Title

POSTER ABSTRACTS P63 USE OF LACTATIONAL AMENORRHEA TO PREVENT PREGNANCY AMONG BREASTMILK FEEDING WOMEN

Journal

Contraception, 104(4)

ISSN

0010-7824

Authors

Chen, MJ
Schwarz, EB
Chantry, CJ
et al.

Publication Date

2021-10-01

DOI

10.1016/j.contraception.2021.07.081

Peer reviewed

Methods: We used electronic health record data; our sample included visits to adolescents aged 14-19 at 58 CHCs and 33 SBHCs between 2012 and 2016. We identified 16,639 contraceptive counseling visits and 47,902 contraceptive provision visits using diagnosis and procedure codes. We used logistic regression to evaluate associations between LARC provision and individual-, clinic-, and residence-level variables and calculated adjusted probabilities.
Results: Compared to SBHCs, CHCs were more likely to provide LARC at the clinic (67.2% of CHCs vs. 36.4% of SBHCs had on-site LARC provision). LARC provision increased more at SBHCs (6.5-fold) than CHCs (5-fold) over the study period. SBHCs provided more counseling visits per clinic than CHCs (263 vs. 150, respectively) and served a greater proportion of younger and non-white adolescents than CHCs. The adjusted probability of LARC provision at Title X SBHCs was higher than non-Title X SBHCs (4.4% [3.9-4.9] vs. 1.7% [1.4-2.0]), but Title X status at CHCs was not significantly associated with LARC provision (8.8% [8.2-9.4] vs. 9.4% [8.9-9.9]).
Conclusions: In Oregon, CHCs and SBHCs are both important sources of adolescent contraceptive services. CHCs are more likely to provide LARC on-site than SBHCs. SBHCs provide more counseling and serve younger and non-white adolescents at higher rates than CHCs. The Title X program plays a crucial role in SBHCs.

http://dx.doi.org/10.1016/j.contraception.2021.07.078

P61
YOUNG PEOPLE'S ACCESS TO CONTRACEPTIVE SERVICES THROUGH TELEMEDICINE: INEQUITIES BY FOOD AND HOUSING INSECURITY
J Yarger
Department of Obstetrics, Gynecology, and Reproductive Sciences, University of California, San Francisco, CA, US
K Hopkins, S Elmes, I Rossetto, S De La Melena, K White, CC Harper

Objectives: To examine disparities in access to telemedicine visits for contraception during the COVID-19 pandemic by young people's experiences of basic needs insecurity.
Methods: We collected data from May 2020 to March 2021 from people at risk of pregnancy aged 18–28 in an ongoing study of community college students in California and Texas (n=1,352). Multivariate logistic regression analyses, adjusted for clustering by site, were conducted to examine differences in access to contraceptive services through telemedicine by food and housing insecurity, controlling for age, race/ethnicity, health insurance, and other key sociodemographic characteristics.
Results: Only 9% of participants received their birth control method through a phone or video visit. One quarter (24%) reported it would be difficult to have a telemedicine visit for birth control. Perceived barriers to telemedicine included lacking privacy at home (42%), not knowing how to do a telemedicine visit (25%), lacking a device or Internet connection (23%), clinics not offering telemedicine (16%), and insurance not covering telemedicine (13%). Half (51%) stated they needed to get their method in person, while 36% would not feel comfortable using telemedicine, and 78% preferred in-person visits. Participants experiencing food insecurity (adjustedOR [aOR], 2.14; 95% confidence interval [CI], 1.59–2.88) and housing insecurity (aOR, 1.66; 95% CI, 1.16–2.38) were significantly more likely to report that they would have difficulty using telemedicine for birth control.
Conclusions: Efforts are needed to remove barriers to telemedicine, particularly for young people facing basic needs insecurity, and to ensure that safe, high-quality in-person contraceptive services also remain accessible.

http://dx.doi.org/10.1016/j.contraception.2021.07.079

P62
THE IMPACT OF CANCELING POSTPARTUM TUBAL LIGATIONS DURING COVID-19 PANDEMIC: WERE THE WOMEN WITH PUBLIC INSURANCE FORGOTTEN?
SU Park
Department of Obstetrics, Gynecology, and Reproductive Sciences, Rutgers University Robert Wood Johnson Medical School, New Brunswick, NJ, US
A Elwood, G Matthews

