comments</th>
<th>Surgical Abortion</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DMPA</strong></td>
<td>On day of mifepristone intake ? ? *</td>
<td>The timing of initiation of DMPA on the initial visit for medical abortion is satisfactory to women, but its influence on medical abortion efficacy requires further investigation*.</td>
<td>On day of procedure</td>
<td>No adverse effects</td>
</tr>
<tr>
<td></td>
<td>Follow-up recommended</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Implant (ETG)</strong></td>
<td>On day of mifepristone intake</td>
<td>Women should be advised that IMPLANTS can be safely initiated at the time of mifepristone.</td>
<td>On day of procedure</td>
<td>No adverse effects</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IUD-Cu LNG-IUS</strong></td>
<td>On the day of the confirmation of complete abortion</td>
<td>No negative impact on bleeding or pain; IUD expulsion rates seem to be higher after immediate than after delayed insertions</td>
<td>On day of procedure possible but higher expulsion risk</td>
<td>No negative impact on bleeding or pain;</td>
</tr>
</tbody>
</table>

* Initiation of DMPA after confirmation of complete abortion (5–9 days after mifepristone treatment) might be of advantage to avoid continuation of pregnancy.

Ref. 1-9
IUD insertion after first and second trimester medical abortion

Balance risks and benefits before deciding when to insert

• Insert IUD after confirmation of complete abortion (5–9 days after mifepristone treatment)

• Earlier insertion might be associated with an increased risk of expulsion

• Or start the patient on a POP or CHC and insert later, 9–21 days after abortion is confirmed (high experience and less expulsion)

• Or insert when endometrium thickness is below 10 mm, because this might cause fewer expulsions (evidence of two studies), but the cut-off is not completely clear

• Take into account for your decision, when to insert if a woman will return for delayed insertion

Ref 1–3
## When to initiate POC contraception after second trimester Medical abortion

<table>
<thead>
<tr>
<th>Contraceptive method</th>
<th>Medical abortion</th>
<th>Comments</th>
<th>Surgical Abortion</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DMPA</strong></td>
<td>After confirmation of complete abortion or On day of mifepristone intake, but <strong>Caution</strong>*</td>
<td>The timing of initiation of DMPA on the initial visit for medical abortion is satisfactory to women, but its influence on medical abortion efficacy requires further investigation*</td>
<td>On day of procedure</td>
<td>No adverse effects</td>
</tr>
<tr>
<td><strong>Implant (ETG)</strong></td>
<td>On day of mifepristone intake or after confirmation of complete abortion</td>
<td>Insertion at day of mifepristone intake possibl, according to WHO-Criteria. No study data available for second trimester abortion.</td>
<td>On day of procedure</td>
<td>No adverse effects</td>
</tr>
</tbody>
</table>

* Initiation of DMPA after confirmation of complete abortion (5–9 days after mifepristone treatment) might be of advantage to avoid continuation of pregnancy.

Ref. 1-9
When to initiate CHC after second trimester Medical / surgical abortion

Balance risks and benefits before deciding when to start CHC

- A next pregnancy is associated with a potentially higher VTE risk, than immediate start of CHC
- With second trimester abortions the VTE risk increases up to 2-fold in a healthy population
- In reliable patients who want to initiate CHC as contraceptive method after late abortion, it can be discussed to start a POC for 4-6 weeks and thereafter switch to CHC

After first trimester abortion the VTE risk is less elevated
Fertility returns very quickly after abortion.

Most contraceptive methods can be started immediately after both medical and surgical abortion.

VTE risk increases over time during pregnancy and is around twofold during the second trimester of pregnancy. It is also elevated after abortion.

Therefore immediate start of CHC requires careful balance of risks and benefits, especially after second trimester abortion.

In reliable women POP could be used for 4-6 weeks before starting a CHC.

IUD insertions should not be performed before confirmation of complete abortion.

Immediate start of DMPA on day of misoprostol is associated with a lightly higher rate of pregnancy continuations.