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15.6], (5) 14.9 [14.6–15.3]. The aHRs [95% CI] comparing groups 1 through 4 with group 5 were: (1) 5.34 [4.47–6.39], (2) 1.22 [1.05–1.41], (3) 1.06 [0.95–1.18], and (4) 1.43 [1.29–1.60].
Conclusions: Risk of IUD expulsion was low overall, but highest in those with IUD insertions 0–3 days postpartum. Differential rates warrant consideration in the benefit-risk evaluation and should be an important part of counseling patients.

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P59 RACIAL/ETHNIC DIFFERENCES IN PROVISION OF PUBLICLY FUNDED LONG-ACTING CONTRACEPTION TO CALIFORNIAN WOMEN

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Objectives: To assess racial/ethnic differences in provision of permanent vs reversible contraception among Californian women receiving publicly funded long-acting contraception.
Methods: We obtained claims data for surgical sterilization and intrauterine contraception (IUC) placements funded by California's Medicaid (Medi-Cal) and Family PACT programs between 01/01/2008 to 12/31/2014. We examined racial/ethnic variation in the proportion of women seeking long-acting contraception who received a permanent method. We stratified analyses by state funding program and postpartum status. We used robust multivariate Poisson regressions to adjust for age, Charlson comorbidity index, region of residence, and year of contraceptive service provision when examining the effects of race/ethnicity.
Results: Among 168,926 Californian women who received state-funded sterilization and 453,009 who received IUC, Latina women were more likely to receive permanent contraception and less likely to receive IUC than White women (Medi-Cal: adjusted relative risk (adjRR) 0.92, 95% CI 0.88–0.97, FamilyPACT: adjRR 0.96, 95% CI 0.94–0.98, postpartum Medi-Cal: adjRR 0.84, 95%CI 0.60–1.18). Asian women were more likely to receive IUC than White women (Medi-Cal: adjRR 1.16, 95% CI 1.11–1.22, FamilyPACT: adjRR 1.02, 95% CI 1.01–1.03, postpartum Medi-Cal: adjRR 1.05, 95%CI 0.71–1.55). However, county-level variation in provision of IUC vs permanent contraception was far greater than racial/ethnic variation; women in San Francisco county were most likely while those in Imperial county were least likely to receive IUC.
Conclusions: Geographic and racial/ethnic differences persist among Californian women seeking publicly funded long-acting contraception. Whether this is due to variable access to desired services, bias in counseling, or reflects cultural preferences, deserves further study.

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P60 CONTRAINDICATIONS TO HORMONAL CONTRACEPTION AMONG POSTPARTUM WOMEN IN TEXAS

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Objectives: We examined the prevalence of contraindications to hormonal contraception among postpartum women.
Methods: Low-income postpartum women who planned to delay childbearing for $\geqslant$ 2 years after delivery were recruited for a prospective cohort study from eight Texas hospitals. Women self-reported health conditions that corresponded to category 3 and 4 contraindications to combined hormonal contraception (CHC) and progestin-only methods, based on the CDC's 2016 Medical Eligibility Criteria. We used mixed-effects Poisson regression models to assess characteristics associated with reporting any contraindication. We also examined the proportion of women using a contraindicated method at 6-months postpartum.
Results: Of 1452 women who completed the six-month interview, 19.2% reported a contraindication to CHC and 0.6% a contraindication to progestin-only methods. Migraine with aura (12.4%) and hypertension (4.8%) were the most common contraindications. The prevalence of any contraindication was higher among women who were $\geqslant$30 years (Prevalence Ratio [PR]: 1.41 95% CI: 1.15–1.72), overweight (PR: 1.40, 95% CI: 1.07–1.82), obese (PR: 1.56, 95% CI: 1.17–2.08), or insured (PR: 1.32, 95% CI: 1.15–1.72). Compared to US-born Latinas, risk of contraindications was higher among Black women (PR: 1.41, 95% CI: 1.22–1.62) and lower among foreign-born Latinas (PR: 0.72, 95% CI: 0.60–0.87). Among women with category 4 CHC contraindications, 11% (26/244) were using CHC; no women were using a contraindicated progestin-only method.
Conclusions: Although the prevalence of contraindications is low, clinicians should review contraindications prenatally as well as postpartum. Women should have access to the full-range of non-contraindicated methods after delivery, including an immediate postpartum IUD or implant if desired .