Objectives: To assess the impact of cancellation of postpartum bilateral tubal ligation (ppBTL) on publicly insured women during Coronavirus-19 pandemic; and analyze which alternative contraceptive methods were pursued thereafter.
Methods: A retrospective chart review was conducted on publicly insured women who delivered vaginally and had signed consents for ppBTL during prenatal care at our tertiary care center in New Jersey. We included a 4-month period during the Coronavirus-19 pandemic when elective surgeries were cancelled. Age, BMI, ethnicity, marital status, gravidity/parity, and covid were collected. We analyzed alternative contraceptive methods used by patients at discharge, six and twelve weeks, and six months.
Results: Of 275 vaginal deliveries, 25 women desired a ppBTL. All 25 women were unable to receive the procedure. 7 (28%) of patients tested positive for Coronavirus-19 on admission. 13 (52%) women were discharged with contraception. At six months, 14 (56%) women were not using any method of contraception, 10 (40%) received long-acting reversible contraception (LARC), and 1 (4%) received an interval tubal ligation.
Conclusions: By six months postpartum, some women were using LARCs; however, the majority were not using any contraceptive method. Not fulfilling patients' desired contraception at time of delivery may increase the risk for future pregnancies and its associated adverse events. A ppBTL is a highly desired form of contraception in our patient population but there are many existing barriers to its successful completion. Therefore, an improved focus on contraception counseling during prenatal care and expansion of public funding for postpartum contraception would be of benefit.

http://dx.doi.org/10.1016/j.contraception.2021.07.080

P63
USE OF LACTATIONAL AMENORRHEA TO PREVENT PREGNANCY AMONG BREASTMILK FEEDING WOMEN
MJ Chen
Davis School of Medicine, University of California, Sacramento, CA, US
EB Schwarz, CJ Chantry, LR Kair, MD Creinin

Objectives: To evaluate reported and correct use of lactational amenorrhea method (LAM) among breastmilk feeding women (at breast, expressing milk, or combination) within six months postpartum.
Methods: We recruited pregnant women ages 15-45 years who intended to exclusively breastmilk feed for at least six months and not use hormonal contraception postpartum. After delivery, participants completed monthly surveys over sixmonths about contraceptive use; we specifically assessed whether participants considered LAM as their contraceptive method and use of any other contraceptives. We also asked about breastmilk feeding practices and vaginal bleeding. The primary outcome was reported LAM use and secondary outcome was proportion of participants who met criteria for LAM (amenorrheic and exclusively breastmilk feeding) through six months postpartum.
Results: Of 350 participants with follow-up data on contraception, LAM use was reported by 102/342 (30%) at 1, 105/321 (33%) at 2, 99/303 (33%) at 3, 88/288 (31%) at 4, 94/280 (34%) at 5, and 83/263 (32%) at 6 months postpartum. Of those reporting LAM use, 89 (87%), 88 (84%), 77 (78%), 65 (74%), 53 (56%), and 33 (40%) met LAM criteria at months 1 through 6, respectively. Deviations from LAM criteria included introducing formula or solids (n=120 [72%]), resumption of menses (n=23 [14%]), or both (n=23 [14%]).
Conclusions: Among those relying on LAM to prevent pregnancy within the first six months postpartum, a considerable number did not meet LAM criteria. Counseling regarding LAM, including when to start another contraceptive, is important to ensure effective prevention of rapid repeat pregnancy.

http://dx.doi.org/10.1016/j.contraception.2021.07.081

P64
RELATIONSHIP OF OBESITY AND INTRAUTERINE CONTRACEPTIVE EXPULSION
LH Harris
University of Michigan, Ann Arbor, MI, US
A Gangestad, PD Blumenthal, ML Gilliam, JT Jensen, MD Creinin

Objectives: Because obese women have intrauterine contraception expulsion rates double that of non-obese women, we investigated the association of increasing obesity and expulsion risk with levonorgestrel 52 mg intrauterine system (IUS) use.
Methods: We evaluated data from the ongoing 10-year Phase 3 Liletta® study in which 1,714 women aged 16-45 years received an IUS. Scheduled follow-up visits occurred at one, three, and six months after insertion and every six months thereafter. For this analysis, we included women with a body mass index (BMI) ≥30 kg/m^2 and at least one 28-day cycle of follow-up. We evaluated expulsion rates over time through 6 years in persons with BMI 30.0-39.9 kg/m^2 and ≥40 kg/m^2 using Fisher exact testing. We also created a multivariable model to assess any association of higher BMI (with BMI as a continuous variable) and expulsion, controlling for other risk factors.
Results: Expulsion occurred in 31/431 (7.2%) obese users with 22 (71.0%) in the first year. The 31 events included 19 partial and 12 complete expulsions. Cumulative expulsion rates in persons with BMI 30.0-39.9 kg/m^2 and ≥40 kg/m^2 did not differ at 1 year (15/339 [4.4%] vs. 7/92 [7.6%], respectively, p=0.28) or 6 years (21/339 [6.2%] vs. 10/92 [10.9%], respectively, p=0.17). In a multivariable model, the adjusted OR of BMI was 1.05 (95% CI 0.99-1.11); no other predictors significantly differentiated expulsion risk.
Conclusions: Although obese women experience higher IUS expulsion rates than non-obese women, we did not identify a significant difference in risk as BMI increases when evaluating just obese women.

http://dx.doi.org/10.1016/j.contraception.2021.07.082