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Keynote Lectures

KL 02

Improving care for those seeking abortion

Kristina Gemzell Danielsson

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Abstract

Unintended pregnancy remains a significant public health issue globally. Therefore, effective, and acceptable methods for contraception and safe and acceptable methods for termination of unwanted pregnancies are prerequisites for reproductive health, for gender equality and for the empowerment of women.

Medical abortion with mifepristone followed by a prostaglandin analogue was first invented by our research group and has been subsequently developed over the last 40 years. Globally the introduction of medical abortion has led to a reduction in unsafe abortions and subsequent reductions in maternal mortality and morbidity. Systematic development of medical abortion has led to a simplified, de-medicalized treatment that can be task shifted from doctors to other health care providers. We have shown that simplified, medical abortion can be further task shifted to women themselves through telemedicine provision of counseling and medical abortion procurement. Abortion through telemedicine is safe, acceptable, and with outcomes similar to standard in-clinic provision. The results of available clinical trials on telemedicine provision of medical abortion versus in-clinic care highlight the importance of an easily accessible safe and effective de-medicalized abortion provision and provide the evidence needed to task shift abortion care from clinicians to women themselves with subsequent earlier treatment, increased flexibility, reduced costs and increased autonomy for women. Furthermore,

Very Early Medical Abortion (VEMA) before an intrauterine pregnancy can be visualized by ultrasound has been shown to be acceptable, safe, and effective. Medical abortion is also highly effective beyond the first trimester and can be at least partly self-administered by women. Thus, medical abortion improves access to safe abortion care globally, provides a model for woman-centered care, and a possibility for increased reproductive autonomy.

KL 03

Innovations in Contraception: Hardware vs Software

Since the advent of the oral contraceptive over 60 years ago, there have certainly been many technical innovations but, compared to what we have seen in terms of innovations in communications, computers and cars to name a few, has contraceptive innovation really kept pace? In essence, with a few modifications, we are still using the same hormones we did 60 years ago with the same goals – ovulation suppression or cervical mucus thickening. Moreover, the IUD is over 100 years old and even the more modern versions, again, with a few modifications, have been in use since the 1970s. Even the contraceptive implant, among the most recent of contraceptive innovations has been in clinical use since the late 1980s—about 35 years. Why has technical innovation been relatively slow?

Basically, in terms we can all understand these days, there are two forms of contraceptive innovations: "hardware" and "software". Hardware represents the technologies themselves, be they, for example, pills, implants, injectables, IUDs, condoms, or rings. Hardware innovations can have profound positive impacts, but also take a long time from concept to clinic and are a very expensive undertaking, usually at a minimum, tens of millions of dollars. Hardware innovations are also prone to suffer from the "boom and bust" phenomenon whereby, pre-market hype leads to a use "boom" only to be followed by a "bust" when a real or perceived post-marketing "glitch" is discovered. And correcting a technical defect can be both challenging and expensive.

Alternatively, "software" innovations are much more programmatically linked. They represent the where, when, with what, and by whom of contraceptive service delivery. Software innovations are much less expensive to develop and test and are more rapidly "scaled up"/adapted to different environments. It's much easier to make a "course correction" for a "software issue" than it is for problem hardware. Some important examples of software innovations, or enhancements, are task shifting (having non physicians initiate/remove methods), de-medicalization ("no touch" medication abortions, self-managed abortions), and timing, such as immediately postpartum IUDs or implants.

This presentation will focus on these comparative benefits and limitations and make the case that, instead of waiting for the next big technical innovation, we can iteratively improve services, access and outcomes with software enhancements.

Congress Sessions

Thursday 2 May 2024

Reproductive life cycle planning

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Abstract

Having children or not is one of the most important decisions that a person will make in their lifetime. The Reproductive Life Plan (RLP) is a health promoting tool recommended by the Centers for Disease Control and Prevention. It aims to encourage reflection on reproductive intentions and to find strategies for successful family planning in a life cycle perspective. Studies have shown that RLP increases knowledge about fertility and that many nurse-midwives consider this tool to be useful during patient-counselling. This presentation focuses on the application of using the RLP protocol in contraceptive counselling in Sweden and presents data from two new studies that highlight the importance of discussing RLP with patients due to societal shifts and other transformations in reproductive health care and contraception trends.

Adolescents and contraception, a lifecycle perspective

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Abstract

Adolescents make a unique group from a lifecycle perspective. In the European Union (EU) live 35,8 million female adolescents.1 Contraception is used for pregnancy preventions and these girls are at risk for unwanted or unplanned pregnancy when they become sexually active. In October 2023 during the last WHO Regional committee meeting for Europe became clear that the incidence of adolescent pregnancies is rising above 40 births per 1000 adolescents. Some countries already experience birth rates three times higher than the regional average of 4%. The available contraceptive methods do not automatically lead to reduced numbers of adolescent pregnancy and abortion.

This age group is vulnerable in many ways.2-5 The girls are first time users of contraception. They sometimes experience trouble to adhere to correct medication use due to immature executive function of the brain. The adolescents do not only use contraception for pregnancy prevention, but also for managing medical conditions like heavy menstrual bleeding, dysmenorrhea or endometriosis.3,7-8

Although adolescents are eligible for every contraceptive method, they face more barriers to obtain contraception compared to adult women. The most important barriers are, information and

disinformation, third party consent, lack in sexuality education, access to healthcare or youth friendly services, healthcare provider bias, money, policies for married adolescents. These are important barriers to overcome to reduce the unmet need for contraception.

