

Provision of Abortion Care for Adolescent and Young Women: A Systematic Review

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INTRODUCTION

- Unintended pregnancy among adolescent (ages 10-19) and young women (ages 20-24) is a common global public health problem.
- Adolescent and young women face challenges accessing sexual and reproductive health information and services, increasing their risk for unintended pregnancy, unsafe abortion and later abortion.
- Abortion is an effective and safe procedure.
- Many studies of abortion have included adolescent and young women, but did not focus on them. As a result, evidence-based guidelines and recommendations regarding abortion for adolescents are lacking.
- Systematic reviews synthesize all the available high-quality literature on a single topic to try to determine recommendations for clinical care.

OBJECTIVES

- Perform a systematic review to determine whether abortion care for adolescent and young women differs from abortion care for older women. Focus on efficacy, safety and acceptability of abortion, as well as long-term complications, postabortion contraception and cost.

MATERIALS AND METHODS

- Search strategy: We searched peer-review publications for high-quality clinical studies comparing efficacy, safety, acceptability and long-term sequelae of abortion care between adolescent/young women and older women.
- Data collection and analysis: Two reviewers independently extracted data. We used the Cochrane and Newcastle-Ottawa-Scale approach for quality assessment.

RESULTS

- We included 25 studies out of approximately 5,260 reviewed search results. The included studies covered 346,000 women undergoing first- and second-trimester abortion.
- The proportion of adolescent and young women included in the studies ranged from 4-50 percent and 20-70 percent respectively, but was not reported in many studies. Therefore, we could not calculate the overall proportion size.
- Consistent with previous publications, adolescents included in this review presented at a later *gestational age*, which is a major risk factor for complications.
- The studies mostly evaluated women in the first trimester; four studies included the second trimester.
- We did not identify any study on long-term complications such as ectopic pregnancy or future risk of preterm delivery that met inclusion criteria.

PRIMARY OUTCOMES

- *Efficacy and safety of medical abortion with mifepristone and misoprostol* were similar between age groups. One study with few adolescent participants showed increased medical abortion efficacy in this group.

- *Efficacy and safety of medical abortion with misoprostol only regimens* were similar between age groups.
- *Satisfaction with medical abortion* was overall similar between age groups, with most women satisfied with medical abortion. However, younger women in one study were less willing to self administer misoprostol, reported more bleeding than expected and preferred an in-person encounter over telemedicine.
- *Side effects and safety of aspiration abortion and D&E* were similar overall between age groups. However, younger women had an increased risk for cervical laceration and a **decreased** risk of the following complications: uterine perforation, requiring major surgery, and mortality.

SECONDARY OUTCOMES

- *Postabortion contraception*: Except for less IUD uptake, age was not associated with postabortion contraception use.
- *Psychological sequela after abortion*: Abortion in adolescents was not associated with subsequent depression. Minors in two studies were less comfortable with their decision up to a month post abortion, but did not differ from adults in adjustment thereafter.
- *Cost effectiveness analysis* of D&E versus medical abortion with misoprostol in the second trimester in the United States showed no relationship with age, i.e., D&E was more cost effective than medical abortion with misoprostol in women aged 15-45.

CONCLUSIONS AND RECOMMENDATIONS

- Limited evidence indicates that abortion of all types (medical, vacuum aspiration and D&E) at all gestational ages is effective, acceptable and safe for adolescent and young women.
- Because later gestational age is a major risk factor for morbidity and mortality, we strongly recommend supporting adolescents to diagnose pregnancy, make decisions and access abortion in a timely manner.
- Given the efficacy and safety of medical abortion for adolescents, we recommend offering them this option and supporting them in using the medications in a place that is comfortable for them.
- Based on limited evidence, providers may consider cervical preparation for adolescents undergoing vacuum aspiration abortion in the first trimester to reduce the risk of cervical laceration. Cervical preparation is recommended for all women after 12 to 14 weeks. More information about Ipas's guidance on cervical preparation can be found in the Clinical Updates in Reproductive Health (CURH) at the following link:
<http://www.ipas.org/en/Resources/Ipas%20Publications/Clinical-updates-in-reproductive-health.aspx>
- We strongly recommend offering adolescents a full range of contraceptives after abortion, including intrauterine contraception.

STUDIES INCLUDED IN THIS SYSTEMATIC REVIEW

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