

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

Authors:

Kassie GM ^{1,2}, Mazza D ³, Edvardsson K ⁴, Schummers L ⁵, Norman W ⁵, Grzeskowiak LE ^{1, 2, 6}

¹ SAHMRI Women and Kids Theme, South Australian Health and Medical Research Institute, ² College of Medicine and Public Health, Flinders University, ³ Department of General Practice, School of Public and Preventive Medicine, Monash University, ⁴ School of Nursing and Midwifery, La Trobe University, Melbourne, VIC, ⁵ Contraception and Abortion Research Team, Women's Health Research Institute, BC Women's Hospital and Health Centre, Vancouver, BC, Canada, ⁶ SA Pharmacy, SA Health, Adelaide, Australia

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, MedicinesInsight. 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:

The authors would like to thank NPS MedicineWise for their support in the original development of this research and to the Australian Commission on Safety and

Quality in Health Care, MedicineInsight Program for their ongoing role in maintaining this data resource (Protocol 2019-003). The authors would also like to acknowledge members of the SPHERE Centre of Research Excellence in Women's Sexual and Reproductive Health in Primary Care (SPHERE CRE) for their contributions to this research, which is funded by the National Health and Medical Research Council (Project number APP2024717).