

Comparative Study of Using and Non using Post-Abortal Temporary Contraception



Medical Science

KEYWORDS : Temporary contraception, CuT, OC Pills, Abortion

Dr. Raxita Patel

Associate professor, S.C.L.Municipal general hospital,Saraspur. smt.N.H.L.Municipal medical college,ellisbridge

Dr.Krishna jagatiya

Assistant Professor, S.C.L.Municipal general hospital,Saraspur. smt.N.H.L.Municipal medical college,ellisbridge.

Dr. Jigar Baria

3rd year resident doctor, S.C.L.Municipal general hospital,Saraspur. smt.N.H.L.Municipal medical college,ellisbridge.

Dr. Udit Kilji

2rd year resident doctor, S.C.L.Municipal general hospital,Saraspur. smt.N.H.L.Municipal medical college,ellisbridge.

Dr. Vijay Chaudhary

1rd year resident doctor, S.C.L.Municipal general hospital,Saraspur. smt.N.H.L.Municipal medical college,ellisbridge.

ABSTRACT

OBJECTIVE To find out incidence and reason for discontinuation of using and non using temporary contraceptive methods after abortion.

METHOD This Is a prospective study of 270 women. Group A are users of temporary contraception (135) and Group B are non users of contraception (135) after abortion. In group A, 65.9% accepted CuT, 27.4% accepted OCPs and 6.66% used condoms. At 6 month and 1 year follow up, 4.44% and 18.5%, respe tively discontinued contraception. In Group B, 15.55% women having repeated abortion in follow up study.

CONCLUSION Better compliance for temporary contraception due to immediate reversal of fertility and avoid unwanted pregnancy termination.

Introduction

Unsafe abortion imposes serious health and economic costs on both individuals and society(1,2). It is one of the easiest preventable causes of maternal mortality and morbidity, by using contraception and avoiding unwanted pregnancy. In India, 21% pregnancies are unplanned and 6.5 million induced abortions carried out every year(6). In around 50% women, ovulation occurs within 2-3 weeks after first trimester pregnancy termination. So it is crucial to start effective contraceptive method at the time of abortion. In developing countries, all women do not return for post abortal checkup due to transportation problems and people are not in the habit of visiting health facilities when there is no "apparent" problem. Wide range of contraceptive methods are offered to the women for quality of care and effectiveness in FP services. Another important point is to give clear and correct information about contraceptives whether adopted postpartum post abortion or at other times and information concerning the other events that would take place during their use. So it is essential to have the data on the efficacy, safety and acceptability of the post abortal use of all contraceptive methods. The present study is an overview of the post abortal acceptance of contraception in women with spontaneous or induced abortions in a tertiary care centre over a period of 3 years.

Aims and Objectives

- To study the age, religion, socioeconomic and education profile of 270 women undergoing induced first trimester abortion.
- To follow up the women at 6 months and again at 1 year for compliance with chose contraceptive method.
- To find out most common reasons for discontinuation of non-permanent contraceptive methods.

Materials and Methods

A prospective observational study was conducted in Department of Obstetrics and Gynaecology at a tertiary care in general public hospital from May 2012 to May 2015. Women undergoing

first trimester induced or spontaneous abortion were screened, irrespective of the method of abortion (medical or surgical). Age, religion, education and socioeconomic status were noted. Education was classified as Illiterate, Lower primary, Middle school or High school.

Detailed history was taken regarding obstetric performace, especially number of surviving sons, menstrual cycles and any significant personal or family history.

Exclusion Crietria:

- Diabetes
- Hypertension
- Active TB/or on treatment
- Ischemic heart disease
- Psychiatric illness/epilepsy
- Undiagnosed vaginal bleeding
- Undiagnosed breast mass
- HIV/HbSAg reactive
- Substance abuse
- Liver or kidney disease
- Varicose veins
- Pelvic infection

Observation and Discussion

Out of 270 women fulfilling inclusion criteria in this study , 135 women are GROUP A counselled for post abortal temporary contraception and chosen one of the methods while another is GROUP B not chosen any contraceptive method.

Table 1 : Type of Modern Temporary Method

	No. of women	Percentage of women
CuT	89	65.92
OCPs	37	27.4
Condom	9	6.66
Total	135	100%

Out of 135 patients in our Group A (65.92%) patients have chosen CuT as PAC followed by OCPs and condoms.

Socioeconomic profile of study

Almost 61% belonged to the poorer class 4. Others were evenly distributed between Poorest and Middle classes. This is probably our hospital belongs to an area where most people are poorer or lower socioeconomic class and free facilities available in hospital for women during antenatal, intrapartum and postpartum period under JSSK scheme.

Age Group and Contraception

Majority of the women in Group A and Group B are in the age group on 20-24 and 25-29 years probably because the most fertile age groups. The least were women above 40 years.

Religion and Contraceptive method chosen

In Group A, 77.03% women are Hindu and remaining Muslim probably because their religious beliefs don't accept contraception. While in Group B Hindu and Muslim women are almost equal.

