

# **FIGO and Prevention of Unsafe Abortion LARC and PM for PAC**

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**Second Regional Francophone West Africa PAC  
Meeting: Strengthening Postabortion Family  
Planning**

**Saly, Senegal, *October 6-11, 2013***

# Why is post abortion family planning important for FIGO?

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- **FIGO** is committed to contribute to the reduction of **Maternal Mortality** by involving obstetricians and gynecologist in the promotion of all interventions, which have proved to be effective in preventing maternal deaths.

# Why is post abortion family planning important for FIGO?

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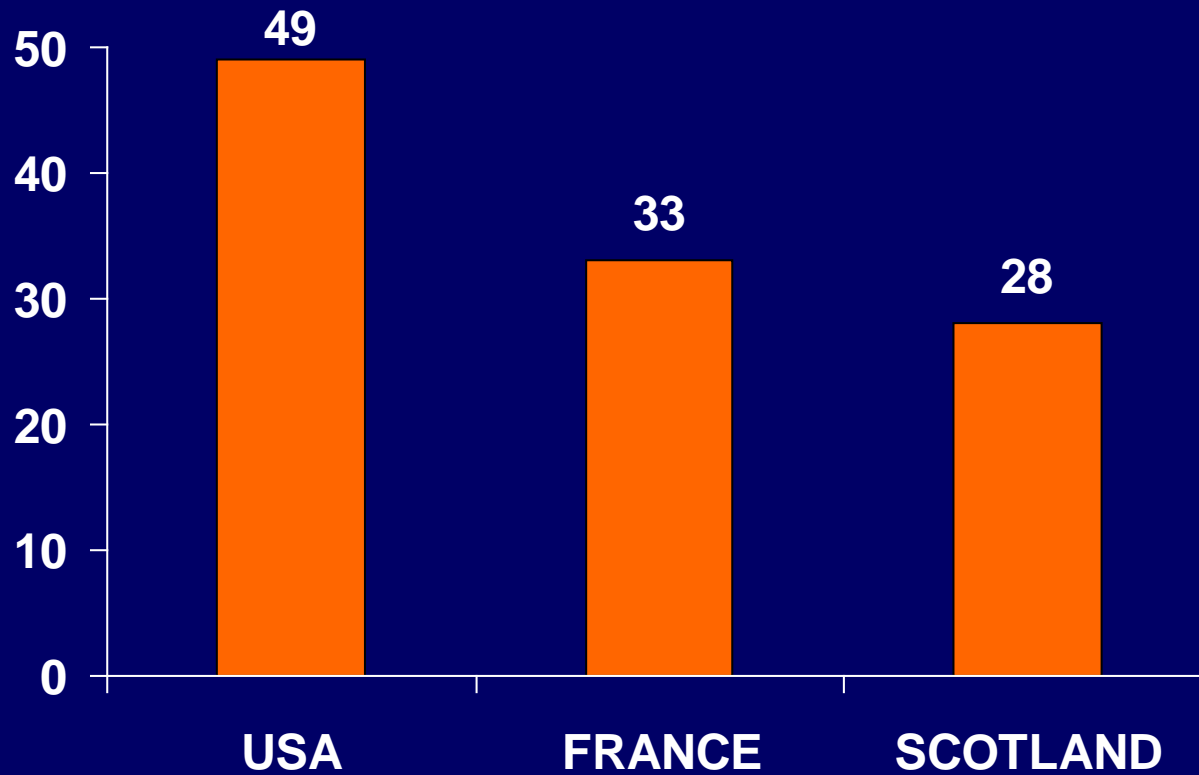
- **FIGO** is also committed to contribute to the reduction of induced **Unsafe abortion**, independently of its impact on Maternal Mortality

# **Contraception has the potential to reduce Maternal mortality**

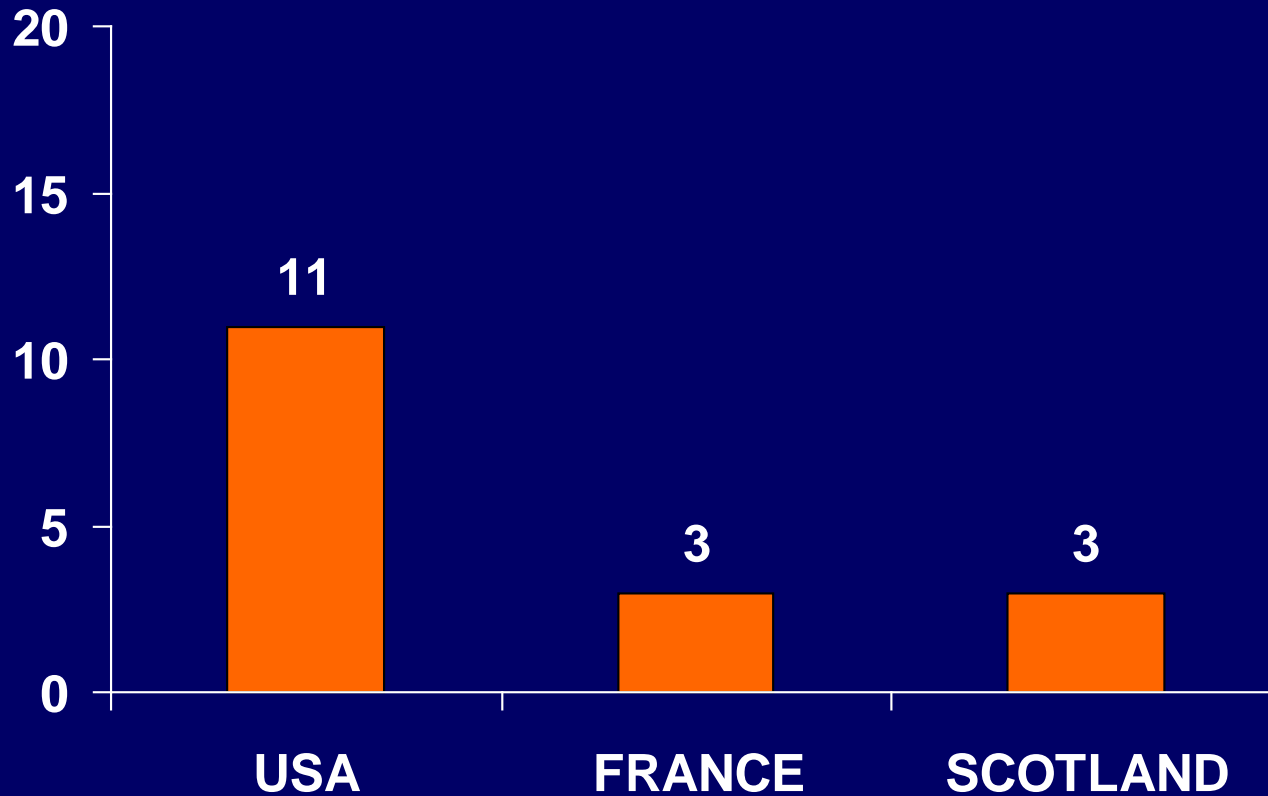
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- **By preventing unintended pregnancies**

