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Bleeding patterns do not differ between obese and non-obese women using a levonorgestrel 52-mg intrauterine system

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P32**Relationships between motivations for doing abortion work, attitudes toward patients and reported treatment of patients: findings from East Africa and Latin America***M Seewald**University of Michigan, Ann Arbor, MI, USA**LA Martin, JA Hassinger, LH Harris*

Objectives: Abortion providers cite many reasons for doing their work, including women's rights and public health. We examined the impact of these motivations on providers' attitudes toward and treatment of patients.

Methods: We conducted mixed-methods research with providers in East Africa ($n=59$) and Latin America ($n=93$) as part of a stigma intervention. Workshops were audio-recorded, transcribed and coded using Dedoose. Surveys assessing stigma, burnout and attitudes toward women seeking abortion were completed at baseline. We conducted unpaired t tests and regression analysis using Stata14.

Results: Qualitative analysis suggested regional differences in motivations and attitudes. Latin American providers cited social justice motivations and commonly expressed acceptance of patients. East African providers named public health motivations and sometimes expressed judgment of patients. Survey data confirmed that social justice motivation was significantly more common in Latin America ($t=4.31$; $p<.001$). Bivariate logistic regression revealed that, in both regions, social justice motivations predicted more accepting attitudes toward patients. Greater agreement with a "social justice" variable was correlated with the belief that women who have abortions have good reasons (Latin America: OR, 6.5; $p<.05$; East Africa: OR, 3.2; $p<.001$), and disagreement that women who have abortions are irresponsible (East Africa: OR, 0.34; $p<.001$) and are committing a sin (East Africa: OR, 0.40; $p<.01$), among others. In East Africa, social justice motivations were associated with lower depersonalized treatment of clients (coefficient=2.08; $p<.05$).

Conclusions: Provider motivations for doing abortion work vary by region and influence their attitudes toward and treatment of women seeking abortion. This has implications for abortion clinical care, law, policy and discourse.

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P33**An evaluation of a community-based mobile referral system to improve reproductive health care in Kenya***R Braun**Ipas, Chapel Hill, NC, USA**E Yegon, B Burke, S Packer, S Sitati, L Mulase, P Barasa*

Objectives: Given widespread mobile phone use and high unmet need for reproductive health care, designing a mobile referral system for community health volunteers provides a promising opportunity to improve access to reproductive health care, particularly for stigmatized services such as abortion and contraception. The objectives of this study were to determine if this system was acceptable to users and enabled tracking of referrals from the community to the health facility.

Methods: The study was conducted at three subdistrict hospitals and two health centers in Busia County, Kenya. Study populations included 25 community health volunteers and 10 nurse providers. Data collection included automated referral and service data from the mobile system, and background surveys and in-depth interviews with all participants. Analyses were conducted using Stata and Dedoose.

Results: Over 6 months, community health volunteers made 4459 referrals; most (75%) were for reproductive health services. All (98%) clients preferred a mobile referral to a paper or verbal referral. Among reproductive health clients, most referrals were completed (89%), some required follow-up (7%), and a few remained open (2%) or went unused (2%). Among unused reproductive health referrals, most clients went to a different health facility (80%) or chose not to seek care (13%). Identified advantages to the mobile referral system

included supporting communication and relationship building, enhancing client follow-up, improving data quality, protecting confidentiality and improving service delivery.

Conclusions: Results suggest that a mobile system is an acceptable and effective approach to tracking reproductive health referrals, providing timely follow-up and ongoing support to clients, and strengthening the link between the community and the health facility.

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P34**Bleeding patterns do not differ between obese and non-obese women using a levonorgestrel 52-mg intrauterine system***BA Chen**University of Pittsburgh, Pittsburgh, PA, USA**TD Kimble, SY Ginde, JT Jensen, CA Schreiber, MD Creinin*

Objectives: We aimed to compare bleeding patterns and amenorrhea rates over 2 years among obese and nonobese women using a levonorgestrel 52-mg intrauterine system.

Methods: Eligible women aged 16–45 received Liletta® in a multicenter trial evaluating efficacy and safety for up to 8 years. Participants completed daily diaries with bleeding information for the first 2 years. Bleeding events included no bleeding or spotting (amenorrhea), bleeding, spotting, and bleeding or spotting. We compared bleeding patterns per 28-day cycle among obese and nonobese women over 13 cycles (1 year) and at cycle 26 (2 years).

Results: The median number of bleeding or spotting days among obese ($n=428$) and nonobese ($n=1263$) women was 13 and 15, respectively, in cycle 1 and remained relatively equal through 13 cycles and at 26 cycles. In both groups, median bleeding or spotting days declined to 3 days per cycle by cycle 8. The median number of bleeding days per cycle was 4 and 5, respectively, in cycle 1 and declined in both groups to a median of 0 by the fifth cycle. Amenorrhea rates increased over 2 years, reaching 25.8% and 26.4%, respectively, at cycle 6 ($p=.84$); 33.3% and 35.3%, respectively, at cycle 13 ($p=.51$); and 45.7% and 44.2%, respectively, at cycle 26 ($p=.68$). Over 26 cycles, 12 (2.8%) obese and 25 (2.0%) nonobese women discontinued because of bleeding complaints ($p=.34$).

Conclusions: Amenorrhea rates and number of bleeding or spotting days are comparable between obese and nonobese women using a levonorgestrel 52-mg intrauterine system. Bleeding and spotting days decrease over time. More than half of all users experience no bleeding by the fifth cycle.

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P35**Effect of timing of postpartum depot medroxyprogesterone acetate initiation on breastfeeding continuation and contraceptive use: a randomized trial***BA Chen**University of Pittsburgh, Pittsburgh, PA, USA**LB Haddad, SL Achilles, SMD Cordes, EB Schwarz*

Objectives: We aimed to evaluate the impact of timing of postpartum depot medroxyprogesterone acetate (DMPA) initiation on breastfeeding and effective contraceptive use over 28 weeks.

Methods: We enrolled antepartum ($n=86$) and postpartum ($n=98$) women planning DMPA use for postpartum contraception. Women became ineligible if they did not initiate breastfeeding, decided against DMPA or refused randomization. Participants were randomized to receive DMPA either "pre-discharge" or "delayed" (in 4–6 weeks). We assessed breastfeeding and contraceptive use every 2–4 weeks for 28 weeks. We conducted intent-to-treat and as-treated analyses, conservatively assuming that all women lost to follow-up stopped breastfeeding and contraceptive use.