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O IMPACTO DO ACONSELHAMENTO CONTRACETIVO NA ESCOLHA DO MÉTODO APÓS A INTERRUPÇÃO VOLUNTÁRIA DE GRAVIDEZ: REVISÃO SISTEMÁTICA

THE IMPACT OF CONTRACEPTIVE COUNSELING ON CHOICE OF METHOD AFTER VOLUNTARY TERMINATION OF PREGNANCY: SYSTEMATIC REVIEW

EL IMPACTO DE LA ASESORÍA ANTICONCEPTIVA EN LA ELECCIÓN DEL MÉTODO DESPUÉS DE LA INTERRUPCIÓN VOLUNTARIA DEL EMBARAZO: REVISIÓN SISTEMÁTICA

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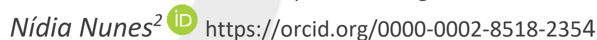
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RESUMO

Introdução: A interrupção voluntária de gravidez (IVG), é um problema de saúde publica que revela ausência, descontinuidade ou uso incorreto do contracetivo. A evidência científica sugere que a altura ideal para aderir a um contracetivo é durante a IVG, uma vez que as mulheres não desejam viver a mesma experiência.
Objetivo: Conhecer o impacto do aconselhamento contracetivo (AC) na escolha de um método pelas mulheres a experienciarem uma IVG.
Métodos: Revisão da literatura segundo as orientações do Joanna Briggs Institute, realizada de 1 a 31 de janeiro, repetida de 2 a 5 de outubro de 2020, com a questão de investigação "Qual o impacto do aconselhamento contracetivo, realizado às mulheres em processo de IVG, na escolha do método?". Recorreu-se à plataforma EBSCO e às bases de dados CINAHL, MedicLatina e Cochrane Central Register of Controlled Trials.
Resultados: Foram elegíveis onze, publicados em inglês entre 2014 e 2020 em diferentes contextos clínicos. As evidências mostram que: é após a IVG que a maioria das mulheres escolhe um contracetivo; a adesão está relacionada com a qualidade das informações transmitidas; o AC deve responder às necessidades das mulheres submetidas à IVG e para fornecer AC de qualidade é essencial treinar os profissionais.
Conclusão: O AC de qualidade como parte integrante do processo de IVG, aliado à acessibilidade e gratuitidade de contracetivos favorece a escolha e a adesão aos contracetivos.

Palavras chave: aconselhamento contracetivo; métodos contracetivos; interrupção voluntária; gravidez

ABSTRACT

Introduction: The voluntary termination of pregnancy (VTP), is a public health problem that reveals absence, discontinuity or incorrect use of the contraceptive. Scientific evidence suggests that the ideal time to adhere to a contraceptive is during VTP, since women do not wish to live the same experience.
Objective: To know the impact of contraceptive counseling (CC) on the choice of a method by women to experience VTP.
Methods: Literature review according to the guidelines of the Joanna Briggs Institute, carried out from January 1st to 31st, repeated from October 2nd to 5th, 2020, with the research question "What is the impact of contraceptive counseling given to women in the process of VTP, in choosing the method?". The EBSCO platform and the CINAHL, MedicLatina and Cochrane Central Register of Controlled Trials databases were used.
Results: Eleven were eligible, published in English between 2014 and 2020 in different clinical contexts. Evidence shows that: it is after VTP that most women choose a contraceptive and adherence is related to the quality of the information transmitted; the CC must respond to the needs of women undergoing VTP; to provide quality CC it is essential to train professionals.
Conclusion: Quality CC as an integral part of the VTP process, combined with the accessibility and free use of contraceptives, favors the choice and adherence to contraceptives.

