Title

Change in bleeding patterns after Liletta insertion for women with subjective baseline heavy menstrual bleeding

Journal

Contraception, 98(4)

ISSN

0010-7824

Authors

Eisenberg, DL
Schreiber, CA
Carr, BD
et al.

Publication Date

2018-10-01

DOI

10.1016/j.contraception.2018.07.067

Peer reviewed

Conclusions: Our findings suggest that for black women, their prior experience is more important and healthcare provider recommendations less important when choosing a method compared with white women. This information may inform patient-centered contraceptive counseling.

doi:10.1016/j.contraception.2018.07.064

P37

Integration of contraceptive services into cardiovascular disease management improves access to long-acting reversible contraception

C Bernard

Indiana University, Indianapolis, Indianapolis, IN, USA

C Pekny, C Omukagah, C Bernard, I Manji, S Pastakia, A Christoffersen-Deb

Objectives: Integration of contraceptive services is a promising way to improve access to contraception in sub-Saharan Africa, but few studies have evaluated this strategy to increase access to long-acting reversible contraception (LARC) among women with cardiovascular disease. Our objective was to evaluate a model of care integrating contraceptive counseling and provision within an anticoagulation management clinic in Eldoret, Kenya, to determine the impact on LARC use.
Methods: We performed a prospective observational study of reproductive-age women referred for integrated services from the anticoagulation management clinic at Moi Teaching and Referral Hospital from March 2015 to March 2016. All participants received disease-specific contraceptive counseling and provision, free reversible methods, and follow-up care. We compared LARC use at 3 months postintervention to preintervention using the proportions test. Logistic regression analysis was used to determine individual factors related to LARC use.
Results: Of 190 participants, 171 (90%) completed 3-month follow-up. There was a significant increase in LARC use from 15% to 28% (85% increase, p=.004) and injectable contraceptive use from 14% to 24% (78% increase, p=.013). There was a concomitant decrease in the use of no method/abstinence from 57% to 39% (33% decrease, p<.001). In logistic regression analysis, younger age, having at least one child and discussing family planning with a partner were predictive of LARC use.
Conclusions: Integrating contraceptive services into anticoagulation management clinic services increases the use of LARC and overall highly effective contraceptive use for women with cardiovascular disease. Implementation of similar models of care should be evaluated within other sites for chronic disease management.

doi:10.1016/j.contraception.2018.07.065

P38

Comparison of an additional early visit to routine postpartum care on initiation of long-acting reversible contraception: A randomized trial

C Bernard

Indiana University, Indianapolis, Indianapolis, IN, USA

L Wan, J Peipert, T Madden

Objectives: We aimed to investigate whether an early 3-week postpartum visit in addition to the standard 6-week visit increases LARC initiation by 8 weeks postpartum compared with the routine 6-week visit alone.
Methods: We enrolled pregnant and immediate postpartum women into a prospective randomized, nonblinded trial comparing a single 6-week postpartum visit (routine care) to two visits at 3 and 6 weeks postpartum (intervention), with initiation of contraception at the 3-week visit, if desired. All participants received structured contraceptive counseling. Participants completed surveys in-person at baseline and at the time of each postpartum visit. A sample size of 200 total participants was needed to detect a twofold difference in LARC initiation (20% vs. 40%).
Results: Between May 2016 and March 2017, 200 participants enrolled; outcome data are available for 188. The majority of LARC initiation occurred immediately postpartum (25% of the intervention arm and 27% of the routine care arm). By 8 weeks postpartum, 34% of participants in the intervention arm initiated LARC compared with 41% in the routine care arm (p=.35). Overall contraceptive initiation by 8 weeks was 83% and 84% in the intervention and routine care arms, respectively (p=.79). The proportion of women who attended at least one postpartum visit did not differ between arms (70% vs. 74%, p=.56).
Conclusions: The addition of a 3-week postpartum visit to routine care does not increase LARC initiation by 8 weeks postpartum. The majority of LARC users desired immediate rather than interval postpartum initiation.

doi:10.1016/j.contraception.2018.07.066

P39

Change in bleeding patterns after Liletta insertion for women with subjective baseline heavy menstrual bleeding

DL Eisenberg

Washington University in St. Louis, St. Louis, MO, USA

CA Schreiber, BD Carr, DK Turok, BA Chen, MD Creinin

Objectives: We evaluated changes in bleeding patterns among women with heavy menstrual bleeding prior to Liletta insertion.
Methods: A total of 1714 women aged 16–45 received Liletta® in a multicenter trial evaluating efficacy and safety for up to 10 years. At screening, participants described their baseline menstrual bleeding patterns for the prior 3 months; this analysis includes only those women who self-reported their pattern as heavy. Participants completed daily diaries with subjective evaluation of bleeding information for the first 2 years. Amenorrhea is defined as no bleeding or spotting. We evaluated changes in menstrual bleeding and discontinuation for bleeding complaints per 28-day cycle over 26 cycles (2 years).
Results: Overall, 166 participants reported baseline heavy menstrual bleeding. By the end of cycles 1 and 2, 66.9% and 85.4%, respectively, reported no such bleeding. No such bleeding was reported by 92.3%, 92.8% and 97.3% of women in the study at 6, 13 and 26 cycles, respectively. Amenorrhea rates at cycles 13 and 26 were 19.6% and 37.5%, respectively; spotting or amenorrhea was reported by 50.7% and 65.2%, respectively; 10 (6.0%), 28 (16.9%), 36 (21.7%) and 54 (32.5%) women with baseline heavy menstrual bleeding discontinued by cycle 6, 13, 19 and 26, respectively. Only four (2.4%) women with such bleeding at baseline discontinued for bleeding complaints (two for heavy bleeding and two for irregular bleeding), all within the first year.