In the EU, condoms (50%) are the most used method, followed by contraceptive pill (29%), no contraception (25%) and long-acting-reversible contraception (LARC) for about 10%. The contraceptive choice depends on finance, education level, whether or not there is a sexual partner, and if friends use it.9

Yet, within the 27 EU countries the access to contraceptive supplies, counselling and online information differs significantly. It is not only politics that continues to shape contraception and abortion care. On society level, the social pressure of hormone scepticism and not to use contraceptives is visible on many social media platforms. Also in the adolescent group is an increase in using no contraception due to hormonofobia or hormone scepticism. So, ideal contraceptive counselling for adolescents should be a sexual education, describe method efficacy, discuss user preferences, explore barriers to use, promote dual method use regarding prevention of sexually transmitted infection, and consider what to do when contraception fails and how to obtain and use emergency contraception.10-14
Healthcare providers have a responsibility to address the specific needs of the adolescent patient.

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For All

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Abstract

Most women diagnose their pregnancy very early after a missed period and some even before. And most women decide within a few days whether or not it is an unwanted pregnancy. In this case, they want to terminate it as soon as possible to avoid unnecessary physical and psychological effects. Therefore, many women present for an abortion before the pregnancy can be seen and diagnosed by ultrasound. Frequently, health care providers are reluctant to terminate a pregnancy they cannot see and delay these women for 1-2 weeks.
However, a pregnancy can be reliably diagnosed using hCG. Delaying treatment in this situation has no benefit for women, if decision for the abortion has been taken. On the contrary, delaying forces them to continue suffering from potential negative pregnancy symptoms and increases the side-effects of medical abortion like bleeding and pain. Based on evidence, there is no reason to delay treatment and VEMA should be offered to all women.
However, we need to make sure women are sufficiently informed about the very small risk of an ectopic pregnancy (where medical abortion is not effective) and about the necessity of determining serum hCG prior to the treatment and after 1 week to verify expulsion.
See also "Efficacy and safety of very early medical termination of pregnancy: a cohort study": https://pubmed.ncbi.nlm.nih.gov/28856829/

For Some

Aubert Agostini

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Abstract

The risk of ectopic pregnancy (EP) must not be a barrier of VEMA as long as patients have been correctly informed and followed. Evaluation of EP before VEMA can be clarified with clinical, biological et sonographic data.Few evidence are available regarding the risk of EP in women undergoing

VEMA.Majority of evidence concerning the risk of EP have been evaluated in symptomatic women consulting in emergency department with pregnancy of unknown location (PUL). This risk is likey higher in VEMA as women asking VEMA are often asymptomatic.

Hormonal contraception and risk of venous thrombosis

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Abstract

Few issues have been so thoroughly scientifically investigated as the influence of hormonal contraception (HC) on the risk of venous thromboembolism (VTE).
The epidemiological picture is relatively clear if you rank the studies according to

- Design (case-control, cohort), size (=power), included potential confounders, and conflicts of interest.

In addition, one might consider:

- Methodological transparency, validation of end point, exclusion of predisposed.
- Impact factor of the journals in which the studies are published.

Doing such an effort, the following conclusions can be made:

- Combined oral contraceptives (COC) with 30 µg ethinylestradiol (EE) increases the risk of VTE 2-3-fold if combined with levonorgestrel or norgestimate, and 5-6-fold if combined with desogestrel, gestodene, drospirenone or cyproterone acetate.
- COC with 20 µg EE confer if combined with levonorgestrel a relative risk of VTE of 2 and if combined with desogestrel, gestodene, or drospirenone a relative risk of 4-5.
- Combined products with natural estrogen imply if combined with dienogest a RR of 2.5.
- Transdermal patches and vaginal ring increase the risk of VTE 4-5-fold.
- Progestogen only pills whether with norethisterone or desogestrel, and implants do not increase the risk of VTE.
- Levonorgestrel Intrauterine System (LNG-IUS) confers a significant 40% decreased risk of VTE.

Clinical implications
Young women without dispositions for VTE can still use COC, preferably with 20 µg EE and levonorgestrel or norgestimate. Women beyond 30 years will benefit from changing to LNG-IUS.

Is there a physiological explanation to VTE risk observed in epidemiological studies?

Jonathan Douxfils

University of Namur, Belgium

Abstract

The research presentation conducted by Professor Jonathan Douxfils examines the cardiovascular safety issues associated with venous thromboembolism (VTE) and the influence of oral contraceptives on this

risk. It is established that thrombosis is a disease influenced by multiple factors, including age, hormonal therapy, genetic predispositions, and lifestyle factors. The study focuses on the differential risk levels posed by various contraceptives, with a particular emphasis on the heightened VTE risk associated with combinations of ethinylestradiol (EE) and different progestins.

A significant portion of the analysis is dedicated to contrasting contraceptives containing EE with those comprising estradiol (E2) or estradiol valerate (E2V), suggesting that natural estrogens may offer a reduced risk of VTE, due to their lower impact on hepatic protein synthesis. The discussion further explores the equilibrium between estrogen and progestin components in contraceptives, highlighting the role of progestin androgenicity in modulating thrombotic risk. It is indicated that progestins possessing anti-androgenic properties may not sufficiently counteract the procoagulant effects induced by estrogen, thereby sustaining an elevated risk of thrombosis.

A pivotal aspect of the presentation involves the discussion on activated protein C resistance (APC-R) as assessed through the endogenous thrombin potential (ETP)-based test, identified as a superior predictive method for evaluating VTE risk in individuals utilizing combined oral contraceptives (COCs). Douxfils reviews thrombosis prediction models utilizing normalized APC sensitivity ratio (nAPCsr) values, demonstrating the nuanced risk profiles of different contraceptive formulations and predicting risk of newer combined oral contraceptive like estetrol (E4) in association with drospirenone.

