



## **HORMONAL CONTRACEPTION AFTER MEDICAL ABORTION**

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EARLY dispensing of long-acting reversible contraception (LARC) after a medical abortion is associated with a reduced likelihood of the need for a second medical abortion, according to research published today by the *Medical Journal of Australia*.

“Ovulation can occur as early as eight days after an abortion, and more than 50% of women report resuming sexual activity within two weeks,” wrote the research authors, led by Associate Professor Luke Grzeskowiak from Flinders University and the South Australian Health and Medical Research Institute.

“LARC, including implants and intra-uterine devices, can be safely initiated after early medical abortion, and is associated with lower risks of subsequent unintended pregnancies and further abortions than other contraceptive methods.”

Grzeskowiak and colleagues analysed data in the nationally representative Pharmaceutical Benefits Scheme 10% sample for women aged 15–49 years for whom mifepristone was dispensed for early medical abortion during 2013–2020, with the aim of assessing the use of hormonal contraception after abortion.

“Mifepristone was dispensed to 11 140 women during 2013–2020; hormonal LARC was dispensed within 60 days to 1435 of these women (12.9%) and other forms of hormonal contraception to 1387 women (12.5%),” they reported.

“The proportions dispensed hormonal LARC were larger than the overall value for women aged 15–19 years (130 of 673, 19.3%) or 20–24 years (363 of 2441, 14.9%), and for concession card holders (450 of 2701, 16.7%).

“The proportions of women dispensed LARC were similar in 2013–2014 (116 of 922, 12.6%) and 2019–2020 (512 of 3976, 12.9%); the proportions dispensed other forms of hormonal contraception were 10.7% (99 of 922) in 2013–2014 and 13.1% (521 of 3976) in 2019–2020.

“Overall, 594 of the 6570 women for whom two years’ follow-up data were available (8.3%) were dispensed mifepristone within two years of the index dispensing.

“Compared with women not dispensed hormonal contraception within 60 days of early medical abortion, the risk of repeat dispensing within 24 months was 60–70% lower for women dispensed hormonal IUDs or implants, and 80% greater for women dispensed progestogen-only pills.”

Grzeskowiak and colleagues wrote that the proportion of women dispensed LARC was much lower than in other local and overseas studies.



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“We need to improve understanding, among both health care practitioners and women, of the benefits of immediately adopting reliable contraception after an abortion,” they concluded.

This research was supported through SPHERE, the NHMRC Centre of Research Excellence in Sexual and Reproductive Health for Women in Primary Care, led by Professor Danielle Mazza, Head of the Monash University Department of General Practice, who is also a co-author.

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