# PERCENTAGE OF UNINTENDED PREGNANCIES IN THREE DEVELOPED COUNTRIES



# PERCENTAGE OF WOMEN UNDER RISK OF PREGNANCY WHO DID NOT USE A CONTRACEPTIVE METHOD

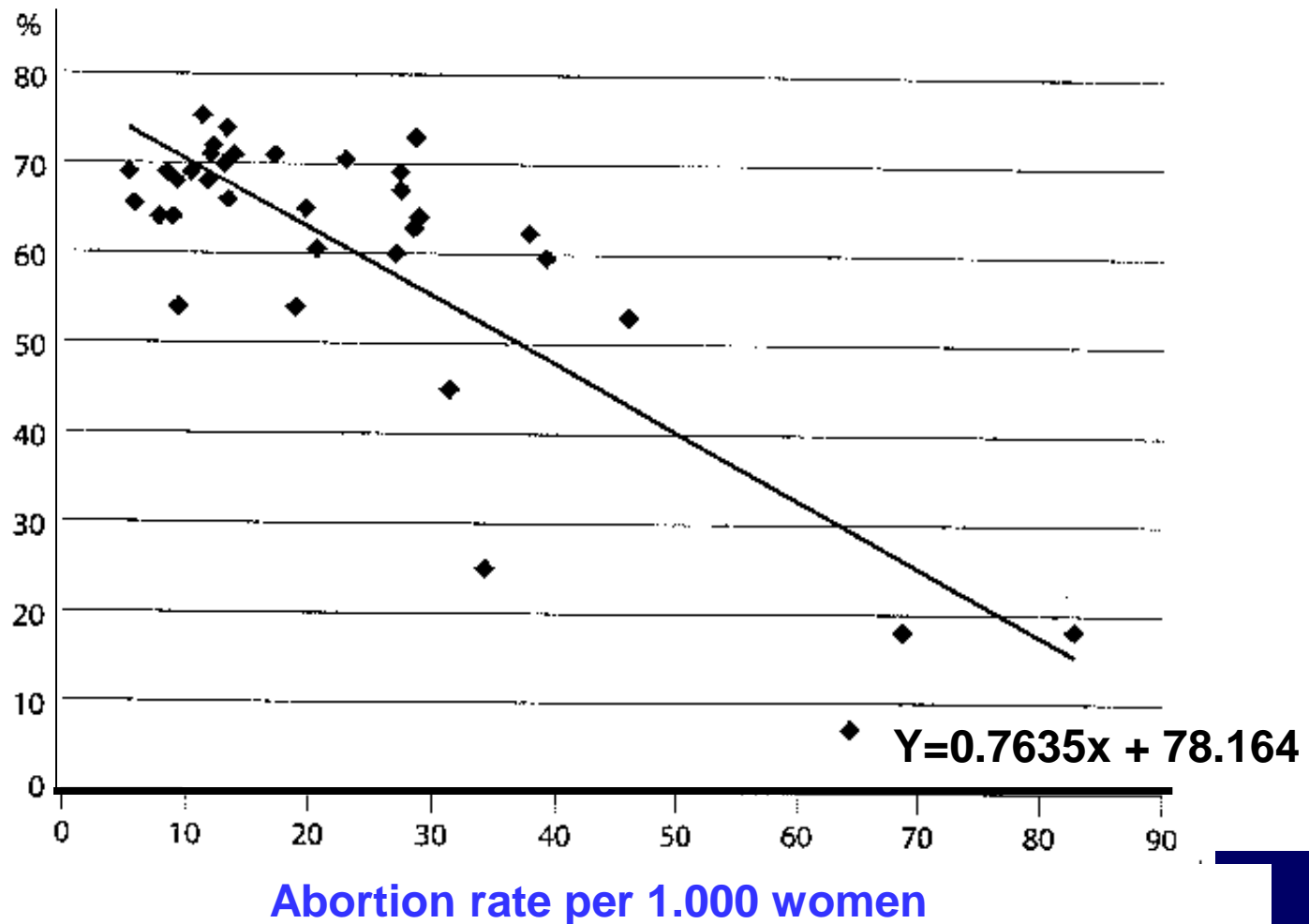


# Contraception has the potential to reduce Maternal mortality

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- By preventing unintended pregnancies and **unsafe abortions**

