# Recent pregnancy and contraceptive use among patients attending for abortion: a prospective audit

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## Background

UK guidance recommends that contraception be discussed and made available after every pregnancy regardless of outcome.[1] Maternity, early pregnancy and abortion services therefore provide important opportunities for timely, person-centred contraceptive care. At Sandyford, a three-month prospective review in 2018 estimated the prevalence of an inter-pregnancy interval of under 12 months among patients presenting for abortion and characterised contraceptive use in this group.[2] How contraceptive use before abortion varies with the outcome of a recent pregnancy has not since been described locally.

**Aim:** To characterise previous pregnancies and contraceptive use in the 12 months before attendance for abortion and to examine whether contraceptive use differed by pregnancy occurrence and outcome.

## Methods

A prospective audit was conducted at Termination of Pregnancy and Referral (TOPAR), the NHS abortion service in Glasgow, from December 2025 to February 2026. At first contact, clinicians completed a data collection sheet at their discretion, recording any previous pregnancy in the 12 months before attendance ("recent pregnancy"), its outcome, and up to two contraceptive methods used in that period, with source. Blank contraception fields were verified against records. Recent abortion was compared with birth, miscarriage or ectopic pregnancy (odds ratios, ORs), and abortion, birth and miscarriage each with no recent pregnancy (prevalence ratios), with 95% confidence intervals (CIs). Age and deprivation were assessed as potential confounders.

Methods were grouped as long-acting reversible contraception (LARC): implant, injection, levonorgestrel or copper intrauterine device (LNG-IUD, Cu-IUD); oral: progestogen-only (POP) or combined (CHC) pill; barrier (e.g. condoms); fertility awareness method (FAM); and lactational amenorrhoea method (LAM). "No method" denotes none reported in the previous 12 months.

## Results

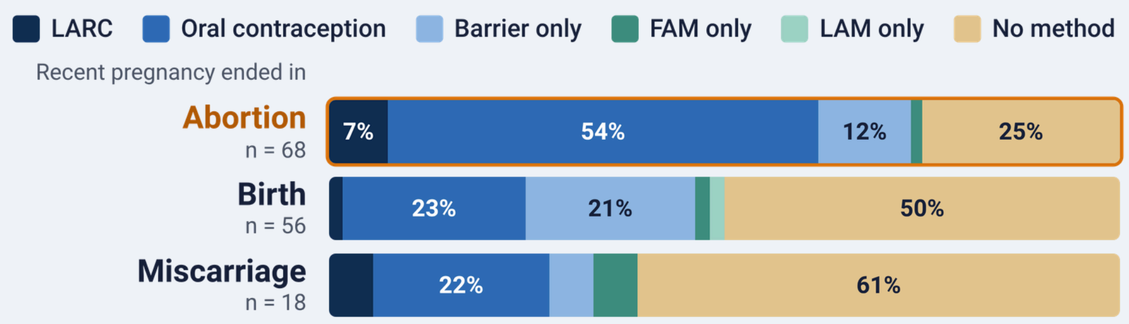
Sheets were completed for 596 of 1,629 attenders (36.6%), 583 with contraception recorded. Of the 596, 144 (24.2%) had another pregnancy in the previous year, ending in abortion (69), birth (56), miscarriage (18) or ectopic (1; too few to analyse alone). Of 573 with age and deprivation recorded, median age was 27 (interquartile range 22-33); the proportion in the most deprived Scottish Index of Multiple Deprivation (SIMD) quintile was 44% with a recent abortion, 58% with a recent birth, 71% with a recent miscarriage and 44% with no recent pregnancy.

**Table 1. Recent pregnancy: abortion vs birth, miscarriage or ectopic**

| Method | Abortion n = 69 | Birth, miscarriage or ectopic n = 75 | Odds ratio (95% CI) | No recent pregnancy n = 452 |
|---|---|---|---|---|
| **Oral contraception** | **39 (56.5%)** | 17 (22.7%) | **4.44 (2.16-9.11)** | 98 (21.7%) |
| POP | 21 (30.4%) | 13 (17.3%) | | 52 (11.5%) |
| CHC | 18 (26.1%) | 4 (5.3%) | | 47 (10.4%) |
| **No method** | **17 (24.6%)** | 39 (52.0%) | **0.30 (0.15-0.61)** | 208 (46.0%) |
| Barrier | 11 (15.9%) | 13 (17.3%) | 0.90 (0.38-2.18) | 108 (23.9%) |
| LARC | 5 (7.2%) | 3 (4.0%) | 1.88 (0.43-8.16) | 23 (5.1%) |
| FAM | 1 (1.4%) | 2 (2.7%) | n/a | 9 (2.0%) |
| LAM | 0 (0.0%) | 1 (1.3%) | n/a | 1 (0.2%) |

