

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 this with their husband or partner, or wait until 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 incentivise healthcare workers to provide information on contraception methods without coercing people into starting a method in order to hit a target.

Chris Smith^{1,2}

¹School of Tropical Medicine and Global Health, Nagasaki University, Nagasaki, Japan

²Clinical Research, London School of Hygiene and Tropical Medicine, London, UK

Correspondence to Dr Chris Smith, School of Tropical Medicine and Global

Health, Nagasaki University, Nagasaki 852-8523, Japan; christopher.smith@lshtm.ac.uk

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REFERENCES

- 1 Blanchard K. Contraception after medication abortion should be determined by convenience and choice. *BMJ Sex Reprod Health* 2018;44:235–6.
- 2 Smith C, Vannak U, Sokhey L, *et al*. 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;13:1–8.
- 3 Smith C, Ngo TD, Gold J, *et al*. Effect of a mobile phone-based intervention on post-abortion contraception: a randomized controlled trial in Cambodia. *Bull World Health Organ* 2015;93:842–50.
- 4 Reiss K, Andersen K, Barnard S, *et al*. Using automated voice messages linked to telephone counselling to increase post-menstrual regulation contraceptive uptake and continuation in Bangladesh: study protocol for a randomised controlled trial. *BMC Public Health* 2017;17:1–10.

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