# PORCENTAGE OF FERTIL AGE WOMEN IN UNION USING CONTRACEPTION AND ABORTION RATE IN SELECTED COUNTRIES



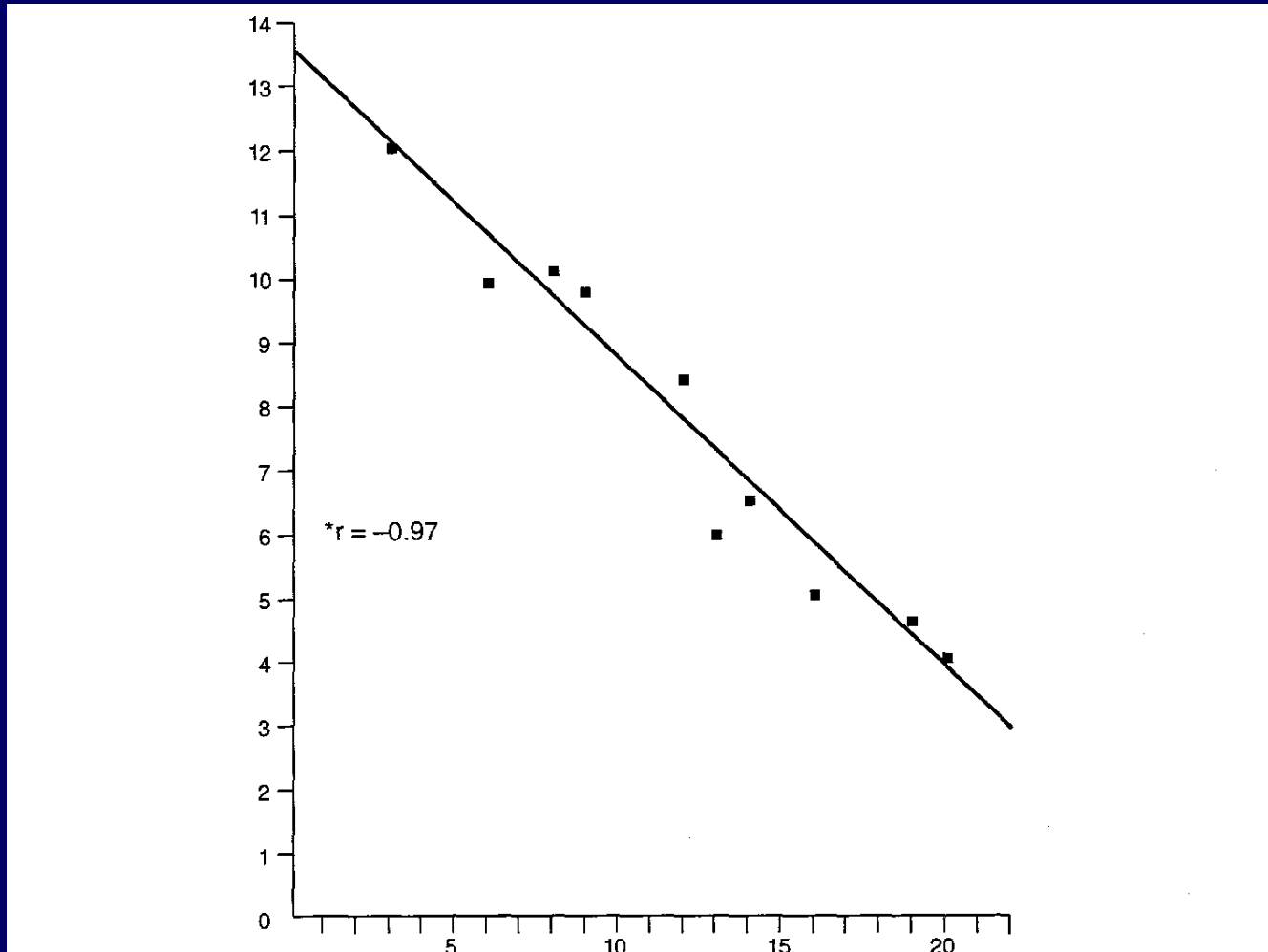


# Contraception has the potential to reduce Maternal mortality

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- By preventing unintended pregnancies and unsafe abortion associated **mortality**

# CORRELATION BETWEEN ABORTION RELATED MORTALITY AND THE PERCENTAGE OF CURRENT CONTRACEPTIVE USERS, CHILE. 1964 - 1973



**Contraception is clearly a fundamental instrument to reduce unintended pregnancy, abortion and abortion related mortality.**

- **Why the emphasis in contraception after abortion?**

# **Why the emphasis in contraception after abortion**

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- Women with induced abortion are telling us they do not want another child at this time**

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# **Why the emphasis in contraception after abortion**

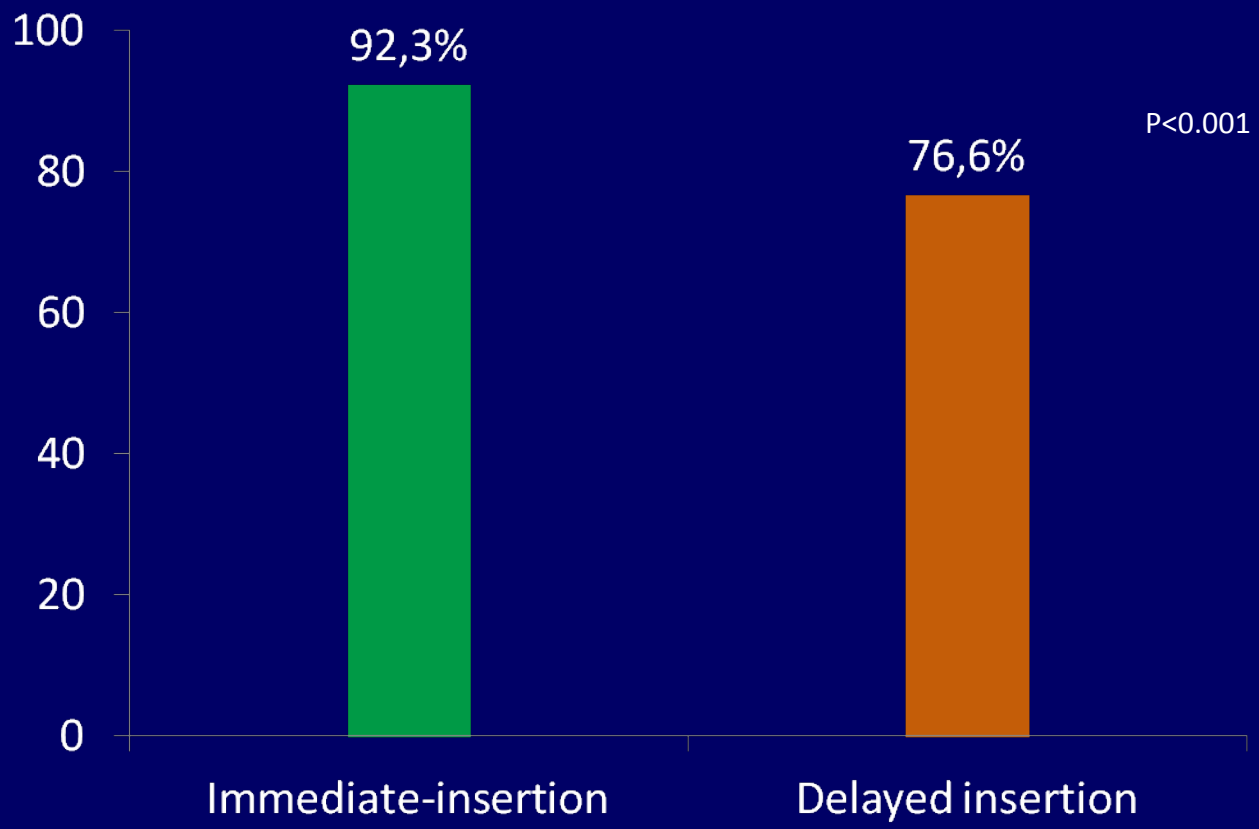
- Women with induced abortion are telling us they do not want another child at this time**
- They are at our reach, at the health service premises**
- Usually unaware they can get pregnant during the next weeks (ovulate 10-15 days after abortion)**

