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Rate of contraceptive use and abnormal vaginal bleeding in reproductive-age women undergoing myelosuppressive chemotherapy

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Results: Few women had heard of LARC methods (22%), and most reported “little” or “no” general knowledge of IUDs (79%) and implants (88%). Incorrect or “don’t know” responses were common for LARC true/false statements, especially mechanisms of action and side-effect items, including whether: IUDs and implants contain estrogen and progesterone (85%); implants are less effective than IUDs because they are not inside the uterus (69%); IUDs are more effective than pills (59%); IUDs and implants cause weight gain (60%); hair loss, acne or mood changes (65%); and infertility (61%).

Five percent had ever used LARC methods. Common barriers to IUD uptake included not wanting a foreign object in one’s body (35%), not knowing enough about the method (34%), preferring to use a method that can be controlled (34%), worries about pain (24%), side effects/serious health problems (22%), cost (22%) and not being in a long-term relationship (18%). Implant results were similar.

Outcomes: Findings on LARC knowledge gaps and individual-, health systems- and community-level reasons for nonuse have informed our campus-tailored, Web-based intervention to improve college women’s acceptability, understanding and uptake of LARC methods.

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The effects of a standardized counseling video on the knowledge and planned utilization of contraceptives in the postpartum period

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Objectives: We evaluated the effect of standardized audiovisual materials on women’s knowledge and planned contraceptive use in the postpartum period.

Methods: We performed an IRB-approved prospective, two-arm, cohort study of individualized versus standardized contraceptive counseling. Postpartum women were surveyed to evaluate their perceived knowledge of contraception, intended contraceptive use and satisfaction with contraceptive counseling. Data from the control and experimental groups were analyzed using *t* test and chi-square test as appropriate.

Results: Some 115 women were recruited into each group. Baseline demographic characteristics between the two groups were similar and not statistically significant. The rate of cesarean section was significantly higher in the experimental group (38.7% vs. 23.7%, $p=.014$). Women in the experimental group were more likely to have chosen a method at time of discharge (83% vs. 72%, $p=.009$). In addition, no women in the experimental group were undecided on a birth control plan at discharge, compared with 7% of those in the control group. There was no difference in the type of birth control method chosen between the two groups ($p=.215$).

Outcomes: After viewing the standardized audiovisual materials, no women were undecided, and the number of women who had a contraceptive plan at the time of discharge increased. The types of methods chosen by the two groups were not statistically different; therefore, the audiovisual materials did not impart bias toward any one type of method. The materials led subjects to make a more informed and active decision by choosing a plan before discharge.

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P150

Rate of contraceptive use and abnormal vaginal bleeding in reproductive-age women undergoing myelosuppressive chemotherapy

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Objectives: We describe contraceptive counseling, method provided and the rate of vaginal bleeding complaints among reproductive-age women initiating myelosuppressive chemotherapy.

Methods: We performed a retrospective chart review using ICD-9 codes to identify women aged 14–40 who received myelosuppressive chemotherapy from July 2008 to June 2013 at our institution. Electronic medical records were examined for demographic data, contraceptive counseling and choice, menstrual suppression treatment and vaginal bleeding complaints within the first 6 months of chemotherapy. Univariate comparisons were performed using Fisher’s Exact Test.

Results: Of 137 women identified, all charts were available. Eleven (12%) women received contraceptive counseling prior to chemotherapy, provided in all cases by hematologist–oncologists. Overall, 86 (63%) women initiated chemotherapy without a method. Menstrual suppression counseling was given to 24 (18%) women, mainly for thrombocytopenia risk (54%) and fertility preservation (29%); this counseling was also primarily performed by hematologist–oncologists. The 17 (12%) women who chose prophylaxis started combined hormonal contraception ($n=13$), GnRH agonists ($n=2$) or depot medroxyprogesterone acetate ($n=2$). In the first 6 months of chemotherapy, 47 (35%) women complained of abnormal vaginal bleeding, and 19/137 (14%) experienced moderate to severe bleeding. More women who received prophylactic menstrual suppression had bleeding complaints than those who did not [10/17 (59%) vs. 37/119 (31%), respectively, $p=.03$].

Outcomes: Reproductive-age women undergoing chemotherapy have low rates of contraceptive use and menstrual suppression counseling. Women who receive counseling frequently begin estrogen-containing contraception, which increases thromboembolic risk, yet still experience abnormal vaginal bleeding. A prechemotherapy gynecologic consult may improve safe contraceptive use and menstrual suppression rates.

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P151

Consistency of preferences for long-acting reversible contraceptive methods in the postpartum period

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Objectives: Little is known about stability of women’s contraceptive preferences following delivery. We measure the consistency of women’s preferences through 6 months postpartum for LARC methods.

Methods: Immediately after birth and 3 months postpartum, we asked women who wanted to delay childbearing for at least 2 years their preferred contraceptive method at 6 months postpartum and provided counseling; if preference changed, we asked why. For those not using or preferring LARC methods at 3 months, we asked about interest in using them if available for free or at low cost.

Results: Of 394 women who completed the 3-month interview and preferred a reversible method, 213 (54%) expressed a preference for a LARC method right after birth, at 3 months postpartum, or both. Of these, 55% consistently preferred LARC methods, 18% changed preference from a less effective method to LARC and 27% changed preference from LARC to a less effective method. Women changed preference from LARC to less effective methods because of financial barriers, knowing someone who got pregnant using a LARC method or doctor’s advice against it for nonmedical reasons. In a multivariable logistic model, those with high income (more than US \$50,000) had higher odds of consistently preferring or switching to a LARC method than those who switched to less effective methods. Of those who changed to less effective methods, 33/57 (58%) said that they would consider using LARC methods.

Outcomes: Preference for LARC methods postpartum was high and consistent among most women preferring reversible methods. But barriers