Education and Contraception

In middle primary group more than 60% women accepted modern temporary contraception.

Table 2: Live issue and Contraception

Live Issue	Group A				Group B
	CuT	OCPs	Condom	Total (%)	
0	0	20	2	22(16.29)	30(22.2)
1	14	16	5	35(25.92)	39(28.9)
2	47	1	2	50(37.03)	50(37.03)
3	23	0	0	23(17.03)	15(11.11)
≥4	5	0	0	5(3.7)	1(0.7)
Total	89	37	9	135(100)	135(100)

In our study maximum 37% women having 2 live issues selected post abortal temporary contraception in which except only 3 women all selected CuT as contraception. While in Salgar et al study 94.9% were having 3 live issues [40].

Table 3: 6 month follow up and Contraception

	CuT	OCPs	Condom	Total
Method continued	80	34	9	123
Discontinued	4	2	0	6
Lost in follow up	5	1	0	6
Total	89	37	9	135
Total pt in follow up	84	36	9	129
% continue user	95.23	94.44	100	95.34

At 6 month follow up, 6(4.44%) out of 135 opting temporary method of contraception discontinued. In which 4 were CuT and 2 OCPs user. 91.11% people continued. 4.44% women lost in follow up.

Table 4: Reason for discontinuation at 6 month

Side effects	CuT	OCPs	Condom	Total
Menorrhagia	3	0	0	3
Lower abdominal pain	1	0	0	1
Vaginal discharge	0	1	0	1
Vomiting	0	1	0	1
Total	4	2	0	6

Table 5: 1 year follow up and Contraception

	CuT	OCPs	Condom	Total
Method continued	57	22	4	83
Discontinued	9	7	3	19
Lost in follow up	14	5	2	21
Total	80	34	9	123
Total pt in follow up	66	29	7	102
% continue user	64.04	59.45	44.44	61.48

Table 6: Reason for discontinuation at 1 year

	CuT	OCPs	Condom	Total	%
Fertility issues	5	6	3	14	73.68
Side effects	3	1	0	4	21.05
Others	1	0	0	1	5.02
Total	9	7	3	19	100

Table 7: Comparison at 6 month and 1 year follow up

	CuT	OCPs	Condom
% continue users at 6 month	89.88	91.89	100
% continue user at 1 year	64.04	59.45	44.44

At the end of 6 months almost all methods have good compliance but at 1 year follow up CuT has maximum compliance (64.04). Other methods have poor compliance putting the patient at risk of unwanted pregnancy and danger associated with its termination.

In our Group B out of 135 women 21(15.55%) women having repeat abortion of follow up study. Proportion of women who had repeat abortion during the 12 month follow up period was lower for the group who had received post abortal family planning counselling and service[41]. According to D C Dutta, the incidence of first trimester abortion in India is 10-20%[42]

All CuT users having advantage of one time motivation, highly effective contraception before next ovulation, free/low cost, does not require replenishment of supplies, does not interfere with the sexual act, no problems of privacy and disposal.

CONCLUSION

All unwanted pregnancies often lead to abortion, which is many-a-times unsafe and results in morbidity, physical and mental, and sometimes mortality. Contraception counselling after abortion goes a long way in framing choices as couples are most receptive at this time.

Those who have completed their family easily obtain temporary contraception after proper counselling.

Better compliance for temporary methods is found, as immediate reversal of fertility and more advantages other than CONTRACEPTION. Because the IUD is among the most effective forms of contraception, increased utilisation has brought potential implications in unwanted pregnancies and abortion.

It is my wish that with the combined efforts of WHO, RCH, PP unit and JSSK scheme, consistent use of post abortal contraception will soon be practised by one and all and it will bring down the incidence of unwanted pregnancies and abortion to bare minimum.

REFERENCE

1. World Health Organisation (WHO). Unsafe abortion : Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008, sixth edition. Geneva: World Health Organisation:2011
2. Vlassoff M, Shearer J, Walker D, Lucas H. Economic impact of unsafe abortion related morbidity and mortality: evidence and estimation challenges. Research report no. 59. Brighton: Institute of development studies; 2008
3. Park, K., Park's textbook of Preventive and Social Medicine, 20th edition, Banarsidas Bhanot Publishers, Jabalpur 2010.
4. Bruce J. Fundamental elements of quality of care: a simple frame-work. Stud Fam Plan 1990;21:61-91.
5. S.G.Salgar, M.R.Vijaya, C.Raina. Post abortal acceptance of contraception, 2012 international journal of pharmaceutical and biomedical research:issn no0976-0350.
6. Johnson BR, Ndhlovu S, Farr SL, Chipato T. Reducing unplanned pregnancy and abortion in Zimbabwe through postabortion contraception. Stud Fam Plan 2002;33:195-202.
7. D C Dutta, textbook of Obstetrics, page no 158.