

Contraception Use in Patients Presenting to an Abortion Care Service

Dr Jacqueline Quinn, Dr Christine Black
Sandyford Sexual Health Service, NHS Greater Glasgow & Clyde

Introduction: The Termination of Pregnancy (TOP) rate within Scotland rose by almost one fifth between 2021 and 2022 (1). This presents a significantly increased workload for abortion care services and can result in patients having a longer waiting time for treatment.

Furthermore, national prescribing of long-acting reversible contraceptives (LARCs) has not yet reached pre-pandemic levels (2). This study sought to determine whether barriers to using contraception has contributed to the increasing rates of TOP requests.

Methods: All patients receiving an initial telephone consultation prior to a TOP in our service between December 2022- January 2023 were invited to participate in our questionnaire via telephone as part of their pre-TOP Consultation.

Survey questions included current use of contraception, cessation of contraception in the 6 months prior to pregnancy and perceived ease of access to contraception.

Results: Responses were collected from 311 patients, which represented approximately 35% of the patients having a pre-TOP telephone consultation in our service. Of the patients surveyed approximately half (50.4%) had been using a method of contraception in the 6 months prior to their TOP request.

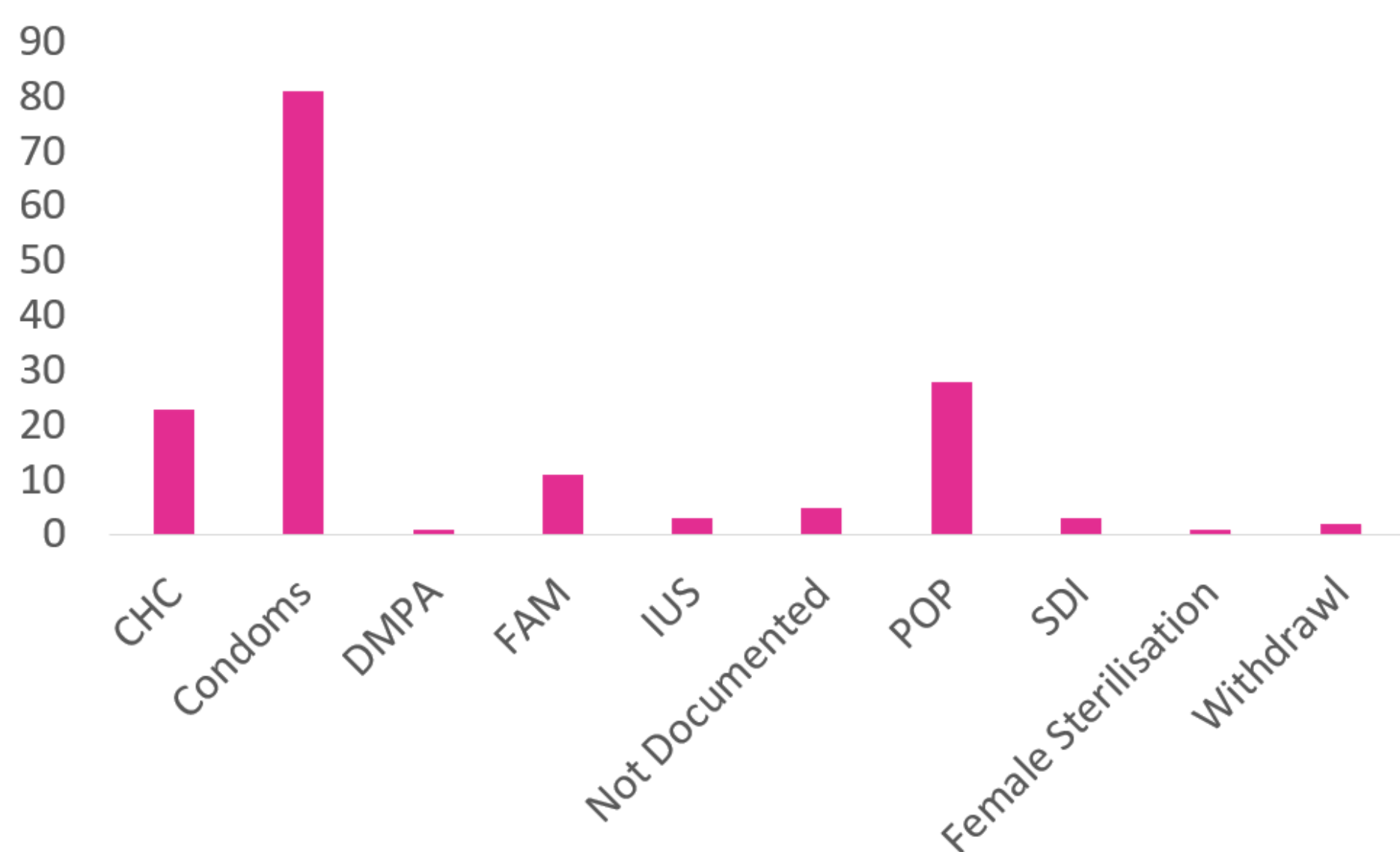


Figure 1 : Contraceptive Method Used Prior to Pregnancy (if using)

In those using contraception, condoms were the most used method, with only 4.5% of patients using a LARC (Figure 1).

Approximately one quarter of patients surveyed had stopped a method of contraception in the 6 months prior to their pregnancy for myriad reasons (Figure 2).

12% and 5% of patients surveyed had struggled to access LARC and non-LARC methods respectively, in the 6 months prior to their pregnancy (Figure 3). Lastly, approximately 14% of patients felt that barriers to using contraception had contributed to their current pregnancy (Figure 4).

