What Proportion of Canadian Women Will Accept an Intrauterine Contraceptive at the Time of Second Trimester Abortion? Baseline Data From a Randomized Controlled Trial

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Abstract

Objective: This report details enrolment findings related to a Canadian randomized controlled trial comparing immediate to delayed intrauterine contraception (IUC) placement after a second trimester abortion. We report acceptance of IUC, satisfaction with prior contraception, adherence to the CONSORT criteria, and challenges faced in the recruitment process.

Methods: Women seeking second trimester abortion and selecting either of two methods of IUC as their preferred contraception method were enrolled and randomized to insertion either immediately post-abortion or four weeks later. Enrolled participants completed a Contraception Satisfaction Questionnaire detailing prior contraceptive satisfaction.

Results: Among 1813 women assessed, 1500 (83%) met eligibility criteria and IUC was chosen for post-abortion contraception by over one half of them (792/1500, 53%). When both types of device were available cost-free, women selected the levonorgestrel-releasing intrauterine system more than 20 times more frequently than a copper IUD. Participants had an average age of 26.0 (standard deviation [SD] 6.8) years, and an average gestational age of 16.1 (SD 3.1) weeks. Almost one half (48.4%) had had a prior abortion and 46.9% had a prior delivery. Two thirds of participants were using a contraception method at the time of conception, but almost one third of these were using methods in the lowest tiers of effectiveness. There was a weak correlation between prior contraceptive compliance and education level.

Conclusion: More than one half of eligible women seeking a second-trimester abortion chose IUC for post-abortion contraception. In Canada, health care for unintended pregnancies is universally subsidized but contraception is not. Offering comprehensive information on the range of contraceptive methods and providing cost-free IUC is an effective strategy to increase uptake of intrauterine contraception among Canadian women who wish to prevent further unintended pregnancy.

Key Words: Abortion, induced, Canada, family planning, health services, sexual health

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Résumé

Objectif : Ce rapport présente, de façon détaillée, les résultats en matière de participation issus d'un essai comparatif randomisé canadien ayant comparé la mise en place immédiate d'un dispositif de contraception intra-utérine (CIU), à la suite d'un avortement mené au deuxième trimestre, au report d'une telle mise en place. Nous nous y prononçons au sujet de l'acceptation de la CIU, de la satisfaction envers le mode de contraception utilisé au préalable, du respect des critères CONSORT et des défis rencontrés dans le cadre du processus de recrutement.

Méthodes : Nous avons sollicité la participation de femmes demandant à obtenir un avortement au deuxième trimestre

et choisissant l'un de deux modes de CIU à titre de mode de contraception privilégié; ces femmes ont par la suite été affectées au hasard à un groupe devant bénéficier de l'insertion du mode de CIU choisi immédiatement à la suite de l'avortement ou à un groupe devant bénéficier d'une telle insertion quatre semaines plus tard. Les participantes ont rempli un questionnaire au sujet de la satisfaction en matière de contraception qui cherchait à rendre compte de leur satisfaction envers les modes de contraception utilisés au préalable.

Résultats : Parmi les 1 813 femmes évaluées, 1 500 (83 %) ont satisfait aux critères d'admission et plus de la moitié d'entre elles (792/1 500, 53 %) ont choisi la CIU à titre de mode de contraception post-avortement. Lorsque les deux types de dispositifs étaient offerts gratuitement, les femmes ont choisi le système intra-utérin à libération de lévonorgestrel plus de 20 fois plus fréquemment que le DIU de cuivre. L'âge moyen des participantes était de 26,0 ans (écart-type [σ] : 6,8 ans) et leur âge gestationnel moyen était de 16,1 semaines (σ : 3,1 semaines). Près de la moitié des participantes (48,4 %) avait déjà connu un avortement et 46,9 % d'entre elles avaient déjà connu un accouchement. Les deux tiers des participantes utilisaient un mode de contraception au moment de la conception; toutefois, près du tiers d'entre elles utilisaient des modes de contraception se situant aux niveaux d'efficacité les plus faibles. Une faible corrélation a été constatée entre l'observance du mode de contraception utilisé au préalable et le niveau de scolarité.

Conclusion : Plus de la moitié des femmes admissibles demandant à obtenir un avortement au deuxième trimestre ont choisi la CIU à titre de mode de contraception post-avortement. Au Canada, les soins de santé offerts en présence d'une grossesse non souhaitée sont universellement couverts par l'État, mais la contraception ne l'est pas. L'offre de renseignements exhaustifs au sujet de la gamme des modes de contraception disponibles et le fait d'offrir un accès gratuit à la CIU constituent une stratégie efficace, en vue d'accroître la mesure dans laquelle une contraception intra-utérine est réclamée par les Canadiennes qui souhaitent prévenir d'autres grossesses non souhaitées.

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INTRODUCTION

Abortion is common in Canada, with nearly one third of all women having had at least one abortion.[1] Canadian women seeking abortion represent a high-risk group for recurrent unintended pregnancy, because 37% have had at least one prior abortion.[2] About 12% of all abortions occur past the 12th week of pregnancy (i.e., in the second trimester).[2–4]

Intrauterine contraception is one of the most effective forms of contraception.[5–8] Current IUC product monographs advise delaying insertion after a second trimester abortion until uterine involution at four to six weeks post-abortion.[9,10] Recent evidence suggests an overall benefit of immediate insertion.[11–15]

We have previously reported our protocol for a randomized controlled trial comparing immediate versus delayed insertion of IUC after second trimester abortion.[16] Using government health administrative data and clinical charts to examine clinical and cost outcomes at one to five years post-enrolment, this trial will provide comprehensive information on health system costs and insertion timing effectiveness for IUC among women having a second trimester abortion. Access to administrative data will provide the unique ability to report on one-year pregnancy rates with a near perfect set of outcome data.

We describe here the recruitment challenges, demographic characteristics, and prior contraceptive satisfaction among women enrolled in this RCT. Additionally, we examine the acceptance of methods of IUC among women seeking second trimester abortion after cost and knowledge barriers are addressed.

ABBREVIATIONS

CSQ	contraception satisfaction questionnaires
DMPA	depot medroxyprogesterone acetate
IUC	intrauterine contraception
LNG-IUS	levonorgestrel-releasing intrauterine system
SD	standard deviation

METHODS

All women presenting for a second trimester abortion at any British Columbia abortion clinic were screened for eligibility (Table 1). Detailed methods are described in our protocol[16] and are briefly summarized here. Women planning to use IUC for post-abortion contraception chose either a copper IUD (Flexi-T380+, Prosan International BV, Arnhem, The Netherlands) or a levonorgestrel-releasing intrauterine system (Mirena, Bayer Inc., Toronto ON), and were then offered participation in an information session to learn about the study. Potential participants were aware during their contraception counselling session that IUC methods were available without cost through the study. Consenting participants were randomly allocated to an insertion time immediately or four weeks after their abortion.[16] Medical costs related to abortion care, IUC insertion, and ultrasound are insured within the government health plan for all residents of British Columbia. The study sites offered free or low cost one-month packages of combined hormonal contraception, or one injection of DMPA. Otherwise, subsidized contraception is not available to most women in this population.

Contraception satisfaction questionnaires and demographic characteristics were collected at the time of enrolment. All analyses were carried out using the statistical software R (R Foundation for Statistical Computing, Vienna, Austria). Proportions were compared using Pearson's chi-squared