Title

Amenorrhea rates during the first year of use Of Liletta™, a new 52 mg levonorgestrel-releasing intrauterine system

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Authors

Darney, P
Stuart, GS
Thomas, M
et al.

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best friend had had an abortion or attempted self-induction and later asked about personal experience. Weighted proportions were calculated.
Results: Reported birth history was similar between the self-report group (62%) and the best friend group (63%). Abortion history was higher for self-report (12%; 95% CI, 9–15%) than for best friend (8%; 95% CI, 6–10%), while self-report of attempting self-induction (2%; 95% CI, 1–3%) was lower than for best friend (4%; 95% CI, 2–7%). Some 18% of self-induction attempts occurred in the last 5 years, and most occurred in Texas. Overall, 20% reported knowing someone who attempted self-induction, and 13% knew about using misoprostol for self-induction. Only 14% thought it should be illegal for women to self-induce an abortion.
Outcomes: Although uncommon, self-induced abortion occurs in Texas. As legal restrictions limit access to clinic-based care, it will be important to track the prevalence of self-induction. Few Texas women support prosecuting women who self-induce.

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O8

Doctors as messengers: mobilizing physicians across all medical specialties to respond to state-level abortion restrictions

Harris L
American Civil Liberties Union, New York, NY, USA

Hassinger J, Youatt EJ, Seewald M, Martin L, Camp T

Objectives: Physicians can provide compelling testimony when state legislatures consider health/health care issues. However, for abortion legislation, abortion-providers may be discounted as being biased or having a conflict of interest. We explored the willingness of physicians from other specialties to advocate for abortion access.
Methods: We recruited Michigan doctors from several specialties, who were known by the study team to support abortion rights. We conducted focus groups and individual interviews, which were audio-recorded and transcribed. We analyzed transcripts for thematic content using Dedoose, according to grounded theory principles.
Results: Some 17 physicians participated, representing eight medical subspecialties and several practice settings. Most identified a time when their own patient(s) needed abortion services. Participants described experiences directly relevant to legislative debates (e.g., abortion provider admitting privileges do not affect hospital care provision), but were unaware that their perspectives might be important to legislative deliberations. Participants identified obstacles to advocacy including: lack of time, need for political neutrality, fear of alienating patients/trainees, risk of job loss and fear of harassment or violence. Despite reservations, most were willing to participate in advocacy with appropriate guidance and support. Many expressed willingness to work for abortion access within their professional societies.
Outcomes: Developing allies among physicians who do not provide abortions and among health care providers more broadly may be important in efforts to protect abortion access. Strategies include helping caregivers see how their expertise and experiences are relevant to policy debates and supporting mobilization within subspecialty societies.

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O9

Amenorrhea rates during the first year of use Of Liletta™, a new 52 mg levonorgestrel-releasing intrauterine system

Darney P
University of California, San Francisco, San Francisco, CA, USA

Stuart GS, Thomas M, Cwiak C, Teal SB, Creinin MD

Objectives: We evaluated amenorrhea patterns during the first year of use of the Liletta™ levonorgestrel-releasing intrauterine system (IUS).
Methods: Eligible women were enrolled in a multicenter trial designed to evaluate the efficacy and safety of Liletta for up to 7 years. Participants maintained a daily diary with bleeding information. Bleeding patterns were assessed in 90-day intervals; amenorrhea was defined as no bleeding or spotting in the preceding 90 days. Multivariable regression was performed to identify predictors of amenorrhea at 12 months.
Results: Amenorrhea rates at 3, 6, 9 and 12 months of Liletta use were 0.4% (17/1700), 11.3% (183/1619), 18.7% (287/1539) and 18.6% (269/1444), respectively. During the first 12 months, 1.5% of Liletta users discontinued because of bleeding irregularities; none discontinued because of amenorrhea. Of women who were amenorrheic at 6 and 9 months and continued Liletta through 12 months, 54.8% (85/155) and 67.2% (166/247), respectively, remained amenorrheic through 12 months. Women were more likely to develop amenorrhea by 12 months if they were White vs. non-White (19.8% vs. 13.6%; OR, 1.50; 95% CI, 1.01–2.22) or used hormonal contraceptives in the 3 months before IUS placement (21.5% vs. 15%; OR, 1.52; 95% CI, 1.15–2.02). Twelve-month amenorrhea rates were unrelated to age, parity or BMI; rates in all categories were between 18% and 20%.
Outcomes: Amenorrhea rates during the first year of Liletta use are similar at 9 and 12 months. Amenorrhea at 12 months is most common among women using hormonal contraceptives in the 3 months before IUS placement.

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O10

Assessement of expulsions in nulliparous and multiparous women during the first year of use of Liletta™, a new 52 mg levonorgestrel-releasing intrauterine system

Keder LM
Ohio State University, Columbus, OH, USA

Darney P, Blumenthal PD, Perriera LK, Stuart GS, Creinin MD

Objectives: We assessed the incidence of and factors related to expulsion of the Liletta levonorgestrel-releasing intrauterine system (IUS) during the first year of use.
Methods: Eligible nulliparous and multiparous women were enrolled in a multicenter trial designed to evaluate the efficacy and safety of Liletta for up to 7 years. IUS presence was evaluated at 3, 6 and 12 months after placement and during unscheduled visits. Partial expulsion was defined as IUS location in the cervical canal or increased bleeding or cramping with sonographic visualization of the IUS in the lower uterus. Univariate and multivariable regression analyses were performed to identify predictors of expulsion.
Results: Of 1751 enrolled subjects, 1011 (57.7%) were nulliparous and, 435 (24.8%) were obese (BMI≥30 kg/m^2). Expulsion occurred among 50 (2.9%) women during the first 12 months, including 23 complete and 27 partial expulsions. Ten (20%) expulsions occurred within 30 days of IUS placement, and 56% occurred within 180 days. Expulsions were more common among multiparous women (n=33, 4.5%) than among nulliparous women ((n=17, 1.7%) (p<.001)) and among obese women (n=22, 5.1%) than among nonobese women ((n=28, 2.2%) (p=.003)). Race, ethnicity, age and hormonal contraceptive use prior to IUS placement were not related to expulsion. In multivariable regression, multiparity (OR, 2.7; 95% CI, 1.38–5.26) and obesity (OR, 1.92; 95% CI, 1.06–3.45) remained significant.
Outcomes: Although multiparous and obese women are more likely than others to experience IUS expulsion in the first year of Liletta use, the overall expulsion rate is low.

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O11

Bleeding patterns in women using Liletta™, a new 52 mg levonorgestrel-releasing intrauterine system, for up to 2 years

Teal SB
University of Colorado, Aurora, CO, USA

Westhoff CL, Keder LM, Darney PD, Blumenthal PD, Creinin MD

Objectives: We describe bleeding and spotting patterns during the first 2 years of use of the Liletta levonorgestrel-releasing intrauterine system (IUS).