# Why the emphasis in contraception *immediately* after abortion

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- When referred to an outside clinic, a large proportion do not return

# PERCENTAGE OF WOMEN WHO CONTINUE USING A COPPER IUD T 380 SIX MONTHS AFTER IMMEDIATE OR DELAYED (2-6 WEEKS) POST ABORTION INSERTION



Source: Bednarek N Engl J Med 2011 364(23):2208-17

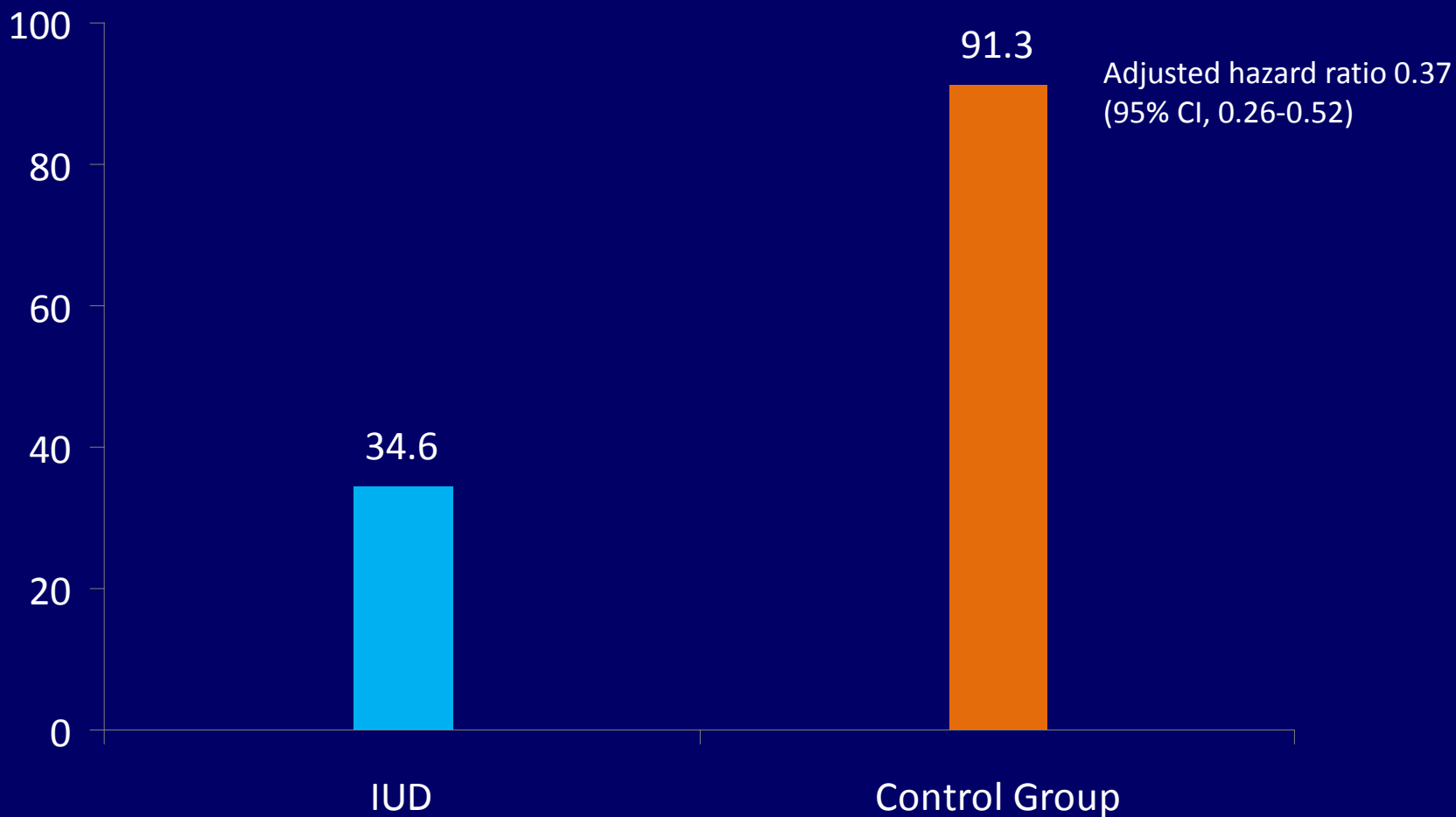


# Why the emphasis in contraception *immediately* after abortion

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- When referred to an outside clinic, a large proportion do not return
- The repeated abortion rate is significantly greater

# NUMBER OF ABORTIONS BY 1000 WOMEN/YEARS AMONG WOMEN WHO RECEIVED AN IUD OR OTHER CONTRACEPTIVE METHODS IMMEDIATELY AFTER ABORTION or NOT



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- **Why the emphasis in LARC and Permanent Methods (PM)?**

# LARCs

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## Long Acting Reversible Contraception

- **Copper T 380**                      **12 years**
- **Sub-dermal implants**
  - Implanon**                              **3 years**
  - Jadelle**                                 **5 years**
- **LNg releasing IUS**                **5 year**

# PMs

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## Permanent Methods of Contraception

Female      Tubal ligation

Male      Vasectomy  
(ligation of vas deferent)

Last for life

# Why the emphasis in LARC and Permanent Methods

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- There is a great difference in “typical use” effectiveness between LARC/PM and other methods

