Title

Likelihood of postpartum sterilization after vaginal delivery before and after prioritizing operating room access

Journal

Contraception, 92(4)

ISSN

0010-7824

Authors

Wolfe, K
Wilson, MD
Creinin, MD
et al.

Publication Date

2015-10-01

DOI

10.1016/j.contraception.2015.06.172

Peer reviewed

P119

Abortion attitudes among US medical students applying to obstetrics and gynecology residencies: a qualitative study

Bartz D
Harvard Medical School, Boston, MA, USA

Janiak E, Jackson C, Allen R, Steinauer J

Objectives: Among surveyed gynecologists, two dominant correlates of abortion provision are abortion training in residency and preresidency abortion attitudes. To understand influences on preresidency abortion attitudes, this study explored factors that shape medical students' attitudes about and intention to provide abortion.
Methods: We conducted semistructured in-depth interviews with fourth-year medical students who had applied but had not yet been accepted to obstetrics and gynecology residency. Students were purposively sampled by gender, US region and school affiliation with the Ryan Training Program. Interviews explored influences on students' abortion attitudes prior to medical school, such as family, friends and religion, and during medical school, such as clinical exposure and mentorship. We also queried students regarding their abortion training expectations. Interview transcripts were double coded and analyzed using inductive methods.
Results: Seventy-four students were interviewed. Many students had a good understanding of the prevalence of abortion in routine obstetrics and gynecology. Upon exploration of where this understanding originated, students' medical school experiences with induced abortion were critical to increasing their knowledge of and comfort with abortion. For students who had a transition in thought toward greater support of abortion, medical school exposure was described as having had the greatest influence. Many students wanted greater abortion exposure and therefore considered abortion training availability when applying to residency.
Outcomes: Medical school is a formative time for shaping medical students' abortion attitudes and intention to provide abortion in the future. Clinical exposure affects students' understanding of abortion within routine obstetrics and gynecology and influences their plans to train in abortion.

http://dx.doi.org/10.1016/j.contraception.2015.06.169

P120

A "Marginalized Part of Adolescent Healthcare": emergency contraception training experiences among residents in pediatrics, family and emergency medicine

Truehart A
University of Chicago, Chicago, IL, USA

Fabiyi C, Chor J, Gilliam M

Objectives: We examined training experiences in emergency contraception (EC) and exposure to adolescent EC counseling during residency among providers who frequently see adolescents (family medicine, pediatrics and emergency medicine — termed *frontline adolescent providers*).
Methods: Semistructured individual interviews were conducted from June to October 2014 with 24 residents from four urban, academic institutions. Interviews were digitally recorded, transcribed and analyzed for salient themes.
Results: Few residents had personally counseled adolescents about EC. Residents reported EC being within their scope of practice, but we found that people's perception of their role in EC counseling depended on their view of their own specialty. Those who viewed their specialty as preventative saw EC as different from, and even the opposite of, "maintenance contraception" and as an emergency intervention. Therefore, they believed that EC counseling primarily should take place in an acute care setting. However, those who were engaged in emergent care saw EC as a primary care intervention, unless it was in the case of sexual assault, and believed that this counseling should occur during a scheduled clinic visit before need of the method. During the interviews, many residents reflected on their own framework and how they could incorporate EC into other situations or settings.
Outcomes: Frontline adolescent providers have a critical role in adolescent health care. Reframing EC as having diverse roles along the continuum of prevention and acute treatment may ensure that a wider variety of clinicians engages in EC counseling.

http://dx.doi.org/10.1016/j.contraception.2015.06.170

P121

Clinical mentorship for quality assurance of sexual and reproductive health services in Kenya

Rufus A
Planned Parenthood Federation of America, Planned Parenthood Global — Africa Regional Office, Nairobi, Kenya

