Effectiveness of contraceptive counselling of women following an abortion: a systematic review and meta-analysis

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CRD summary
This review concluded that there was no evidence to suggest that contraceptive counselling was effective for increasing acceptance and use of contraception after an abortion. The finding may not apply to developing countries, where further investigation was needed. The authors’ conclusions are suitably cautious given the small amount and quality of the available evidence.

Authors' objectives
To assess the effect of contraceptive counselling on the use of family planning methods in women who had recently had an abortion.

Searching
LILACS, SCIELO, MEDLINE and The Cochrane Library were searched between 1997 and 2007 for studies published in English, Spanish or Portuguese. Search terms were reported. Reference lists were searched to identify additional studies.

Study selection
Randomised controlled trials (RCTs) of women who had undergone an abortion and who received contraceptive counselling before and/or after the abortion were eligible for inclusion. Studies that involved the woman's partner were excluded. The main outcomes were acceptance and use of contraceptive methods.

Included studies were conducted in Iceland, Italy and UK. Counselling was given pre-abortion for up to 30 minutes and in two studies compared with post-abortion counselling. Counselling was mostly given in abortion clinics. Mean age ranged from 22.8 to 32.3 years. Outcomes were acceptance and use of contraception, reason for discontinuing contraception and rate of repeat abortion. Two studies assessed outcomes using interviews after four to six months; one study reviewed case notes after two years.

Studies were screened by two reviewers independently.

Assessment of study quality
The Jadad scale of randomisation, blinding and follow-up was used to assess study validity (maximum score of 5). Studies that scored less than 3 points were classed as low quality. Validity assessment was performed by two reviewers independently.

Data extraction
Data on outcome evaluation methods and results were extracted. The proportion of women who used contraception after counselling was extracted and used to calculate odds ratios (OR) with 95% confidence intervals (CI).

The authors did not report how many reviewers performed data extraction.

Methods of synthesis
Results for contraception use were pooled using a fixed-effect meta-analysis. Heterogeneity was assessed with the $I^2$ statistic. Results for other outcomes were reported in a narrative.

Results of the review
Three studies (n=694, studies comprised 41, 276 and 377 women) were included. All studies scored 3 for validity. Two studies reported sample size calculations. All three studies reported loss to follow-up. No studies were double-blind.
When results for contraceptive use from all three studies were pooled there was no evidence of a difference between counselling and control groups. Only one study found that counselling increased contraception acceptance and use (80% for counselling versus 38% for control, p=0.0002). One study reported no significant difference in abortion rates at the same hospital at two years. One study assessed prognostic factors for contraceptive use and found that women in both treatment groups who had previously had an abortion were less likely to use oral contraceptives than those with no previous abortion (OR 0.28, 95% CI 0.11 to 0.69 for intervention group and OR 0.36, 95% CI 0.16 to 0.82 for control group).

Authors' conclusions
There was no evidence to indicate that contraceptive counselling was effective in increasing acceptance and use of contraceptive methods after an abortion. This finding may not apply to developing countries; further investigation was needed.

CRD commentary
The aim of the review was clear. Appropriate inclusion criteria were described. A number of databases were searched. Most review methods (except data extraction) were performed by two reviewers, which reduced risks of error and bias. Study validity was assessed using a scale for RCTs, but full details for each study were not reported. Loss to follow-up was high for most studies and some aspects of quality were poor. The presentation of results and pooling of studies seemed appropriate. The authors' conclusions are suitably cautious given the small amount and quality of the available evidence.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.

Research: The authors stated that long-term cohort studies of the effectiveness of contraceptive counselling were needed that considered changing attitudes to contraception and analysed the quality of interaction with the provider. The intervention should address feelings, expectations, motivation and pregnancy intentions. Further research into use of contraceptive counselling in developing countries was needed.

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