

Long-acting contraception methods reduce repeat abortions

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Repeat abortions are significantly reduced if women use long-acting reversible contraceptive methods such as intrauterine devices (IUDs) after an abortion.

The new research by the Women's Health Research Center, University of Otago, Wellington, has just been published in the [American Journal of Obstetrics and Gynecology](#).

It involved a study that followed 510 women aged from 13-44 (mean 25) after they had an [abortion](#) in a public clinic in Wellington and chose either a free long-acting reversible contraceptive (LARC) method or a non-LARC method. LARC methods included a multiload or Mirena IUD or a Depoprovera (DMPA) injection. Women were then followed up at two years to determine whether they had another abortion.

The study showed only 6.45% of women who used LARC methods had a repeat abortion, whereas those who used some other method of [contraception](#) had a 14.5% return rate.

"These results tell us that if women who have an abortion then use a long-acting contraceptive, particularly an IUD, they are far less likely to have a repeat abortion within two years than women who use the pill, condoms or some other method," says lead author Dr. Sally Rose.

Co-author and Women's Health Research Centre director, Dr. Beverley Lawton, says use of LARCs in New Zealand has historically been relatively low compared to other methods for a range of reasons including high upfront costs and lack of knowledge amongst providers and patients. Guidelines and best practice support doctors discussing use of LARC methods with all reproductive aged women.

"These are almost 100% effective at preventing pregnancy and are reversible if you don't like them. It's interesting that 80% of women who chose IUDs

were under the age of 25 in our study. Historically IUDs have been thought of as more suitable for older women," Dr. Lawton says.

Dr. Rose says the recent addition of contraceptive implants to government funded long-acting methods (DMPA and the multiload IUD) is a positive step for women wanting effective long-acting methods, but PHARMAC now needs to extend this funding to include the Mirena hormonal IUD. Removal of cost as a barrier to use of long-acting methods will be key in achieving more widespread use.

"We're very excited about the potential public health impact of these findings. By improving access to long-acting contraception, [women](#) will not only have better choices to control their fertility, but we now know they will also reduce their chance of a further unplanned pregnancy" Dr. Rose says.

Provided by University of Otago

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