Induced abortion is a significant, both medical and social problem, especially when performed in women of adolescent age, as it may compromise their fertility. In order to prevent repeated unplanned pregnancies, it is very important that those women are prescribed reliable contraception after abortion. Increasing proportion of women of all ages opt for medical abortion with mifepristone and misoprostol, worldwide.

Adolescent women can use all reversible contraceptive methods, as age alone does not make any contraceptive method contraindicated for them. They should be advised a dual protection, or additional condom use for STI prevention.

There is scientific evidence that it is best if adolescent women initiate contraceptive method immediately after induced abortion. Mifepristone 200 mg does not appear to have a lasting effect on ovarian function and return to ovulation following medical abortion occurs on average after three weeks although ovulation may happen as soon as 8 days after the abortion was induced.

Women resume sexual activity soon after abortion, especially if they are young. Long duration of bleeding, medical abortion and need for reevacuation were associated with a lower resumption frequency after two weeks, but at eight weeks follow-up no diminishing effect was seen of these factors. The risk of repeat abortion is higher in women younger than 20 years of age in relation to older women.

If starting immediately contraception, women with a recent history of abortion were significantly more likely to choose long-acting reversible contraceptive methods compared to both women without a recent abortion history or who were offered delayed-start of the contraceptive method. Younger women who were offered immediate postabortion contraception were especially more likely to choose the implant.

It is best to initiate hormonal methods of contraception on the day of misoprostol administration or in the first five days, because contraceptive protection would start immediately. Intrauterine devices (IUD), both copper bearing and levonorgestrel system, can be inserted after confirmation of complete abortion, offering immediate protection if initiated not later than ninth day after mifepristone treatment. Barrier methods should be combined with advance supply of emergency contraception, and natural family planning could be practiced after regular menstrual cycles restore.

There are concerns that immediate post abortion initiation of hormonal contraception could cause irregular bleeding or increase risk of thrombosis. Available evidence demonstrate no difference in bleeding pattern, as well as no increase in thrombotic events, in spite of increased serum hypercoagulability in combined oral contraception (COC) users.

Also, according to Cochrane data there are no reasons to postpone IUD insertion till the onset of the first menstrual bleeding after abortion as higher share of women who were fitted IUD
immediately after abortion continue this method at six months follow-up, although the expulsion during that period of time is higher, compared to women who had a delayed IUD insertion.

No differences were found between adolescent and adult IUD users during the six-month postinsertion period in IUD expulsion or removal rates. Most common reasons for removal were pelvic or abdominal pain and bleeding changes, while no significant differences were observed in the STI rates.

Long-acting reversible methods (IUDs/IUSs and implants) are the most effective in preventing repeat abortion. In a prospective cohort study from Finland intrauterine contraception use resulted in lower rates of repeat abortion compared to COC use. Contraceptive choices made at the time of the index abortion had a significant effect on the risk of repeat abortion. Immediate initiation of any contraceptive method, in contrast to postponing the decision, was linked to a lower risk of repeat abortion.

Similar results were found in a prospective cohort US study that assessed the likelihood of returning for a repeat abortion within the following two years. Women using long-acting reversible contraceptive (LARC) methods (intrauterine device and depot medroxyprogesterone acetate) had significantly lower return rates for repeat abortion than non-LARC users.

Discontinuation or change in use of contraceptive methods increases the risk for unplanned pregnancy. Stoppers and switchers tend to be younger, better educated and more likely to be single. They discontinued or changed their contraceptive method for reasons of ease of use, reliability, side effects or concerns over health effects.

A systematic review and meta-analysis indicate that comprehensive interventions would be needed to prevent pregnancy in adolescence. Such interventions can prevent first pregnancy in adolescence by 15% and repeat adolescent pregnancy by 37%. Understanding the risks that adolescents face and examining their behaviors is necessary to develop and scale-up appropriate interventions for this unique population.

References: