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

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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

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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

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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

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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

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

Methods: Eligible women aged 16–45 were enrolled in a multicenter trial that evaluated the efficacy and safety of Liletta for up to 7 years (n=1751). Participants maintained a daily diary for the first 24 months that included bleeding information. Bleeding events were defined as amenorrhea, bleeding, spotting and bleeding or spotting. Bleeding patterns were assessed in 28-day cycles and 90-day intervals.
Results: The median number of bleeding or spotting days decreased from 14 in cycle 1 to 10 in cycle 2 and reached 3 days per cycle by cycle 8 (5 days per cycle among nonamenorrheic women). At cycle 13, 34.7% of women were amenorrheic, 32.2% had only spotting, and the remainder had a median of 5 bleeding or spotting days. At cycle 26, 44.8% of women were amenorrheic, 30.0% had only spotting, and the remainder had a median of 4 bleeding or spotting days. Bleeding or spotting days for the 90-day intervals during year 1 were 33, 15, 10 and 9.5, respectively; in year 2, the median days were 7, 8, 5 and 6, respectively. Only 1.8% of subjects discontinued for bleeding-related complaints over 2 years.
Outcomes: Bleeding and spotting days in women using Liletta decrease over time. After 12 months of Liletta use, about two thirds of women will be amenorrheic or have only spotting, increasing to three-quarters of women by 24 months. Discontinuation for bleeding issues is infrequent.

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O12

Evaluation of a Web-based contraceptive decision aid: a randomized controlled trial

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Objectives: We assessed the effectiveness of a contraceptive decision aid in reducing decisional conflict among women choosing reversible contraception.
Methods: We developed a Web-based contraceptive decision aid, which makes recommendations based on identified preferences. We randomly assigned women presenting to their health care provider for contraceptive care to the decision aid or to a control survey, both self-administered using a tablet. The primary outcome was the mean change in decisional conflict. We measured pre- and postvisit decisional conflict using a validated, 10-item scale scored from 0 (*no decisional conflict*) to 100 (*extremely high decisional conflict*). Women's choice of method was also recorded.
Results: A total of 241 women completed the baseline surveys; 161 in the decision aid group and 80 in the control group. Overall, the previsit decisional conflict scores were low [mean 17.5 (SD, 18.6)] and did not differ by group (p=.31). Both groups had a similar reduction in mean decisional conflict: −13.4 (SD, 18.6) and −13.5 (SD, 16.4) in the decision aid and control groups, respectively (p=.48). Fifty-eight percent of participants in each group selected a new method (p=.73). Selection of IUDs and implants was similar; 41.1% and 42.3% in the decision aid and control groups, respectively (p=.88).
Outcomes: Decisional conflict was low among women choosing a reversible method, and the contraceptive decision aid did not reduce decisional conflict compared with usual care. Almost half of women in both groups chose highly effective methods.

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O13

Pregnancy intention and pregnancy risk: the role of highly effective contraception

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Objectives: Research has illustrated how pregnancy ambivalence can affect contraceptive choices and pregnancy risk. We used longitudinal data to examine the relationship between women's pregnancy intentions and contraceptive choice.
Methods: We conducted a cluster-randomized trial in 40 Planned Parenthood health centers, training providers to integrate IUDs and implants into routine contraceptive care. We followed 1500 women aged 18–25 not desiring pregnancy within a year. In this subanalysis, we tested the associations between women's pregnancy intentions and contraceptive use and pregnancy. We considered several measures of intentions, including anticipated happiness about pregnancy and desired timing. We assessed mediation, investigating whether IUD or implant use were related to pregnancy intention and pregnancy with the Baron and Kenny approach, using logistic regression (generalized estimating equations) for contraceptive use and survival analysis for pregnancy.
Results: Some 90% of participants did not want a child within 2 years, and 80% reported they would be unhappy if pregnancy occurred. Anticipating any happiness about a potential pregnancy was negatively associated with IUD/implant initiation [aOR=0.75 (0.58–0.96)] and positively with pregnancy [aOR=1.41 (1.05–1.90)] within a year. Although fewer women initiating these methods became pregnant, IUD/implant use was not associated with the relationship between happiness and pregnancy. Results were consistent using other intention measures.
Outcomes: In mediation analyses, pregnancy risk associated with weaker intention to prevent pregnancy was not explained by reduced IUD/implant use. Pregnancy attitudes appear to affect pregnancy risk through pathways other than contraceptive choice.

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O14

Differences in contraceptive use between women reporting reproductive coercion and intimate partner violence

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Objectives: We examined the effects of reproductive coercion and intimate partner violence (IPV) on women's promptness and effectiveness of contraceptive use.
Methods: Data from 1061 women of reproductive age who participated in the 2012 California Women's Health Survey (CWHS) were used to examine rates of reproductive coercion and IPV and the relationships of these variables with reported delay in obtaining contraceptives and use of an effective method. We used logistic regression models to assess the significance of differences between groups after controlling for age, education, ethnicity, relationship status, nativity and poverty level.
Results: Delay in obtaining needed contraceptives was reported by 6% of women. Delays were significantly more common among women who reported reproductive coercion (26%) than among those who reported neither IPV nor reproductive coercion (4%, p<.05). While 83% of women who experienced IPV without reproductive coercion used prescription contraceptives (i.e., a highly effective method), a significantly smaller percentage of women who experienced reproductive coercion (41%) reported doing so (p<.05). The majority of women who experienced reproductive coercion were younger than 25 and poor. However, after we controlled for social and demographic variables, women who reported reproductive coercion remained more likely to delay obtaining needed contraceptives and less likely to use a prescription method than other women.
Outcomes: Women who report reproductive coercion are more likely to delay accessing needed contraceptives and less likely to use a prescription method. Routine screening for reproductive coercion, particularly among women younger than 25, may help clinicians provide more effective contraceptive counseling.

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O15

The role of doulas to address analgesic and psychological needs during surgical management of early pregnancy failure and abortion

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