Keywords: contraceptive counseling; contraceptive methods; voluntary termination; pregnancy

RESUMEN

Resumen: La interrupción voluntaria del embarazo (IVE) es un problema de salud pública que revela la ausencia, discontinuidad o uso incorrecto de anticonceptivos. La evidencia científica sugiere que el momento ideal para adherirse a un anticonceptivo es durante la IVE, ya que las mujeres no quieren tener la misma experiencia.
Objetivo: Conocer el impacto de la consejería anticonceptiva (CA) en la elección de un método por parte de mujeres que experimentan una IVE.
Métodos: Revisión de la literatura según los lineamientos del Joanna Briggs Institute, realizada del 1 al 31 de enero, repetida del 2 al 5 de octubre de 2020, con la pregunta de investigación "¿Cuál es el impacto de la consejería anticonceptiva brindada a las mujeres en el proceso de IVE, ¿en la elección del método? ". Se utilizaron la plataforma EBSCO y las bases de datos CINAHL, MedicLatina y Cochrane Central Register of Controlled Trials.
Resultados: Once fueron elegibles, publicados en inglés entre 2014 y 2020 en diferentes contextos clínicos. La evidencia muestra que: es después de la IVE cuando la mayoría de las mujeres eligen un anticonceptivo; la adherencia está relacionada con la calidad de la información transmitida; el CA debe responder a las necesidades de las mujeres sometidas a IVE e para proporcionar una CA de calidad es fundamental la formación de profesionales.
Conclusión: La AC de calidad como parte integral del proceso de IVE, combinada con la accesibilidad y el uso gratuito de anticonceptivos, favorece la elección y adherencia a los anticonceptivos.

Palabras clave: asesoramiento anticonceptivo; métodos anticonceptivos; interrupción voluntaria; embarazo

INTRODUCTION

According to the Report on the Records of Voluntary Termination of Pregnancy (VTP), the total number of pregnancy terminations by the woman's choice in the first 10 weeks was 14 899, corresponding to 96.2% of all abortions performed in Portugal in 2018, with a downward trend since 2012 (DGS, 2019).

In 2007, Law no. 6/84 of 11th May, revoked by Law no. 16/2007 of 17th April, decriminalized VTP in Portugal, when carried out by the woman's choice in the first 10 complete weeks of pregnancy. The VTP takes place in three stages: the first, prior to consultation where medical proof is found showing the pregnancy does not exceed 10 weeks, followed by a minimum period of three days of reflection, after which, the pregnant woman's free and informed consent to carry out the procedure is obtained from her or her legal representative; the second stage is the surgical or drug intervention that effectively ends the pregnancy; the final stage consists of a family planning consultation held up to fifteen days after the VTP and the prescription of a contraceptive method (Lei 16/2007).

In Portugal there is easy access to information on contraception and free contraceptives. Contraceptive methods serve to protect women from unplanned and unwanted pregnancies. Health professionals are the most reliable sources of information; however, this is not synonymous with reliability, correct use or even the use of a contraceptive method on the part of women (Águas et. al., 2016). Unwanted pregnancies that culminate in VTP threaten the lives of women with consequences for their health and the opportunity to have a more economically favourable life. Regardless of the reasons given for a VTP, we found the problem stems from method failure, incorrect use and non-adherence to contraception (Palma & Presado, 2019).

The aim of this literature review is to carry out a preliminary analysis of the size and scope of the research literature that allows us to know the impact of contraceptive counselling on the choice of a method of contraception by women experiencing a VTP.

1. LITERATURE REVIEW

Abortion is a public health indicator that reflects not only the fertility of the population, but also its accessibility to health services. Although the VTP rate in Portugal is lower than the European average (DGS, 2019), it appears that the accessibility to health services and contraceptive methods is unequal and there is low literacy in sexual and reproductive health among the Portuguese population (Presado et. al., 2018). Despite access to information about contraceptive methods, we continue to see a significant number of unplanned and unwanted pregnancies related to non-adherence, discontinuation and incorrect use of contraceptive methods, as well as unmet needs for family planning (Presado et. al., 2018).

VTP is understood as the termination of an unplanned and unwanted pregnancy, of a normal embryo or foetus, at the woman's behest without health risks (Sousa, 2016).

