

Contraception method following spontaneous abortion in N'djamena Mother and Child Hospital

**Gabkikabray Madoué¹,
Foumsou Lhagadang^{1,2},
Abdelsalam Saleh^{1,2}, and
Saibana Gama²**

1. N'Djamena Mother and Child Hospital,
Chad

2. Faculty of Human Health Sciences,
Chad

Correspondence:

Gabkikabray Madoué.
kickbray@yahoo.fr

Submitted: October 2019

Accepted: January 2020

Published: February 2020

Introduction: Contraception is the prevention of pregnancy. It can be offered immediately after a spontaneous abortion.

Objective: The aim of this study was to show the characteristics of patients accepting contraception after a spontaneous abortion and the main contraception methods chosen.

Method: This was a 5-month prospective survey conducted from July to December 2017 at N'djamena Mother and Child Hospital in Chad.

Results: Of the 135 patients recruited 81 (60%) agreed to use a contraceptive method; 33.3% of these 81 women were aged 20-24 years, and 67.9% chose the injection method of contraception.

Conclusion: Contraception methods are often used following a spontaneous abortion by patients at N'djamena Mother and Child Hospital in Chad. Injection was the preferred contraception method.

Keywords: contraception, spontaneous abortion, Chad

INTRODUCTION

Contraception is the prevention of pregnancy and different methods are available. The best choice of contraception is the one that most closely meets the needs and circumstances of an individual.^[1] According to the African Society of Gynaecology and Obstetrics, abortion is the end of a pregnancy at less than 28 weeks.^[2] Spontaneous abortion is one of the circumstances that necessitate the need for contraception. Some forms of contraception can be done immediately after clinicians are confident there has been expulsion of products of conception which ensures that the uterus is empty, but conditions, such as infection, contraindicate the use of an intra-uterine device.

In Chad, the prevalence of women using contraceptive methods is 6% which correlates with a high fertility rate of 6.4%.^[3] There is a high maternal mortality rate of 860 /100,000 live births.^[2] One way to help curb maternal mortality is by increasing contraceptive use and closing the gap on unmet needs for contraception among women of child bearing age.

Contraception is estimated to reduce 44% of maternal deaths, and result in a 'maternal death averted ratio' (MDAR) of 27 per 100,000 women using contraceptive methods per year.^[3] A proposed mechanism for this effect is that contraception use reduces the number of high risk and high parity births.^[4] Increased availability of contraception also helps to prevent unwanted pregnancies which can result in unsafe abortions, a leading cause of maternal death globally.^[5] Based on this understanding, one way to help curb maternal mortality is to increase the use and the availability of contraception methods.

Citation:

Madoué et al. Contraception method following spontaneous abortion in N'djamena Mother and Child Hospital. South Sudan Medical Journal 2020; 13(1):9-11

© 2020 The Author (s)

License: This is an open access article under [CC BY-NC-ND](https://creativecommons.org/licenses/by-nc-nd/4.0/)

The proactive management of contraception following abortion is rare in Chad. This study aimed to describe the characteristics of patients accepting contraception and the main methods of contraception used after a spontaneous abortion.

METHOD

This was a 5-month prospective survey (from 17 July to 29 December 2017) of contraception methods following spontaneous abortion at N'djamena Mother and Child Hospital.

One hundred and thirty-five patients admitted for the management of spontaneous abortion were included in the study. Informed consent was obtained from all. Patients who refused to give consent and those with other diagnoses were excluded. Contraception was provided after ensuring the emptiness of the uterus (complete or incomplete abortion). Study variables were demographic and clinical characteristics. Data were collected and analysed using EPI INFO 3.5.1 software.

RESULTS

All patients admitted for spontaneous abortion received information about contraceptive methods before discharge. Only 81 patients (60%) of the 135 patients included in the study agreed to use a contraceptive method.

Table 1 shows that 33.3% of these 81 patients were aged between 20-24 years and 29.6% were aged 25-29 years; the mean age was 24.7 ± 2.34 years; 60.5% had secondary level education.

Of the 81 patients agreeing to use contraception, 75.4% had abortions occurring in the first trimester of pregnancy; 67.9% had incomplete abortions and 32.1% had complete abortions (Table 2). Those with incomplete abortion were treated by intra-uterine aspiration or misoprostol (depending of the diameter of the remaining tissues in the uterus and the quantity of blood loss).

The majority (67.9%) of these 81 women chose the injection method of contraception, 18.5% chose the implant and 13.6 chose the pills.

DISCUSSION

Only 81 (60%) of the 135 patients chose to use a contraceptive. This frequency of contraceptive use acceptance is lower than that reported by Benson in Peru in 2001^[4] where 80% of patients accepted to use contraception after abortion. This is higher than the national prevalence of contraception use in Chad which is estimated at 6%.^[2]

The low acceptance rates for contraception in this study could be explained by the fact that more than half (62.9%) of the participants in this study were women aged less than thirty years which is a prime period for fertility.

Table 1. Socio-demographic characteristics

Socio-demographic characteristics	n (%)
Age (years)	
15 – 19	6 (7.4)
20 – 24	27 (33.3)
25 – 29	24 (29.6)
30 – 34	8 (9.9)
35 – 39	11 (13.6)
40 – 44	5 (6.2)
Level of education	
Primary	10 (12.3)
Secondary	49 (60.5)
University	4 (4.9)
No education	18 (22.2)

Table 2. Timing and type of abortion

Clinical characteristics	n (%)
Timing of Pregnancy	
First trimester	61 (75.4)
Second trimester	20 (24.6)
Type of abortion	
Incomplete	55 (67.9)
Complete	26 (32.1)

The majority (60.5%) of those accepting a contraceptive method had a secondary level of education and perhaps were more informed or aware of it.

Contraception has been shown to prevent pregnancy after an abortion. Ovulation can occur in the 2nd to the 4th week following abortion and 75% of patients will have ovulation in the next six weeks.^[6] Despite the trimester of pregnancy and the type of abortion (complete or not), contraception is necessary.^[1] In this study the majority of the patients were in the first trimester (75.4%) and the abortion was incomplete in 76.9%.

After an abortion, the current advice is that women should wait for at least six months before becoming pregnant again; this reduces the risk of maternal anaemia, foetal growth restriction, miscarriage and premature rupture of the membranes.^[1,7] Contraception is a way to space births and is beneficial for both mother and unborn child.

There are many contraceptive methods nowadays and each has its indications, contraindications and side effects. No method is 100% effective.^[8]

In Chad contraception methods are controlled by the government and all are freely available at government health facilities. The main contraceptive methods available are: injection, pills, implant, condoms and intra-uterine devices.

In this study, 67.9% of patients who opted for contraception chose the injection method. This was higher than that reported by Foumsou^[9] who found the use of contraception in N'Djamena was 58.6%. The higher acceptance rate in this study can be explained by the fact that, unlike in Foumsou's study, it was carried out immediately after abortion when the need for contraception is high.

CONCLUSION

The frequency of contraception use after spontaneous abortion in this study is higher than the national rate of contraceptive use showing it is a good opportunity to offer advice to women. The injection method was the most commonly used.

Conflict of interest: All authors have declared that there is no conflict of interest.

Funding: No financial assistance or grants were solicited or obtained during the course of preparing this article

References

1. Family Planning: High impact practices. Planification familiale après avortement: Renforcer la composante de planification familiale des soins après avortement. November 2012. https://www.fphighimpactpractices.org/wp-content/uploads/2018/08/PHI_Planification-familiale-apr%C3%A8s-avortement.pdf
2. Ahmed S, Li Q, Liu L, Tsui A. maternal deaths averted by contraceptive use: Results from a global analysis of 172 countries. *Lancet*. 2012 Jul 14;380(9837):111-25. doi: 10.1016/S0140-6736(12)60478-4. <https://www.jhsph.edu/departments/population-family-and-reproductive-health/docs/faculty-in-the-news-saifuddin-july-2012.pdf>
3. Demographic and health survey of Chad 2015
4. Stover J, Ross J. How contraceptive use affects maternal mortality. USA: United States Agency for International Development (USAID). 2008.
5. Say L, Chou D, Gemmill A, et al. Global causes of maternal death: a WHO systematic analysis. *The Lancet Global Health*. 2014 Jun 1;2(6):e323-33. https://scholar.google.com/scholar?hl=en&as_sdt=0%2C26&q=Global+causes+of+maternal+death%3A+a+WHO+systematic+analysis&btnG
6. Organisation mondiale de la Santé. Recommandations pour la pratique clinique des soins obstétricaux et néonataux d'urgence en Afrique: guide du prestataire. Brazzaville : Organisation mondiale de la Santé, Bureau régional de l'Afrique, 2018. https://www.gieraf.org/assets/images/article_41/01SONU%20AFRIQUE%203%C3%A8me%20%C3%A9dition%202018.pdf
7. Benson J, Huapaya V. Sustainability of post abortion care in Peru. New York: Population Council, May 2002, 45 pages
8. World Health Organization/RHT/97.20. Post Abortion Family Planning: A Practical Guide for Program Managers. 95p
9. Foumsou L, Dangar GD, Djimasra TO, Mémadji M, Mignagnal K, Mboudou ET. Problématique de la Planification Familiale dans les Hôpitaux de la ville de N'Djamena. *Revue Scientifique du Tchad* 2015;1(8):29-35