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Women's preferences for method of sterilization and willingness to be randomized for a theoretical trial

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Results: Nearly 65% of women experiencing an unintended pregnancy had a documented clinical visit in the year prior to the pregnancy. Of 177 visits, primary care was the most common setting (46.5%). A total of 100.0% of gynecologists, 97.1% of primary care providers and 40.0% of emergency department providers documented reproductive topics. Women with social risk factors (e.g., history of abuse, homelessness, or exchange of sex for drugs or money) were less likely than other women to have such documentation (70.0% vs. 96.3%, $p=.02$), and women who had psychiatric comorbidities were less likely than women who did not to receive this counseling (47.4% vs. 77.4%, $p=.03$).

Conclusions: We identified an HIV-positive population of women who experienced an unintended pregnancy. Emergency department visits may represent an opportunity to offer more reproductive counseling, perhaps by integrating an EMR tool or improving access to social workers. Providers were less likely to document reproductive topics for patients with social risk factors or psychiatric comorbidities, suggesting that these factors may contribute to reproductive counseling disparities.

<http://dx.doi.org/10.1016/j.contraception.2017.07.149>

P120

“I think at this point of my life, I worry more about pregnancy and the effects of that.” How young women perceive and manage risks related to anal and vaginal sex

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SL Newton, ME Webb

Objectives: This study explores how young women perceive and manage risk related to STIs/HIV compared with pregnancy risk, and risk related to anal sex vs. vaginal sex.

Methods: In-depth interviews were conducted with 29 young women aged 18–24 who reported any lifetime experience of anal intercourse. Interviews lasted up to 90 min and were audio-recorded, transcribed, verified and coded in ATLAS.ti. Themes related to reasons for anal sex, risk perceptions and risk management related to anal sex vs. vaginal sex, risk prioritization between HIV/STIs and pregnancy, and contraceptive and condom use were explored.

Results: Most young women reported engaging in anal sex in conjunction with other forms of sex (vaginal, oral). Several participants expressed having anal sex in lieu of vaginal sex due to religious-, health- or hygiene-related preferences; none reported using anal sex for contraception. Despite using contraceptives and citing abortion as a backstop, many participants weighed pregnancy as a greater risk than STIs/HIV. Young women perceived risk related to STIs/HIV as more situational, minimized through limiting the number of one’s partners, using condoms or trusting one’s partner. Many participants interpreted STI/HIV risk from anal sex as less than or equal to STI/HIV risk from vaginal sex.

Conclusions: With a few exceptions related primarily to hygiene, young women who have engaged in anal sex do not distinguish risks related to anal sex from those related to vaginal sex. Young women may put themselves at greater risk for HIV and STIs due to misperceptions about anal sex and related behaviors.

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P121

“Never anything about anal sex whatsoever”: young women’s reflections on sources of information about anal sex

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Objectives: This study explores how young women learn about anal sex and the sources of information they use, with a particular focus on information received from health care providers.

Methods: In-depth interviews were conducted with 29 young women aged 18–24 who reported any lifetime experience of anal intercourse. Interviews lasted up to 90 min and were audio-recorded, transcribed, verified and coded in ATLAS.ti. Themes related to sources of information, sex education, and perceptions and conversations with health care providers about anal sex were explored.

Results: Young women described a dearth of information about anal sex gained via formal avenues, such as school education or health care providers, and relied more on information accessed through informal channels. These information sources included those gained passively from friends, partners, pornography or erotica, or information they accessed through the internet (e.g., health-related websites and web-video channels). Very few women reported ever having spoken with a health care provider about it; most said it had not come up, and had perceptions that clinicians were not interested in or comfortable with discussing matters related to sex beyond pregnancy risk.

Conclusions: Anal sex is a common sexual practice among heterosexual women but remains a taboo topic for discussion or education even in arenas where such discussion belongs. This leaves many young women unaware of the risks associated with anal sex and of how to protect themselves. Both educational and health care settings should offer young women reliable information about anal sex.