# **EFFECTIVENESS OF CONTRACEPTIVES IN CLINICAL TRIALS**

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**“Perfect use”**

**Observed during clinical trials,  
where subjects who do not follow  
the instruction for perfect use are  
excluded from the analysis**

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# EFFECTIVENESS OF CONTRACEPTIVES IN REAL LIFE

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## “Typical use”

Observed in real life experience,  
including not adherence to  
instructions or any interference  
with effectiveness (disease,  
interacting drugs, etc)

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# Pregnancy rate during the first year of use of CM

	<u>Perfect use</u>	<u>Typical use</u>
• <b>Periodic Abstinêne</b>	<b>0,4-5,0</b>	<b>24,0</b>
• <b>Diaphragm</b>	<b>6,0</b>	<b>12,0</b>
• <b>Condom</b>	<b>2,0</b>	<b>18,0</b>
• <b>Copper T 380-A</b>	<b>0.6</b>	<b>0,8</b>
• <b>Combined oral pill</b>	<b>0.3</b>	<b>9,0</b>
• <b>Vaginal ring (NuvaRing)</b>	<b>0.3</b>	<b>9,0</b>
• <b>Depo-Provera</b>	<b>0.2</b>	<b>6,0</b>
• <b>Mirena (IUS-LNG)</b>	<b>0.2</b>	<b>0,2</b>
• <b>Implanon</b>	<b>0.05</b>	<b>0,05</b>
• <b>Tubal Ligation</b>	<b>0.5</b>	<b>0,5</b>
• <b>Vasectomy</b>	<b>0.10</b>	<b>0,15</b>

# Pregnancy rate during the first year of use of CM

	<u>Uso Típico</u>
• Implanon	0,05
• Vasectomy	0,15
• Mirena (IUS-LNG)	0,2
• Tubal Ligation	0,5
• Copper T 380-A	0,8
• Depo-Provera	6,0
• Combined oral pill	9,0
• Vaginal ring (NuvaRing)	9,0
• Condom	18,0
• Diaphragm	12,0
• Periódic Abstinence	24,0

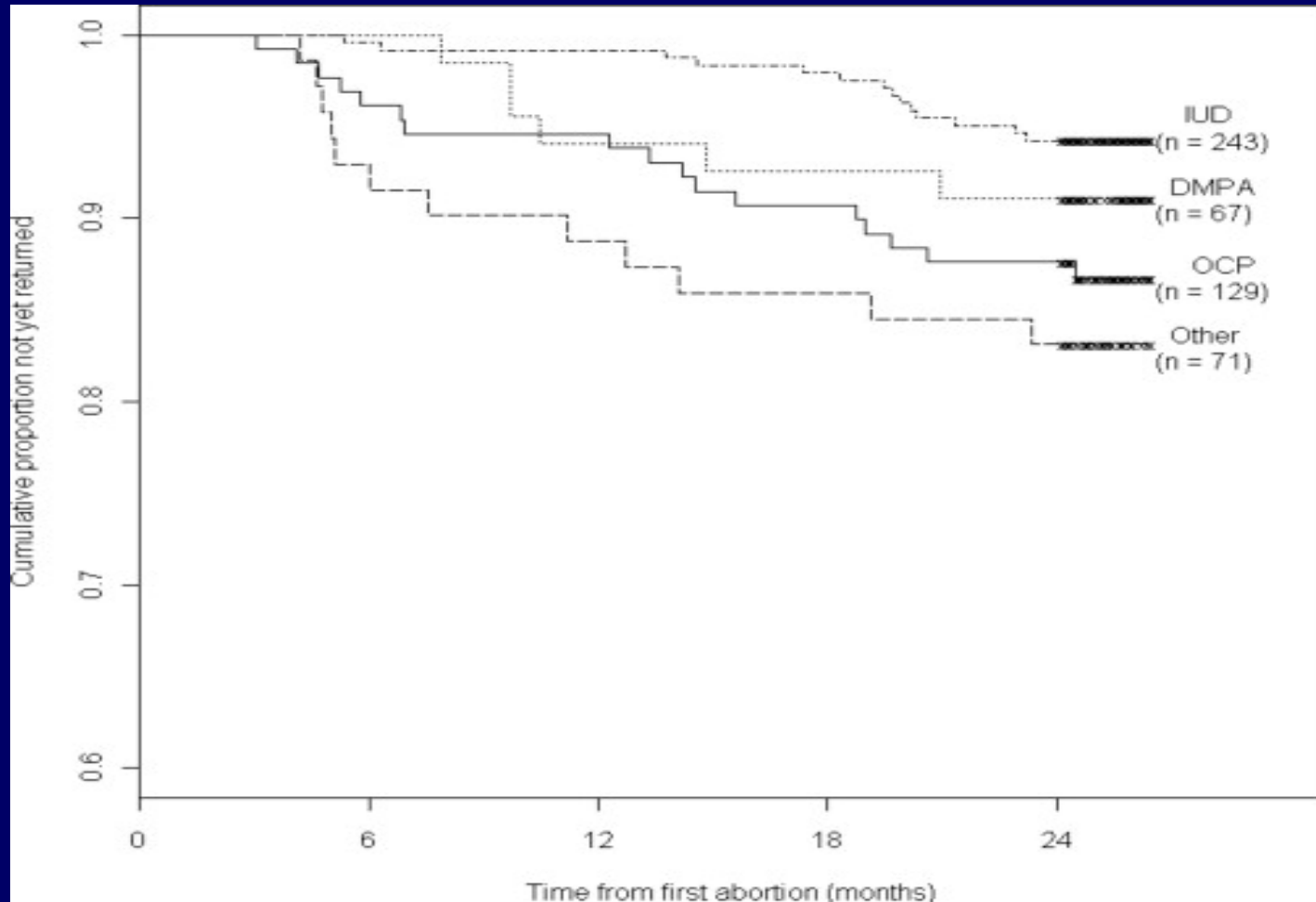
# **Typical use effectiveness applied to post-abortion contraception**

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**The capacity of preventing  
repeated abortion depends on  
real life, “typical use”  
contraceptive effectiveness**

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# Time to repeat abortion by method choice



Kaplan-Meier analysis of time to repeat abortion by method choice (n = the initial number of women choosing each method during the intervention study). Rose. Impact of LARC methods on repeat abortion. Am J...

