

# **Post-abortion contraceptive practice at Central Women's Hospital (Yangon)**

**Dr. Yin Thet Han, Prof. Dr. Zaw Myint Thein,  
Prof. Dr. Mya Thida, Prof. Dr. San San Myint  
Department of Obstetrics and Gynaecology  
University of Medicine (1), Yangon**

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# Introduction

- **Unsafe abortion**

- major public health problem in many countries

- 13% of global maternal mortality

- Third leading cause of maternal mortality in Myanmar

- Women with **spontaneous miscarriage** also need pregnancy spacing to get optimal pregnancy outcome
- Before leaving the facility, women who want to try to conceive again are usually advised to wait until after having at least one normal menstrual period, longer if chronic health problems (e.g. anaemia) require treatment (Best Practice Paper, 2016).

- Ovulation typically occurs within two-to-four weeks of the termination of pregnancy
- Need to use an effective contraceptive method is immediate
- “If a woman comes to a hospital with an incomplete (induced) abortion, we've already failed once to help her avoid an unwanted or a mistimed pregnancy. If she leaves the facility without having any means of preventing another pregnancy in the future that may not be wanted, we've failed her twice.” (Cynthia Steele Verme, 1994)

- Post-abortion family planning counselling and service provision is integral part of post-abortion care
- Offering a wide range of contraceptive methods is likely to increase family planning uptake.
- Women should be supported to assist with contraceptive continuation.

# Aims and objectives

- **AIM**

To assess post-abortion contraceptive practice in Central Women's Hospital, Yangon.

- **OBJECTIVES**

- To determine method of family planning in post-abortion women before the index pregnancy
- To identify causes of unmet needs for family planning in post-abortion women before the index pregnancy
- To assess practices of contraception among post-abortion women after post-abortion family planning counselling
- To assess continuation of family planning methods among post-abortion women at sixth month follow up

# Methodology

- hospital-based cross-sectional descriptive study
- post-abortion women admitted at the B block of Central Women's Hospital (Yangon) who fulfilled the inclusion criteria
- from 1<sup>st</sup> January 2015 to 31<sup>st</sup> December 2015
- data collection phase lasted for 6 months (1<sup>st</sup> January 2015 to 30<sup>th</sup> June 2015)
- Follow up was done from 30<sup>th</sup> June 2015 to 31<sup>st</sup> December 2015



Post-abortion women(Eligible participant)



Explained the study and took informed consent



Interview about Previous contraceptive practice  
before index pregnancy



Post-abortion family planning counseling, choice of  
contraceptive method by the participant and service  
provision before discharge



Follow up at sixth month

# Results

**Table 1. Previous contraception use of the study population**

Previous contraception use	Frequency	Percent
No	115	31.1
Yes	255	68.9
Total	370	100.0

**Table 2. Previous contraceptive practice of the study population before the index pregnancy**

Previous contraception	Frequency	Percent
COC	145	56.8
Injectable contraceptives	80	31.4
Male condom	10	3.9
Emergency contraception	9	3.5
IUCD	4	1.6
Implant	1	0.4
Lactational Amenorrhoea	1	0.4
Withdrawal method	2	0.8
Fertility awareness method	2	0.8
Female sterilization	1	0.4
Total	255	100.0

**Table 3. Regularity of contraceptive use of the study population**

Regularity	Frequency	Percent
Regular	183	71.8
Irregular	72	28.2
Total	255	100.0

**Table 4. Reason for not using contraception of the study population**

Reason for not using contraception		Frequency	Percent
Plan to have pregnancy		58	50.4
unmet needs for contraception	Unknown about contraception	22	19.1
	Afraid to have side effect	6	5.2
	Think menopause	6	5.2
	Think no need to take contraception	6	5.2
	Irregular sexual exposure	5	4.3
	Separated	1	0.9
	Financial problem	1	0.9
	No reason	10	8.8
Total		115	100.0