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P122

The association between intrauterine device use and the risk of precancerous cervical lesions and cervical cancer

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Objectives: We aimed to evaluate the association between recent IUD use by type and cervical intraepithelial neoplasia 2, 3, adenocarcinoma in situ or cancer (CIN2+ or CIN3+).

Methods: We conducted a case–control study of 17,559 women aged 18–49 with incident CIN2+ cases and 5:1 age-matched, incidence-density selected controls ($N=87,788$) who were members of Kaiser Permanente between 2006 and 2014. IUD use within 18 months of index was the exposure of interest.

Results: There were 1707 IUD users among the cases and 8082 IUD users among controls. After adjusting for STI testing, smoking, HPV vaccination, other hormonal contraceptive use, parity, race and number of outpatient visits, IUD use was associated with an increased rate of CIN2+ [rate ratio (RR), 1.13 (1.05–1.18); $p<.001$] but not CIN3+ [RR, 1.02 (0.94–1.11); $p=.63$]. Levonorgestrel IUD use was associated with an increased rate of CIN2+ [RR, 1.19 (1.09–1.30); $p<.001$] but not CIN3+ [RR, 1.03 (0.90–1.18); $p=.43$]. Copper IUD use was not associated with CIN2+ [RR, 0.89 (0.76–1.04); $p=.14$] or CIN3+ [RR, 0.80 (0.64–1.02); $p=.07$].

Conclusions: IUD use had variable associations with CIN2+ but was not associated with increased risk of CIN3+. There may be a weak association between IUD use, particularly levonorgestrel IUDs, and cervical precancer and cancer; IUD use, regardless of type, probably does not have a clinically meaningful effect on the incidence of cervical precancers or cancers.

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P123

Women’s preferences for method of sterilization and willingness to be randomized for a theoretical trial

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Objectives: We aimed to understand women’s preference for laparoscopic salpingectomy or tubal interruption following standardized sterilization counseling and evaluate the feasibility of a future randomized trial.

Methods: We invited pregnant and nonpregnant women planning sterilization at the University of California, Davis, and University of Tennessee obstetrics and gynecology clinics to participate. We enrolled women the day they received counseling and signed procedure consent. Participants received a standardized information sheet reviewing sterilization options based on pregnancy status. Participants then completed an anonymous survey with questions about demographic characteristics, sterilization method preference and theoretical willingness to participate in a randomized trial comparing laparoscopic salpingectomy and tubal interruption.

Results: From July 2015 to October 2016, some 75 women at the University of California, Davis, and 63 women at the University of Tennessee enrolled. Women at the Tennessee site, compared with those at the California site, were more likely to be aged 30 or younger (73.0% vs. 28.0%, $p < .0001$), white (85.7% vs. 62.7%, $p = .003$) and non-Hispanic (98.4% vs. 69.3%, $p = .003$), and less likely to be college educated (0% vs. 41.3%, $p < .0001$) or to have had an abortion (3.2% vs. 24.0%, $p = .0005$). Among the 47 women not currently pregnant at both sites, 40 (85.1%) preferred salpingectomy, most commonly because of higher efficacy. Thirteen (27.7%) subjects not currently pregnant and 54 (39.1%) of all subjects would be willing to be randomized to a theoretical trial comparing salpingectomy and tubal interruption procedures.

Conclusions: Among a diverse group of women from two areas in the United States given a choice of laparoscopic methods, salpingectomy was preferred over tubal interruption. Most women planning sterilization would not agree to participate in a randomized comparison of these methods.

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P124

Disparities in postpartum sterilization fulfillment for women covered by Medicaid vs. private insurance

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Objectives: A health care system in which 37%–51% of women who desire postpartum sterilization are unable to obtain one due to a lack of a valid signed Medicaid consent form is not delivering patient-centered, medically appropriate, ethically sound care. The Affordable Care Act has improved access to contraceptive services and has increased the size of the population covered by Medicaid. The purpose of this study was to provide a contemporary and comprehensive analysis of the disparities in postpartum sterilization fulfillment rates and times between the Medicaid and privately insured populations.

