

**Rates of Ongoing pregnancy/ Retained Products/ Surgical Intervention  
after Inj DMPA in Medical Termination of Pregnancy**  
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**Background**

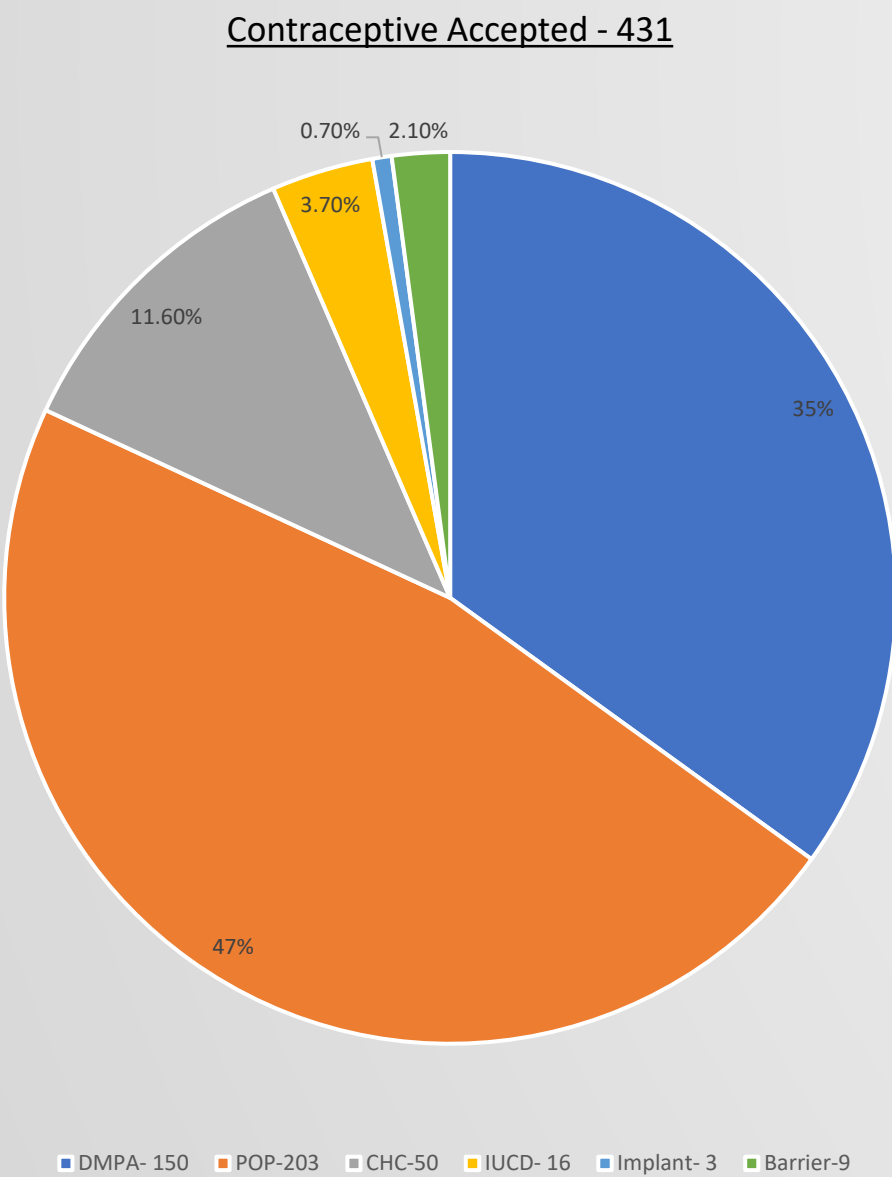
- NICE- For women who are having a medical abortion and who choose DMPA intramuscular injection for contraception: consider providing it at the same appointment when they take the mifepristone
- explain that having the injection at this stage may *increase the risk of ongoing pregnancy, although overall the risk is low.*
- RCOG - Women should be informed that there is a small risk (usually much less than 5%) of the need for further intervention, such as surgical intervention following medical abortion.

**Medical Termination of Pregnancy-**

- Mifepristone is given followed by Misoprostol.
- Contraceptive counselling is integral to abortion services.
  - Mifepristone- selective antagonist of progesterone. Progesterone ( like DMPA) given with Mifepristone can interfere with its effect.

**Aim, Materials and Methods-**

- To analyse whether the rates of return / ongoing pregnancy/ Surgical management in our setting were high enough to reconsider the use of DMPA as contraceptive with Abortion .
- Material and methods - 484 women underwent Medical TOP in the Abortion clinic in Southend University Hospital from April 2020 to Dec 2021. Among them, 440 women had documented evidence of contraception counselling. 431 had accepted contraception at the time of counselling.



- Returned=22.
- Returnee rate= 22/440= 5%
- Overall RPOC=20( 4.5%).
- Overall intervention rate= 3.5%

	Total No	Returned	Returned Rate	Chose MVA	Intervention rate
POP	203	8	3.9%	5	2.5%
CHC	50	4	8%	1	2%
DMPA	150	7	4.7%	6	4%

***Only one ongoing pregnancy in a woman with previous endometrial ablation who received DMPA.***

**Conclusion-** As compared to RCOG standard ( 5%) – DMPA does not appear to be associated with an increased risk of returning with RPOC, neither increased the overall intervention rate nor increased the risk of ongoing pregnancy.