Objectives: The Providers Share Workshop (PSW) is a facilitated workshop that gives abortion care workers an opportunity to reflect on the rewards and burdens of their work. We report on the workshop's impact on professional burnout.
Methods: We conducted a multisite study of PSW in East Africa in 2015. Fifty-nine people participated and completed surveys immediately before, after and 6 months following the workshop. Surveys assessed demographic characteristics and validated measures of stigma, team functioning and professional burnout [using the Maslach Burnout Inventory (MBI)]. The MBI captures three dimensions of burnout: emotional exhaustion (feeling worn down and fatigued by one's work), personal accomplishment (achievement in one's role) and depersonalization (an unsympathetic and impersonal response to clients). Subscale scores are classified as "low," "moderate" and "high." We report changes in the MBI over time. Repeated measures analyses were completed using Stata Version 14.
Results: At baseline, participants reported moderate emotional exhaustion (mean=15.12, SD: 8.9), moderate depersonalization (mean=7.22, SD: 6.68) and high personal accomplishment (mean=40.7, SD: 7.41). Following participation in the PSW, workers showed significant improvements in emotional exhaustion (Time 2 mean=11.86; Time 3 mean=9.93; z-statistic=−3.68; p<.01) and in depersonalization of clients (Time 2 mean=7.53; Time 3 mean=4.53; z-statistic=−2.71; p<.05). Depersonalization scores shifted from "moderate" to "low" at the 6 month follow-up. Personal accomplishment scores remained stable at each time point.
Conclusions: At baseline, this sample of abortion care workers had moderate levels of professional burnout, which improved over time. The Providers Share Workshop shows promise as a tool to reduce burnout in the abortion-providing workforce and for abortion human resources globally.

http://dx.doi.org/10.1016/j.contraception.2016.07.073

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IMMEDIATE VERSUS DELAYED INSERTION OF INTRAUTERINE CONTRACEPTION AFTER SECOND-TRIMESTER ABORTION: A RANDOMIZED CONTROLLED TRIAL

Norman WV
University of British Columbia, Vancouver, BC, Canada

Brant R, Bryan S, Peterson S, Soon J, Dicus L, Trouton K, Kaczorowski J

Objectives: Recurrent unintended pregnancy is common. Immediate intrauterine contraception (IUC) placement is known to be effective after first-trimester abortion, although package labeling indicates delayed insertion after second-trimester abortion. We examined whether women presenting for second-trimester abortion whose intrauterine contraception was placed immediately had fewer unintended pregnancies within a year than women whose placement procedure occurred 4 weeks later.
Methods: Our RCT enrolled women having a second-trimester abortion who chose postabortion IUC, at all clinics offering second-trimester abortion in British Columbia, Canada. We used linked government health data to determine all pregnancies within a year and rates for IUC insertion, retention and complications.
Results: Some 59.8% (474/792) of women enrolled in the study; Women were aged 26.0 (SD, 6.8) and were at 16.1 weeks' gestation (SD, 3.1) on average. Almost half (48.4%) reported a prior abortion. The allocated groups did not differ at baseline. Outcomes were available for more than 97%. Some 4.4% of the immediate insertion group (95% CI, 2.4–8.2), and 18.3% of the delayed insertion group (95% CI, 13.5–24.7), RR=4.2 (95% CI, 2.1–8.3) became pregnant within 1 year. There were no differences in expulsion, removal or complications.
Conclusions: Clinical enrollment linked to administrative health databases allowed comprehensive determination of postabortion pregnancy rates for the first time. Immediate IUC insertion reduced unintended pregnancies more than fourfold within a year. Revision of package labeling for IUC insertion timing after second-trimester abortion could improve Canadian women's reproductive health.

http://dx.doi.org/10.1016/j.contraception.2016.07.074

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DISCONTINUATION RATES FOR BLEEDING EVENTS AMONG WOMEN USING THE LILETTA® LEVONORGESTREL-RELEASING INTRAUTERINE SYSTEM FOR UP TO 3 YEARS

Jensen JT
Oregon Health & Science University, Portland, OR, USA

Gilliam ML, Cwiak CA, Schreiber CA, Keder LM, Creinin MD

Objectives: We examined discontinuation rates for bleeding events during the first 3 years of use of the Liletta® levonorgestrel 52-mg intrauterine system.
Methods: Eligible women aged 16–45 were enrolled in a multicenter trial designed to evaluate the efficacy and safety of Liletta for up to 7 years (n=1751). Subjects with successful placement (n=1714) were followed with regular study visits and phone calls. Reasons for early study discontinuation were captured and examined at 3-month intervals for bleeding-related complaints. Bleeding-related events included amenorrhea, abnormal uterine bleeding and increased, irregular or heavy bleeding.
Results: Over 3 years, 35 women (2%) discontinued for bleeding-related complaints, including 17 during year 1, 13 in year 2 and 5 in year 3. Discontinuation for bleeding complaints comprised only 3.9% of the total number of discontinuations. Most bleeding-related discontinuations were for heavy (n=10) or irregular bleeding (n=12). Only one woman discontinued for a complaint of amenorrhea, requesting intrauterine system removal after 15 months of use. Age at enrollment did not result in appreciably different rates of discontinuation for a bleeding complaint (16–35 years, 1.9%; 36–45 years 3.3%; p=.23). Women were most likely to discontinue intrauterine system use for bleeding-related reasons between months 9 and 15.
Conclusions: Very few women discontinue Liletta for bleeding irregularities. The finding that only one woman discontinued Liletta for amenorrhea supports the idea that suppression of menstruation is an acceptable effect of hormonal intrauterine contraception.

http://dx.doi.org/10.1016/j.contraception.2016.07.076

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WOMEN'S CONTRACEPTIVE PREFERENCE USE MISMATCH: A POPULATION-BASED STUDY

He K
University of Michigan Medical School, Ann Arbor, MI, USA

Dalton V, Zochowski M, Hall K

Objectives: We aimed to characterize preferred and usual contraceptive methods among a population-based sample of US women.
Methods: Data were drawn from the Women's Health Care Experiences and Preferences Study, an Internet survey of 1078 women aged 18–55 randomly sampled from a national probability panel. Survey items assessed women's preferences for contraceptive methods, match between methods preferred and used and perceived reasons for mismatch. We estimated predictors of contraceptive preference with multinomial logistic regression models.
Results: Among women at risk for pregnancy who responded with their preferred method (n=363), hormonal methods [non-LARC (long-acting reversible contraception)] were the most preferred method (34%), followed by no method (23%) and LARC methods (18%). Social and demographic differences in contraceptive method preferences were noted (p<.05), generally with minority, married and older women having higher rates of preferring less effective methods than their counterparts. Some 36% of women reported method use mismatch, and the majority preferred more effective methods than those they were using. Rates of match between preferred and usual methods were highest for users of LARC methods (76%) and hormonal (non-LARC) methods (65%) and nonusers (65%). The most common reasons for mismatch were cost/insurance (41%), lack of perceived/actual need (34%) and method-specific preference concerns (19%).