

Title: The impact of contraceptive counselling over the telephone on uptake of family planning methods in women seeking consultation for induced abortion

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Objective(s): Many women seek information about contraception before induced abortion. Incorporating adequate time for thorough contraception counselling into a consultation for an unplanned or unwanted pregnancy is challenging. We piloted telephone contraception counselling in an effort to improve uptake and provision of family planning methods in women seeking consultation for abortion.

Design & Methods: Women contacting a central booking service to arrange consultation for abortion were offered the opportunity to discuss contraception with a family planning nurse by telephone. This appointment (first call) was scheduled prior to the 'in person' consultation regarding the pregnancy. Age, contraceptive history, and previous problems obtaining contraceptive advice were recorded. Following counselling, women were encouraged to choose a method. A follow-up call at one month assessed whether the contraceptive had been received. Satisfaction with the service was ascertained.

Results: From July-September 2009, 254 women opted for telephone contraceptive counselling. Of those, 219 had first and follow-up calls. Data were excluded on 22 women who continued the pregnancy and 13 lost to follow-up. The mean age was 26 (SD 7). Most (75%) reported no previous difficulty accessing contraceptive advice and 79% reported use of contraception at conception; 13% (n=23) used a long-acting reversible contraceptive (LARC: IUD/IUS/implant/injection), 42% (n=72) used pills; 44% (n=76) condoms; two (1%) natural family planning and one (0.6%) sterilisation. One woman could not recall her method. Following telephone counselling, 97% chose a method, of which 69% (n=148) picked a LARC; 27% (n=59) pills or patches and 2% (n=5) condoms. Six women (3%) were undecided or chose no method. At the one month follow up call, 216 women had undergone an abortion and 95% reported using contraception. Nearly all women used the method chosen during the telephone counselling however only 71% (n=152) received the method at the time of the abortion. Reasons for failure to receive the method immediately included the woman declining the method (3%; n=7), lack of a clinician to provide the method or preference to return to own doctor for administration (24%; n=52), remaining undecided (1%; n=3), or planning a sterilisation at a later time (0.5%; n=1). 100% of participants found the service helpful with 89% stating the service's appointment structure was satisfactory; 6% wanted call appointments available after 9pm and 9% on Sundays.

Conclusions: Providing telephone contraceptive advice prior to consultation for abortion is useful to women and results in a high proportion choosing a method, particularly LARC. Most women receive the method of contraception chosen at the time of telephone counselling; however barriers to immediate provision exist such as the skills or willingness to provide LARC at the time of abortion. Further research including a control group receiving contraceptive advice concurrent with consultation for abortion is needed.