The most prevalent age group is 25-29 years (22.6%) and 20-24 years (22.4%), with the average age being 29.03 years, demonstrating an increase in the average age of women who have a VTP (DGS, 2019).

Contraceptive methods allow the woman/couple to control their reproductive process, that is, to have children if and when they wish; however, it is necessary to use them regularly and correctly (OMS, 2016). Oral and injectable hormonal contraceptives are the methods used by 37.7% of women (DGS, 2019) and are also the most widely known in Portugal (Bayer, 2017). Nevertheless, they are the ones that present the biggest problems of irregularity, discontinuation and failures in their use (Bayer, 2017). Of women using contraceptive pills, 84% acknowledge that they have already forgotten the dose and 47% intend to change their method to long-term reversible contraception (Bayer, 2017). Long-acting reversible contraceptives (LARC, which include the intrauterine system (IUS), intrauterine device (IUD) and subcutaneous implant) are considered the most effective contraceptives in reducing the incidence of unplanned pregnancies, have fewer side effects and increase user satisfaction and continuity (Secura et. al., 2014), although they are not the most commonly used contraceptive methods (37.4%) in Portugal (DGS, 2019).

When cost, access and knowledge barriers are overcome, women choose the most effective and least user-dependent methods, as is the case with LARC. They not only choose them, but continue to use them satisfactorily, avoiding unintended pregnancy (Secura et al, 2014).

Encouraging the use of LARC may imply the reduction of unwanted pregnancy and VTP rates, translating into better economic, financial, educational and social conditions for women and families (Secura et. al., 2014).

The experience of a VTP promotes awareness of the imminent return of fertility and the concern to look into effective contraceptive alternatives, which is why it is an opportune time for contraceptive counselling. In the post-VTP period, the method's receptivity, adherence, continuity and satisfaction rate is high, increasing the likelihood of continuity of use (Schunmann & Glasier, 2016; Temmerman, 2019).

Health professionals play a decisive role in health education in family planning after a VTP (Pereira et. al., 2018), promoting the empowerment of women and partners in the informed and conscious choice of the contraceptive method suitable for their needs, expectations and life choices.

We consider contraceptive counselling when guidance on contraception is provided by a health professional in order to empower the woman to make a conscious decision and adhere to a contraceptive (Palma & Presado, 2019).

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The aim of this systematic review is to understand the impact of contraceptive counselling on women's choice of contraceptives during their experience of VTP.

2. METHODS

A systematic literature review was performed according to the recommendations of the Joanna Briggs Institute (JBI) Reviewer's Manual, 1 to 31 January (Palma et. al., 2020), and repeated from 2 to 5 October, 2020, with the aim of gathering the available evidence, according to the pre-specified eligibility criteria and to answer a specific question: "What is the impact of contraceptive counselling given to women undergoing VTP on the choice of method?" The following was considered in the research: P (Patients) = Women in the process of Voluntary Termination of Pregnancy, I (Intervention) = Advice on contraceptive methods; C (Comparison) = Between "Advice" versus "Non-advice", O (Outcome) = Rate of use of contraceptives and adherence to contraceptives.
The stages followed in this systematic review were: defining the research question and inclusion criteria, research and selection of studies, data collection, assessment of the methodological quality of the studies included, data analysis, identification of biases, summarization and presentation of results, their interpretation and presentation of the conclusions.

2.1 Inclusion and Exclusion Criteria

Thus, the following inclusion and exclusion criteria were defined:

Table 1 - Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
All types of study design. Report of strategies aimed at women aged 16 years and over.	Content related to strategies aimed at women under the age of 16 years.
Counselling strategies applied by health professionals.	Content relating to abortion for medical reasons (maternal or fetal cause).
Contraceptive counselling during the VTP process. Family planning methods provided in hospitals, clinics or in community care. No time limit. Portuguese, English and Spanish	Content related to strategies aimed at women who have been victims of sexual abuse.