The clinical and ethical considerations in the prescription of COCs will be addressed, advocating for informed patient decisions and highlighting the potential of newer estrogen compounds, such as E2 and E4 containing pills, in diminishing thrombotic risks. The imperative for post-authorization safety studies (PASS) to monitor novel COCs is challenged and the call for a reevaluation of COC classifications based on the most recent scientific evidence are emphasized, indicating the continual need for vigilance in enhancing contraceptive safety.

A tale of two studies - Heterogeneous Outcomes among homogenous study designs

Clare Barnett

ZEG Berlin – Center for Epidemiology and Health Research, Berlin, Germany

Abstract

Non-interventional study design may be influenced by external factors that impact study outcomes. Outcomes are typically influenced by confounding, other forms of bias (e.g. patient selection), and missing data from key variables. Identifying and addressing the presence of such confounding and other sources of bias is critical when planning and conducting non-interventional studies.

What happens when the same study design is employed, in the same study population and the same indication and divergent results are observed? How can we interpret these results? What lessons can we draw when applying these conclusions to contraceptive studies and epidemiological findings in general?

Contraception in obese women and after bariatric surgery

Pernille Ravn
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Abstract

Combined oral contraceptives and medical condition: Obesity, family history for VTE and bariatric surgery: The TTT and the lecture aims to update on the subjects: A) Obesity: Definition of obesity, obesity and VTE risk, which contraceptives are efficient in obese women, and contraception after bariatric surgery. B) Family history and VTE: Contraception after VTE, definition of positive family history for VTE, efficient and safe contraception if family history is positive and VTE risk in women with positive family history. In summary, using contraception to prevent unwanted pregnancies is recommended to all women whatever their weight, as it reduces the risks of unplanned pregnancy, which is higher in overweight women. Progestin-only contraceptives and IUDs have no or minimal metabolic effects and are effective in most women with obesity. Combined hormonal contraception methods are associated with a higher risk for VTE in obese women, but can be used provided no other risk factors and if other methods are not acceptable.

Acceptability and desirable methods for new users of male contraception. Market Survey MCI

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Abstract

Background: High unmet contraceptive needs result in nearly half of all pregnancies being unintended. Additional male contraceptive options could help, but gaps remain in assessing demand for them, essential data to inform investment.
Objectives: Measure consumer demand for novel male contraceptives and identify product attributes associated with men's preferences.

Materials & Methods: A cross-sectional, probability-based-sample survey was conducted among 3,243 sexually active, fertile cisgender, heterosexual men aged 18-60 years in the United States, and 12,435 of these men with 9,122 of their female partners in Bangladesh, Vietnam, Kenya, Nigeria, DR Congo, and Cote d'Ivoire from May 2021 to October 2022. It assessed contraceptive use, perceptions, and sociodemographic characteristics using the NORC Amerispeak Web panel and in-person interviews in LMICs. A discrete choice experiment within the men's survey evaluated 11 contraceptive product attributes, using conditional logit modeling to analyze preferences across 52 attribute levels. The data from partners in the 6 LMICs indicated their interest and trust in male partners' contraceptive use.

Results: On average, 61% of men showed interest in trying new male contraceptives in their first year of availability, with interest varying from 49% in the United States to 76% in Nigeria and Bangladesh. Form of administration and time of use were key attributes in men's product preferences. Female partners'

interest and trust in male contraceptive use were consistently high across geographies.

Discussion: This study reveals a strong latent demand for new male contraceptives in LMICs, highlighting market gaps and the potential of non-invasive methods to meet unmet needs, while emphasizing female partners' trust within the broader context of contraceptive research.

Conclusion: This research reveals a high demand for novel male contraceptives, indicating strong opportunities for their development and investment.

Update on Transdermal NES/T Gel for Male Contraception

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Abstract

Currently, nearly half of all pregnancies globally are unintended, and “unwanted” pregnancies often result in unsafe abortions, still a burden in many countries. While there are several reversible female contraceptives, little is available for men. Current options for male contraception include male condoms or withdrawal, both with high failure rates, and vasectomy not easily reversible. Introduction of novel, cost-effective male contraceptives could have important downstream global health and economic benefits.
Advanced methods of male hormonal contraception include combinations of progestin and androgen. These steroids result in suppression of gonadotropins leading to the suppression of sperm production. The androgen replaces the suppressed endogenous testosterone and maintains sexual function.
The most advanced method in development is a transdermal gel delivering a progestin (Nestorone®) and testosterone to suppress the production of sperm. This method has been tested in a large efficacy and safety study in more than 400 couples willing to use the method to prevent a pregnancy, as a joint development project between the Population Council and the NICHD. This hormonal male contraceptive gel is fully reversible, and results so far are very promising.
Research must continue to develop effective, reversible options for men, to allow shared responsibility in the couple’s fertility regulation and to curb maternal mortality.

Hormonal methods in the Pipeline

Stephanie Page

Division of Metabolism, Endocrinology and Nutrition at the University of Washington

Abstract

Hormonal male contraception consists of exogenous androgens which exert negative feedback on the hypothalamic-pituitary-gonadal axis and suppress gonadotropin production. This in turn suppresses testicular testosterone production and sperm maturation. Addition of a progestin suppresses spermatogenesis more effectively in men. Recently, novel androgens as potential oral contraceptive agents are being evaluated in early clinical trials. This lecture will present the recent advances and future prospects in this important area of public health.

Hormonal contraception and risk of cancer

Lisa Iversen

University of Aberdeen, UK

Abstract

Worldwide, cancer is a leading cause of morbidity and mortality among women. With at least 150 million women using hormonal methods of contraception every day, even a small associated change in cancer risk could have significant public health consequences. Since combined oral contraceptives became available in the 1960s, there have been many studies examining the possible link between hormonal contraception and cancer. However, investigating this relationship is complex, particularly given that hormonal contraceptives are often used for prolonged periods and many women use a number of different contraceptives during their reproductive lives. The presentation will examine what is currently known about the cancer benefits and risks of hormonal contraceptives.

