

Contraceptive provision following medication abortion among women attending Australian general practice: a national longitudinal study using MedicineInsight, 2013 to 2022

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Background:

Effective contraception reduces unintended pregnancy and access to contraceptive services should be part of an abortion care. This study was conducted to determine the prevalence of contraceptive prescribing following medication abortion (MA) and assess factors associated with uptake.

Methods:

We conducted a retrospective cohort study of Australian women aged 14-49 years who were prescribed with medications for abortion (Mifepristone + Misoprostol) from 2013 to 2022. Data were sourced from the national general practice dataset, MedicineInsight. The primary outcome was contraceptive prescribing within 60 days of MA.

Results:

Among 4543 women undergoing MA, 40.5% received a prescription for contraception within 60 days of MA. A modest increase was observed from 32% in 2013 to 41.3% in 2022. Among those issued prescriptions, the most common contraceptives were the combined oral contraceptive pill (34.0%), followed by levonorgestrel intrauterine device (27.0%), implant (24.6%) and injection (11.2%). A significantly higher likelihood of contraceptive use after MA was observed in women with lower socioeconomic status, younger age, residing in remote or very remote areas, and in those who had prior visits to the general practice before MA. Half of the women who received contraceptives within 60 days were prescribed on the same day as MA, while 90% received their prescriptions within 28 days of MA.

Conclusion:

Despite a modest increase over time, most women undergoing MA in Australian general practice do not receive prescriptions for ongoing contraceptives within 60 days of MA. Strategies to improve awareness and uptake of ongoing contraception following MA appear warranted to reduce risk of subsequent unintended pregnancy.

Disclosure of Interest Statement:

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