

POST ABORTAL CONTRACEPTION: A MISSED OPPORTUNITY OR A WINDOW FOR CHANGE?

Prachi Singh¹, Pragya Mishra², Muskaan Dhillon³

Received : 10/09/2025
Received in revised form : 06/10/2025
Accepted : 11/10/2025

Keywords: Post Abortal contraception, abortion, pregnancy

Corresponding Author:
Dr. Prachi Singh
Email: singh.prachi.dr@gmail.com

DOI: 10.47009/jamp.2025.7.5.160

Source of Support: Nil,
Conflict of Interest: None declared

Int J Acad Med Pharm
2025; 7 (5); 840-843



¹Associate Professor, Department of Obstetrics & Gynaecology, Rohilkhand Medical College & Hospital, Bareilly, Uttar Pradesh, India.

²Professor, Department of Obstetrics & Gynaecology, Rohilkhand Medical College & Hospital, Bareilly, Uttar Pradesh, India.

³Junior Resident II, Department of Obstetrics & Gynaecology, Rohilkhand Medical College & Hospital, Bareilly, Uttar Pradesh, India.

ABSTRACT

Background: Post abortion contraception plays an important role in breaking the cycle of unintended pregnancy and abortion by providing timely and appropriate contraceptive options to women following abortion. The purpose of the study is to evaluate the current practices of contraception following abortion which may guide regarding the same to promote reproductive health of individuals. **Objectives:** To study the demographic profile, contraceptive usage in past, acceptability of post abortion contraception and satisfaction after its usage. **Materials and Methods:** This study was conducted at a tertiary care centre in women who underwent abortion. Total 194 cases were included in the study. **Result:** The mean age group of females was 31.3 years. Among women undergoing abortion there was no history of contraceptive usage in 66.5% cases. Acceptance of contraception in post abortion period was 76.3% among the subjects and 84.1% were satisfied with the contraceptive method used at the time of follow up. **Conclusion:** In the present study 66.5% cases undergoing abortion were not using any contraceptive prior to abortion and the acceptance rate of post abortion contraception was 76.3% and 84.1% cases were satisfied with the usage of contraception at the time of follow up. Thus integrating contraceptive counselling into abortion care ensures better reproductive health and reducing overall burden of unwanted pregnancies.

INTRODUCTION

Abortion is a significant global public health issue with substantial implications for reproductive health care. Every year approximately 73 million induced abortions are performed worldwide.^[1] Notably, six out of ten unintended pregnancies and three out of ten of all pregnancies end in induced abortion, highlighting a critical gap in contraceptive access and education.

In Indian context the situation is similarly concerning. An estimated 21% of pregnancies are unplanned and 6.5 million abortions are carried out annually.^[2] These figures underscore the urgent need for effective post abortion contraception to prevent repeat unintended pregnancies and reduce the burden of unsafe abortions.

Studies have shown that ovulation may resume as early as two weeks after an abortion and nearly half

of the women may ovulate within three weeks. This means that fertility can return even before first post abortion menstrual period. Therefore, it is essential to initiate effective contraception immediately after abortion to prevent repeat unintended pregnancies.^[3]

MATERIALS AND METHODS

This study was conducted at Rohilkhand Medical College Bareilly in women who underwent 1st and 2nd trimester abortion between April 2024 to April 2025. Cases willing to participate in the study were evaluated for acceptance and continuation of contraceptive method.

Exclusion Criteria

1. Molar pregnancy
2. Cases with complications during or following abortion.

RESULTS

Total 194 women who underwent abortion during the study period willing to participate were included in the study

Table 1: Demographic profile of cases

Category	Number	Percentage
Age (in years)		
<20	7	3.6%
21-30	81	41.8%
31-40	93	47.9%
>40	13	6.7%
Socioeconomic status		
I	9	4.7%
II	14	7.2%
III	74	38.1%
IV	65	33.5%
V	32	16.5%
Educational status		
Illiterate	67	34.5%
Primary	91	46.9%
Secondary	25	12.9%
Graduate	11	5.7%
Occupational status		
Student	23	11.8
Home maker	117	60.3
Self employed	36	18.6
Service class	18	9.3
Gravida		
Primi	63	32.5%
Multi	131	67.5%

In the present study majority of females undergoing abortion were in the age group 31-40 years(47.9%) followed by 21-30 years(41.8%). The mean age group of females was 31.3 years. As depicted by the above table most of the cases had completed education till primary(46.9%). 67 out of 194 cases were illiterate, 25 were educated till secondary and 5.7% cases were graduate. Most of cases belonged to class III (38.1%) and class IV (33.5%) according to Modified

Kuppuswamy Scale. Rest of the cases were from class V(16.5%), class II(7.2%) followed by class I(4.7%). Among the female who underwent abortion 60.3% cases were homemaker, 18.6% cases were self employed and 11.8% were students and 9.3% belonged to service class. Most of the cases undergoing abortion were multigravidas(67.5%) and 32.5% cases were primigravida.

