Calling all high-risk patients: Can a simple telephone call increase contraception continuation after abortion?

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Executive Summary

Women undergoing abortion are at high risk of poor contraceptive use and future unintended pregnancy. Contraceptive use may be particularly challenging for women who choose combined hormonal contraception, (CHC) a category that includes the combined oral contraceptive, the contraceptive patch and the vaginal ring. Each of these methods requires regular access to a pharmacy to refill prescriptions for the method and regular and frequent use of the method (daily for the pill, weekly for the patch, and monthly for the ring.) We sought to investigate whether an informational phone call three weeks after having an abortion would improve contraceptive use six weeks after the procedure in women who choose combined hormonal contraception.

We conducted a single-blinded, randomized controlled trial in women who chose a combined hormonal contraception method after abortion. Each participant completed a baseline questionnaire on the day of her abortion and a follow-up telephone survey six weeks later conducted by a research assistant who did not know whether she received the intervention. Three weeks after their abortions subjects randomized to the intervention received a telephone call which consisted of questions about contraceptive use, satisfaction, side effects and challenges in using contraception, and in which the staff provided support and education for the participants. The primary outcome was use of an effective method, including the combined oral contraceptive, the transdermal patch, the vaginal ring, the progestin injection, the contraceptive implant or an IUD, six weeks after abortion.

We randomized two-hundred seven women in the study, and one person withdrew after randomization, leaving 102 women in Arm A and 104 women in Arm B. Of note, the study staff is still blinded until final analysis is complete. Follow-up rates were 67% in Arm A and 72% in Arm B at six weeks. The intervention was completed in 71 subjects. Six weeks after abortion 80.9% and 73.3% were using an effective method of contraception in Arms A and B, respectively, with a high p value of 0.9. Other analyses are ongoing.

From this study we can conclude that a telephone call three weeks after abortion did not affect effective contraceptive use six weeks after abortion in women who chose combined hormonal contraception as their post-abortion method.