FIGO current strategies and efforts to enhance postpartum and postabortion family planning

Asha Kasliwal

Hathersage Integrated Contraception, Sexual Health & HIV Service, The Hathersage Centre, Manchester

Abstract

Contraception provision is fundamental to the basic right to decide the timing, number, and spacing of one's pregnancies. Despite facing numerous global challenges, appropriate contraceptive provision is critical for the health and wellbeing of women and children and should be addressed at all stages of the life course. Failure to do so has widespread implications -- short inter-pregnancy intervals have been associated with maternal anemia, small-for-gestational age infants, preterm birth, and increased infant mortality and malnutrition. Studies suggest that addressing the unmet need for contraception as a single intervention could reduce global maternal mortality by as much as 30%. Effective post abortion contraceptive provision prevents new unintended and unwanted pregnancies.

Pregnancy is a key reproductive event when women are in contact with healthcare services, creating an opportunity to discuss contraceptive choice and provide contraception to women. This presentation will

share current strategies and plans for enhancing postpartum and postabortion contraception globally which is a priority for the FIGO Contraception committee.

Emergency contraception Consensus Document. A collaboration to advance evidence- and rights-based dispensing of emergency contraception

Cristina Puig Borràs

European Consortium for Emergency Contraception

Abstract

Introduction to the consensus document on dispensing of emergency contraceptive pills (ECPS) according to evidence and human rights. The document was published in September 2023 by the European Society of Contraception and Reproductive Health (ESC), the International Federation of Gynecology and Obstetrics (FIGO), the International Planned Parenthood Federation (IPPF), and the European Consortium for Emergency Contraception. In February 2024, the International Pharmaceutical Federation (FIP) endorsed the consensus.

Cancer Survivors

Angelo Cagnacci

Academic Unit of Obstetrics and Gynecology, DINOGMI, University Hospital IRCCS-Policlinico San Martino of Genoa, Italy

Abstract

Women can survive from non-gynecological, breast, and gynecological cancers. The use of contraception can be performed immediately after cancer or later in time. In general, in conditions with an increased risk of thromboembolism combined hormonal contraceptive should be avoided, and in conditions of increase infection risk, intrauterine devices should be avoided. Women surviving non- gynecological cancer like skin cancer, including melanoma, can use any type of contraception, and the same is true after gastrointestinal cancer, except hepatocellular carcinoma with an altered function of the transplanted liver. Because of the use of immune depressant these women should also avoid the use of an intrauterine copper device. There are many hematological malignancies. During chemotherapy because of gastrointestinal side effects non oral routes of contraception are better suited, with the use of barrier methods to protect the partner by body fluids containing chemo toxics. After endocrine cancers combined contraceptives should be avoided after thyroid cancer (probably higher risk of recurrence), pancreatic cancer (higher risk of thromboembolism) or adrenocortical carcinoma (no study). After breast cancer intra uterine devices and barrier methods are the most indicated. After endometrial cancer levonorgestrel-intrauterine system is the most indicated even if combined hormonal contraception or progestin only contraception can be used. After ovarian cancer combined hormonal contraceptives and progestin only contraceptives are the most indicated. All contraceptive methods can be used after gestational trophoblast diseases and vulvo-vaginal malignancies.
Emergency contraception with either levonorgestrel or ulipristal acetate can be used after any cancer. The copper intrauterine device can also be used, but with cautions in immune depressed

Immune disorder

David D' Cruz

Louise Coote Lupus Unit, Guy's Hospital, London

Abstract

Systemic Lupus Erythematosus and Antiphospholipid Syndrome are autoimmune rheumatic disorders that frequently affect young women of childbearing age. Adverse pregnancy outcomes in these women are common especially in patients with uncontrolled disease or with risk factors for thrombosis or pregnancy morbidity. This lecture will outline recommendations for contraception and pre-pregnancy counselling in women with these conditions.

The new approaches to diagnosis and treatment of STI

Katarina Sedlecky

M.D., PhD, Ob/Gyn spec., Belgrade, Serbia

Abstract

Sexually transmitted infections (STI) are a major health and social problem globally, as they are frequent, showing a trend of further growth, often unrecognized due to subclinical forms of infection, and are associated with serious health consequences, such as pelvic inflammatory disease, infertility, chronic pelvic pain and adverse pregnancy outcomes, social stigma and absence from work.
Numerous challenges in STI diagnosis and therapy still await an optimal solution. M-health interventions, remote patient counseling, facilitating testing using websites, point-of-care testing are maneuvers that might lead to increased diagnostic coverage of the population at risk for STIs, avoiding delays in diagnosis and simplifying the diagnostic procedure. Furthermore, efficiency considerations of the widespread use of a single-dose azithromycin for uncomplicated chlamydia infections, expedited and accelerated partner therapy as partner notification approaches that allow partners to receive treatment without a face-to-face consultation in a health-service setting, dual antimicrobial therapy and introduction of new antimicrobials for the treatment of gonococcal infection, as well as interventions attempted for the management and prevention of bacterial vaginosis will be discussed.
A reduction of sexual transmission of HIV can be expected from three strategic approaches, which are implemented today. Two of them are prophylactic treatments of persons not infected with HIV: post-exposure prophylaxis (PEP), given after specific high-risk exposures; and pre-exposure prophylaxis (PrEP), given for continuous periods of high-risk exposure to prevent acquisition of HIV. The third strategy, known as treatment as prevention (TasP), refers to initiating combined antiretroviral treatment in order to reduce HIV infectiousness as soon as HIV infection is diagnosed to prevent transmission to uninfected partners.

