



Supporting Information

Supplementary methods and results

This appendix was part of the submitted manuscript and has been peer reviewed. It is posted as supplied by the authors.

Appendix to: Grzeskowiak LE, Rumbold AR, Subasinghe A, et al. Long-acting reversible contraception use after medical abortion is associated with reduced likelihood of a second medical abortion. *Med J Aust* 2022; doi: 10.5694/mja2.51472.

Table 1. Pharmaceutical Benefits Scheme item codes for mifepristone and hormonal contraceptives included in our study

Medication	Pharmaceutical Benefits Scheme item codes
Early medical abortion	
Mifepristone 200 mg tablet/misoprostol 200 µg tablet	10211K
Mifepristone 200 mg tablet	2710P
Hormonal intra-uterine device	
Levonorgestrel 19.5 mg	11909T
Levonorgestrel 52 mg	8633J
Implant	
Etonogestrel	8487Q
Injection	
Medroxyprogesterone	03118D; 03175D
Progestogen-only pill	
Norethisterone acetate	01967M
Levonorgestrel	2913H
Combined oral contraceptive pill	
Levonorgestrel/ethinylloestradiol	01391F; 01392G; 01393H; 01394J; 01455N; 01456P; 01457Q; 01458R; 02416E; 03186Q; 03188T
Norethisterone/ethinylloestradiol	02771W; 02772X; 02773Y; 02774B; 02775C; 02776D;
Norethisterone/mestranol	03176E; 03179H

Table 2. Hormonal contraception dispensed within 60 days of early medical abortion, Australia, 2013–2020, by contraceptive type

Characteristic	Total number	Contraception type					
		Implant	Hormonal IUD	Depot injection	Progestogen only pill	Combined oral contraceptive pill	None
Number of women	11 140	772	663	207	136	1044	8318
Period							
2013–2014	922	60 (6.5%)	56 (6.1%)	11 (1.2%)	8 (0.9%)	80 (8.7%)	707 (76.7%)
2015–2016	2436	179 (7.4%)	147 (6%)	47 (1.9%)	17 (0.7%)	216 (8.9%)	1830 (75.1%)
2017–2018	3806	263 (6.9%)	218 (5.7%)	65 (1.7%)	42 (1.1%)	380 (10%)	2838 (74.6%)
2019–2020	3976	270 (6.8%)	242 (6.1%)	84 (2.1%)	69 (1.7%)	368 (9.3%)	2943 (74.0%)
Age (years)							
15–19	673	98 (15%)	32 (4.8%)	10 (1.5%)	5 (0.7%)	90 (13%)	438 (65.1%)
20–24	2441	221 (9.1%)	142 (5.8%)	49 (2.0%)	18 (0.7%)	287 (11.8%)	1724 (70.6%)
25–29	2773	177 (6.4%)	144 (5.2%)	56 (2.0%)	32 (1.2%)	270 (9.7%)	2094 (75.5%)
30–34	2524	137 (5.4%)	134 (5.3%)	36 (1.4%)	34 (1.4%)	220 (8.7%)	1963 (77.8%)
35–39	1859	102 (5.5%)	136 (7.3%)	33 (1.8%)	32 (1.7%)	127 (6.8%)	1429 (76.9%)
40–49	870	37 (4.3%)	75 (8.6%)	23 (2.6%)	15 (1.7%)	50 (5.8%)	670 (77.0%)
Concession card holder							
Yes	2701	258 (9.6%)	192 (7.1%)	101 (3.7%)	36 (1.3%)	298 (9.6%)	1816 (67.2%)
No	8439	514 (6.1%)	471 (5.6%)	106 (1.3%)	100 (1.2%)	746 (8.8%)	6502 (77.1%)
Prescriber specialty*							
General practice	5755	427 (7.4%)	348 (6.1%)	119 (2.1%)	80 (1.4%)	534 (9.3%)	4247 (73.8%)
Women's health	2188	154 (7.0%)	157 (7.2%)	31 (1.4%)	15 (0.7%)	217 (9.9%)	1614 (73.8%)
Other	2625	163 (6.2%)	134 (5.1%)	46 (1.8%)	32 (1.2%)	238 (9.1%)	2012 (76.7%)
Missing information	572	28 (4.9%)	24 (4.2%)	11 (1.9%)	9 (1.6%)	55 (9.6%)	445 (77.8%)
History of hormonal LARC dispensing [†]							
Yes	1986	172 (8.7%)	160 (8.1%)	58 (2.9%)	28 (1.4%)	167 (8.4%)	1401 (70.5%)
No	9154	600 (6.6%)	503 (5.5%)	149 (1.6%)	108 (1.2%)	877 (9.6)	6917 (75.6%)
Oral contraceptive pill dispensed in four months prior to early medical abortion							
Yes	768	61 (7.9%)	49 (6.4%)	20 (2.6%)	6 (0.8%)	76 (9.9%)	556 (72.4%)
No	10 372	711 (6.9%)	614 (5.9%)	187 (1.8%)	130 (1.3%)	968 (9.3%)	7762 (74.8%)
Ongoing contraception and medicines for early medical abortion prescribed by same doctor							
Yes	1422	412 (29.0%)	344 (24.2%)	86 (6.1%)	65 (4.6%)	515 (36.2%)	—
No	1400	360 (25.7%)	319 (22.8%)	121 (8.6%)	71 (5.1%)	529 (37.8%)	—

IUD, intra-uterine device; LARC, long-acting reversible contraception; RR, relative risk.

* Prescriber type reclassified based on derived practitioner specialties provided by Services Australia; specialists working in women's health included obstetricians, gynaecologists, and abortion/fertility control physicians.

† Dispensing of LARC before index early medical abortion.