**Table 5. Proportion of women who used contraceptives after miscarriage/ abortion**

Proportion of women who used contraceptives after miscarriage/abortion	Frequency	Percent
Yes	306	82.4
No	64	17.6
Total	370	100.0

**Table 6. Contraceptive choice of the study population after post-abortion contraceptive counselling**

Contraceptive choice	Frequency	Percent
COC	120	39.2
Injectable Contraceptives	138	45.1
Male condom	35	11.4
IUCD	4	1.3
Implant	2	0.7
Fertility awareness method	1	0.3
Withdrawal method	2	0.7
Emergency contraception	1	0.3
Condom + COC	1	0.3
Condom + Inj Depo	1	0.3
Condom + emergency pills	1	0.3
Total	306	100.0

**Table 7. The reason of not using contraception after post-abortion contraceptive counselling**

The reason of not using contraception	Frequency	Percent
Desire to get pregnancy	44	68.8
Husband-away	11	17.2
No more sexual exposure	5	7.8
Divorced / Separated	4	6.2
Total	64	100.0



**Table 8. Contraceptive practice of the study population at sixth month follow up**

contraceptive practice at sixth month follow up	Frequency	Percent
continue same contraception	169	45.7
change to other method	29	7.8
no contraception since discharge	57	15.4
no contraception on discharge but use one method in follow up	4	1.1
chose one method on discharge but no continuation	93	25.2
missed follow up	18	4.8
Total	370	100.0

# Discussion

- Among this study population, 68.9 percent of the women used contraception previously and 31.1 percent did not use contraception
- This figure was similar to the study of Hnin-Thazin-Htut in 2009 (69 percent used contraception), Myat-Myat-Wah in 2003 (70 percent used contraception) and Khin-Thant-Zin in 2011 (76 percent used contraception).

Among contraceptive user,

- hormonal contraceptives were the most common used method
- The percentage of IUCD user was low because it may not be popular among the women and most of the women were reluctant to use IUCD and feared of side effect.
- Usage of emergency pills increased in this study

Among the users,

- two-third of the women used contraception regularly
- Nearly one third of user (28.2 percent) took contraception irregularly and conceived while taking contraception irregularly
- Although knowledge about contraception is present, proper contraceptive practice is poor.
- Important to counsel and encourage the women for regular contraceptive use
- Contraceptives should also be available

Among the non-user,

- half of the women (50.4 percent) - wanted to have pregnancy
- 49.6 percent - unmet needs for contraception
  - 19% - lack of knowledge of the contraception
  - 5.2 % - afraid of side effect
  - 5.2 % - thought they had menopause
  - 0.9 % - financial problem.
- In this study, unmet needs for contraception were similar with the finding of Yee-Yee's study (48 %) but higher than finding of Khin-Thant-Zin (16.7%) and Hnin-Thazin-Htut (31 %) but causes of unmet needs were not different

After postabortion contraceptive counselling,

- Contraceptive use (82.4%) –higher than before (68.9 %)
- hormonal contraceptives - the most common used method
- long term contraception (IUCD and implant)- very low uptake
- because - familiar with hormonal contraceptives
  - implant - not widely available.
- Three women – combined contraceptive method (barrier method together with hormonal contraception) because HIV(+)
- advised of the greater effectiveness of long-acting reversible methods of contraception, encouraged to choose an IUD or an implant

## At sixth month follow up

- 54.6 percent of the women were found to be using contraception
- women who did not continue contraception in follow up, 83.9 percent wanted to have pregnancy
- 6.6 percent were due to side effects

# Conclusions

- improving post-abortion care and family planning services
  - important role to reduce maternal morbidity and mortality by preventing unwanted pregnancies and unsafe abortions
- providing information and counselling to users about all available modern methods ,support for switching methods if needed, expanding the range of modern methods available
  - reduce unmet need
  - improve the uptake of more effective methods
- support the women who want to space pregnancy as they wanted and improve the pregnancy outcomes
- Provision of contraceptive services should be well developed at the community level to support for contraceptive continuation