Methods: All women who delivered from 2012 through 2014 at our urban, tertiary care, county hospital that serves primarily the underserved population were included in our retrospective chart review. Data were analyzed via univariate and multivariate logistic regression as well as survival analyses.

Results: Of the 8655 women in the study, 1335 (15.4%) desired sterilization for postpartum contraception. Some 474/1018 women covered by Medicaid (46%) and 150/260 (57.7%) covered by private insurance received postpartum sterilization within 90 days of delivery ($p = .0014$). The number of outpatient prenatal visits, parity greater than two, gestational age and cesarean delivery were significant predictors of sterilization fulfillment. Time to sterilization fulfillment was significantly shorter for women with private vs. Medicaid insurance (HR, 1.40; 95% CI, 1.17–1.69).

Conclusions: These findings highlight the importance of revising the sterilization process given disparities in fulfillment rates and time to postpartum sterilization for the Medicaid population. Identification of patient-level, provider-level and systems-level barriers is necessary to achieve equitable access to autonomously desired postpartum sterilization services.

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P125

A retrospective review of women desiring immediate postpartum sterilization and their subsequent contraceptive use

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Objectives: We aimed to determine the proportion of women who desire postpartum tubal ligation and undergo the procedure immediately postpartum. Secondary objectives included examining potential barriers for those who do not receive tubal ligation and determining other contraceptive methods received, including long-acting reversible contraceptives.

Methods: We conducted a retrospective chart review to identify patients who delivered with hospital-affiliated groups between July 1, 2013, and June 30, 2015, who expressed antenatal desire for postpartum tubal ligation. We compared women who did and did not undergo the procedure and the method they received by their postpartum visit.

Results: Of the 1979 women who delivered during the study period, 705 were excluded. Antenatal assessment found 229 who desired postpartum tubal ligation. By time of delivery, 21 had changed their mind. Sixty percent ($n = 125$) received sterilization prior to discharge. Women were more likely to undergo the procedure if they were African American, were married, had three or more living children, and delivered by cesarean section (all $p < .05$). Those without a signed Medicaid sterilization consent form were less likely to undergo tubal ligation. By their postpartum visits, 8.4% of women desiring tubal ligation had received long-acting reversible contraceptives.

Conclusions: Forty percent of women who wanted sterilization during their pregnancy did not receive immediate postpartum tubal ligation. Most were discharged from the hospital without contraception, and very few had received an effective method like long-acting reversible contraceptives by their postpartum visit. Knowing the high rate of unfulfilled postpartum sterilization requests, improved prenatal contraception counseling should be completed to ensure that women have access to immediate and effective postpartum contraception.

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P126

Long-term effects of TeamSTEPPS® on patient satisfaction and perceptions of teamwork at ambulatory reproductive health care facilities

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Objectives: While growing evidence suggests that team training has positive effects in the ambulatory care environment, long-term effects are unknown. We evaluated long-term effects of team training on patient satisfaction and perceptions of teamwork in this environment.

Methods: Since 2014, we have conducted an annual TeamSTEPPS® master training course for ambulatory reproductive health centers. Sixty-nine health centers from the first two cohorts trained their staff. We assessed patient perceptions of teamwork among the care team using a validated survey, and patients reported satisfaction with their visit. We used generalized estimating equations to compare differences in baseline, 1-year and 2-year responses while accounting for correlation between health centers.

Results: Patients receiving care at 32 health centers completed baseline ($n = 2026$) and 1-year surveys ($n = 1899$); four centers distributed surveys at 2 years ($n = 390$). All of the 16 teamwork behaviors assessed improved at 1 year, with the team working together well, members being considerate of each other and not hearing arguments between team members showing significant improvement (all $p \leq .04$). At 2 years, 15 of 16 behaviors improved from