Title

Office versus telephone follow-up after medical abortion

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Authors

Chen, MJ
Rounds, K
Creinin, MD
et al.

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Objectives: To evaluate the impact of doulas on patients' physical and psychological distress levels during surgical management of first-trimester undesired or failed pregnancy under local anesthesia.
Methods: Women were randomized to receive doula support or routine care during office manual vacuum aspiration (MVA). The primary outcome was pain score measured on a 100-mm visual analog scale. Secondary outcomes included satisfaction, validated psychometric scores and women's sense of personal empowerment postprocedurally. Data were collected prior to, immediately following and 1 month following the procedure.
Results: The sample consisted of 70 women. While levels of reported pain did not differ between the doula and control groups (70.7±24.5 mm vs. 59.7±32.5 mm, p=.11, respectively), women who received doula support experienced a statistically significant decrease in postprocedure anxiety after we controlled for baseline anxiety (OR, −11.6; 95% CI, −22.9 to −0.2; p=.04). Relief was the most common emotion reported by 60% of women in both groups, regardless of procedure indication. There was no significant difference between groups regarding satisfaction with the procedure (86.2%±23.4 vs. 93.4%±13.5, p=.12), a sense of empowerment (0.11%±0.31 vs. 0.12%±0.30, p=.93) and perceived ability to cope following the procedure (36.3%±28.1 vs. 42.0%±27.1, p=.39). Of women who received doula support, 97% reported that this was beneficial and that they would recommend a doula to other women having such a procedure.
Outcomes: Doula support during office MVA for undesired or failed pregnancies is well received and may address unmet psychosocial needs of women undergoing this procedure.

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O16

Determining the accuracy of gestational dating among women presenting for an abortion in Ghana

Shellenberg K
Ipas, Chapel Hill, NC, USA

Antobam S, Edelman A, Griffin R, Voetagbe G

Objectives: Our objective was to determine the proportion of women presenting for an abortion in Ghana who could accurately determine whether their pregnancy was less than 13 or 13 weeks or more using a gestational wheel.
Methods: We conducted a cross-sectional study among women attending four facilities in Ghana. Interviewers administered the questionnaire, and women were then seen by a provider who assessed gestational age via bimanual exam. We present descriptive statistics for women's recall of last menstrual period and use of the wheel. Using the providers' clinical dating as a reference, we calculated the proportion of participants who accurately determined whether their pregnancy was less than 13 or 13 weeks or more using a gestational wheel.
Results: Our sample consisted of 780 women (participation rate was 98%). Twenty-eight percent of respondents used the wheel without verbal instructions. The other 72% were given instructions after trying to complete the task on their own. Sixty percent said the wheel was easy to use. Overall agreement for gestational age between women and providers was 95% (94% agreement for gestational age less than 13 weeks, 1% agreement for gestational age 13 weeks or more). The remainder of women fell into a "low risk disagreement group" and a "high risk disagreement group," 1% and 4%, respectively.
Outcomes: Almost all women were able to use a gestational wheel to date their pregnancy. This simple tool may aid women in the safe use of medication for abortion and therefore decrease morbidity and mortality from unsafe abortion.

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O17

Office versus telephone follow-up after medical abortion

Chen MJ
University of California, Davis, Sacramento, CA, USA

Rounds K, Creinin MD, Hou MY

Objectives: We compared follow-up rates, completed abortion and staff utilization among women choosing office or telephone follow-up after medical abortion.
Methods: We performed a retrospective chart review of women who had a medical abortion in our office between August 2012 and August 2014. Women chose office or telephone follow-up. Office follow-up involved an ultrasound exam 1–2 weeks after treatment. Telephone follow-up was a standardized interview 1 week after treatment and a urine pregnancy test 30 days after mifepristone.
Results: Of 132 medical abortion patients, we excluded seven who were repeat patients. Office and telephone follow-up were chosen by 70 (56%) and 55 (44%) women, respectively. Women's demographic characteristics were similar in both groups. Four (5.7%) and three (5.5%) women who chose office and telephone follow-up were lost to follow-up, respectively (p=1.0). In the telephone group, eight (14.5%) women completed only the 1-week telephone evaluation. Women who chose telephone follow-up were less likely to complete all follow-up (OR, 4.08; 95% CI, 1.12–18.69). The only ongoing pregnancy was in the office follow-up group. Staff rescheduled appointments for 17.4% of women in the office group. Staff called 38.1% and 70.6% of participants at least once at 1 week and 4 weeks, respectively, to complete all assessments.
Outcomes: Loss-to-follow-up rates were similar between women who chose office follow-up and those who chose telephone follow-up. However, incomplete evaluations were more common among the latter group. Women who chose telephone follow-up required more attempts to complete assessments than women scheduled for office evaluation.

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O18

Contraceptive use and counseling among breast cancer patients: a cross-sectional study

Mody S
University of California San Diego, San Diego, CA, USA

Panelli D, Hulugalle A, Su HI, Parker B, Gorman JR

Objectives: This cross-sectional study explored contraceptive counseling and utilization among breast cancer survivors.
Methods: We enrolled reproductive-age women with a history of breast cancer in a cross-sectional study. Participants, who were recruited from the Athena Breast Health Network, the Young Survival Coalition and via social media, completed an online survey. We describe the contraceptive utilization and contraception counseling they received.
Results: A total of 181 breast cancer survivors participated in this study. Seventy-two percent of respondents (114/159) reported being sexually active during their cancer treatment (surgery, chemotherapy, radiation). Among contraceptive users (n=113), 50% used condoms. Respondents reported that, given the diagnosis of breast cancer, method safety had the biggest influence on their decision. Sixty-two percent (92/149) reported receiving contraceptive counseling from their oncologist; however, 40% of this group did not receive a specific method recommendation. Of respondents who reported receiving contraceptive counseling from their gynecologist, 45% (35/78) reported that their gynecologist recommended a copper IUD. Some 52% of respondents (76/146) wanted their oncologist to discuss contraceptive options, and 58% (84/146) preferred to receive this counseling at the time of diagnosis.
Outcomes: Breast cancer patients remain sexually active during cancer treatment and predominately use condoms. If they receive counseling from their oncologist, they often do not receive specific method recommendations. Increased efforts should be pursued to educate oncologists about safe, highly effective contraceptive methods for breast cancer patients.

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