2.2 Research Methods and Strategy

The research strategy was developed according to the three stages defined by the *JBI* for the systematic review of the literature: a) initial research in databases relevant to the topic; b) search with keywords and terms indexed in selected databases; c) analysis of the references of selected articles to select additional sources.
The initial search was carried out on the ESBCO platform, in the CINAHL, MedLine, MedicLatina and Cochrane Central Register of Controlled Trials databases. The research was carried out by analysing the keywords contained in the titles, abstracts and indexed terms used to describe the articles.
According to the objective, the following descriptors were used: MH "Women"; MH "Contraceptive Devices"; MH "Contraceptive Agents"; MH "Family Planning Services"; MH "Abortion Induced"; "Post Abortion Contraception"; "Family Planning counselling"; "Contraceptive counselling".
A second search was carried out with all the terms of the question (natural and indexed) in the databases mentioned. In the last stage, the terms found and the Boolean operators "OR" and "AND" were used. The database search strategy was as follows: (MH "Contraceptive Devices" OR MH "Contraceptive Agents" OR MH "Family Planning Services" OR "Post Abortion Contraception") AND (MH "Women") AND (MH "Abortion Induced") AND ("Family Planning counselling" OR "Contraceptive counselling").
In the third stage, we searched and analysed the bibliographic references of eligible articles in order to identify additional studies.
The methodological quality of the studies was assessed using the instruments recommended by the *JBI* (2015), namely: "*Meta-Analysis of Statistics Assessment and Review Instrument* (*MAStARI) critical appraisal tools Comparable Cohort/Case Control Studies"* and *"MAStARI critical appraisal tools Descriptive/Case Series Studies"*. The *"MAStARI critical appraisal tools Randomized Control/Pseudo-randomized Trial"* was also used. Only studies with a high level of quality, a score greater than or equal to 7, were included.

3. RESULTS

In the survey conducted in October, no more articles were included for the selected eligibility criteria. There was a focus on studies related to the impact of the COVID-19 pandemic on access to contraceptive services. Sixty-nine articles emerged in the study selection process, six of which were excluded for being in duplicate, thirty-four after reading the title and abstract, and eighteen articles for not meeting the inclusion criteria. Eleven articles were considered eligible for analysis, after evaluating the inclusion and exclusion criteria described. Titles and abstracts identified from the search were independently reviewed by reviewers. After

the selection of the articles, a continuous record was kept and coordinated by the authors with the main information of the studies/articles found. A summary of relevant data collected from each article was written taking into consideration the JBI guidelines. It consisted of the following items: identification of the article, purpose of the study, characterization of the counselling intervention, characterization of the target population, and intervention results.
The eleven articles are primary studies written between 2014 and 2020. They were all in English and conducted in the United States (four), Asia (three), Africa (two), Europe (one) and Australia (one). Sample sizes ranged from 29 to 319,385 women. The studies included had a high level of quality (Table 1), with a score greater than or equal to 7 (six scoring 10, two scoring 9, one scoring 8 and two scoring 7), and those with a low level of quality were excluded (Palma et. al., 2020).