# **Which are the barriers to PAbortion contraception with LARC and PM**

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- **Lack of contraceptive methods**

# Lack of contraceptives

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- Excessive cost of some of the most effective modern methods, unrelated to the production cost

# Lack of contraceptives

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- **Contraceptive Implants**
- **IUS liberating LNg (Mirena)**

Were developed with the purpose of serving the women in developing countries

**Because of its price**, they are used almost exclusively by rich women and in rich countries

# **Which are the barriers to PAbortion contraception with LARC and PM**

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- **Lack of contraceptive methods**
- **Lack of trained providers**



# **Lack of trained providers**

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- **Not enough emphasis on training programs for mid-level health providers**

# **Lack of trained providers**

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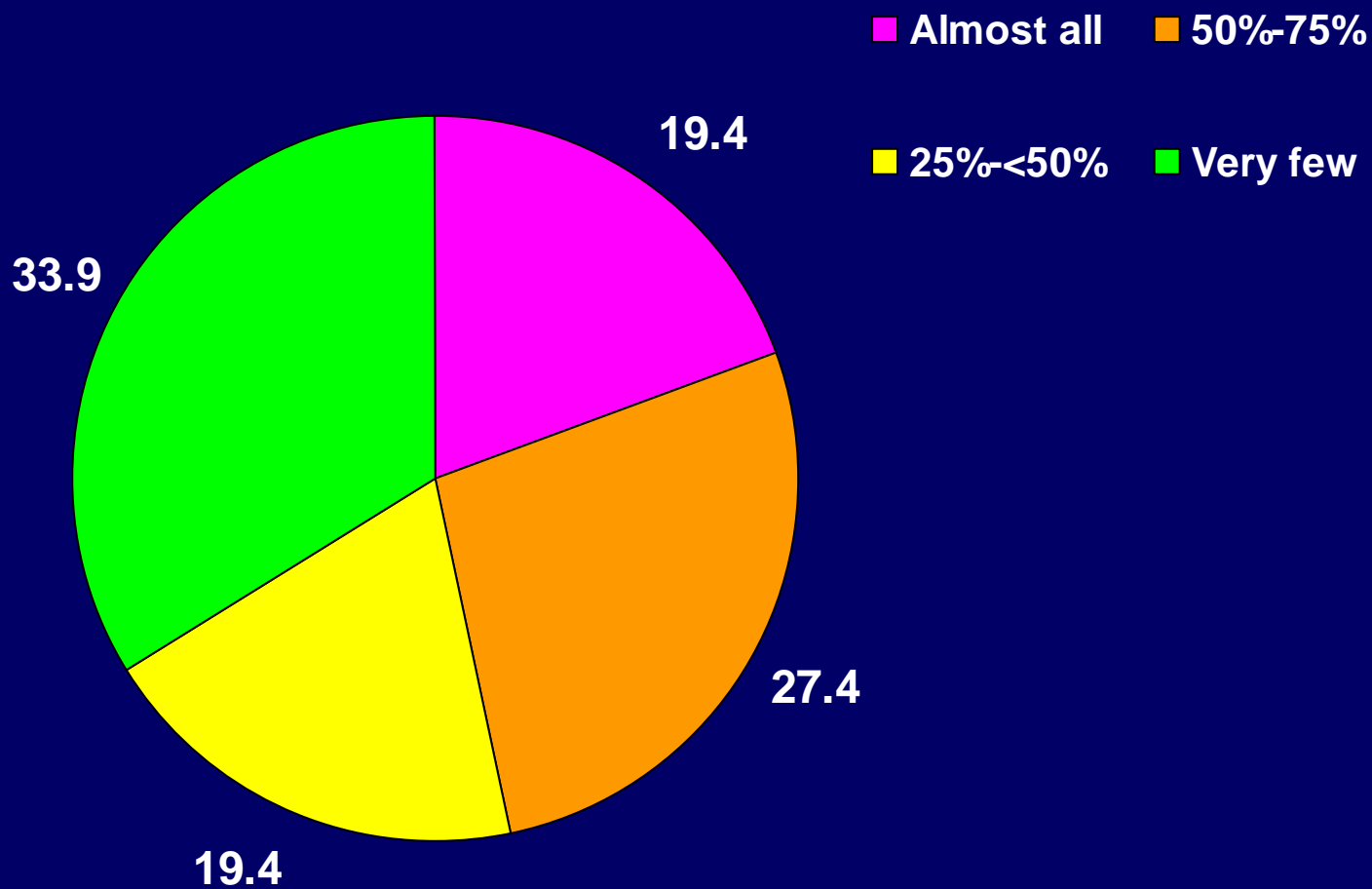
- **Not enough emphasis on training programs for mid-level health providers**
- **Lack of training on LARC management of the same professionals who provide PAC services**

# **Lack of trained providers**

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- **Not enough emphasis on training programs for mid-level health providers**
- **Lack of training on LARC management of the same professionals who provide PAC services**
- **Many professionals are not familiar with the WHO medical eligibility criteria for Contraceptives**

# OPINION OF KEY INFORMANTS ON KNOWLEDGE OF WHO ELEGIBILITY CRITERIA FOR USE OF LARC AMONG LATIN AMERICAN PHYSICIANS WORKING IN FAMILY PLANNING



# **Which are the barriers to PAbortion contraception with LARC and PM**

- **Lack of contraceptive methods**
- **Lack of trained providers**
- **Separation of PAC from FP  
services**

# Separation of PAC from FP services

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- Different leaders at PAC and FP sections of the same hospital
- Management resistance to leave LARC commodities accessible to PAC providers

# **Which are the barriers to PAbortion contraception with LARC and PM**

- **Lack of contraceptive methods**
- **Lack of trained providers**
- **Separation of PAC from FP services**
- **Resistance to IUD insertion**

# Resistance to IUD insertion

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- **Fear that IUD could contribute to STD transmission**
- **IUD in category 1 for immediate post abortion insertion in WHO/MEC (no sign of infection)**



**Table 1. Summary table of post-abortion medical eligibility recommendations for hormonal contraceptives, intrauterine devices and barrier contraceptive methods**

Post-abortion condition	DMPA, NET-EN	Copper-bearing IUD	LNG releasing IUD	LNG/ETG implants
First trimester	1	1	1	1
Second trimester	1	2	2	1
Immediate post-septic abortion	1	4	4	1