Friday 3 May 2024

Navigating Current Debates: WHO's Guidance on Anti-D Immunoglobulin Administration in the First Trimester of Pregnancy

Antonella Lavelanet

UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), Department of Sexual and Reproductive Health and Research (SRH), Geneva, Switzerland.

Abstract

Since its introduction, the administration of anti-D immunoglobulin has significantly reduced pregnancy and perinatal outcomes. However, guidance related to anti-D immunoglobulin administration varies globally, especially as it relates to administration in the first trimester of pregnancy.
This presentation provides an overview of various approaches to anti-D immunoglobulin globally while exploring current debates in practice. It will also include current recommendations and supporting evidence provided by the World Health Organization related to anti-D immunoglobulin administration in the first trimester of pregnancy.
The presentation highlights that the recent trend to move away from first-trimester administration of anti-D immunoglobulin is supported by an increasing evidence base regarding the risk of alloimmunization. Abstaining from administration during this period also presents other potential benefits. Moreover, the scarcity of evidence supporting the efficacy of first-trimester administration of anti-D immunoglobulin raises ethical and other concerns regarding the unnecessary provision of medication.

Mandatory waiting periods

Teresa Bombas

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Abstract

For more than sixty years Europe has led the continuing global trend towards the liberalization of abortion laws and the legalization of women’s access to safe and legal abortion. Today only a very small minority maintain highly restrictive laws prohibiting abortion in almost all circumstances.
A number of European countries that have legalized abortion on request or broad social grounds maintain a range of procedural and regulatory barriers that impede access to abortion care in practice. Laws in fifteen European countries still require a mandatory time period to elapse between the date on which an abortion is first requested and the date on which it takes place. These countries are: Albania, Armenia, Belgium, Georgia, Germany, Hungary, Ireland, Italy, Latvia, Luxembourg, Netherlands, Portugal, Russian Federation, Slovak Republic and Spain. The
The evidence reviewed showed that mandatory waiting periods delayed access to abortion, sometimes

to the extent that women's access to abortion or choice of abortion method was restricted in that setting.
The WHO specifies that laws should not impose these medically unnecessary delays. These waiting periods undermine access to timely and affordable care and restrict women's human rights and autonomous decision-making.

Gestational age limits

Silvia De Zordo

University of Barcelona, Spain

Abstract

Most European countries allow abortion on broad grounds or on women's request, while restricting access, by establishing gestational age limits, mandatory waiting periods and counseling, and specific circumstances under which abortion is legal.
This presentation explores the experiences of women and pregnant people who travel to the UK, the Netherlands, and Spain for abortion care from countries with relatively liberal abortion laws, based on the results of a mixed-methods research project funded by the European Research Council, which combines anthropology and epidemiology. This study has shown that several barriers to access, and particularly gestational age (GA) limits, lead women and pregnant people who need an abortion to travel abroad. In this presentation, I analyze the challenges faced by women and pregnant people when they decide to travel abroad and the costs and burdens of travelling.
The study's findings show that gestational age limits seriously impact the lives of people needing an abortion beyond time restriction, delaying access to care, exposing them to serious challenges and health risks, and deepening existing social and gender inequalities. This study highlights the stratification of access to reproductive health care and raises questions about abortion regulation and the meaning of reproductive justice in countries with relatively liberal abortion laws.

Should progestin-only pills be available over the counter? NO

Gabriele Merki

University Hospital Zürich, Switzerland

Abstract

Women with need for contraception should have access to appropriate counselling to be able to make a real choice. Also there is a high safety of progestin-only contraceptives they are frequently associated with adverse events like irregular bleeding and prolonged bleeding, which can cause discontinuation, especially if women do not understand what the underlying cause of this bleeding is. Restarters and newstarters of contraception mostly are in a new partnership. Irregular bleeding could also be caused by STI. STI diagnosis might be delayed in persons who do not have easy access to a medical doctor. Other adverse events of POCs are depressed moods ranging from little irritibilitaty to severe depression. It is of paramount importance to identify severe cases and advise. POC are lower-dosed than CHC. Interactions

with other medications can very soon impact the efficacy, another point relevant to be addressed during counselling visits. There might be some benefit for POC over the counter in region , in which women have no access to a doctor or have to wait very long for an appointment.

Should natural estrogen pills (estetrol, estradiol) be the first choice for COCs? Cons.

Angelo Cagnacci

Academic Unit of Obstetrics and Gynecology, DINOGMI, University Hospital IRCCS-Policlinico San Martino of Genoa, Italy

Abstract

Contraceptive with natural estradiol, either micronized (E2) or valerate (EV), hit the market several years ago and have been recently implemented with the adjunct of estetrol (E4). Their use as first contraceptive choice was advocated mainly relying on a presumed higher safety profile. Yet this is unproven. There is no epidemiological prove that natural estrogens are safer than EE on the risk of breast cancer. When considering associations of EE with either levonorgestrel of norgestimate or low dose EE and gestodene, the risk of venous thromboembolism is not higher than with E2 or EV combined contraceptives, and the presumed superiority of E4 lacks the support of epidemiological data. Furthermore, there are drawbacks with the use of contraceptives with natural estrogens. Irregular bleeding represents one of the main causes of COCs interruption, and the control of menstrual irregularities is a therapeutic, or additional effect women are looking for in COCs. In this regard EE-based COCs behave better than those with natural estrogens. E2/E2V is rapidly metabolized not only in the liver but also in the endometrium, to estrone, a weak estrogen sometimes not capable to control bleeding and spotting. Bleeding and spotting are better with E4 but not as good as with COCs containing 30-35 mcg of EE. A greater FSH inhibition with EE than with natural estrogens including E4, also contribute to a better cycle control. Greater FSH-mediated ovarian suppression with EE-based COCs, along with higher increase of free sex hormone binding globulin, contribute to reduce freely available testosterone, and are useful for the treatment of hyperandrogenism, typical of the polycystic ovary syndrome and also frequent in young women. Finally, EV-COCs are available in a quadriphasic formulation that is difficult to handle in case of missing pill. Usually, first contraceptive prescription is performed in young post-pubertal women with a rather disordered life and in which the cardiovascular risk particularly the risk of venous thromboembolism is extremely low. In this population acceptance, and continuation of a contraceptive is extremely important as it is the possible benefit that a COC may exert on the quality of the skin. EE-based contraceptive pills could be considered as the first choice in this population of women.

