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The impact of counselling and no-cost provision of LARCs in women with repeat abortions in Italy.

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Context – Long-acting reversible contraceptives (LARCs) should be the first choice in women with a history of repeated voluntary interruption of pregnancy as they are highly effective and safe. The high up-front cost of contraception and LARC methods in particular may be an important barrier to LARC use especially in socioeconomically disadvantaged patients. To prevent future unplanned pregnancies and abortions, post abortion appropriate counselling and provision of contraceptive methods should always be an integral part of the comprehensive abortion care.

Objective – To assess the impact of contraceptive counselling performed soon after surgical abortion and of the offer of contraceptives at no cost to women who have undergone repeat abortions (more than 2 abortions during lifetime).

Methods – We introduced in our centre a structured contraceptive counselling and the possibility to get LARCs for free for socioeconomically disadvantaged women with repeat abortions. Enrolment was proposed during preoperative assessment and contraceptive counselling took place about 2 weeks after surgical abortions.

Patients – Of 262 women who underwent repeat abortions from May 2015 to October 2016, 135 (51.5%) accepted enrolment in the study and were scheduled for contraceptive counselling; 72 of these (53.3%) returned to our service about two weeks after the abortion for the counselling.

Result(s) – Although all counselled women were willing to start contraception, only 44 started their chosen contraceptive method. Thirty-five women started a long-acting reversible contraceptive (LARC) (20 chose an etonogestrel subdermal implant and 15 a levonorgestrel-releasing intrauterine system) and 9 women a short acting contraceptive (SARC). Women included in our study showed poor knowledge of contraceptive methods and of the possible risks of repeat abortions. After six months, LARC users showed a greater continuation of the method chosen than SARC users.

Conclusions - Women included in our study demonstrated a poor compliance to return to clinic after discharge from hospital both for counselling and for LARC insertion. Our study confirms that contraceptive counselling and LARC prescription improve contraceptive use in this population. Further improvement could be achieved offering LARC insertion at the moment of pregnancy termination.

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