Nyandat C

Objectives: Planned Parenthood Global supports KMET to implement an initiative to increase sexual and reproductive health in Southwest Kenya focusing on long-acting reversible contraceptive (LARC) methods and comprehensive abortion care. Despite training, the majority of providers did not initiate provision of these services. Service uptake was generally low, and providers had negative values and attitudes regarding provision of abortion services.
Methods: A clinical mentorship program was designed as part of a broader provider supervision process to address provider fears, gaps in skills and confidence in providing services. Eighty-six providers working in 44 supported health facilities were included in the program. Mentors were trained and assigned to a set number of facilities to observe and assess newly trained providers' performance, provide coaching and identify needs for further training. A total of 352 mentorship sessions were held focusing on attitudes and confidence in providing abortion services and LARC methods, clinical safety and counseling.
Results: Some 80 (91%) of 88 mentees achieved the required competency levels including skills, change in attitude and improved confidence in LARC method and abortion service provision. The number of clients accessing comprehensive abortion services increased by 296%, and the number of clients accessing LARC services increased by 55%. About 30% of clients were aged 24 or younger.
Outcomes: Clinical mentorship is important for improving capacity of providers, especially in resource-limited settings.

http://dx.doi.org/10.1016/j.contraception.2015.06.171

P122

Likelihood of postpartum sterilization after vaginal delivery before and after prioritizing operating room access

Wolfe K
University of California, Davis, Sacramento, CA, USA

Wilson MD, Creinin MD, Hou MY

Objectives: We describe postpartum sterilization rates after vaginal delivery before and after instituting a policy that prioritized operating room access for women desiring such procedures.
Methods: In August 2013, a policy designating postpartum sterilization as a priority, nonelective surgery was initiated at our institution. We used electronic medical records to identify women with a valid California sterilization form who desired postpartum sterilization and had had a vaginal birth in the 16 months before and after the policy change (March 2012 to November 2014). We compared patient demographic characteristics, sterilization rates and reasons for failure to obtain a procedure.
Results: The charts of all 173 subjects identified were available for review. Age, race, insurance, gravidity, parity and BMI did not differ. Postvaginal delivery sterilization occurred among 54/85 (64%) women and 60/88 (68%) women before and after the policy, respectively (p=.52). Although operating room availability was eliminated as a

reason for failure to provide the procedure (6.5% vs. 0%, p=.49), patient refusal increased (45% vs. 57%, p=.44). Other reasons, including body habitus (23% vs. 25%, p=1.0) and other medical conditions (13% vs. 11%, p=1.0) were not significantly different. No reason was reported in 13% and 7% of charts, respectively (p=.67).
Outcomes: A policy to improve sterilization access after vaginal birth did not alter women's likelihood of undergoing the procedure in our population. More than half of women who did not have a procedure had changed their mind about sterilization, despite an available operating room. More comprehensive counseling prior to delivery may have a greater impact.

http://dx.doi.org/10.1016/j.contraception.2015.06.172

P123

Safety outcomes of female sterilization by salpingectomy and tubal occlusion

Westberg J
University of California, Davis, Sacramento, CA, USA
Scott F, Creinin MD

Objectives: We compare surgical time, immediate and short-term complications among women having laparoscopic salpingectomy or tubal occlusion for female sterilization.
Methods: Billing data were used to identify women having sterilization at our institution between July 1, 2011 and June 30, 2014. All charts were available and reviewed to identify women who had laparoscopic procedures. We extracted demographic information, surgical times and complications within 30 days, including unscheduled clinic or emergency room visits. Complications were categorized as immediate (prior to discharge) and short term (within 30 days of the procedure). Surgeries including procedures other than IUD removal were considered mixed operations. Mixed operations and unilateral sterilization procedures were included only in safety evaluations. Fisher's Exact Tests and *t* tests were performed as appropriate.
Results: The 111 women identified had 46 salpingectomies (including 14 mixed operations, 2 unilateral salpingectomies) and 65 tubal occlusions (including 8 mixed operations). All procedures involved obstetrics and gynecology residents. Surgical time was 11 min longer for salpingectomies than for occlusion procedures (49 vs. 38 min, p=.003). Average surgical times were shorter with third- or fourth-year residents than with first- or second-year residents for both salpingectomy (42.8±21.5 min vs. 51.5±15.2 min, respectively, p=.29) and occlusions (31.1±12.1 min vs. 41±12.8 min, respectively, p=.01). Salpingectomy and occlusion procedures had similar immediate (2.2% vs. 1.5%, p=1.0) and short-term (6.5% vs. 13.8%, p=.35) complication rates.
Outcomes: In a residency training setting, salpingectomy for female sterilization takes slightly longer to complete than tubal occlusion procedures but is not associated with increased complications. Operative time decreases for both procedures with increasing levels of experience.