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P61 POSTPARTUM CONTRACEPTION DECISION-MAKING AMONG MOTHERS OF PRETERM INFANTS REQUIRING INTENSIVE CARE: A QUALITATIVE STUDY

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Objectives: To explore factors that contribute to postpartum contraception decision-making among women who deliver preterm.
Methods: We conducted semi-structured interviews to understand factors that contribute to decisions regarding postpartum contraception among women who delivered a premature infant requiring neonatal intensive care. We recruited women who were 2–8 weeks postpartum and conducted interviews until thematic saturation was achieved. We analyzed transcripts using thematic analysis and a constant comparative approach.
Results: We interviewed 26 women who delivered infants between 25 and 34 weeks' gestation. Participants described their preterm delivery experience as traumatic and wanted to delay future pregnancy due to hesitations about another premature delivery and risks of fetal anomaly. Women acknowledged that caring for their current premature child was stressful and that their own health required ongoing attention. Important factors when choosing a contraceptive related to method features (eg, bleeding, side effects, duration of use, effectiveness), previous personal experiences, and recommendations from healthcare providers, friends, family, or the internet. Participants reported general concerns regarding contraceptive

effects on lactation; particular methods of concern were not specified. Permanent contraception was of interest to those who had achieved their desired family size, disliked being pregnant, lacked partner support, or felt a future pregnancy would be medically risky and wanted to avoid another premature delivery.
Conclusions: Women who deliver prematurely weigh multiple factors when considering future pregnancies while processing the trauma of their preterm birth experience. Postpartum contraceptive counseling for mothers of infants who have required neonatal intensive care warrants a trauma-informed approach that promotes maternal empowerment and healing.

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P62 RISK OF UTERINE PERFORATION AND EXPULSION ASSOCIATED WITH BREASTFEEDING AMONG POSTPARTUM WOMEN WITH AN INTRAUTERINE DEVICE INSERTION: RESULTS FROM APEX IUD

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Objectives: To evaluate risk of uterine perforation and intrauterine device (IUD) expulsion associated with breastfeeding among postpartum women.
Methods: APEX IUD was a retrospective cohort study conducted at Kaiser Permanente (Northern California, Southern California, and Washington) and Regenstrief Institute (Indiana). The study included 94,817 women aged $\leqslant$50 years with an IUD inserted within 52 weeks postpartum and information on breastfeeding around time of insertion from clinical records, diagnosis codes, or questionnaires from well-baby visits in electronic health records. Perforation was defined as complete (IUD located in pelvis or abdomen) or partial (embedded in myometrium, as noted on imaging, hysteroscopy, or exam). Expulsion was defined as complete (IUD in the vagina, not visible in the uterus or abdomen with imaging, or patient-reported) or partial (any portion of the IUD located in the cervix or malpositioned on imaging or exam). We estimated incidence rates and adjusted hazard ratios (aHR), comparing breastfeeding to not breastfeeding, using propensity score adjustment for potential confounders.
Results: For IUD insertions within 52 weeks postpartum, the incidence (95% confidence interval [CI]) of uterine perforation per 1000 person-years of follow-up was 4.25 (3.89–4.62) in women who were breastfeeding and 2.50 (2.11–2.94) in those not breastfeeding. The aHR (95% CI) was 1.37 (1.12–1.66). The incidence (95% CI) of IUD expulsion was 10.23 (9.68–10.81) in breastfeeding women and 14.58 (13.62–15.59) in those not breastfeeding. The aHR (95% CI) was 0.71 (0.64–0.78).
Conclusions: Breastfeeding at the time of IUD insertion was associated with an increased risk of uterine perforation but a decreased risk for IUD expulsion.

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P63 RELATIONSHIP BETWEEN LOCUS OF CONTROL AND CONTRACEPTIVE USE AMONG LOW-INCOME, MINORITY INDIVIDUALS

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Objectives: Locus of control (LOC) is one's belief regarding their control over aspects of their lives. Internal LOC has been correlated with contraceptive use among college students and predominantly White adolescents, however this relationship has not been explored among low-income and minority individuals.
Methods: We administered a cross-sectional survey to individuals presenting to a Family Planning clinic on the South Side of Chicago. The survey assessed LOC, demographic information, clinical characteristics, and contraception use. Descriptive statistics were obtained for all study variables. Bivariate analyses compared individuals with internal versus external locus of control regarding contraception use at last intercourse.
Results: 225 individuals completed the survey: 91 with external LOC and 134 with internal LOC. Participants predominantly identified as African-American (77%), Non-Hispanic (86%), having public or no insurance (72%), and did not desire to become pregnant (74%). Most participants (59%) used contraception at last intercourse. Participants with external versus internal control did not differ regarding contraceptive use or method used at last intercourse. Participants with external LOC were significantly younger, more likely to be unsure of insurance status, and more likely to be in high school or equivalent compared to those with internal LOC (25.2 years vs. 26.2 years, $p<0.001$; 6.6% vs. 3.7%, p=0.03; 39.8% vs. 3.8%, p=0.04; respectively).
Conclusions: In contrast to existing research demonstrating a relationship between LOC and contraceptive use among predominantly White college students, we did not find that LOC correlated with contraceptive use among our sample of predominantly low-income African American women.

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P64 ARE NEW LARC USERS LESS LIKELY TO USE CONDOMS THAN NEW MODERATELY EFFECTIVE HORMONAL METHOD USERS? AN ANALYSIS OF US WOMEN AGES 15–44

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Objectives: The revival of long-acting reversible contraceptives (LARC) in the US has renewed concerns regarding low levels of dual method use as a strategy for STI prevention. Whether new LARC users are less likely to use condoms than new moderately effective hormonal method (MEHM) users has yet to be examined at a population-based level.