Title

Four-Year Efficacy and Safety of the Liletta® Levonorgestrel Intrauterine System [11A]

Journal

Obstetrics and Gynecology, 129(&NA;)

ISSN

1099-3630

Authors

Thomas, Michael
Chen, Beatrice A
Keder, Lisa M
et al.

Publication Date

2017-05-01

DOI

10.1097/01.aog.0000514246.36176.80

Peer reviewed

RESULTS: Majority of the participants were married (85%). Median gravidity was 3 pregnancies. 90% were not planning to get pregnant in the next year. However, only half of them were currently using modern contraceptive method. All women had heard of at least one type of modern contraceptive method, the most common being condoms and Depo-Provera. 90% of participants obtained contraceptive knowledge from a healthcare provider. More than half of the participants believed that family planning use was not good for their health. 74% participants believed that family planning would harm future offspring. Analysis of qualitative responses generated three main themes: 1) Menstruation changes influencing contraception use; 2) Concern for negative effects (miscarriage, stillborn, poor development) on future offspring/pregnancy; and 3) Shared decision-making between partners without concealed contraceptive use.

CONCLUSION: Healthcare providers must consider counseling women to dispel myths about negative effects on future pregnancies. Setting realistic expectations about menstruation changes and other side effects may change the contraception uptake and discontinuation rates.

Financial Disclosure: *The authors did not report any potential conflicts of interest.*

Do Women Undergoing Surgical Abortion Versus Medical Abortion Choose Different Methods of Contraception? [9A]

Anton Bogdanov, MD
NYU Lutheran, Brooklyn, NY
Michael Molaei, MD, Finn Schubert, and Meera Kesavan, MD

INTRODUCTION: Elective termination of pregnancy (TOP) is an option for unwanted pregnancy. Effective contraception can prevent these unplanned pregnancies and terminations. The purpose of this study was to identify differences in post-abortion contraception among women who underwent surgical and medical abortion. Contraceptive choices were reviewed based on patient demographics.

METHODS: A retrospective cohort study was conducted on 330 patients receiving abortions from January 1st through 15th, 2014 by review of electronic medical records from a private outpatient family planning clinic specializing in abortion services. Data analysis was conducted using Chi Square test.

RESULTS: The 330 reviewed procedures were 53 medical TOPs, 219 1st trimester, and 58 2nd trimester surgical abortions. Of all patients 4.2% desired LARC, 78.2% desired other methods, 17.6% declined contraception. Patients with a medical TOP were most likely to have received a LARC method (22.6%) followed by those having first trimester procedures (10.5%) and second trimester procedures (8.6%), p=0.003. Significant loss of follow up was observed with medical TOPs (38.2%), 1st trimester surgical TOPs (68.0%) and 2nd trimester surgical TOPs (82.8%). Other factors influencing these choices are age, parity, prior abortion, insurance, and education. 18.2% of all patients returned pregnant within 18 months.

CONCLUSION: Differences are seen in contraceptive choice and type of abortion. Age, parity, and a history of prior abortions may influence these choices. High follow-up failure and return pregnancy rates may suggest immediate contraception at time of procedure should be considered. Comparing these demographics with multivariate analysis could provide further understanding about these influencing factors.

Financial Disclosure: *The authors did not report any potential conflicts of interest.*

Abortion Stigma Resulting From State-Mandated Abortion Consent Language: A Randomized Controlled Trial [10A]

Sarita Sonalkar, MD, MPH
Perelman School of Medicine at the University of Pennsylvania, Philadelphia, PA
Elizabeth P. Gurney, MD, MPH, Arden McAllister, MPH, and Courtney Schreiber, MD, MPH

INTRODUCTION: State-mandated abortion counseling requirements may direct women toward continuing a pregnancy. We sought to pilot-test our hypothesis that state-mandated abortion counseling requirements in Pennsylvania increase individual-level stigma.

METHODS: Women presenting for abortion were randomized to complete the validated Individual Level Abortion Stigma (ILAS) scale either before (unexposed) or after (exposed) hearing the mandatory Pennsylvania Abortion Control Act (PACA) consent language via video. A sample size of 46 (23 per group) allowed us to detect a one standard deviation difference in mean ILAS score.

RESULTS: From November 2015 to April 2016, 46 participants completed the study. All characteristics but one were balanced among the groups: the unexposed group had a greater proportion of low-income participants. The median ILAS score among all participants was 0.85 [IQR 0.6, 1.4]. Compared to the unexposed group, the exposed group experienced a significantly lower median ILAS score (0.75 [IQR 0.5, 1.05] versus 1.25 [IQR 0.7, 1.9], p=0.016). However, when controlling for participant income category in a multivariate analysis, the effect of the PACA consent language on stigma scores was no longer statistically significant (p=0.068).

