



### Need for better indicators of contraception after abortion

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Complete List of Authors:	Smith, Chris; Nagasaki University, School of Tropical Medicine and Global Health; London School of Hygiene and Tropical Medicine, Clinical Research
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Response to ‘**Contraception after medication abortion should be determined by convenience and choice**’ by Kelly Blanchard: *BMJ Sex Reprod Health* 2018;44:235-236.

Title:

### **Need for better indicators of contraception after abortion**

I completely agree with points made by Kelly Blanchard that contraception after medication abortion should be determined by convenience and choice.(1) It is important to provide information on contraception at the time when women are seeking medication abortion care, but acknowledge that people may wish to delay decision-making or starting a method for various reasons.

This accords with our formative research to develop an intervention for post-abortion contraception in Cambodia where women reported wanting to discuss with their husband or partner, or wait till the abortion was complete before deciding to start a method.(2) Such reports have led to the development of interventions to support contraception use after abortion or menstrual regulation over extended periods, with effective contraception use as the primary outcome.(3)(4)

However, an important issue is raised regarding indicators of post-abortion contraception use. Indicators that focus on the proportion of people leaving the service with a method or starting a method within a specific period of time are common health service indicators and study outcome measures, but as mentioned, may undermine autonomy and real choice.

I would be interested in any thoughts on what might be suitable indicators to measure the quality of post-abortion contraception provision, and how to incentivize healthcare workers to provide information on contraception methods but not coerce people into starting a method in order to hit a target.

### **References**

1. Blanchard K. Contraception after medication abortion should be determined by convenience and choice. *BMJ Sex Reprod Heal* [Internet]. 2018;44(4):235–6. Available from: <http://jfprhc.bmj.com/lookup/doi/10.1136/bmjsexrh-2018-200183>
2. Smith C, Vannak U, Sokhey L, Ngo T, Gold J, Free C. Mobile Technology for Improved Family Planning (MOTIF): the development of a mobile phone-based (mHealth) intervention to support post-abortion family planning (PAFP) in Cambodia. *Reprod Health*. 2016;13(1):1–8.
3. Smith C, Ngo T, Gold J, Edwards P, Vannak U, Sokhey L, et al. Effect of a mobile phone-based intervention on post-abortion contraception: a randomized controlled trial in Cambodia. *Bull World Health Organ*. 2015;93(12):842–50.
4. Reiss K, Andersen K, Barnard S, Ngo TD, Biswas K, Smith C, et al. Using automated voice messages linked to telephone counselling to increase post- menstrual regulation contraceptive uptake and continuation in Bangladesh: study protocol

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3 for a randomised controlled trial. BMC Public Health. 2017;1–10.  
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