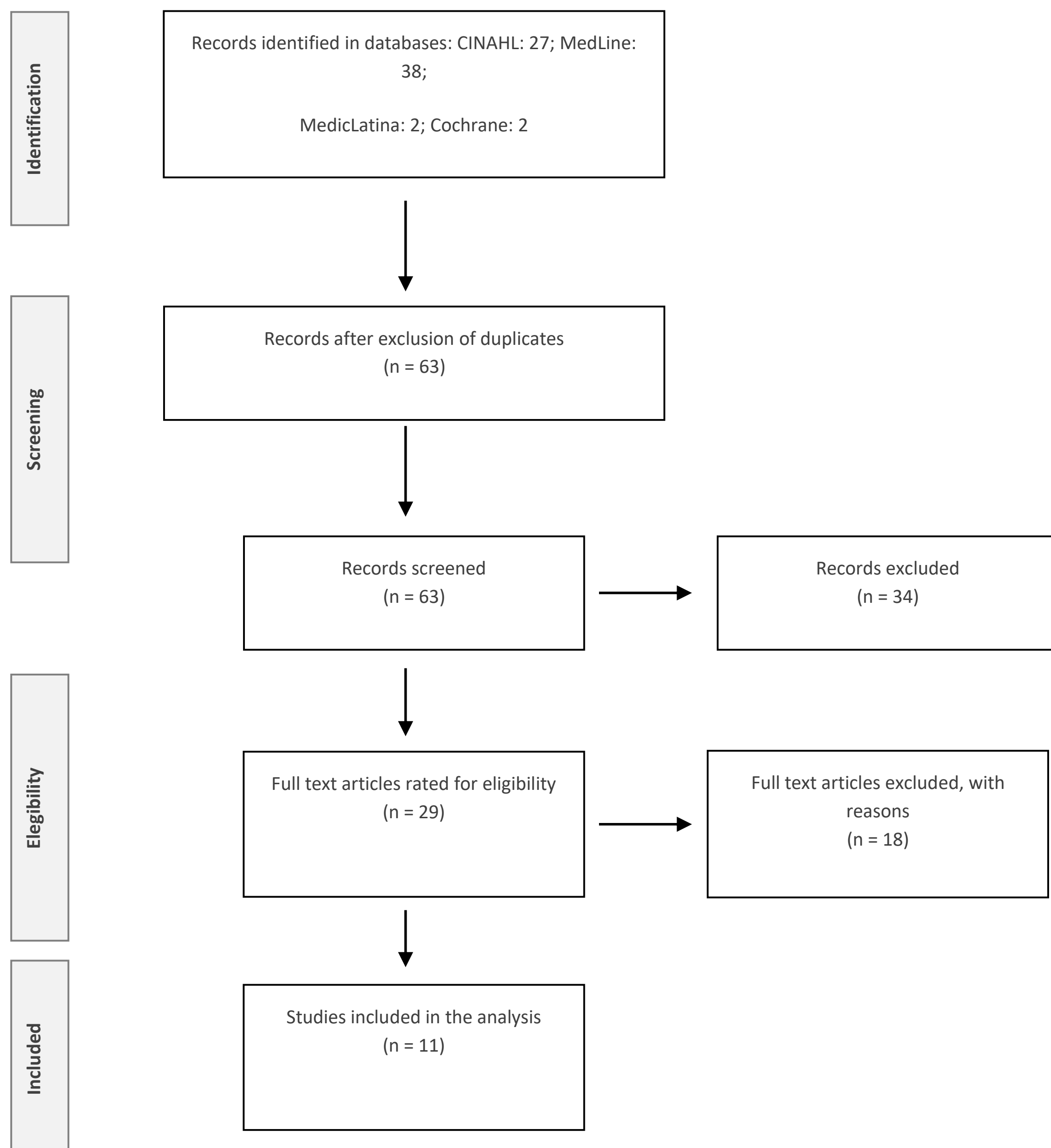

Figure 1 - Flow Diagram Summary of Research Performed
Adapted from *PRISMA Flow Diagram* for Systematic Review process of Literature *in JBI* (2015)

After selecting the articles, a continuous record was kept and coordinated by the reviewers with the main information of the studies/articles found. In table 1, it is possible to find a summary of the relevant data collected from each article considering the guidelines of the *Joanna Briggs Institute*.

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Table 1 - Identification of selected studies

