Unintended pregnancy rates have not changed over the last several decades despite development of effective contraception. Unintended pregnancy is decreasing among higher income women and increasing among lower income women. A significant proportion of women with unintended pregnancies seek an induced abortion to end the pregnancy. It is common practice, largely due to reimbursement policies, to require women seeking an abortion to return for additional visits to obtain contraception after the abortion.

In this study we questioned whether providing women the full spectrum of contraception during the same abortion visit would affect whether they had another pregnancy or another abortion in the next twelve months. We found that providing women the full spectrum of contraception after an abortion without requiring an additional visit resulted in 44% fewer pregnancies and 43% fewer abortions in the next twelve months. The visit to end an unintended pregnancy offers a unique opportunity to provide birth control, reduce unintended pregnancy and reduce repeat abortion. Reimbursement policies need to change to encourage health care providers to offer and provide the full range of birth control options, including long-acting methods like the intrauterine device and the contraceptive implant. We sought to answer the question—what happens to repeat pregnancy and repeat abortion if we try to change policy, not if we try to change our patients. This study; therefore, shows that changing policy and practice decreases rates of repeat pregnancy and repeat abortion.