Hormonal contraception for PMS / PMDD

Frida Gyllenberg

Uppsala University, Sweden

Abstract

Premenstrual dysphoric disorder (PMDD) is a more severe variant of premenstrual syndrome (PMS) and affects about 5% of women of reproductive age. Symptoms include depression, irritability, anxiety, and affective lability during the late luteal phase of the menstrual cycle. The current first-line treatment for PMDD is selective serotonin reuptake inhibitors. Due to a high prevalence of side effects, patients frequently discontinue the medication. Some combined oral contraceptives have been shown to be an effective treatment option for managing symptoms of both PMS and PMDD. However, individual responses to different contraceptive methods can vary greatly, underscoring the importance of personalized contraceptive counseling for women with premenstrual dysphoric disorder.

Therapeutic uses of hormonal contraception when its not in the MEC? What's a clinician to do?

Alison Edelman

Oregon Health & Science University, Obstetrics & Gynecology, Portland, USA.

Abstract

The practice of medicine is both an art and a science. Evidence-based guidelines, like the WHO/UK/CDC MEC, cannot provide recommendations for all the ways that hormonal contraception might be used clinically. We will discuss ways in which guidelines can provide security in clinical practice and how to approach situations that may be less supported by evidence.

FERTIwise: investigation of knowledge and awareness regarding fertility and family planning among health care professionals (HCPs)

Philipp Quaas

Universitätsspital Basel, Switzerland

Abstract

Brief presentation of the preliminary data of the FERTIwise study which is conducted using digital technologies and also social networks (e.g. LinkedIn).

Brief summary of the achievements of the current Website and Multimedia Committee (WMC).

Snapshot of the Journal of the Society: publishing today...and tomorrow?

Giovanni Grandi

University of Modena and Reggio Emilia, Obstetrics and Gynecology, Modena, Italy

Abstract

The role of Editor in Chief of a Journal that publishes last research about contraception, abortion and reproductive health is increasingly difficult. We are between the constant pressures of the Impact

Factor, those of the publisher that wants everything to be Open Access, papers not always of high quality and the Scientific Society that pushes for it to be a well known dissemination tool. We try to rely on social media but it is still difficult to reach health professionals through these instruments. The world of scientific publishing is changing greatly and quickly.

Pros and Cons of Real-World Data (post-marketing studies)

Clare Barnett

ZEG Berlin – Center for Epidemiology and Health Research, Berlin, Germany

Abstract

Real-world data (RWD) provides vital health data that complements evidence from preclinical and clinical studies. Importantly for Womens' Health, RWD provides insights into the effectiveness of contraception when used by actual users, under real-life conditions. Taking examples from various contraceptive studies conducted in Europe and the United States, Clare will discuss the strengths of data collected under real-life conditions, sign-posts and tricks for better understanding the data and how data obtained in a real-world setting can be used to complement data gathered in clinical trials.

Balance of benefits and drawbacks of Meta-analyses

Ambrogio Londero[1,2]

[1]University of Genoa, Italy, [2]IRCCS Giannina Gaslini

Abstract

Solid research serves as the basis for good clinical practice. Well-articulated questions frequently serve as the foundation for impactful and meaningful research. When viewed through the lens of comprehensive meta-analyses, these questions can significantly advance medical knowledge and clinical guidelines. Meta-analyses combine data from multiple studies to provide a comprehensive view of a research domain. This methodological approach improves understanding of complex healthcare issues and serves as a foundation for developing clinical guidelines. Meta-analyses, which aggregate findings, can identify trends, patterns, and gaps in research, informing the development of future research and evidence-based practices and policies. However, the strength of meta-analyses is inextricably linked to the rigor of their methodology. Flaws or biases in the analyzed studies can be magnified in meta-analyses, potentially leading to incorrect conclusions. When meta-analyses include studies with methodological limitations, the accuracy of the resulting findings may suffer. This issue, in turn, can directly impact patient health, influencing clinical decision-making and care practices in ways that may not be consistent with the best evidence available. While meta-analyses are essential tools for advancing medical research and informing clinical guidelines, the quality of the included studies is critical. Researchers must carefully evaluate meta-analysis methodology to ensure their findings are reliable and applicable in clinical settings. This careful balance of benefits and drawbacks emphasizes the importance of meta-analyses in shaping effective, evidence-based healthcare.

Endometriosis: Genetics, comorbidities and overlap with other diagnosis

Gabriele Merki

University Hospital Zürich, Switzerland

Abstract

Endometriosis is a disabling condition with chronic pelvic pain affecting around 12% of the female population. A major complication is infertiliy. Longterm hormonal treatment might contribute to reduce this burden. However ,not all women suffer from the same type of endometriosis and will experience the same course of disease. At least one third of the patients will have a positive family history. There is in addition a strong genetic link between endometriosis and migraine, another pain condition with a high burden of disease. It has been demonstrated, that estrogen receptor polymorphism are involved here but also polymorphisms of estrogen metabolizing enzymes. Endometriosis is also significantly assoicated with depression. This comorbidity also seems to be based on a genetic predisposition. Can we optimise endometriosis treatment in patients with such comorbidities to reduce the burden of disease ?