Authors, year of publication and geographic area	Objective	Characterization of the Intervention	Characterization of the Target Population of the Intervention	Results	JBI
Madden et. al., 2019, USA	To compare the rate of unwanted pregnancies at 12 months from women receiving standard contraceptive counselling *vs* complete (LARC)	Contraceptive counselling service provided to two different groups of women	502 women received standard counselling; 506 women received full counselling and cost support for LARC methods	Unwanted Pregnancy Rate at 12 Months: 5.3 (Full) vs 9.8 (Standard) unwanted pregnancies per 100. Women who had full counselling had a 40% lower risk of unwanted pregnancies	10
Tomnay et. al., 2018, Australia	To describe the population and intervention outcomes of a medical VTP clinic in a rural setting	Community service, led by a nurse and supported by a family doctor; Discussion of contraceptive methods and pregnancy options	Contraceptive method before VTP: 143 (73.3%) – none; 3 (1.5%) morning-after pill; 10 (2.1%) – condom; 34 (17.4%) – pill; 2 (1.03%) – injectable; 3 (1.57%) – implant	Post-VTP contraceptive method: 21 (10.8%) – none; 66 (33.8%) – pill, 27 (13.8%) – implant; 18 (9.2%) – IUD; 17 – (8.7%) injectable; 3 (1.5%) – vaginal ring; 8 (4.1%) – partner vasectomy; 7 (3.6%) – condom; 1 (0.5%) – natural methods	10
Benson et. al., 2018, Africa/Asia	To describe interventions to improve contraceptive counselling in health care settings	Development of protocols and guides, Improvement of institutions, Training of health professionals	VTP performed in the first trimester (≤12 weeks). Women aged >25 years	Adherence to contraceptive methods: 73%. Post-pregnancy contraceptive method: 9% - IUD; 9% - implant; 30% - injectable; 29% - oral contraceptives; 14% - condom	10
Wendot et. al., 2018, Kenya	To assess whether post-VTP family planning and LARC increased after introducing a quality system in private clinics	Interventions aimed at women seeking private clinics to perform VTP	83 (53%) women were involved in the intervention. Contraceptive method before pregnancy: 6.4% - none; 16.2% - LARC 16.2%; 76.4% short-acting contraceptives	No significant differences in adherence to contraceptive methods were identified between before and after VTP	7
Mugore et. al., 2016, Western Africa	To describe strategies to improve contraceptive counselling and assess its effectiveness and use in health care settings	Training of health professionals in contraceptive counselling programs; post-VTP counselling strategies (LARC)	749 (91%) of the women were involved in the counselling intervention. Contraceptive method before VTP: 81% - pill; 4% - implant; 4% - IUD	Adherence to contraceptive methods increased from 37% to 60% in the study population. Post-VTP contraceptive methods: 32% - pill; 27% - implant. Only one participating centre had an IUD; 9% of women at that centre have adopted this method	10
Merki-Feld et. al., 2018, Europe	To assess healthcare provider care around contraception and the use of contraceptive methods	Describing through a questionnaire the use of contraceptive methods, satisfaction and method used	Online questionnaires were administered to 676 health professionals and 6027 women	Use of a contraceptive method: 90% 55% - short-term method; 18% - LARC. The use of LARC ranges from 7% to 38% (Portugal *vs* France), 73% of women would consider LARC	8
Pearson et. al., 2017, Bangladesh	To describe the rates of adherence and contraception after abortion and what factors affect adherence to contraceptives	Clinical follow-up of women 4 months after VTP	Women who have undergone spontaneous abortion or VTP by medication or surgery	Post-VTP contraception: 76.2% Contraception 4 months post-VTP: 85.4%. Counselling must be confidential and expert	9
Che et. al., 2017, China	To describe strategies for improving the family planning service	Assessment of the effectiveness of integrating post-VTP family counselling. Face-to-face consultation, carried out by couples	Women who underwent VTP in the last 6 months before the interview	Adherence to contraceptive methods is related to the information conveyed in counselling consultations	10

