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POSTER ABSTRACTS P66 OVARIAN ACTIVITY EFFECTS OF A PROGESTOGEN-ONLY PILL CONTAINING NORGESTREL 75 MCG

Permalink
https://escholarship.org/uc/item/9jf2b8d2

Journal
Contraception, 104(4)

ISSN
0010-7824

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Publication Date
2021-10-01

DOI
10.1016/j.contraception.2021.07.084

Peer reviewed

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RAPID INNOVATION AND IMPLEMENTATION OF TELEMEDICINE FOR CONTRACEPTION: PROVIDERS' PERSPECTIVES

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Objectives: Many family planning providers faced disruptions to service delivery from the COVID-19 pandemic and needed to quickly implement telemedicine for contraceptive care. This study describes how Illinois providers responded to the uptake of telemedicine.
Methods: We interviewed clinicians (n=20) from non-Planned Parenthood clinics (July – September 2020) and clinicians and staff (n=17) from Planned Parenthood of Illinois sites (December 2020 – March 2021) across the state. Interviews were conducted by phone or video, audio-recorded, transcribed, and coded in Dedoose. Analysis revealed themes focusing on telemedicine's effects on patient care and access to comprehensive contraceptive services, and on steps needed to improve telemedicine and sustain its benefits post-pandemic.
Results: Interviewees expressed mostly positive attitudes towards telemedicine, highlighting its utility for counseling and prescription contraceptive methods, with additional benefits for rural patients and patients facing transportation, childcare, or other barriers to in-person visits. Challenges included rapid telemedicine rollout, patient barriers to accessing technology platforms, and reduced access to long-acting reversible contraception (LARC). Providers implemented changes to mitigate barriers, such as prioritizing same-day LARC insertion and removals, and eliminating required post-LARC follow-up visits. Providers noted virtual visits enhanced privacy for some and compromised privacy for others. All participants observed that continuation of telemedicine contraceptive services would depend on equitable reimbursement for telehealth services.
Conclusions: Telemedicine contraception services can enhance access for patients who face barriers to care beyond those created by the pandemic. However, reimbursement parity for providers, patient-centered flexibility regarding telemedicine options, and measures to ensure access to all methods are important for long-term success.

http://dx.doi.org/10.1016/j.contraception.2021.07.083

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OVARIAN ACTIVITY EFFECTS OF A PROGESTOGEN-ONLY PILL CONTAINING NORGESTREL 75 MCG

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Objectives: To evaluate the effect of a norgestrel 75 mcg/day progestogen-only oral contraceptive on ovarian activity using contemporary methodology in preparation for an application for over-the-counter sales in the US.
Methods: We enrolled normally cycling individuals aged 18-35 from two US sites for a 3-cycle study to evaluate ovarian and cervical mucus changes during use of norgestrel 75 mcg/day. In the first 28-day cycle participants took norgestrel 75 mcg daily at the same time (±3 hours) and purposely missed or delayed pills in the second and third cycles. Participants recorded pill use using a daily e-diary. We performed transvaginal ultrasound ovarian activity assessments and serum hormone concentration measurements (including progesterone) every 3-4 days and every 2 days (for up to 3 visits) for follicles ≥15 mm. Three independent adjudicators determined whether normal ovulation had occurred using modified Hoogland criteria (based on ultrasound findings, serum progesterone and estradiol). In this analysis, we present the results from the first cycle.
Results: Fifty-one of 52 participants completed the 28-day cycle, and all 51 used one pill each day. Observed ovarian activity included none/quiescence (n=8 [15.7%]), follicular development without ovulation (26 [51.0%]), ovulation with a normal luteal phase (12 [23.5%]) and ovulation with an abnormal luteal phase (n=5 [9.8%]).
Conclusions: Approximately two-thirds of norgestrel 75 mcg users did not ovulate in the first cycle of use and one-third of those who ovulated did not have a normal cycle. Most persons using this progestin-only pill have compromised ovarian activity.