**Values:** n (%) using each method in the previous 12 months; either of up to two recorded methods counts, so columns can exceed 100%. **POP and CHC:** oral contraception sub-rows, shown descriptively; one patient with no recent pregnancy used both and is counted once as oral, so POP plus CHC (99) exceeds oral (98) by one. **Denominators:** all patients in each group, including those with contraception not recorded (abortion 1, no recent pregnancy 12), so percentages differ slightly from Figure 1. **Odds ratios:** unadjusted, abortion vs birth, miscarriage or ectopic; n/a for FAM and LAM, too few users. **LARC methods:** recent abortion, 5 users (3 injection, 1 implant, 1 Cu-IUD); other outcomes, 3 users (1 implant, 1 injection, 1 LNG-IUD).

**Figure 1. Main method in the previous year, by outcome of recent pregnancy (each patient counted once; n = 582, excluding the single ectopic pregnancy)**

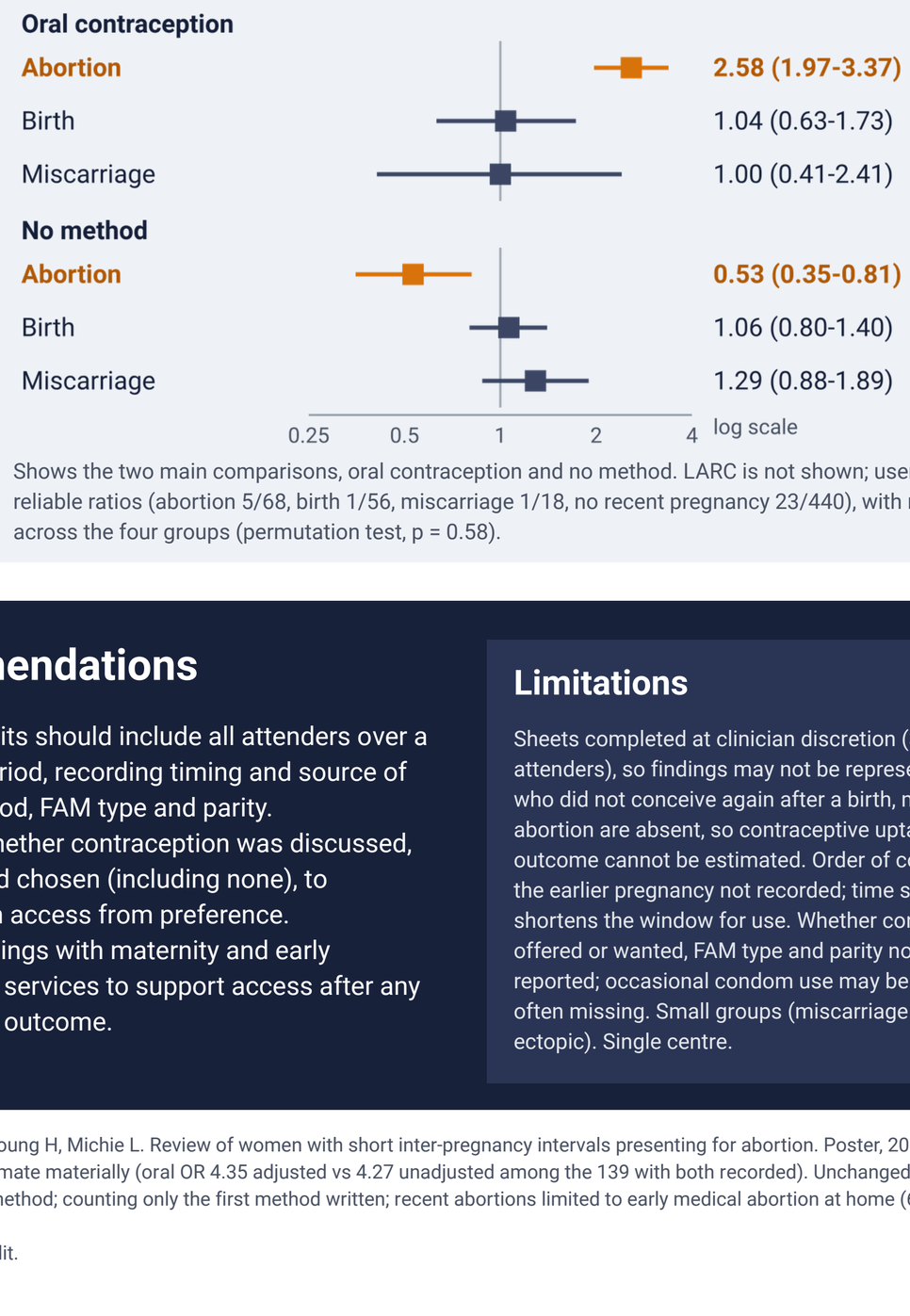



| Number (%) of patients | LARC | Oral | Barrier only | FAM only | LAM only | No method |
|---|---|---|---|---|---|---|
| **Abortion** (68) | 5 (7%) | 37 (54%) | 8 (12%) | 1 (1%) | 0 | 17 (25%) |
| Birth (56) | 1 (2%) | 13 (23%) | 12 (21%) | 1 (2%) | 1 (2%) | 28 (50%) |
| Miscarriage (18) | 1 (6%) | 4 (22%) | 1 (6%) | 1 (6%) | 0 | 11 (61%) |
| No recent pregnancy (440) | 23 (5%) | 97 (22%) | 102 (23%) | 9 (2%) | 1 (<1%) | 208 (47%) |

**Each patient appears once. Of the 13 reporting two methods, 9 combined condoms with a hormonal method (shown under the hormonal method), 3 combined a pill with LARC (shown as LARC) and 1 used both pills (shown as oral). The 13 patients with no contraception recorded and the single ectopic are excluded.**

**Figure 2. Compared with no recent pregnancy: prevalence ratios (95% CI)**

Percentage using the method in each recent-pregnancy group divided by the percentage with no recent pregnancy; n = 582 (excluding the single ectopic pregnancy).




Shows the two main comparisons, oral contraception and no method. LARC is not shown; users were too few for reliable ratios (abortion 5/68, birth 1/56, miscarriage 1/18, no recent pregnancy 23/440), with no clear difference across the four groups (permutation test, p = 0.58).

**Figure 3. Source of contraception**

Proportion of users with a source recorded, by method (e.g. 108 of 154 oral contraceptive users)




Recent abortion: 27 of the 33 oral or LARC users with a source recorded (82%) obtained their method from TOPAR; source was missing for 9 of 42. Recent birth or miscarriage: none from TOPAR (GP 9, maternity 2; source recorded for 11 of 19).

