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LARC UTILIZATION BASED ON TYPE OF MEDICAL ABORTION FOLLOW-UP AT AN ACADEMIC CENTER

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Objectives: We compared long acting contraceptive (LARC) use 1 month after a medical abortion among women who chose office versus telephone follow-up.

Methods: This retrospective chart review included women who obtained a medical abortion with mifepristone and misoprostol from July 2012 to October 2013 at a new program at the University of California, Davis. Women chose either an in-office follow-up with ultrasonography at 1 week or a phone conversation at 1 week, with another call and a home pregnancy test at 4 weeks. Patients who desired an implant or an IUD were scheduled for placement at 1 and 4 weeks, respectively, after mifepristone administration.

Results: Seventy-nine women had a medical abortion during the study period, of which 45 (57%) chose office and 34 (43%) chose phone follow-up. Women were racially diverse (32% white, 15% African-American); 59 (75%) had had a prior pregnancy and 26 (33%) had had a previous abortion. Five women (three office and two phone follow-up) were lost to follow-up. LARC methods were desired by 17 (38%) and 15 (44%) women in the office and phone follow-up groups, respectively. LARC methods were received by 12 (27%) and 10 (29%) women, respectively ($p=.8$), or about two thirds of those who desired LARC in each group.

Conclusions: The choice of follow-up either in the office or by phone did not change the rate of LARC uptake in the early phase of our new medical abortion program. Women who desire LARC should not be discouraged from choosing phone follow-up because of concerns over lower rates of LARC use.

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CONTRACEPTION AND THE RISK OF ECTOPIC PREGNANCY

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Objectives: We estimated the rates of ectopic pregnancy in women using contraceptives, stratified by method used. We hypothesized that women using moderate to highly effective contraceptive methods [combined hormonal methods, depo-medroxyprogesterone acetate (DMPA), the implant, and the intrauterine device (IUD)] would have a lower rate of ectopic pregnancy than women using no method or condoms.

Methods: We performed an analysis of data from the Contraceptive CHOICE Project. Between 2007 and 2011, CHOICE enrolled 9256 participants, provided no-cost contraception and followed participants for 2–3 years. We documented ectopic pregnancies from our adverse event log supplemented by patient telephone surveys (conducted every 6 months). We compared the incidence rates of ectopic pregnancy in study participants (outcome per 100 women-years) across chosen contraceptive method, including the pill, DMPA, the implant, the copper IUD and the levonorgestrel IUD (LNG IUD).

Results: CHOICE participants provided 23,546 women-years of follow-up; 13 ectopic pregnancies were identified. Rates of ectopic pregnancy per 100 women-years were as follows: LNG IUD 0.050; the pill 0.039; copper IUD 0.045; implant 0; and no method/condoms 0.157. Compared with LNG IUD

users, participants using the pill had a relative risk (RR) of 0.79; copper IUD RR=0.92; and no method/condoms RR=3.16.

Conclusions: Moderate to highly effective contraception (the pill, DMPA, implant, IUDs) reduces the risk of ectopic pregnancy compared with use of no method or condoms. However, if a woman using an IUD becomes pregnant, she should be examined to rule out ectopic pregnancy.

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DOES TRUST IN THE HEALTH CARE SYSTEM INFLUENCE CHOICE OF POSTPARTUM CONTRACEPTION?

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Objectives: Effective postpartum contraception helps space births and reduce unintended pregnancy. We explore predictors, including trust, of choosing effective postpartum contraception among a cohort of pregnant women.

Methods: This prospective, observational study enrolled adult English-speaking pregnant women during prenatal care. We administered surveys at enrollment and prior to discharge. Our primary predictor was trust in the health care system measured by a validated scale (possible score 17–85) and treated as both a continuous and dichotomous (high/low) variable. Our primary outcome was a dichotomous choice of any moderately or highly effective method (failure rate 10% or less) versus a less effective method or no method (failure rate more than 10%). Statistical analysis was performed using χ^2 tests, t test and logistic regression using SAS 9.2.

Results: Of 249 enrolled women, 215 completed postpartum surveys. Thirty percent chose long acting reversible contraception (LARC) postpartum compared with 16% who chose female sterilization, 4% male sterilization, 27% moderately effective methods, and 23% less effective methods or no method. Mean trust scores were 66.0 for those who chose moderately or highly effective methods versus 63.9 for those who chose a less effective method or no method ($p=.09$). In a model including race, pregnancy intendedness and trust, participants with higher trust (aOR 1.96, 95% CI 0.98–3.94) and black participants (aOR 2.6, 95% CI 1.17–5.76) were more likely to choose effective contraception, while those with intended pregnancies were 66% less likely to choose effective contraception (95% CI 0.16–0.72).

Conclusions: Higher trust, black race and unintended pregnancy are associated with choice of more effective postpartum contraception. Targeted messaging for other groups may improve adoption of more effective postpartum contraception and improve birth spacing.

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TRACKING POSTPARTUM CONTRACEPTIVE CHOICE ALONG THE CONTINUUM OF PRENATAL AND POSTPARTUM CARE

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Objectives: Effective contraception helps achieve ideal birth spacing and reduce unintended pregnancy. We describe changes in contraceptive choice through the continuum of pregnancy care.