# Resistance to IUD insertion

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- **Fear that IUD could contribute to STD transmission**
- **IUD in category 1 for immediate post abortion insertion in WHO/MEC (no sign of infection)**
- **But category 2-3 for women with high risk of STD**

# **Which are the barriers to PAbortion contraception with LARC and PM**

- **Heavy load at PAC facilities  
discourage providers**

# Heavy load at PAC facilities discourage providers

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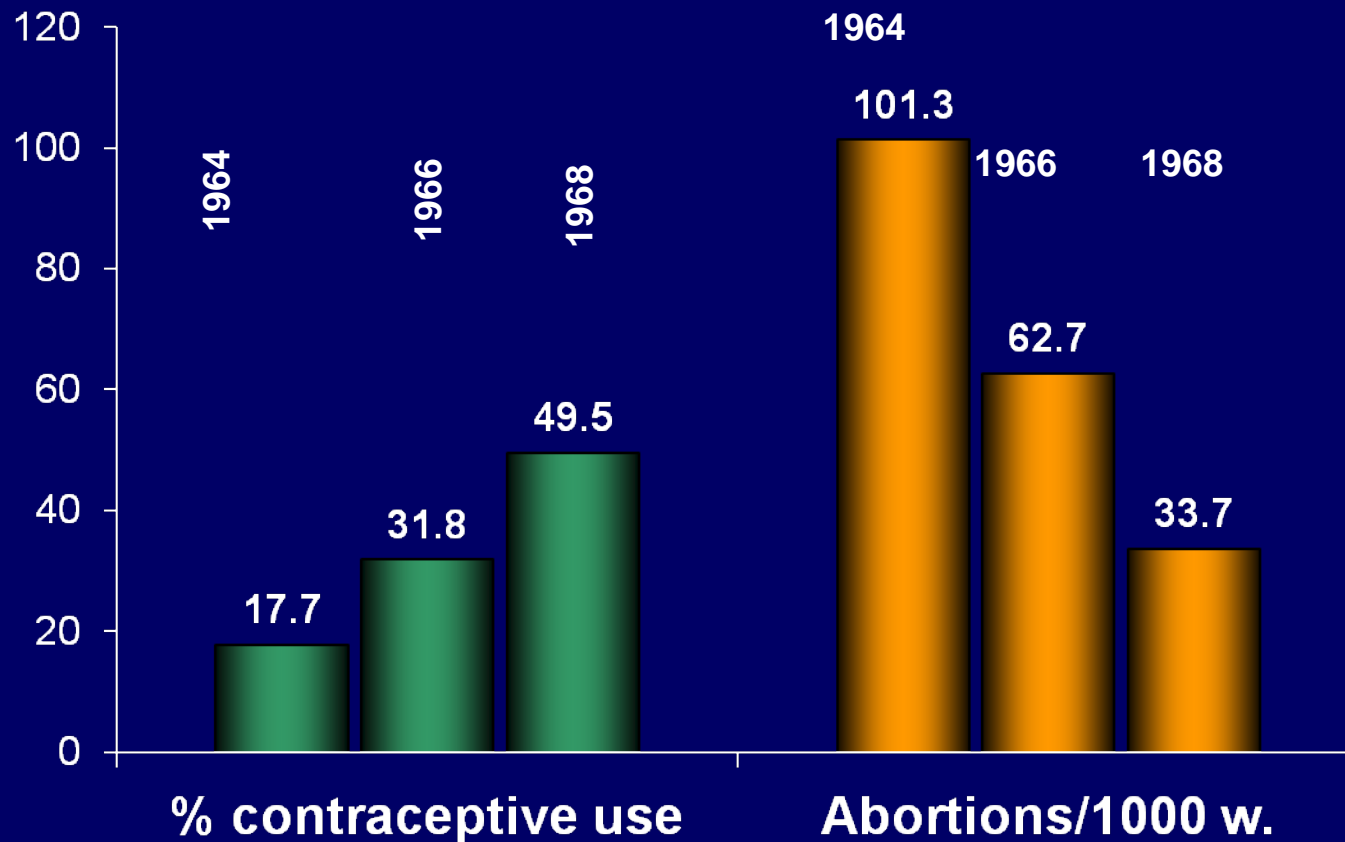
- Overloaded providers find easier to prescribe a pill than to insert an IUD or implant

# **Heavy load at PAC facilities discourage providers**

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- **Overloaded providers find easier to prescribe a pill than to insert an IUD or implant**
- **Lack of understanding that post-abortion administration of LARC save work for the near future**

# Abortion rate per 1000 women in union aged 15-45, according to prevalence of use of modern contraceptives. Santiago Chile



Source: Faundes et al, Cad, Med.Soc.,, 1970

# Which are the barriers to PAbortion contraception with LARC and PM

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- **Heavy load at PAC facilities discourage providers**
- **Women fear of new, unknown methods and tendency to consult with their husband**

# **Women fear of new, unknown methods and tendency to consult with their husband**

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- **Women are afraid of the unknown and distrust of method never used by somebody they know**