Hormonal management of endometriosis – what does the recent ESHRE guideline advice?

Oskari Heikinheimo

University of Helsinki and Helsinki University Hospital

Abstract

European Society of Human Reproduction and Embryology (ESHRE) has published a guideline on the management of women with endometriosis first in 2005. The guideline has been updated twice, in 2014 and 2022. The guideline has evolved greatly over the years. Among the current 109 recommendations given in the updated guideline, several are on the use of hormonal contraceptives in the management of women with suspected and verified endometriosis.

These include:

- There is no need for a definite surgical diagnosis of endometriosis, but empirical therapy with combined hormonal contraceptives / progestins of women with signs and symptoms suggestive of endometriosis can be initiated based on clinical examination and selected imaging.
- **Strong recommendations are given concerning the use of hormonal contraceptives** (i.e. combined hormonal contraceptives (CHC) or progestins) in management of painful symptoms associated with endometriosis as follows:
    - Hormone treatment including hormonal contraceptives is to be offered as one of the options to reduce endometriosis-associated pain.
    - CHCs (i.e. oral, vaginal or transdermal) are recommended to be prescribed for endometriosis-associated dyspareunia, dysmenorrhea and non-menstrual pain.
    - Progestogens are recommended to be prescribed for endometriosis-associated pain.

- Levonorgestrel-releasing intrauterine device (LNG-IUD) or etonogestrel-releasing subdermal implant are recommended to be prescribed for endometriosis-associated pain.
- In women with endometriosis-associated pain refractory to other medical or surgical therapies, aromatase inhibitors to be used in combination with hormonal contraceptives are recommended to be prescribed.
- After surgical management of endometriosis, postoperative use of LNG-IUD or CHC should be considered for secondary prevention of endometriosis-associated dysmenorrhea.
- After surgical management of ovarian endometrioma in women not immediately seeking conception, clinicians are recommended to offer long-term hormone treatment with CHC for prevention of endometrioma and endometriosis-associated pain recurrence.
- In adolescents with severe dysmenorrhea and/or endometriosis-associated pain clinicians should prescribe CHC or progestogens as first line therapy

The entire guideline as well as its abbreviated version are available free-of-charge at https://www.eshre.eu/Guideline/Endometriosis

Fertility Preservation In Endometriosis

Joaquim Calaf Alsina

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Abstract

Endometriosis is associated with decreased fertility. However, there is no quality information on the importance of this decrease according to the disease's characteristics.

Among couples diagnosed with infertility, between 20 and 50% of endometriosis are identified. And among women diagnosed with endometriosis, 30 to 50% are infertile. Indirect estimates consider that the monthly fertility rate in normal couples is 30% in the first year and drops to 10% in couples in which the woman has been surgically diagnosed with endometriosis. However, there is no specific assessment based on different scenarios such as age, previous surgeries, etc.

The rationale for explaining this decrease differs in the different clinical forms. In superficial peritoneal disease, the immunological microenvironment can impair the quality of the gametes and the embryo. In deep infiltrative endometriosis, minimal impact on fertility is expected.

The threat to fertility is more plausible in cases of ovarian endometrioma. There is evidence of adverse effects on the quality of the ovarian reserve due to the action of substances generated in the endometrioma on the surrounding ovarian cortex. On the other hand, endometrioma surgery involves the destruction of a variable number of follicles. If we add the impact of age to these biological variables, it is easy to understand the convenience of establishing a strategy that includes fertility preservation.

Although the effectiveness of the two forms of fertility preservation, oocytes or ovarian tissue, may be similar, oocyte preservation is within reach of most reproduction centres. It would be the preferred technique except in cases where there is consolidated experience in ovarian tissue transplantation.

There is enough experience to establish the effectiveness of oocyte preservation in obtaining pregnancies in affected patients. However, sufficiently robust information is needed to calculate its efficiency.
Retrospective studies of the use of frozen oocytes in patients with endometriosis suggest that the number of patients to treat (NNT) to generate a pregnancy that ends with a healthy newborn is 5. This is especially relevant in the public provision of treatments, where an alternative application of resources could improve the overall results of a program.

Given the current timeline for late-seeking pregnancy, studies are essential to identify patients for whom preserving oocytes efficiently improves the rate of healthy child expectations.

People suffering from alcoholism and drug addiction and sex workers

Philipp Quaas

Universitätsspital Basel, Switzerland

Abstract

Summary of the current status and practices regarding contraception in these minority groups. Possible perspectives to optimize the existing circumstances.

SRH challenges within immigrant and displaced populations

Manuela Farris[1], Alessio Agostini[2], Ilaria Barbaro[3], Filippo Crivelli[4], Lucrezia Imperiali[5], Simonetta Intilla[6], Riccardo Di Vita[7], Dominique Cavalcante[8], Carlo Bastianelli[9]