Authors, year of publication and geographic area	Objective	Characterization of the Intervention	Characterization of the Target Population of the Intervention	Results	JBI
Laursen et. al., 2017, USA	To compare contraception offered to women after medical and surgical VTP, adherence to contraceptive methods	Determining the type of intervention women are subject to Contraceptive method chosen after medical or surgical VTP	Women who underwent medical or surgical VTP	Medical VTP: 237 (28.8%) women Surgical VTP: 587 (71.2%) women LARC adherence rate: 41.9% (surgical VTP) *vs* 23.2% (medical VTP) Adherence rate to a contraceptive method: 83% (surgical VTP) vs 64.6% (medical VTP)	9
Tang et. al., 2017, China	To assess the practice of post-VTP family planning counselling among health professionals	Contraceptive counselling performed by health professionals	All health professionals in institutions with VTP services were invited to participate in a questionnaire	92% of participants reported promoting contraceptive counselling 57% spend more than 10 minutes on this The training of health professionals was correlated with the type of counselling provided	10
Rocca et. al., 2018, USA	To describe the differences between contraceptive counselling and choice of contraceptive methods between medical and surgical VTP	Choice and use of contraceptive methods Training of professionals in LARC methods	Women aged 18-25 years who did not want to become pregnant were followed for 1 year	Medical VTP: 166 (26%) women Surgical VTP: 477 (74%) women Women who opted for surgical VTP preferentially chose the IUD in the first year	7

According to the Joanna Briggs Institute (2015) methodology, the extracted data should reflect the objectives and research question. They will be presented in narrative form and in Portuguese.
Of the articles eligible for analysis (Palma et. al, 2020), the studies were found to be intended: to describe the characteristics of the population (Tomnay et. al., 2018); to obtain the outcomes of post-abortion contraceptive counselling interventions (Benson et. al., 2018; Tomnay et. al., 2018; Wendot et. al., 2018) and compare them with rates of unwanted pregnancies (Madden et. al., 2019); to report strategies for better contraceptive counselling (Mugore et. al., 2016; Che et. al., 2017); to determine what type of counselling is provided by health professionals regarding contraception and contraceptive methods (Merki-Feld et. al., 2018) and evaluate them post-VTP (Tang et. al., 2017); to describe the rate of adherence to contraception after abortion and the factors that influence this adherence (Pearson et. al., 2017); to present the relationship between provision of contraceptives after VTP and adherence (Laursen et. al., 2017); to find the differences in contraceptive counselling and choices in contraceptive method post-VTP (Rocca et. al., 2018).

4. DISCUSSION

Evidence tells us that the contraceptive profile of women before undergoing VTP is that the vast majority do not use contraception, followed by those who use the contraceptive pill, with a residual percentage of those who use emergency contraception, condoms, injectable hormone and implant (Tomnay et. al., 2018). Studies tell us that most women choose a contraceptive after VTP (Tomnay et. al., 2018; Wendot, et. al., 2018; Merki-Feld et. al., 2018).
In a sample of 152 women, 21 (10.8%) did not start any type of contraception after VTP, 66 (33.8%) opted for the contraceptive pill, 27 (13.8%) for the contraceptive implant, 18 (9, 2%) for the IUD, 17 (8.7%) for the injectable hormone, 3 (1.5%) chose the contraceptive ring, the partner of 8 (4.1%) underwent vasectomy, 7 (3.6%) resorted to condoms and 1 (0.5%) opted for natural methods (Tomnay et. al., 2018).
Other studies corroborate that 73% of women adopted a contraceptive after VTP, divided among injectable hormone (30%), contraceptive pill (29%), condom (14%) and a residual number chose the IUD (9%) (Benson et. al., 2018). Wendot et. al. (2018) added that 6.4% did not use contraception after VTP, 76% chose the contraceptive pill and 16.2% chose more effective methods such as LARC.
It appears that the proportion of choice and adherence to IUDs increases with age (Tomnay et. al., 2018) and marital status (married) (Che et. al., 2017), being low in women below the age of 25 (Benson et. al., 2018). It was also found that there are differences in the choice of LARC in different countries with their use varying between 7% in Portugal and 38% in France (Merki-Feld et. al., 2018).
It is recognized that contraceptive counselling leads to increased adherence to contraceptive methods from 37% to 60%, with contraceptive pills (32%) and contraceptive implants (27%) being the most commonly selected. The IUD was selected by 9% of