# **Women fear of new, unknown methods and tendency to consult with their husband**

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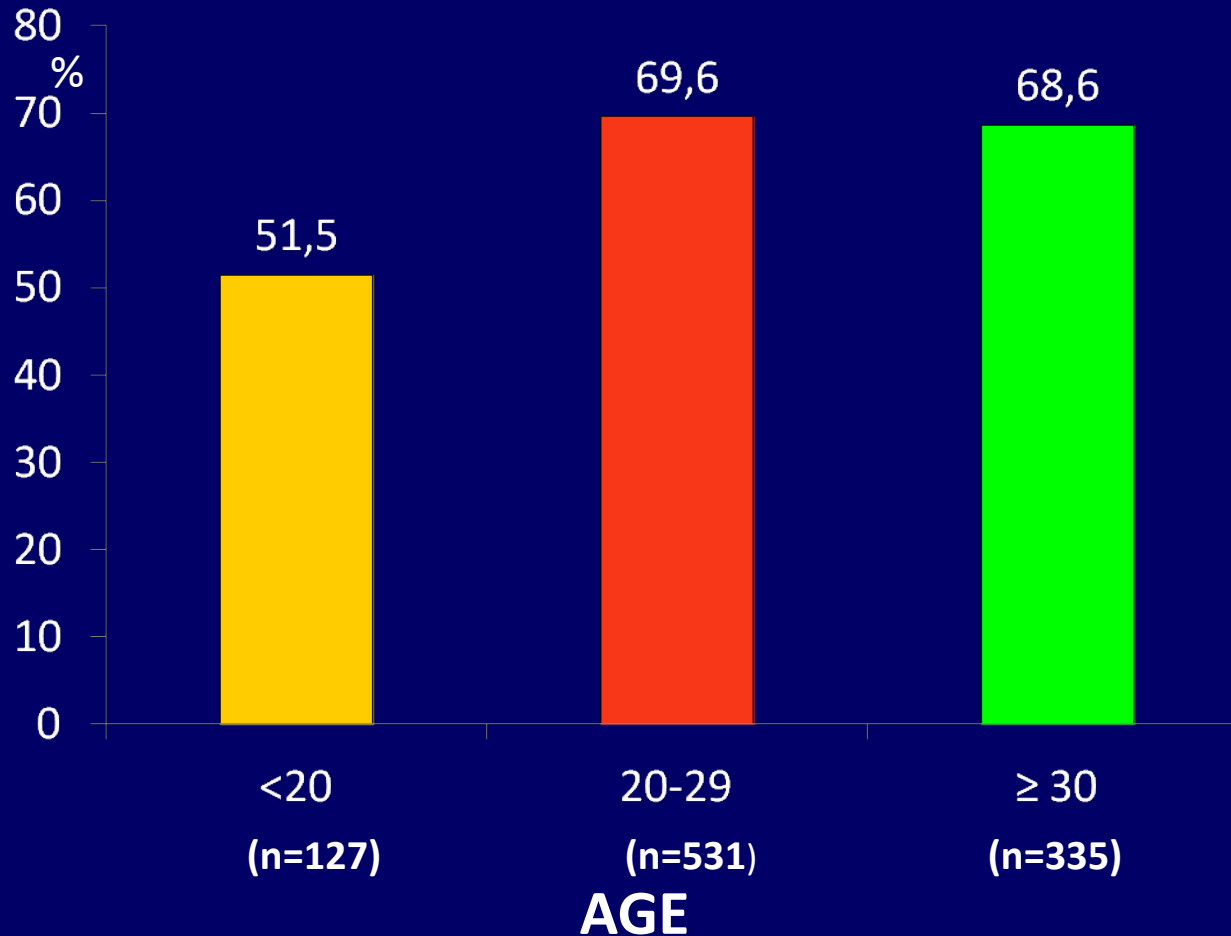
- **Women are afraid of the unknown and distrust of w method never used by somebody they know**
- **Do not like to decide by themselves, without consulting their husband, mother in law**

# **Women fear of new, unknown methods and tendency to consult with their husband**

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- **Women are afraid of the unknown and distrust of w method never used by anybody they know**
- **Do not like to decide by themselves, without consulting their husband, mother in law**
- **Resistance is greater among adolescents**

# Percentage of post-abortion contraception acceptors after counseling according to age



Source: Effectiveness of a contraceptive education program for post abortion patients in Chile. Hardy E, Herud K. Stud Fam Plann, 6(7):188-191, 1975

# **Which are the barriers to PA contraception with LARC and PM**

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**How to overcome these  
barriers?**

# Lack of contraceptives

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- Recent agreements with the industry have reduced the cost of implants, but not yet of the LNG releasing IUS
- A generic LNG releasing IUS is close to become available

# Lack of contraceptives

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- Recent agreements with the industry have reduced the cost of implants, but not yet of the LNG releasing IUS
- A generic LNG releasing IUS is close to become available
- Training managers on the logistics of commodities security

# Lack of trained providers

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- To promote and finance training on LARC management for providers working on PAC and mid-level

# Lack of trained providers

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- **To promote and finance training on LARC management for providers working on PAC and mid-level**
- **Ensure that mid-level providers are given the responsibility of post-abortion LARC counseling and administration**



# Lack of trained providers

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- **To promote and finance training on LARC management for providers working on PAC and mid-level**
- **Ensure that mid-level providers are given the responsibility of post-abortion LARC counseling and administration**
- **Disseminate WHO medical eligibility criteria for contraceptives**

# Separation of PAC from FP services

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- **Logistic arrangement to ensure continuous availability of LARC in the same room where PAC services are provided, following several successful examples**

# Resistance to IUD insertion

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- **Dissemination of the evidences on correlation between IUD use and acquisition of STD**

# Resistance to IUD insertion

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- **Dissemination of the evidences on correlation between IUD use and acquisition of STD**
- **Clear definition of the meaning of “women with high risk of STD”**

# **Heavy load at PAC facilities discourage providers**

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- **Disseminate information on reduction in unsafe abortion case load with increase use of LARC/PM**

# **Heavy load at PAC facilities discourage providers**

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- **Disseminate information on reduction in unsafe abortion case load with increase use of LARC/PM**
- **Stimulate evaluation of rate of repeated abortion as the use of LARC and PM after abortion increases**

# **Women fear of new, unknown methods and tendency to consult with their husband**

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- **Improved, high quality counseling**

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- **Improves, high quality counseling**
- **Identify satisfied users who can be hired as counselors**



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- **Improved, high quality counseling**
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- **Stimulate use of LARC by female providers**

# **Women fear of new, unknown methods and tendency to consult with their husband**

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- **Improved, high quality counseling**
- **Identify satisfied users who can be hired as counselors**
- **Stimulate use of LARC by female providers**
- **Disseminate knowledge about LARC in the community, involve community leaders**

- ***“If the woman we treat for post abortion complications is there because she could not get contraception, we have failed her. If she leaves without family planning we have failed her twice.”***

**Postabortion Care (PAC) Consortium, ICPD,  
Cairo, 1994**

# **Post abortion contraception with LARC and PM**

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- It is our ethical and professional duty**
- If we fail to provide it, we will be responsible for a repeated unintended pregnancy with all its consequences**

# Post abortion contraception with LARC and PM

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- It is our ethical and professional duty
- If we fail to provide it, we will be responsible for a repeated unintended pregnancy with all its consequences
- We have to take seriously our obligation of being “part of the solution”

**THANK YOU FOR YOUR ATTENTION!**