CONCLUSION: In this randomized trial, stigma scores were lower among women who heard the state-mandated abortion consent script when compared with stigma scores among women who had not yet heard the script, but this effect was confounded by participants' income category. State-mandated consent processes intended to dissuade women from having abortions do not appear to increase perceived stigma; however, the effect of socioeconomic status on abortion stigma deserves further study.

Financial Disclosure: *The authors did not report any potential conflicts of interest.*

BLUE RIBBON

Four-Year Efficacy and Safety of the Liletta® Levonorgestrel Intrauterine System [11A]

Michael Thomas, MD
University of Cincinnati, Cincinnati, OH
Beatrice A. Chen, MD, MPH, Lisa M. Keder, MD, MPH, Thomas D. Kimble, MD, Jeffrey T. Jensen, MD, MPH, and Mitchell D. Creinin, MD

INTRODUCTION: Liletta is a levonorgestrel 52 mg contraceptive intrauterine system (IUS) currently approved for contraception for up to three years based on an ongoing multicenter trial evaluating the product for up to seven years of use. We evaluated four-year efficacy and safety data for Liletta.

METHODS: Women aged 16-45 years were enrolled and followed in the clinical trial. Women aged 36-45 years received the IUS for safety evaluation only. We assessed four-year pregnancy rates (by Pearl Index and life-table analysis) and safety outcomes.

RESULTS: Successful IUS placement occurred in 1,568 (98%) women aged 16-35 years and 146 (97%) women aged 36-45 years, including 1,011 (57.7%) nulliparous and 438 (25.1%) obese women. Among women 16-35 years at enrollment, eight pregnancies occurred including one following perforation and one following expulsion. Six (75%) pregnancies were ectopic. The eight pregnancies included three nulliparous women and one obese woman. The Pearl Index in the first year was .15 (95% CI .02-.55). Cumulative life-table pregnancy rates through years two, three and four were .49 (95% CI .22-1.09), .60 (95% CI .28-1.26) and .78 (95% CI .37, 1.60). Perforation following IUS placement occurred in two (0.1%) women; both were diagnosed within the first year. Expulsion was reported in 63 (3.7%) participants, most (50 [80.6%]) during the first year of use. Pelvic infection was diagnosed in 12 (.7%) women. Only 38 (2.2%) women discontinued due to bleeding complaints.

CONCLUSION: Liletta is highly effective and safe over four years of use in nulliparous and parous women as well as non-obese and obese women.

Financial Disclosure: *Michael Thomas disclosed the following–Medicines 360: Research Grant includes principal investigator, collaborator or*

consultant and pending grants as well as grants already received. Lisa Keder disclosed the following–Bayer: Consultant/Advisory Board; Duramed: Research Grant includes principal investigator, collaborator or consultant and pending grants as well as grants already received; Medicine 360: Research Grant includes principal investigator, collaborator or consultant and pending grants as well as grants already received; Teva: Research Grant includes principal investigator, collaborator or consultant and pending grants as well as grants already received. Thomas Kimble disclosed the following–Agile: Research Grant includes principal investigator, collaborator or consultant and pending grants as well as grants already received; Allergan: Consultant/Advisory Board, Other Research Support includes receipt of drugs, supplies, equipment or other in-kind support; Bayer: Research Grant includes principal investigator, collaborator or consultant and pending grants as well as grants already received; Chemo: Research Grant includes principal investigator, collaborator or consultant and pending grants as well as grants already received; Medicines360: Consultant/Advisory Board, Research Grant includes principal investigator, collaborator or consultant and pending grants as well as grants already received; Merck: Research Grant includes principal investigator, collaborator or consultant and pending grants as well as grants already received, Speaker/Honoraria includes speakers bureau, symposia, and expert witness; Mithra: Research Grant includes principal investigator, collaborator or consultant and pending grants as well as grants already received. Jeffrey Jensen disclosed the following–Abbvie: Consultant/Advisory Board, Research Grant includes principal investigator, collaborator or consultant and pending grants as well as grants already received; Agile: Consultant/Advisory Board, Research Grant includes principal investigator, collaborator or consultant and pending grants as well as grants already received; Bayer: Consultant/Advisory Board, Other Research Support includes receipt of drugs, supplies, equipment or other in-kind support, Research Grant includes principal investigator, collaborator or consultant and pending grants as well as grants already received; ContraMed: Consultant/Advisory Board, Research Grant includes principal investigator, collaborator or consultant and pending grants as well as grants already received; FHI360: Other Research Support includes receipt of drugs, supplies, equipment or other in-kind support; HRA pharma: Consultant/Advisory Board, Research Grant includes principal investigator, collaborator or consultant and pending grants as well as grants already received; Medicines360: Research Grant includes principal investigator, collaborator or consultant and pending grants as well as grants already received; Merck: Consultant/Advisory Board, Other Research Support includes receipt of drugs, supplies, equipment or other in-kind support, Research Grant includes principal investigator, collaborator or consultant and pending grants as well as grants already received; MicroChips: Consultant/Advisory Board; Teva: Consultant/Advisory Board. The other authors did not report any potential conflicts of interest.

