



Previous pregnancies in young women having an abortion

A retrospective cohort study of data from England and Wales found that nearly 1 in 4 women aged less than 20 years who underwent an abortion had already had at least 1 previous birth or abortion. Post-abortion contraceptive counselling should take a 'woman-centred' approach that focuses on women's contraceptive preferences.

Overview:

- Between 1992 and 2013, the number of women aged under 20 years who had an abortion peaked at 25.4 per 1,000 women in 2007, then declined to 17.1 per 1,000 women in 2013.
- The proportion of abortions in young women under 20 years that were in those who had previously been pregnant increased from 17.2% in 1992 to 22.9% in 2013.
- Post-abortion contraceptive counselling should take a 'woman-centred' approach that focuses on women's contraceptive preferences.

Background: Pregnancy and motherhood in women aged less than 20 years can be associated with socioeconomic deprivation, mental health difficulties and lower levels of educational attainment ([Department for Children, Schools and Families 2010](#)). The [Public Health Outcomes Framework for England 2013 to 2016](#) includes indicators aimed at reducing conceptions in women aged less than 18.

In the UK, around 20% of births in young women under the age of 18 are to women who are already mothers ([Department for Children, Schools and Families 2008](#)). In 2014, almost half (44.6%) of conceptions in England and Wales in women aged under 20 years led to an abortion ([Office for National Statistics 2016](#)).



Current advice: The NICE guideline on [contraceptive services for under 25s](#) recommends that healthcare professionals should check after pregnancy that young women have chosen a method of contraception. If not, they should offer contraceptive advice on a range of effective methods tailored to women's circumstances and be sensitive to any concerns they may have.

Healthcare professionals should also discuss contraception and explain the full range of contraceptive methods available before – and as soon as possible after – a young woman has had an abortion.

Women who have had an abortion should be offered contraception to prevent another unintended pregnancy or referred to contraceptive services for advice and contraception.

The NICE pathway on [contraceptive services with a focus on young people aged up to 25](#) brings together all related NICE guidance and associated products on the condition in a set of interactive topic-based diagrams.

New evidence: A retrospective cohort study by [McDaid et al. \(2015\)](#) assessed previous pregnancies in young women in England and Wales who had undergone an abortion.

This study used data from abortion notification forms on women aged less than 20 years who had an abortion between 1992 and 2013. Data on the number of previous pregnancies that resulted in live birth, still birth over 24 weeks, and abortions were obtained from the Department of Health. Data from the Office for National Statistics on women aged 15–19 years were used to calculate abortion rates per 1,000 population.

Between 1992 and 2013, the number of women aged under 20 years who had an abortion ranged from a low of 28,215 in 1995 (19.1 per 1,000 women aged 15–19 years) to a peak of 43,955 in 2007 (25.4 per 1,000 women aged 15–19 years). By 2013, the number of women aged under 20 years who had an abortion had dropped to 29,011 (17.1 per 1,000 women aged 15–19 years).

In 1992, 17.2% of women aged less than 20 years who had an abortion had been pregnant at least once previously (95% confidence interval [CI] 16.8 to 17.6%). In 2013, 22.9% of young women who had an abortion had been pregnant previously (95% CI 22.4 to 23.3%), an increase of 33%. The proportion of abortions in young women who had previously been pregnant stabilised at around 22–23% between 2004 and 2013.

The authors also attempted a raw summary of the proportion of pregnancies reported with a previous abortion and those reported with a previous birth. Summation of 2013 data suggested that 25.6% of abortions followed a repeat pregnancy.

Strengths of this study include that it used national data from abortion notification forms, which doctors who perform abortions are legally required to submit. Limitations include possible inaccuracies in the medical histories captured in these forms and that some women may have had more than 1 abortion in the same calendar year, which will have resulted in that individual being double-counted.

Commentary by Dr Lesley Hoggart, Senior Lecturer in Public Health, The Open University:

“The main purpose of this research was to provide more accurate data on previous pregnancies in young women having an abortion. McDaid et al. (2015) obtained this data through secondary analysis of previously unpublished data from abortion notification forms.

“The authors’ analysis of this data gives a more accurate, and lower, estimate than their raw analysis of annual abortion and birth data from the Department of Health. A total of 22.9% (as opposed to 25.6%) of women aged less than 20 years who presented for an abortion in 2013 had experienced 1 or more previous pregnancies. The research thus implies that almost 1 in 4 women who conceive under the age of 20 years are likely to experience further pregnancies or abortions before they reach 20, many of which will be unintended. This is a reminder that women – in this case young women – may not modify their sexual and reproductive behaviour enough following a pregnancy to rule out the possibility of a subsequent unintended pregnancy and abortion.

“As the McDaid et al. (2015) study makes clear, the real issue going forward is how sexual health services can best help teenagers (indeed all women) prevent unintended and unwanted pregnancies. Recent evidence suggests that women’s contraceptive choices following an abortion are not always met ([McCall et al. 2015](#)). In addition, discontinuation rates of contraceptive implants following an abortion may be high ([Bury et al. 2014](#)). A ‘woman-centred’ approach that focuses on women’s contraceptive preferences should inform post-abortion contraceptive

counselling. This approach aligns with the advice in the NICE guideline on contraceptive services for under 25s.

“Equally important is to implement an individualised ‘woman-centred’ approach within all sexual health services, including signposting women to relevant services following an abortion. Finally, in light of a growing body of work critical of a focus on ‘repeat abortion’, the overall aim of contraceptive services for young women could be rephrased as how best to help all women exercise reproductive control without being judgemental, and stigmatising, about women who do experience more than 1 abortion.”

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