

## BEST PRACTICES IN MEDICATION ABORTION

# Starting contraception after first-trimester medication abortion

Because many women resume sexual activity shortly after an uncomplicated abortion and because fertility may return as early as 10 days after the completion of a first-trimester induced abortion,<sup>1</sup> it is crucial that women are offered effective methods of contraception that they can use starting immediately after an abortion.<sup>2</sup> Evidence supports the use of any modern contraceptive method after an uncomplicated abortion;<sup>3,4</sup> however, contraceptive use after medication abortion is an understudied area. The following recommendations for contraceptive use after medication abortion are derived from the available research, the clinical experience and documentation of experts in the field, and where relevant, the evidence for use after other types of abortion.

**Hormonal methods**, whether combined (estrogen and progestogen) or progestin-only, can be started as soon as the day of the misoprostol administration (commonly day three of the combined mifepristone-misoprostol medication-abortion regimen). These methods include **oral contraceptives**,<sup>5-7</sup> **injectable methods** (for example, **depot medroxyprogesterone acetate**, or **DMPA**),<sup>4</sup> **implants**,<sup>4</sup> and the **contraceptive patch**. The combined estrogen-progestin **contraceptive vaginal ring** can be started the day after misoprostol administration or, if the woman is still having heavy bleeding that day, two to three days later. This recommendation is based on clinical experience;<sup>8,9</sup> whether prolonged and heavy bleeding after a medication abortion reduces the efficacy of the vaginal ring is unknown.

**Intrauterine devices (IUDs)** can be inserted any time after a medication abortion is complete (that is, after the gestational sac has been expelled),<sup>8,10</sup> including within 48 hours after expulsion.<sup>7</sup> Complete medication abortion can be confirmed by ultrasonography, human chorionic gonadotropin (hCG) test or pelvic examination combined with the woman's self-reported history of bleeding; the methods of confirmation will vary depending on the clinic or health-system guidelines. If IUD insertion is delayed (for example, if insertion is planned for a three-week follow up visit), the woman should consider using barrier or hormonal contraception if she is sexually active in the interim.

**Barrier methods** — such as **condoms**, **diaphragms** and **cervical caps**; and **spermicides**, including **foams**, **jellies**, **tablets** or **films** — can be used whenever sexual activity is resumed.<sup>3</sup>

**Female sterilization** can be done after the woman has made a free and informed choice to use this permanent method.<sup>3</sup>

**Natural family planning** — such as **calendar-based** and **fertility-awareness methods** — will be unreliable, and therefore should not be used, until a regular menstrual pattern has returned.<sup>4</sup>

Whenever delays in starting a chosen method are recommended or planned, another method (for example, condoms) should be used in the interim.

Women having a medication abortion should also know that:

- **Correct, consistent use of the male or the female condom** significantly reduces the risk for HIV and other sexually transmitted infections.
- **Emergency contraception** can be used if a contraceptive method fails or after unprotected sex. If possible, women can receive a dose of or a prescription for emergency contraception pills in case they need it in the future, along with information about its correct use, at the time of the medication abortion.

## Timing of initiation of contraceptive use after first-trimester medication abortion (MA)

METHOD	POST-MA START	NOTES
Hormonal methods: (oral contraceptives, injectables, implants, patch and vaginal ring)	For vaginal ring, on the day after misoprostol administration or, in cases of heavy bleeding, 2-3 days later For others, on day of misoprostol administration	For start >5 d after misoprostol use: • a barrier method should be used in the meantime and during week 1 of hormonal-method use, <b>OR</b> • another hormonal method should be used until chosen method is established (e.g., oral contraceptive use until a provider-dependent method is established)
IUDs: (levonorgestrel-releasing [LNG] or copper [Cu])	After gestational sac expulsion and confirmation of complete MA	In clinical experience, IUD insertions done shortly after MA have been successful, even in the presence of endometrial thickness (study in progress). If insertion is delayed, a barrier or hormonal method should be used in the meantime.
Barrier methods and spermicides	On resumption of sexual activity	Barrier methods can also be used if start of any other method is delayed.
Female surgical sterilization	After woman makes informed decision	—
Natural family planning and calendar-based methods	After regular menstrual cycles return	Barrier methods or abstinence should be used until regular cycles return.

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