Table 2: Distribution of cases according to type of abortion

Type	Number	Percentage
Spontaneous	85	43.8%
Induced	109	56.2%

Out of 194 cases undergoing abortion 109(56.2%) were induced abortion and 85(43.8%) were spontaneous abortion.

Table 3: History of contraceptive usage before abortion

	Number	Percentage
Present	65	33.5%
Absent	129	66.5%

In majority of cases (66.5%) there was no history of contraceptive usage and only 33.5% cases were using any method of contraception before abortion.

Table 4: Distribution of cases according to contraceptive method accepted

Method	Number	Percentage
IUCD	43	22.2%
COC	19	9.8%
Inj.DMPA	63	32.5%
Sterilization	16	8.2%
Barrier	7	3.6%
None	46	23.7%

Out of the 194 cases included in the study 23.7% cases refused to accept any contraceptive method in the immediate post abortion period which means that acceptance of contraception in post abortion period

was 76.3% among the subjects. Among the cases who decided to opt for contraception majority chose to use injectable method of contraception (32.5%) followed by IUCD (22.2%) and 9.8% opted for COCs. 8.2%

cases opted for permanent sterilization and 3.6% stated that they want to use barrier method of contraception.

Table 5: Follow up after one month of contraception

Satisfaction after one month	Number	Percentage
Satisfied	95	84.1%
Not satisfied	18	15.9%

Out of 148 cases who opted for any method of contraception following abortion only 113 cases came for follow up that is 35 cases were lost to follow up. Out of which 95 cases (84.1%) were satisfied with the contraceptive method used. 18 cases were not satisfied after 1 month of contraceptive use. The side effects reported by the cases were pain, irregular spotting or bleeding per vaginum, nausea vomiting, weakness and headache.

DISCUSSION

In the present study majority of females undergoing abortion were in the age group 31-40 years (47.9%)

followed by 21-30 years (41.8%). This aligns with earlier studies that older women are at increased risk for unintended pregnancies and repeat abortion.^[4]

The above table shows distribution of cases according to their occupation, 60.3% cases were homemaker, 18.6% cases were self employed and 11.8% were students and 9.3% belonged to service class.

In this study most of cases belonged to class III (38.1%) and class IV (33.5%) according to Modified Kuppuswamy Scale. Rest of the cases were from class V (16.5%), class II (7.2%) followed by class I (4.7%).

Table 6: Distribution of cases according to socioeconomic status

Class	Present study	Jayanti Nath et al ⁵	Yogesh et al ⁶
I	4.7%	5.8%	3%
II	7.2%	15.2.2%	8%
III	38.1%	11.4%	37%
IV	33.5%	40%	33%
V	16.5%	27.6%	19%

Most of the cases undergoing abortion were multigravidas (67.5%) and 32.5% cases were primigravida. Out of 194 cases undergoing abortion 109 (56.2%) were induced abortion and 85 (43.8%) were spontaneous abortion.

In this study in majority of cases (66.5%) there was no history of contraceptive usage which is much higher than in study conducted by Brig S.K Kathpalia,^[7] in 39.9% cases there was no history of usage of contraception prior to abortion.

Table 7: Acceptance of contraception

Present study	76.3%
Jimma et al ⁸	71.5%
Mann et al ⁹	89.4%
Yogesh et al ⁶	85%
Ferreira et al ¹⁰	97.4%
Lencha et al ¹¹	71.5%

In the present study acceptance of contraception in post abortion period was 76.3% among the subjects which was almost similar to study conducted by Jimma et al,^[8] ie 71.5% and slightly lower than study conducted by Mann et al (89.4%)⁹ and much lower than study by Ferreira et al.^[10] It indicates that provider level factor and client motivation may influence uptake.

Among the cases who decided to opt for contraception majority chose to use injectable method of contraception (32.5%) followed by IUCD (22.2%) and 9.8% opted for COCs. 8.2% cases opted for permanent sterilization and 3.6% stated that they want to use barrier method of contraception.