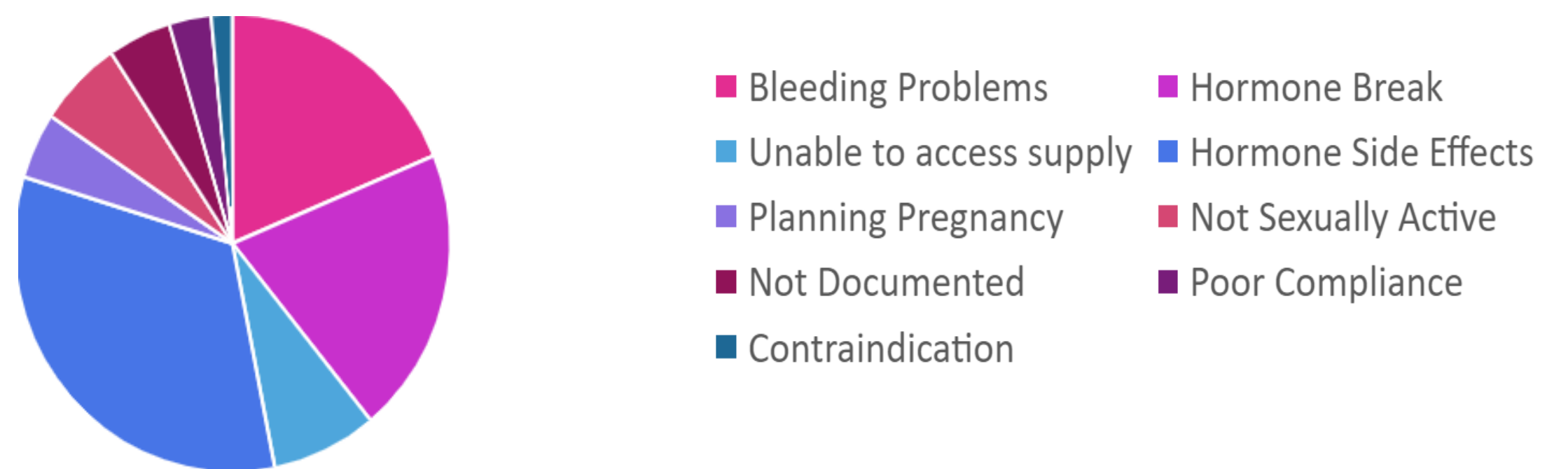


Figure 2: Reasons for Contraception cessation in 6 months prior to pregnancy

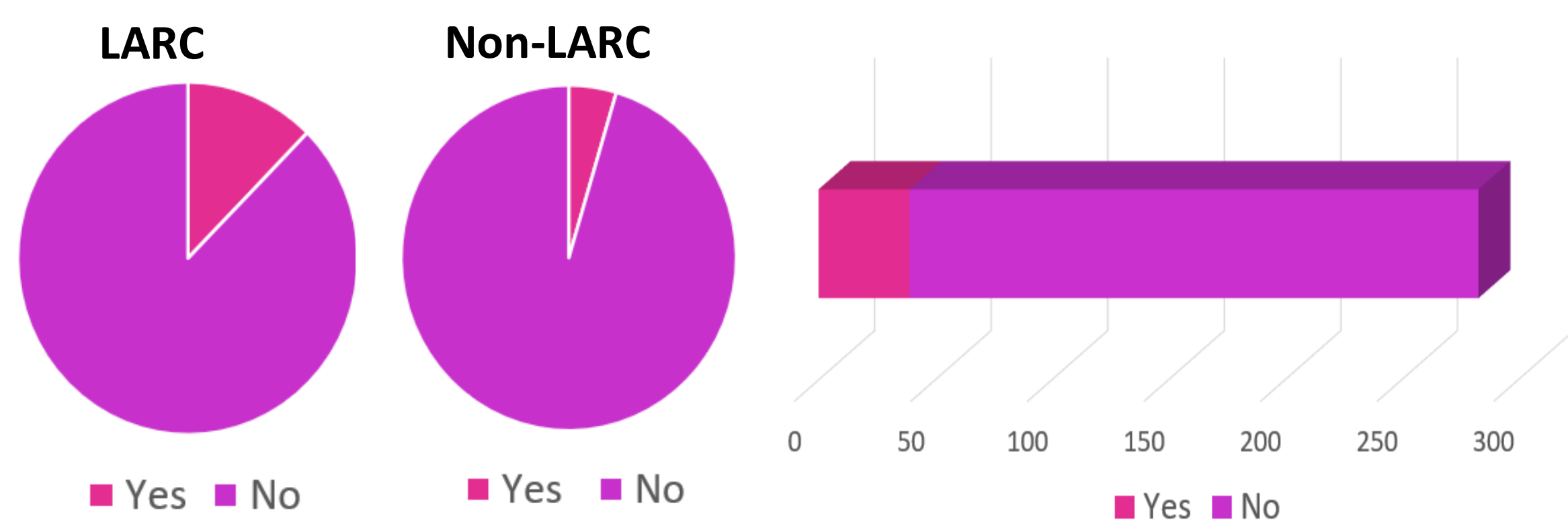


Figure 3 : Difficulty in accessing contraception in 6 months pre-pregnancy

Figure 4: Barriers to accessing Contraception led to pregnancy.

Discussion: As 14% of those surveyed felt barriers to accessing contraception had contributed to their unplanned pregnancy, when considering the overall number of TOP requests per year, improved access to services could result in a sizeable reduction in patients presenting with an unplanned pregnancy.

Furthermore, given that 25% of patients in the study group had recently stopped a method of contraception due to side effects, improving access to contraceptive advice might help reduce unplanned pregnancy rates further.

Conclusions:

- Difficulty in accessing effective contraception may be contributing to locally increasing TOP rates.
- Working with patients to identify a suitable method of contraception after experiencing unacceptable side effects may help reduce unplanned pregnancy rates further.
- Access to contraceptive advice needs to be improved to help reduce the rate of unplanned pregnancies.