

# Final report form

**Date of sending out the form:**

Thursday, September 5, 2019

**Contact person/applicant:**

Helena Kopp Kallner

**Country**

Sweden

**E-mail**

helena.kopp-kallner@ki.se

**Title of the granted project**

Unplanned and unwanted pregnancies in the emergency room- implications for providing contraceptive counseling

**Amount granted by the ESC (in euro)**

3550

**Project number:**

P-2017-A-03

**Allocated mentor:**

A. Londero

**Date project actually started:**

Monday, July 17, 2017

**Date of completion:**

Tuesday, December 18, 2018

**Please provide a report of your findings and data.**

Introduction: Unintended pregnancies in Northern Europe have been estimated to constitute 29% of all pregnancies. Background information is lacking on these women, such as age, ethnicity and income. To strive for equitable health care, we need to know more about unintended pregnancies among immigrant women. Unintended pregnancies may lead to complications. Ectopic pregnancies may impair future fertility. Miscarriages and hyperemesis lead to suffering for the individual

and costs for both individual and society. Aims: To estimate and compare the proportion of unintended pregnancies in Swedish born and immigrant women who seek gynecological emergency care. To compare preconception behaviour between Swedish born and immigrant women.

Material and Methods: Pregnant women seeking gynecological emergency care for the first time in pregnancy were asked to answer a questionnaire in their native language. The questionnaire contained questions from the London Measure of Unplanned Pregnancy (LMUP) and questions regarding sociodemographic data, gynecological health etc. Blood samples were taken to analyze hemoglobin and ferritin levels. Women diagnosed with miscarriage, ectopic pregnancy, or hyperemesis gravidarum received a follow-up questionnaire one month later, concerning health care resource utilization.

Results: Of the 150 women participating, 52/150 (34.7%) scored 9 or less on the LMUP-questions and were thereby classified as unintended, while 98/150 (65.3%) were classified as intended. Based on the answers of LMUP question 2 and 4, 43/150 (28.7%) pregnancies were classified as mistimed and 13/150 (8.7%) as unwanted. Of women with unintended pregnancies, 43/52 (82.7%) reported no contraceptive use. A total of 83/150 (55.3%) women in questionnaire 1 were diagnosed with miscarriage (n=64, 42.7%), ectopic pregnancy (n=7, 4.7%) or hyperemesis gravidarum (n=12, 8%), and could thereby receive the follow-up questionnaire 2. In total, 79/83 women received the follow up questionnaire. A total of 4/83 could not be followed up due to late recruitment and the time limitation for the study. LMUP-score distribution for all women responding to questionnaire 1 and the women with a complication diagnosis correlated well (Figure 2). In similarity to the LMUP-scores, 55/150 (36.6%) and 30/83 (36.2%) of the pregnancies respectively were considered to be unintended according to the four-graded Swedish Pregnancy Planning Scale. No significant differences between women born in Sweden or outside Europe were found regarding proportions of unintended pregnancies or contraceptive use. Women born outside Europe smoked and drank alcohol to a lesser extent preconceptionally and had a higher proportion anemia. There were no significant differences between women with unintended and intended pregnancies concerning number of days of sick leave, number of visits to health care provider, or number of days

hospitalized. Women with unintended pregnancy in general needed approximately 9 days of sick leave per person, and 3.3 visits to a health care provider per person. Only 4 participants reported a need of therapy sessions; 3 women with pregnancies ending in miscarriage of which 1 had an unintended pregnancy, and 1 women with an unintended pregnancy with hyperemesis gravidarum.

In total, 8/14 (57%) of women with an unintended pregnancy who did not have a continuing pregnancy did not receive any contraceptive counselling from the physician after the diagnosis of miscarriage pregnancy (not shown in table). All of these 8 women were diagnosed with miscarriage. The two women with unintended pregnancies diagnosed with ectopic pregnancies who answered the question reported to have received contraceptive counselling after their diagnosis. In total, 5 women were counted as missing. Only women with unintended pregnancies diagnosed with miscarriage and ectopic pregnancy were included, as women with other outcomes were not in need of contraceptives.

**Please provide a final detailed budget on how much you have spent. Was any money not spent? Receipts may be requested.**

Translation Arabic, somali, Mongolian 500 Euro  
Translation Persian/Farsi, Tigrinya 500 Euro  
Computer 250 Euro  
computer program SPSS 350 Euro  
Principal investigator 1500 Euro  
statistician 450

**How will your findings be presented?**

Publication in journal

**Was your paper published? Indicate journal and acceptance date**

We intend to publish. However, the responsible resident doctors have both been on parental leave and thus the project had to take a break. They are now back. We intend to recruit more patients this fall and spring and then reanalyze and publish!

**Add any other information you feel we should have**

The project has taken a break due to the extremely unfortunate parental leave (although as a

gynecologist you just have to love that people have children) of BOTH resident doctors involved in the project.

**Please let us know whether having a mentor has been helpful or not**

have not used the mentor

**Full Name**

Helena Kopp Kallner

**Date**

Monday, September 9, 2019

Questions? ESC Central Office: [info@escrh.eu](mailto:info@escrh.eu)

**Type a question**

info@escrh.eu