http://dx.doi.org/10.1016/j.contraception.2021.07.084

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RISK OF LUTEAL PHASE PREGNANCY WITH MODIFIED INTRAUTERINE DEVICE INSERTION ELIGIBILITY

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Objectives: To determine rates of luteal phase pregnancy (LLP) in adolescents and young adults (AYA) initiating intrauterine devices (IUDs) using modified insertion guidelines.
Methods: We assessed a randomly selected cohort of AYA receiving IUDs at a Title-X clinic between 2009-2019. IUD manufacturers' guidelines state that IUDs should only be inserted following a negative pregnancy test, ≤7 days of last menstrual period (LMP) or switching from prescribed contraception. In this cohort, IUDs could also be inserted if people reported abstinence or 100% condom use. We created two groups: within manufacturers' guidelines and outside the guidelines. We computed rates of LPP and compared them using Fisher's exact tests.
Results: We assessed 3,558 insertions: 56.2% were within guidelines; follow-up pregnancy status was documented in 60.3% and was similar across groups (p=0.99). Patients within guidelines were older (median (range): 21 (11-24.9) vs 20 (11-24) years; p=0.008). Of patients outside guidelines 66.8% reported 100% condom use, 29.8% reported abstinence, 3.4% reported withdrawal, breastfeeding, or initiated EC with their IUD insertion. Overall, the rate of LPP was 0/1,999 (95% CI: 0-0.2%) within guidelines and 1/1,559 (0.06%; 95% CI: 0-0.4%) outside guidelines; p=0.44. For those with documented pregnancy status these rates were: 0/1,206 (95% CI: 0-0.3%) within guidelines and 1/940 (0.1%, 95%CI: 0-0.6%); p=0.44. EC was dispensed to 53 patients outside guidelines; 0 pregnancies occurred.
Conclusions: AYAs experience barriers accessing sexual and reproductive healthcare. Same-day IUD insertion may improve access for these people. Adopting a more liberal eligibility criteria that allows providers to insert IUDs when patients report abstinence, or condom use does not result in more LPP.

http://dx.doi.org/10.1016/j.contraception.2021.07.085

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CONTRACEPTIVE PREFERENCE DYNAMICS IN THE POSTPARTUM PERIOD

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Objectives: Previous studies have documented mismatches between contraceptive use and preferences, but little is known about the dynamics of preferences. This study offers a longitudinal assessment of the likelihood of and factors associated with changing preferences.
Methods: Using a cohort study of 1,700 postpartum women in Texas, we measured contraceptive preferences at six times over 24 months by asking which method respondents would like to use if contraception were free. We excluded women who did not complete or were sterilized by the first follow-up interview, and censored interviews in which sterilizations or pregnancies were reported. We assessed the likelihood of switching preferences and used random effects logistic regression to examine factors associated with switching.
Results: Among 1,235 women who completed 5,022 interviews, respondents reported 1,784 contraceptive preference changes. Overall, 80% (95% CI, 77.2-82.6) changed their preference during the two-year study. Net of covariates, odds of switching preferences declined with age. Compared to those who wanted another baby within a year, those who wanted to delay 2+ years were less likely to switch (OR 0.60; 0.41-0.88). Preferences for sterilization and LARC methods were similarly stable, while those who wanted any other method were more likely to change. Those using their desired method were less likely to switch preferences (OR 0.44; 0.35-0.55).
Conclusions: Contraceptive preferences are dynamic and are shaped by stage in the reproductive life course as well as method experience. Best practices in contraceptive provision should consider preference changes in order to equip people with their desired method, which will likely change over time.

http://dx.doi.org/10.1016/j.contraception.2021.07.086

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MEDICAID BENEFICIARIES' PERCEPTIONS OF CONTRACEPTION COUNSELING ON THEIR POSTPARTUM CONTRACEPTION DECISION-MAKING

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Objectives: To explore Medicaid beneficiaries' perceptions of prenatal and immediate postpartum contraception counseling, and identify other factors shaping their postpartum contraception decision.
Methods: We conducted semi-structured interviews with non-Hispanic Black and White adult Medicaid beneficiaries, who delivered at a North Carolina teaching hos-