

# Contraceptive use after second trimester abortion in South Africa

Daniel Grossman, MD; Naomi Lince, MPH, MIA; Jane Harries, MPH, MPhil; Debbie Constant, MSc, MPH; Marijke Alblas, MD; Kelly Blanchard, MS

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# Abortion law in South Africa

- Choice on Termination of Pregnancy Act 1996
- $\leq 12$  weeks available on request
- 13-20 weeks legal in cases of
  - Socio-economic hardship,
  - Rape,
  - Incest, and
  - Reasons regarding health of the woman or fetus
- $> 20$  weeks available under limited circumstances



# Second trimester services

- 25-30% of abortions are provided in the second trimester
- Provided by doctors in hospitals; nurses assist/counsel
  - Medical induction (MI)
    - Majority performed with this method
    - Misoprostol alone
    - Most are inpatient procedures
  - Dilation and evacuation (D&E)
    - Western Cape – roving team
    - Sublingual misoprostol cervical prep
    - Outpatient procedure



# How early can FP be started after abortion?

Method	After 1 <sup>st</sup> trimester aspiration abortion	After 1 <sup>st</sup> trimester medical abortion	After 2 <sup>nd</sup> trimester D&E	After 2 <sup>nd</sup> trimester medical induction
Oral contraceptives (combined & progestin only)	Immediately	Same day as misoprostol*	Immediately	Immediately
Injectables (combined & progestin only)	Immediately	Same day as misoprostol*	Immediately	Immediately
Implants	Immediately	Same day as misoprostol*	Immediately	Immediately
IUD	Immediately	Upon completion	Immediately	Immediately
Condoms	Immediately	Immediately	Immediately	Immediately

# Objective and study overview

- **Objective:**
  - To document the protocols and procedures used, including counseling and family planning practices, for two 2nd trimester abortion techniques used in South Africa
  - To examine the efficacy, safety and acceptability of these procedures in order to identify ways the services could be improved.
- **Ethics:** Approval obtained in US and SA
- **Timeframe:** February – July 2008 (6 months)
- **Design:** Cross-sectional, observational
- **Location:** 5 public sector hospitals (3 D&E and 2 MI), Western Cape Province