## Conclusions

Almost one in four audited patients had another pregnancy in the previous year; 11.6% (69/596) had had an abortion and 9.4% (56/596) had given birth.

Patients whose recent pregnancy ended in abortion were more than twice as likely to have used oral contraception, and about half as likely to report no method, as those with any other outcome or no recent pregnancy (Table 1, Figure 2). Most of their oral or LARC methods came from TOPAR (Figure 3), suggesting abortion care is a key point of access.

Patients with a recent birth or miscarriage did not clearly differ in contraceptive use from those with no recent pregnancy, though groups were small (Figure 2).

## Recommendations

- Future audits should include all attenders over a defined period, recording timing and source of each method, FAM type and parity.
- Record whether contraception was discussed, offered and chosen (including none), to distinguish access from preference.
- Share findings with maternity and early pregnancy services to support access after any pregnancy outcome.

## Limitations

Sheets completed at clinician discretion (36.6% of attenders), so findings may not be representative. People who did not conceive again after a birth, miscarriage or abortion are absent, so contraceptive uptake after each outcome cannot be estimated. Order of contraception and the earlier pregnancy not recorded; time spent pregnant shortens the window for use. Whether contraception was offered or wanted, FAM type and parity not recorded. Self-reported; occasional condom use may be missed. Source often missing. Small groups (miscarriage n = 18; one ectopic). Single centre.

**References** 1. College of Sexual & Reproductive Healthcare. Clinical Guideline: Contraception After Pregnancy. 2017 (amended 2020). 2. Young H, Michie L. Review of women with short inter-pregnancy intervals presenting for abortion. Poster, 2018.

**Statistical note** Both significant Table 1 differences survive Bonferroni correction (four tests). Adjusting for age and SIMD changed no estimate materially (oral OR 4.35 adjusted vs 4.27 unadjusted among the 139 with both recorded). Unchanged in sensitivity analyses: odds ratios instead of prevalence ratios (Figure 2); combining no method with barrier only (OR 0.25, 0.13-0.50); unrecorded or FAM as no method; counting only the first method written; recent abortions limited to early medical abortion at home (61 of 69); excluding 11 not pregnant or miscarrying at attendance; adjusting for audit period.

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