CONTRACEPTION SATISFACTION AND EFFECTIVENESS POST ABORTION: A RANDOMIZED CONTROLLED TRIAL

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Nearly a third of Canadian women have at least one abortion. Among all the abortions performed in Canada, more than one third are repeat abortions. Women having report abortions are more likely to be from ethno-cultural minorities, to report problems with a male partner, to have a lower level of education, and to have other children at home. Thus, research to delineate methods to prevent recurrent unintended pregnancies in this vulnerable population is a high priority.

Among various birth control methods, intrauterine device (IUD) insertion immediately after abortion has been shown to be safe and effective. However, the review of recurrent abortion following IUD insertion at a Canadian abortion facility indicated a higher than expected rates. From discussions with Canadian physicians, it is possible that Flexi-T devices have a higher expulsion rate than standard T380A devices available in other countries, and yet many physicians preferred the Flexi-T380+ because it offers the highest surface area among copper IUDs available in Canada. We found no reports in the literature describing the expulsion rates or effectiveness for the Flexi-T devices, although reports of those outcomes for the standard IUD in Canada (Nova-T200) were available. The aim of the study is to determine if the new type of copper IUD, Flexi-T380+, has a comparable effectiveness and safety profile to the most common Canadian IUD currently in use, Nova-T200. We will compare the two IUDs for expulsion rate at one year following placement at the time of first trimester abortion, and assess adverse events, subsequent pregnancies and women's contraception satisfaction for these IUDs and other birth control methods chosen after the abortion.

Women were recruited at the participating study clinic, between October 5, 2010 to August 28, 2012. Any woman who had consented to an first trimester abortion and who was a resident of British Columbia enrolled in the universal provincial medical services plan was eligible for the study. Women were not eligible if they were currently enrolled in another clinical study, or intended to move from BC or to conceive within the next year. Those with contradictions to the use of an IUD were also not eligible for the IUD use groups.

After the women had decided upon their contraceptive method of choice post-abortion, they were asked if they wished to participate in the study. Our research assistant (RA) explained all study procedures, answered all questions, and completed the informed consent process with women before the time of their abortion. Participants choosing a copper IUD were randomly assigned to receive either a Flexi-T or a Nova-T, free of charge. Those choosing no contraception or all other methods of contraception were enrolled into the control group. This study recruited 534 participants in total, with 201 randomly assigned to Flexi-T group, 205 to Nova-T group, and 128 enrolled in the control group.

All participants were asked questions regarding their demographics, and obstetric and gynecologic history. Each participant completed the Contraception Satisfaction Questionnaire (CSQ) at the time of enrollment, which collected data on effectiveness of, degree of satisfaction with, and adverse effects experienced for the range of contraceptive methods available in Canada. Participants were followed up by the RA at 3, 6 and 12 months after enrollment and asked to complete a subsequent CSQ each time. A gift certificate was given to the participants each time when they filled out a questionnaire. The response rate for CSQ completion is 31.8% at 3 months, 26.0% at 6 months and 32.4% at one year.

Clinical chart review was conducted annually (each summer 2011-2013) at all abortion facilities in BC, to capture any post-abortion visit related to subsequent pregnancy, repeat abortions, IUD removals, re-insertions, and any adverse events.

This study will access the provincial government health administrative databases to determine the study outcomes in December 2013. These databases detail all subsequent care received in BC (e.g.: IUD removals and re-insertions; prescriptions for alternate forms of birth control or antibiotics; information on subsequent pregnancy outcome, hospital admissions).

Findings of the study will provide the first information on the effectiveness of post abortion contraceptive methods currently available in Canada, and will inform efforts to prevent recurrent unintended pregnancy among Canadian women.