Acceptance and Continuation of Immediate Postpartum LARC: Experiences From a Texas Hospital [12A]

Cristina Wallace Huff, MD
UT Health McGovern Medical School, Houston, TX
Sara Holcombe, DO, Jenny Duret-Uzodinma, MD, Chloe Dillaway, Kristine Hopkins, PhD, and Joseph E. Potter, PhD

INTRODUCTION: Lyndon Baines Johnson Hospital in Houston, Texas began offering immediate postpartum placement of long-acting reversible contraception (LARC) in June 2014. We aimed to assess patient demand for this service, along with continuation and satisfaction at 3 and 6 months after delivery.

METHODS: We conducted a cohort study of 199 postpartum women who delivered at this hospital. Publicly insured women aged 18-44 who delivered a healthy singleton, and wanted to delay childbearing for 24 months were eligible. Interviews were conducted face-to-face following delivery and by telephone at 3 and 6 months. Women receiving LARC postpartum, were asked about their continued use and satisfaction.

RESULTS: Twenty-four women (12%) had an IUD placed immediately following delivery, and 46 (23%) had an implant placed before discharge. Forty-two (21%) had a sterilization before discharge, and 15 (8%) received an injectable. Another 10 participants (5%) said they would have accepted immediate postpartum placement of LARC, but it was not placed. Among the 170 women for whom we had complete follow-up data through 6 months, 62 were using LARC at baseline. 59 were using LARC at 3 months and 6 months. Two implants and one IUD were removed, and one IUD expelled. Of women continuing on LARC, 68% were very satisfied, and 21% somewhat satisfied.

CONCLUSION: Acceptance of immediate postpartum LARC among low-income, predominantly Hispanic women is high. Continuation and satisfaction were also high, indicating that the Texas Medicaid rule change permitting reimbursement for postpartum LARC that went into effect in January 2016 could be of great benefit.

Financial Disclosure: *The authors did not report any potential conflicts of interest.*

Access to Abortion for Minors Following Implementation of the Illinois Parental Notice of Abortion Act in 2013 [13A]

Alissa Dries, MD
Rush University Medical Center, Chicago, IL
Allison Cowett, MD, MPH, and Sloane York, MD, MPH

INTRODUCTION: With 85% of adolescent pregnancies unintended, access to safe abortion is vital for teens. Several social, economic and legal barriers impede this access. In August 2013, Illinois implemented the Parental Notice of Abortion Act, requiring providers to notify an adult family member of women under the age of 18 seeking abortion 48 hours prior to the procedure.

METHODS: We performed a retrospective charts review to assess changes in care of a randomly selected sample of 180 minors seeking abortion at a freestanding clinic in Chicago for one year before and one year following implementation of the law. The primary outcome was mean gestational age at presentation.

RESULTS: Mean gestational age at presentation did not differ before and after implementation (15.9 versus 14.8 weeks, respectively, P=0.8833). No difference was found between the distance travelled for care (42.1 before versus 51.2 miles after, P=0.73) or the number of out-of-state subjects (n=14 before versus n=18 after, P=0.40). Fewer teens presenting following the law obtained an abortion (95.6% before versus 78.4% after, P=0.001). The number of teens unable to obtain an abortion for advanced gestational age increased from 2 prior to 10 following implementation.

CONCLUSION: While our study did not find a difference in gestational age at presentation or distance traveled to the clinic, we noted a decrease in the percentage of presenting teens who obtained an abortion and an increase in the number of teens who were turned away secondary to advanced gestational age following the implementation of parental notice in Illinois.

Financial Disclosure: *Allison Cowett disclosed the following–Merck: Research Grant includes principal investigator, collaborator or consultant and pending grants as well as grants already received. Sloane York disclosed the following– Ossur: Consultant/Advisory Board; Stryker: Consultant/Advisory Board. The other authors did not report any potential conflicts of interest.*

The Availability of Long-Acting Reversible Contraception Through Los Angeles County FamilyPACT Clinics [14A]

Melissa Faith Natavio, MD, MPH
University of Southern California Keck School of Medicine, Los Angeles, CA
Niquelle Brown, MS, Elizabeth Blotky, Christine Van Horn, Caitlin Waters, and Anita Nelson, MD

INTRODUCTION: Family Planning, Access, Care and Treatment (FamilyPACT) is a Medicaid waiver program in California that provides all methods of contraception without charge to uninsured women and men with family incomes below 200% of the federal poverty level. The program requires that FamilyPACT clinics provide all methods on site or by referral. Extensive efforts with training and education have been made to encourage use of long-acting reversible contraception (LARC), but only 13% of women use an