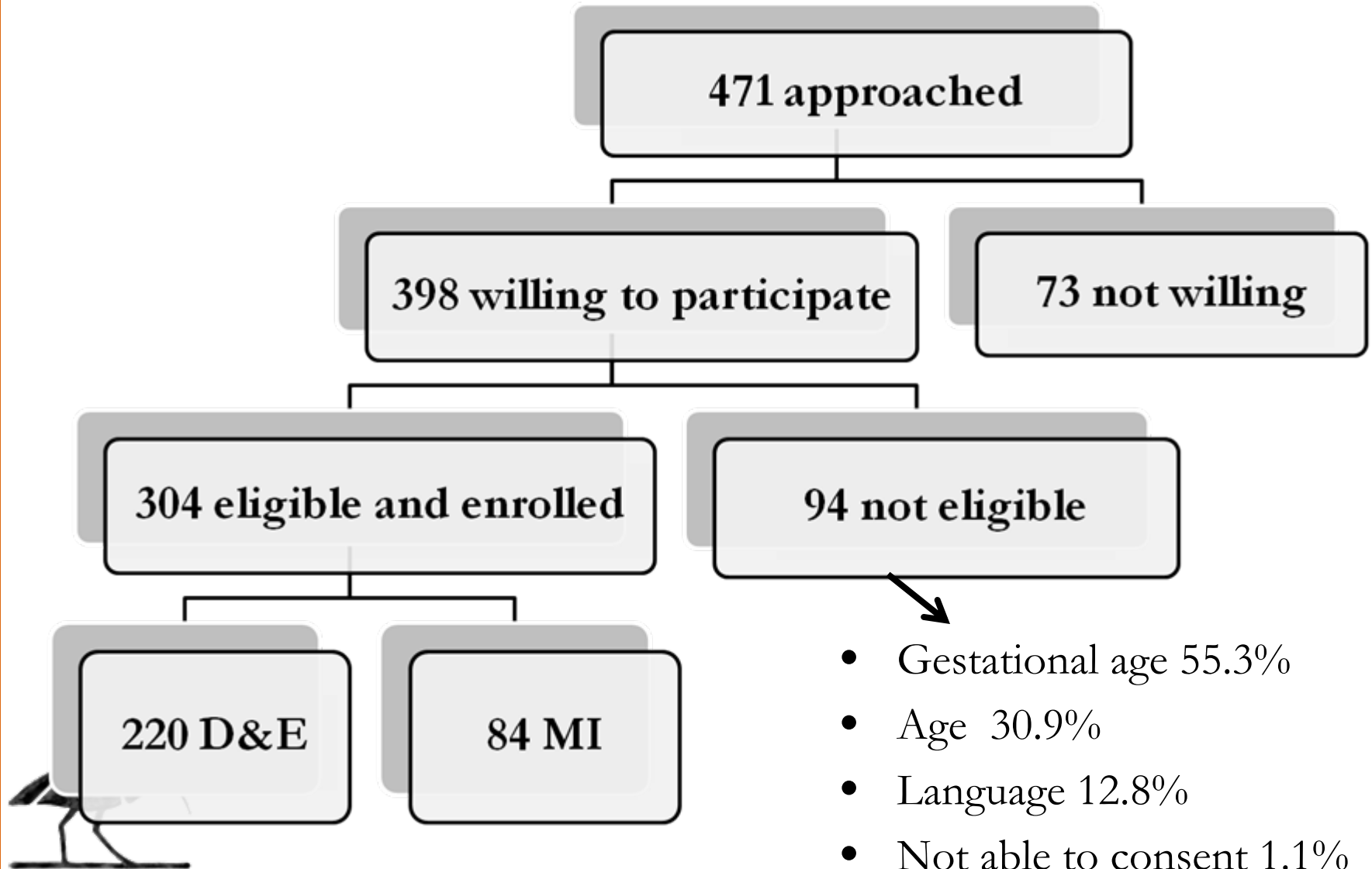


# Data collection methods

- Before abortion procedure
  - Recruitment at hospitals
  - Assessed eligibility
    - Age  $\geq 18$
    - Gestational age 13-20 weeks
    - Speaks English or Xhosa
  - Obtained written consent
- Immediately post procedure
  - Review of clinical chart
  - Questionnaire with participant



# Recruitment and enrollment



# Results: Demographics

## (Median & range)

Characteristic	D&E (n=220)	MI (n=84)	p-value
Age	25 [18-43]	25 [18-39]	NS
Education level completed*	12 [5-12]	12 [7-12]	NS
Parity	1 [0-6]	1 [0-4]	NS
Gestational age	15.0 [12.14 - 20.43]	18.1 [13.14 - 20.14]	<0.001

## (Number & percent)

Previous vaginal delivery	149 (68.3)	58 (78.4)	NS
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\*Some participants were currently attending university.

NS = Not significant

## Results: Prior use/intention to use family planning

<b>Characteristic</b>	<b>D&amp;E (n=220)</b>	<b>MI (n=84)</b>	<b>All (n=304)</b>
Never used a method	41 (19.2)	13 (17.6)	54 (18.8)
<b>Methods used previously:</b>	<b>D&amp;E (n=173)</b>	<b>MI (n=61)</b>	<b>All (n=234)</b>
Injectables	148 (85.5)	46 (75.4)	194 (83.0)
Oral contraceptives	31 (17.9)	15 (24.6)	46 (20.0)
Condoms	4 (2.3)	9 (14.8)	13 (6.0)
IUD	0 (0.0)	1 (1.6)	1 (0.4)

## Results: Prior use/intention to use family planning

<b>Characteristic</b>	<b>D&amp;E (n=220)</b>	<b>MI (n=84)</b>	<b>All (n=304)</b>
Do NOT plan to start method	3 (1.0)	0 (0.0)	3 (1.0)
<b>Plan to use this method:</b>	<b>D&amp;E (n=215)</b>	<b>MI (n=74)</b>	<b>All (n=289)</b>
Injectables	181 (84.2)	69 (93.2)	250 (86.5)
Oral contraceptives	20 (9.3)	4 (5.4)	24 (8.3)
Condoms	0 (0.0)	0 (0.0)	0 (0.0)
IUD	7 (3.2)	1 (1.4)	8 (2.8)
Sterilization	3 (1.4)	0 (0.0)	3 (1.0)

# Results: Family planning counseling

	D&E (n=220)	MI (n=84)	All (n=304)
Received <u>pre</u> -procedure FP counseling	173 (78.6)	66 (78.6)	239 (78.6)
Received <u>post</u> -procedure FP counseling	99 (45.0)	43 (51.2)	142 (46.7)



# Results: Method received

<b>Timing of receipt of method</b>	<b>D&amp;E (n=220)</b>	<b>MI (n=84)</b>	<b>All (n=304)</b>
Had received the method at time of interview	183 (85.1)	73 (98.6)	256 (88.6)
Planned to receive before discharge	27 (12.6)	1 (1.4)	28 (9.7)
<b>Method received</b>	<b>D&amp;E (n=215)</b>	<b>MI (n=74)</b>	<b>All (n=253)</b>
Injectables	156 (86.2)	67 (93.1)	223 (88.0)
Oral contraceptives	16 (8.8)	4 (5.6)	20 (8.0)
Condoms	0 (0.0)	0 (0.0)	0 (0.0)
IUD	9 (5.0)	1 (1.4)	10 (4.0)

# Conclusions

- In this setting, uptake of contraception after second trimester abortion was almost universal.
- Women received methods they had used before.
- Many women did not receive pre- or post-procedure counseling on method choices.
- IUD insertion was shown to be feasible at one of the sites.



# Recommendations

- Rates of provision of FP counseling pre- and post-procedure could be improved.
- More effort should be made to counsel on and provide long term methods, such as the IUD.
- Need more long-term follow up of people who begin use of long term methods immediately post-abortion.
- Advocacy efforts are needed to increase FP options.



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**Naomi Lince**

[nlince@ibisreproductivehealth.org](mailto:nlince@ibisreproductivehealth.org)

[www.ibisreproductivehealth.org](http://www.ibisreproductivehealth.org)