Conclusions: Most women who self-report heavy menstrual bleeding experience significant improvement quickly after Liletta insertion. Discontinuation for bleeding complaints among these women is very low.

doi:10.1016/j.contraception.2018.07.067

P40

Time to removal and predictors of removal of the levonorgestrel 52-mg intrauterine system

MD Creinin

University of California, Davis, Sacramento, CA, USA

A Harrington, S Baradaran, L Guo, J Ye, AI Olariu

Objectives: We aimed to determine duration of use of the levonorgestrel (LNG) 52-mg intrauterine system (IUS) among real-world patients and identify select patient factors affecting time to removal.
Methods: Using product and procedure codes, the Marketscan Commercial Insurance Database was searched for women with LNG 52-mg IUS insertion from 2008 to 2014. We included women aged 18–49 at insertion who had continuous database enrollment for 12 months before insertion without intrauterine contraceptive use. Women who had LNG-IUS removal within 48 h were excluded. We identified discontinuation using IUS removal billing codes. We assessed time to removal using Kaplan–Meier analysis with censoring at the last observation when lost to follow-up. We evaluated the relationship of removal to multiple variables in the year preceding insertion using a Cox proportional-hazards model.
Results: Overall, 411,530 women were analyzed, and 330,711 (80.4%) were censored during follow-up. Women's average age at insertion was 32.1(±7.4) years. Median duration of use was 5.0 years overall and minimally longer among women aged 30 or older (5.1 years) than among those younger than 30 (4.5 years). Compared with women aged 18–24 at insertion, all women aged 30 or older were progressively less likely to discontinue ranging from HR, 0.90; 95% CI, 0.88–0.92 (women aged 30–34) to HR, 0.52; 95% CI, 0.50–0.54 (women aged 45–49). Women who had a pregnancy in the year preceding insertion were more likely to have removal within 5 years (HR, 1.18; 95% CI, 1.06–1.30) than those who had not.
Conclusions: More than 50% of women with commercial insurance use the LNG 52mg IUS for 4.5 years or longer. Age at insertion appears to have an important impact on removal rates.

doi:10.1016/j.contraception.2018.07.068

P41

Postabortion long-acting reversible contraceptive uptake among opioid-dependent patients

N Mastey

Harvard University, Boston, MA, USA

A Roe, R Maurer, A Goldberg

Objectives: We sought to assess the rate of postabortion IUD and contraceptive implant uptake among abortion patients on opioid maintenance therapy and identify if this therapy is a predictor of IUD and implant uptake among abortion patients.
Methods: This is a secondary analysis of data from a retrospective observational cohort study of LARC uptake by patients presenting for surgical abortion at Planned Parenthood League of Massachusetts between October 2012 and April 2017.
Results: During the study period, 26,858 patients had an abortion procedure, and 768 of them were on opioid maintenance therapy (2.9%). Of the patients on opioid maintenance therapy, 30.1% (95% CI, 26.9% –33.5%) received a LARC method; 22.7% (174/768) received an IUD, and 7.4% (57/768) received an implant. In univariate analyses, patients on opioid maintenance therapy were more likely to choose an IUD (22.7 % vs. 18.3%, OR, 1.31; 95% CI, 1.10–1.56, p=.003) and had a similar rate of implant uptake (7.4 vs. 7.0%, OR, 1.11; 95% CI, 0.84–1.46, p=.47) compared with all patients undergoing abortion. In multivariable analyses of all abortion patients, use of opioid maintenance therapy was not associated with either IUD or implant uptake. Older age, earlier gestation and having public insurance (compared with private or self-pay) predicted LARC uptake at time of abortion among patients on such therapy.
Conclusions: Postabortion LARC uptake is high among patients on opioid maintenance therapy in a setting with easy access to postabortion LARC. Public insurance coverage for abortion is correlated with increased uptake of LARC among patients on this therapy.

doi:10.1016/j.contraception.2018.07.069

P42

Comparing breastfeeding patterns among women who chose immediate postpartum LARC versus all other contraceptive options

S Holton

Christiana Care Health System, Newark, DE, USA

K Antell, D Medaglio, P Wu, S Wilson

Objectives: We aimed to evaluate whether immediate postpartum LARCs, when compared with all other contraceptive options, have an effect on breastfeeding over 3 months postpartum.
Methods: This was a prospective cohort study of women delivering at a single institution from April 2016 to September 2017. Included women were older than 18, enrolled less than 7 days after delivery, with active Medicaid coverage and no sterilization performed prior to discharge. Women completed a baseline survey at time of enrollment followed by phone surveys at 6 weeks and 3 months. The primary outcome was the association between immediate postpartum LARC and any breastfeeding at 3 months. χ^2, Student's *t* test, Wilcoxon rank-sum and univariable logistic regression were used where appropriate.
Results: Of the 544 women enrolled, 169 (31.1%) received a LARC prior to discharge, and 375 (68.9%) were utilizing other contraceptive methods. While the groups did not differ significantly with regard to age, race, parity, pregnancy and breastfeeding intention, LARC use was significantly associated with cesarean section delivery (39.3% LARC vs. 25.8% non-LARC; p<.01). At the 3-month follow up, the survey completion rate was 66.2%, and 112 (31.1%) women were utilizing a LARC, while 248 (68.9%) were utilizing other methods. LARC use was not associated with a significantly different breastfeeding rate at 6 weeks (46.0% vs. 47.8%; OR, 1.08; 95% CI, 0.70–1.66) or at 3 months (34.8% vs. 31.0%; OR, 0.84; 95% CI, 0.53–1.35).
Conclusions: Breastfeeding patterns were found to be similar among women who chose immediate postpartum LARC versus all other contraceptive options over a 3-month time period.

doi:10.1016/j.contraception.2018.07.070