

PP03 - Supporting financially vulnerable women with free-of-charge LARCs after termination of pregnancy in the Netherlands in 2020: an observational retrospective study.

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INTRODUCTION & AIM

- Yearly approximately 31.000 terminations of pregnancy (TOP) are performed in the Netherlands.¹
- National surveys show that more than a third of TOPs is recurring.²
- To reduce repeat TOPs, a new governmental regulation enables abortion clinics to offer financially vulnerable women a long-acting reversible contraceptive (LARC) free-of-charge, after a TOP.³
- The objective of the study was to identify which type of LARC women chose after TOP, including financially vulnerable women, and document their characteristics.

MATERIALS & METHODS

- The observational retrospective study was performed in Vrouwen Medisch Centrum (VMC), an abortion clinic in the Netherlands.
- Women were carefully counseled on contraceptive choice.
- If women were considered financially vulnerable, a LARC was offered free-of-charge.
- The LARCs available were four types of Cu-IUDs (T-Safe®, Multi-Safe®, IUB Ballerine® and Flexi-T®), two types of LNG-IUDs (Mirena® and Kyleena®) and the ENG-implant (Implanon NXT®).
- The LARC was inserted either immediately after a surgical TOP or 4-6 weeks after a medical TOP.
- Immediately after insertion, the position of the IUDs was verified by ultrasound. After 6 weeks women were invited for another ultrasound check-up.
- Collected data includes age, type of TOP, parity, repeat TOP, financial status, type of LARC chosen and adverse events.

RESULTS

Total Cohort

- Of the 1603 women who had a TOP, a total of 455 women chose to have a LARC inserted.
- Women most often chose the new hormonal IUD Kyleena (31%) or the new copper IUB Ballerine (30,8%). Approximately one in ten women chose the ENG-implant Implanon NXT (9,5%) (see Table 1).
- The mean age of these women was 29 years old and over half was nulliparous (51,6%). A quarter of women had a repeat TOP (26,2%). Most LARCs were inserted after a surgical TOP (70,3%) (see Table 2).

Table 2: Characteristics of women choosing a LARC after TOP

	Total cohort (n = 455)		Financially vulnerable subgroup (n = 48)	
	N	%	N	%
Mean age (years)	29,2		27,3	
Nulliparous	235	51,6	24	50,0
Repeat TOP	119	26,2	23	47,9
Surgical TOP	320	70,3	37	77,1

Financially vulnerable subgroup

- Of the total cohort, 48 women were considered financially vulnerable and were offered a LARC free-of-charge. The mean age of these women was 27 years old and 50% were nulliparous. Almost half of these women had a repeat TOP (47,9%), illustrating the need for a reliable form of contraception (Table 2).
- Interestingly, these women chose the ENG-implant (20,8%) twice as often as compared to the total cohort (Table 1).
- 77,1% of the LARCs were inserted after a surgical TOP (Table 2).

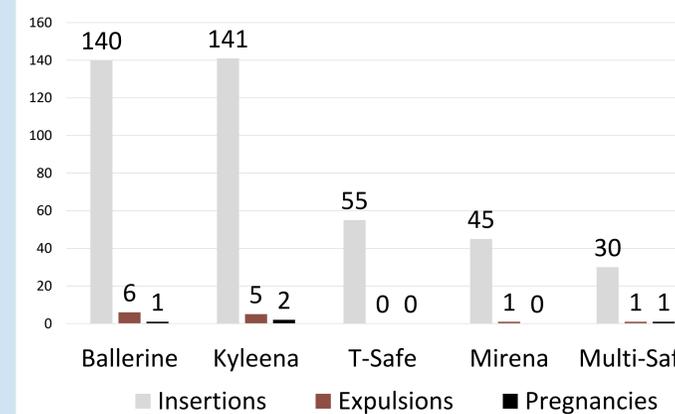
Reported adverse events

- In the total cohort of 455 women, 13 expulsions and 4 pregnancies were reported. No statistical differences were found in expulsions or pregnancies reported with the use of the different IUDs, including the newly marketed IUB Ballerine (Figure 1).

Table 1: Type of LARC's inserted in 2020 in VMC

	Total cohort (n = 455)		Financially vulnerable subgroup (n = 48)	
	N	%	N	%
Kyleena	141	31,0	12	25,0
Ballerine	140	30,8	15	31,3
T-Safe	55	12,1	8	16,7
Mirena	45	9,9	1	2,1
Multi-Safe	30	6,6	2	4,2
Flexi-T 300	1	0,2	0	0
Implanon NXT	43	9,5	10	20,8

Figure 1: Total IUD insertions after TOP, expulsions and pregnancies 2020



CONCLUSION

- Removing financial barriers with the intention of reducing repeat TOPs, improves women's access to long-acting reversible contraception, contributing to their sexual reproductive health.

ACKNOWLEDGEMENTS

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