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women and this percentage may be associated with the fact that not all counselling centres have this contraceptive (Mugore et. al., 2016). Evidence shows us that contraceptive counselling should be centred on the needs of women undergoing VTP (Pearson et. al., 2017) and that adherence to contraceptive methods is related to the quality of information transmitted in counselling consultations (Che et. al., 2017). Contraceptive counselling on effective and modern methods such as LARC (Madden et. al., 2019), accessibility to family planning consultations, health education by trained professionals (Che et. al., 2017) and support for contraceptive costs were strategies able to reduce the likelihood of women being exposed to an unplanned pregnancy by up to 40% (Madden et al., 2019). Most women (60%) showed an interest in receiving more information about contraception, with 73% admitting to considering the application of a LARC (Merki-Feld et. al., 2018) and 76.2% adopted a contraceptive after VTP (Pearson et. al., 2017).
Women who underwent surgical VTP showed greater adherence to contraception than those who underwent medical VTP (83% versus 64.6%). The same happened with the choice of a LARC (41.9% versus 23.3%) (Laursen et. al., 2017). Nevertheless, it is believed that this fact was due to the accessibility of health services (Rocca et. al., 2018).
The health professionals who make up the VTP teams are receptive to promoting contraceptive counselling (92%), but only 57% spend more than ten minutes on this. Professionals with more training spend more time in counselling, influencing the quality of counselling provided (Tang et. al., 2017). The authors argue that training health professionals in family planning as an integral part of the VTP process is essential to provide quality contraceptive counselling.

CONCLUSION

With this Systematic Literature Review, we intend to gather information that will allow us to show the available literature on post-abortion contraception counselling, in order to launch action strategies based on the problem.
In the available literature on post-abortion contraceptive counselling, eleven studies published between 2014 and 2020, published in the United States (four), Asia (three), Africa (two), Europe (one) and in Oceania (one) were identified. No articles on this topic in Portuguese were found, which shows that there is a dearth of Portuguese studies that address this issue and, therefore, a lack of investment in it.
Guidelines in contraceptive counselling tend to be less objective from a social/behavioural point of view. There are guidelines focused on the clinical criteria of counselling, but guidelines related to the social and psychological dimensions of women are lacking.
In the evidence found, we demarcated the main conclusions into two large groups: counselling and the choice and adherence to a contraceptive. Regarding counselling, it is worth noting that counselling favours adherence to contraceptive methods in general; counselling favours the prescription of LARC in particular; counselling is not always provided and when it exists it is very heterogeneous; available resources influence response quality; it is often not adapted to the individual; the quality of counselling depends on the qualification of the professional and counselling must be centred on women's needs.
In the choice and adherence to contraceptives, financing contraceptives favours choosing them and adherence; accessibility to health services influences the choice of methods; surgical VTP favours adherence to contraception and to LARC in particular; the moment of introduction of a contraceptive influences adherence to it, and post-VTP is the ideal time to adhere to a contraceptive.
To sum up, we can infer that LARCs can be considered the first-line choice for women, regardless of age, given the evidence demonstrated in their satisfaction, continuity, economic benefits and superiority in terms of effectiveness over other contraceptives. The period of time experiencing a VTP seems to be an ideal time for counselling, guidance and choice of contraceptive method and should occur from the woman's first contact with the health services. Health professionals play a paramount role in education for sexual and reproductive health.
We recognize the limitations of this review where we realized that the epidemiological contexts were very different, with highly variable samples, distinct clinical contexts, cultural and social differences and the absence of Portuguese or Portuguese language studies for these eligibility criteria. The psychosocial aspects of women such as the relationship with their partner, the influence of domestic violence, cultural or religious beliefs and emotional experience are hardly discussed in the literature. Likewise, health professionals, in exercising their practice, are subject to the psychosocial context and face challenges that go beyond clinical guidelines.
The authors believe that qualitative research, in the form of verbal or written reports, by both women and professionals, can represent a way to assess the impact of psychosocial issues. In addition, the authors argue that future lines of research should analyse epidemiological contexts of interest (Portugal), with a greater number of VTPs, in order to develop interventions in the field of contraceptive counselling centred on the person and that can serve as a basis for good care practices for these women.

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CONFLICTS OF INTEREST

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