http://dx.doi.org/10.1016/j.contraception.2015.06.173

P124

The Essure® experience at an urban public hospital

Gladstein N
Department of Obstetrics and Gynecology, John H. Stroger, Jr. Hospital of Cook County, Chicago, IL, USA

Zimmerman L, Fatima A, Patel A

Objectives: We describe the Essure® experience at an urban public hospital with a residency training program and assess the proportion of patients with placement success.
Methods: This is an IRB-approved retrospective review of all patients presenting for Essure® placement from January 2013 through December 2014. These procedures are done in an outpatient setting under moderate sedation. Demographic characteristics, scheduling, and follow-up patterns, in accordance with the FDA, of patients presenting for placement were examined, in addition to the proportion of patients with successful placements.
Results: Some 82 women presented for Essure® placement. The mean age was 36.8 (SD, 5.0), and 61% were Hispanic, 32.9% were African-American and 6.1% were White. Depot medroxyprogesterone acetate injection was provided to 86.3% of women prior to the procedure. There was a 78% success rate of bilateral Essure® placement on the first attempt. Of the women whose procedures were unsuccessful, 55.6% returned for a second attempt. On the second attempt, 70% of procedures were successful. Some 74.2% of women returned for a hysterosalpingogram (HSG). Of those, 97.8% had documented bilateral occlusion, and only 2.2% needed to have a second test in 3 months.
Outcomes: Our findings represent the lower end of success rates demonstrated in the literature. Loss to follow-up in accordance with FDA mandates remains a challenge. As Essure® develops as a viable option for those who select permanent contraception, realistic expectations of placement success is important.

http://dx.doi.org/10.1016/j.contraception.2015.06.174

P125

Patient-level characteristics and considerations for early pregnancy loss management choice

Chavez V
Department of Obstetrics and Gynecology, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, USA

Radcliffe S, Easley E, Barg F, Schreiber CA

Objectives: We sought to uncover priorities and patient-level considerations among women receiving care for early pregnancy loss at an urban tertiary care center.
Methods: We conducted a mixed-methods study of clinically stable women seeking treatment for early pregnancy loss. Participants (n=45) were enrolled within 2 weeks of treatment and completed validated demographic and psychometric surveys followed by in-depth, semistructured interviews using purposive sampling. Participants were asked to describe their reasons for choosing surgery, medical or expectant management. Participant-derived themes regarding early pregnancy loss management considerations were coded and stratified by treatment choice.
Results: Twenty-eight women (62%) received surgical, 15 (33%) received medical and 2 (4%) received expectant management. Participants receiving surgical management were 3.1 times as likely to be educated (p=.04), had a five times higher median income bracket (p<.01) and were eight times as likely to identify high levels of social support (p=.04). Factors affecting the surgical group's treatment decisions included the opinion of family/friends, desire to move on and health and safety concerns; the medical group identified a focus on future pregnancy along with the opinion of family/friends and timing/control of treatment. Directive counseling by a provider or family member, along with a woman's desire to conclude the miscarriage quickly, was commonly described reasons by eight (17%) women opting for surgery when this was not their initial stated preference.
Outcomes: Early pregnancy loss treatment choice is influenced by socioeconomic status, integrity of support systems, timing and the opinion of others in the woman's network.

http://dx.doi.org/10.1016/j.contraception.2015.06.175

Online posters

P126

Research gaps in abortion safety: results of a survey of Planned Parenthood medical directors

Kohn J
Planned Parenthood Federation of America, New York, NY, USA
Russo J

Objectives: We aimed to identify evidence gaps and needs for future research on preventing abortion complications from the perspective of a sample of abortion care experts.