**Postabortion Contraception Activity**

***Participant Handout***

***Case 1***

A 17-year-old woman underwent an uncomplicated postabortion care (uterine size 15 weeks) and is ready to go home. She is healthy with no medical problems. The woman says that she does not want to get pregnant again anytime soon and would like to talk more about contraceptive options. She says that she does not want anyone, even her boyfriend, to know that she is using a contraceptive method.

**Key discussion points:**

• According to the WHO MEC, this woman is eligible for any method. However, her preferences regarding the timing of her next pregnancy (not any time soon) and the desire for a discreet option, an injectable or a long- acting reversible method (e.g., implants, IUCDs) is likely is her best option. A woman might be worried about the detection of IUCD strings but the strings can be cut flush to the cervix (although the woman should be informed that this can make removal slightly more difficult and she will need to have it removed by a provider who is trained in stringless IUCD removals).

• Screen for domestic violence

• STI/HIV screening and education

***Case 2***

A 28-year-old woman returns to the clinic for a two-week postabortion follow-up visit. She did not start a method immediately following her postabortion care because she wanted to talk with her husband. She has had two vaginal deliveries in the past. Her children are all alive and well. The youngest is 4 years old. She says that she does not want another baby because her husband is working six hours away in the city and only comes home for weekends once or twice a month.

**Key discussion points:**

• Confirm whether the woman does not want a pregnancy any time soon or has completed her family. Long-acting reversible methods (e.g., IUCD and implant) prevent pregnancy as well as permanent methods and avoid the risks of surgery. Even if a woman is done with child-bearing and considering female sterilization, other methods should be discussed, including long-acting reversible methods and vasectomy. Make sure that a woman understands the concept of permanence and that permanent methods may still, albeit rarely, fail.

• Discuss need for STI/HIV prevention/protection.

***Case 3***

A 20-year-old woman who has one living child has just undergone an uncomplicated uterine evacuation after presenting with an intrauterine fetal demise at 18 weeks and says that she does not want to be pregnant for a few years. The woman reports that she suffers from chronic anemia. When asked how she is feeling, she just shrugs her shoulders, looks at the floor and says she feels ashamed and sad.

**Key discussion points:**

•According to the WHO MEC, this woman is eligible for any method. Given her history of anemia, the copper IUCD may not be the best option as compared to hormonal methods as it may cause heavier menstrual bleeding. Hormonal options have the additional non-contraceptive benefit of decreasing menstrual bleeding, which should help to improve her anemia. Many women use contraception to treat and/or manage medical conditions such as dysmenorrhea or metrorrhagia.

• Screen for depression, domestic violence, and provide psychological support

***Case 4***

A 40-year-old woman underwent treatment for PAC with a uterine size of 16 weeks, but following her treatment left without a method of contraception. The woman has four living children. She says that she and her husband do not want any more children. She has come to the hospital with her sister, but her husband is coming to check on her later. She heard that female sterilization can be done at this hospital and that is why she has come here.

**Key discussion points:**

• Confirm the woman is done with childbearing. Even if a woman is done with childbearing and considering female sterilization, other contraceptions should be discussed, including long-acting reversible methods and vasectomy. Use of a long-acting method avoids the risks of surgery and often can be provided immediately. Vasectomy also provides similar or superior pregnancy prevention to female sterilization but is associated with fewer risks. Make sure that a woman understands the concept of permanence with these permanent methods and that permanent methods may still, albeit rarely, fail.

• Screen for domestic violence.

***Case 5***

A 15-year-old woman who is not married underwent uncomplicated PAC and is waiting to be discharged. She wants to wait until she is married before she becomes pregnant again but says that she and her boyfriend do not trust “modern” contraceptive methods.

**Key discussion points:**

• If possible, ask clarifying questions of the woman. What doesn’t she trust about modern methods? Address these concerns directly. Dispel myths. Reassure that modern methods are extremely safe and provide better pregnancy protection than traditional methods. Risks of using a modern contraceptive method are many times lower than a pregnancy. Modern methods can provide many non-contraceptive benefits including decreasing risk of cancer, treatment of anemia, and decreasing pain with menses. Sex can be more enjoyable and more spontaneous as they do not have to worry about the risk of pregnancy or avoiding sex at certain times of the month.

• STI /HIV screening and prevention

***Case 6***

A married 36-year-old woman had a second-trimester abortion due to a fetal anomaly. She says that she wants to have one more child but she wants to wait at least one year. She smokes and has high blood pressure. She is not interested in an IUCD because it might get lost inside her body.

**Key discussion points:**

•According to the WHO MEC, this woman should avoid estrogen-containing contraceptive methods (risks: age over 35 and smoker, high blood pressure). She can safely use a progestin-only method (progestin-only pills, DMPA injection, implant), barrier methods, or an IUCD. It is important to dispel any IUCD myths. Since she would like to wait at least a year for another pregnancy, she may want to avoid DMPA injection as it is the only method that can delay return to fertility.

• Pre-conceptual counseling (folic acid, immunizations) as well as improving her health for that next pregnancy (e.g., smoking cessation).

***Case 7***

A 32-year-old woman with three children and two prior miscarriages is now presenting with moderate bleeding, an open cervical os, and foul-smelling discharge with a uterine size of 17 weeks. You are concerned that she has an infection and immediately start antibiotics and begin medical management to evacuate her uterus. She safely expels the pregnancy. In the past, you have tried to provide her with information on birth spacing but she did not want any information because she had been using natural family planning successfully for years. She and her husband believe that contraceptives cause cancer.

**Key discussion points:**

•According to the WHO MEC, this woman is eligible for any method except immediately placing an IUCD if the woman has signs/symptoms of infection and has not completed treatment. Dispel myths: Reassure her that modern methods are extremely safe and provide better pregnancy protection than traditional and natural family planning methods. Risks of using a modern contraceptive method are many times lower than a pregnancy. Modern methods decrease the risk of ovarian and endometrial cancers and do not impact the risk of breast cancer. Clarify if the woman is done with childbearing as this may help you discuss permanent methods which are non-hormonal and may be more acceptable to the woman and her partner. Additionally, a copper IUCD is another method that is non-hormonal, highly effective, but reversible. As she may have an infection, she cannot have an IUCD placed now but she can use an interim method and once her infection has been treated, the IUCD can be placed.

***Case 8***

A 28-year-old woman with two children recently underwent PAC (uterine size 16 weeks). She suffers from anemia. She does not want any more pregnancies soon but may want to have one more child someday. She underwent contraceptive counseling but declined a method as her husband works away from home and only comes home rarely. She worries that her husband will think she is using birth control because she is “cheating.”