Table 8: Table comparing method of contraceptive chosen in various studies

Method	Present Study	Yogesh et al ⁶	Jayanti Nath et al ⁵
IUCD	22.2%	17.5%	37.2%
COC	9.8%	13%	10.4%
Inj.DMPA	32.5%	12%	27.6%
Sterilization	8.2%	26.5%	0.4%
Barrier	3.6%	16%	17.4%
None	23.7%	15%	5%

A systemic review by Curtis et al,^[12] also supports the uptake of long acting injectable contraceptive as a contraceptive of choice in post abortal period. The increased popularity of DMPA in low resource setting may be attributed to ease of use and infrequent dosing schedule.

Studies have shown that most women report high satisfaction when contraception is initiated immediately post abortion. In the present study the satisfaction rate after one month of contraceptive usage was 84.1% which was similar to study conducted by Sharma et al,^[13](80%) and slightly higher than study conducted by Gupta et al,^[14](76%). Despite the high satisfaction rate the side effects reported by some users may contribute to method discontinuation over time. The high percentage of loss to follow up raises concern about continuity of care and underscores the importance of proper pre-insertional counselling and follow up support to manage side effects and maintain adherence. Community health worker involvement may improve compliance and continuation rates.

CONCLUSION

The finding in our study reinforce the critical need for structured post abortal contraceptive counselling and service provision. With over two third of women not using contraceptive prior to abortion, the post abortion period provides opportunity to break the cycle of unintended pregnancy. This represents a window of highlighted motivation, as many women are more receptive to contraceptive information and planning following an abortion experience. Utilizing this opportunity to offer personalized and effective contraceptive options not only supports the woman reproductive goals but also contribute to improved maternal health. Ensuring early and informed contraceptive choice is a corner stone of comprehensive post abortion care.

REFERENCES

1. Bearak J, Popenchalk A, Gantara B, Moller A, Tunçalp O, Beavin C et al. Unintended pregnancy and abortion by income, region and the legal status of abortion: estimates from a comprehensive model for 1990-2019. *Lancet Glob Health* 2020 Sep;8(9):e1152-e1161. doi 10.1016/S2214-109X(20)30315-6.
2. Stallman M, Frost JJ, Singh S, Moore AM, Kalyanval S. Abortion in India: a literature review. New York: Guttmacher Institute, 2014. 12-4.
3. Lahteem Maki P. Postabortal contraception. *Annals of medicine*. 1993;25(2):185-9.
4. Sedgh G, Singh S, Shah IH, Ahman E, Henshaw SK, Bankole A. Induced abortion: Incidence and trends worldwide from 1995 to 2008. *Lancet*. 2012;379(9816):625-32.
5. Nath J. Contraception in Post Partum Women of North India- a study of knowledge, concepts and practice. *SF Obstet Heal J*. 2017;1(1):1-5.
6. Thawal Y, Deshpande H, Patvekar M, Suryarao P, Bhalani R, Jindal S. Study of acceptance of post abortal contraception in tertiary care centre. *Int J Clin Obstetr gynecol*. 2018;2(5):147-52.
7. Kathpalia SK. Acceptance of family planning methods by induced abortion seekers: An observational study over five years. *Med J Armed Forces India*. 2016;72:8-11.
8. Jima E, Kassa N, Bizuayehu T. Knowledge, attitude and practice of emergency contraceptives among women who seek abortion care at Jimma University Specialized Hospital, Southwest Ethiopia. *BMC Womens Health*. 2012;12:3.
9. Mann MS, Yadav P, Bachani S, Sarwal Y. Post abortion contraception: A follow up study in women undergoing first and second trimester abortion at a tertiary care centre. *Indian J Obstet Gynecol Res* 2024;11(2):238-42.
10. Ferreira. Choices on contraceptive methods in postabortion family planning clinic in northeast Brazil. *Reproductive Health*. 2010;7:5.
11. Lencha TT, Gube AA, Gessese MM, Abadi MT. Post abortion family planning utilization and associated factors in health facilities of Wolaita Zone, Southern Eutopia: Mixed study. *PLoS One* 2022;17(6):e0267545.
12. Curtis KM, Jatlaoui TC, Tepper NK et al. U.S Medical eligibility criteria for Contraceptive use, 2016. *MMWR Recomm Rep*. 2016;65(3):1-103.
13. Sharma R, Patel S, Mehra S. Immediate post abortal contraception: One month follow up and user satisfaction. *J Obstet Gynaecol India*. 2013;73(5):412-7.
14. Gupta N, Rani V, Das S. Contraceptive uptake and satisfaction after induced abortion: a prospective multicentre study. *Indian J Public Health*. 2024;68(1):22-27.