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Abstract

Migrant, internally displaced, asylum seeking and refugee women represent a vulnerable group whose number is constantly growing. According to the Office of the United Nations High Commissioner for Refugees (UNHCR), the number of migrants, internally displaced

persons (IDPs), asylum seekers and refugees worldwide reached 108.4 million at the end of 2022 . These women live in precarious conditions that increase the probability of their reproductive healthcare rights will be violated. For example, both women and adolescent girls living in internally displaced persons (IDPs) and refugees camps have increased risk of contracting sexually transmitted infections, having unwanted pregnancies and abortions Despite these increased risks, healthcare centers in host localities do not always take these concerns into account, resulting in women having limited access to appropriate sexual and reproductive health (SRH) services. SRH services include prenatal care, childbirth care, newborn care, family planning, safe abortion, and the management of sexually transmitted infections (STI) and human immunodeficiency virus (HIV)
Access to SRH services is a fundamental human right Promoting access to sexual and reproductive health services, a fundamental human right, requires a good knowledge of the facilitating factors and obstacles to their access to such services.
In January 2024, 2,258 refugees and migrants arrived in Italy by sea. Most originated from Bangladesh (26%), Tunisia (22%) and the Syrian Arab Republic (18%). 18 per cent were children. The central Mediterranean route is considered the most perilous due to the high number of deaths which are 115 as for 7 April 2024, 1036 in 2023 with a total of 3160 including missing, of which 1908 in central Mediterrean

Discussing contraception around abortion and uptake

Isabella Bizjak

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Abstract

Women undergoing an abortion are at risk of another unintended pregnancy and induced abortion. Giving abortion-seeking persons a choice to avoid future unintended pregnancies and risks by addressing and providing post-abortion contraception is therefore of great importance.
Provided there are no medical contraindications, all methods of contraception are safe and effective when started after an abortion. Yet, Long-acting reversible contraceptive (LARC) methods that include intrauterine contraception and implants, have been shown to be the most effective contraceptive methods to prevent unintended pregnancy following an abortion.
There is no clear consensus on best practices for how to perform contraceptive counseling while meeting women's needs and preferences, avoiding coercion, managing potential side effects, and supporting method continuation or switching.
In the LOWE trial intervention(1,2), a higher uptake and utilization of LARC at 12-months follow-up was shown when an intervention package of structured contraceptive counseling, with an emphasis on method effectiveness, was provided. In addition the intervention significantly reduced unintended pregnancy rates in abortion clinics at 12 months. The study was conducted in a real life setting, leaving costs and other services unchanged.

1. Iwarsson KE, Envall N, Bizjak I, Bring J, Kallner HK, Gemzell-Danielsson K. Increasing uptake of long-acting reversible contraception with structured contraceptive counselling: cluster randomised controlled trial (the LOWE trial). Bjog-Int J Obstet Gy. 2021;128(9):1546-54.
2. Bizjak I, Envall N, Emtell Iwarsson K, Kopp Kallner H, Gemzell-Danielsson K. Contraceptive uptake and

compliance after structured contraceptive counseling - secondary outcomes of the LOWE trial. Acta Obstet Gynecol Scand. 2024.

LARC timing and abortion

Oskari Heikinheimo

University of Helsinki and Helsinki University Hospital

Abstract

The use of highly effective contraceptive methods such as the contraceptive implants and/or intrauterine devices ([IUD], i.e. long acting reversible contraception [LARC]) significantly reduce the need of subsequent abortion in multiple studies.

Surgical abortion continues to be the standard of care in several countries. In the absence of contraindications, all systemic hormonal methods (incl. oral contraceptive pills, and contraceptive implants, injections and patch) may be started immediately after surgical abortion. Also, insertion of IUD at the time of surgical abortion is safe, has become a standard of care and should be liberally provided.

Medical abortion is increasing used globally, and increasingly by means of telemedicine. As medications can be self-administered at home, most women undergoing first trimester medical abortion may not need to physically visit in health care at all. Similarly, as in the case of surgical abortion, all hormonal methods with systemic action can be started at the time of medical abortion. However, provision of LARC methods necessitates attending a health care unit, and thus their use in postabortion contraception pose a challenge for the family planning systems.

The optimal timing on implant insertion in association with provision medical abortion has been studied in two randomized trials. In these studies the efficacy of medical abortion was not affected by the immediate compared to delayed (i.e. 2-4 weeks) insertion of the implant. However, the implant uptake and patient satisfaction were increased, and rate of unplanned pregnancy decreased after immediate implant provision during the follow-up. Thus, providing contraceptive implants at the time of initiating medical abortion is a very logical and cost-effective means of initiating effective long-term post-abortal contraception.

Similarly, intrauterine contraception can be initiated rapidly (either immediately or in 1-3 days) after medical abortion. Similarly as with the implant, IUD uptake and patient satisfaction were increased, and rate of unplanned pregnancy decreased after rapid IUD provision. Conversely, the rate of partial IUD expulsion/displacement was increased following rapid (i.e. within 3 days) compared to delayed (i.e. 2-4 weeks) IUD insertion. However, the overall IUD use during the follow-up was increased following rapid insertion. Provision within one week after medical abortion is safe and no interval contraception would be needed. The challenges in early IUD provision lie in organizing the service-delivery system as well as in supporting the compliance to attend the early IUD insertion visit.

Liberal use of medical abortion via telemedicine minimizes the need of physical contracts with health care. Thus, successful promotion and provision of effective LARC contraception needs similarly

innovativeness and flexibility. One-stop strategy for medical abortion and initiation of implant contraception is already possible, easy and patient friendly combination of medical abortion with IUD provision needs still further planning. Structure of the reproductive health care service system is likely to have a major effect on how successful this is.

Contraception provision with telemedicine abortion

Sharon Cameron[1,2]

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Abstract

Telemedicine has improved access to abortion in countries where it has been implemented but there is concern that it may result in fewer opportunities to provide women with effective post abortion contraception. After an abortion, fertility and sexual activity can resume quickly. However, many patients face challenges in identifying, accessing, and initiating their preferred contraceptive method after abortion. Uptake of effective contraception reduces the likelihood of unintended pregnancies. Evidence-based guidelines recommend that abortion services make the entire range of reversible contraceptive options available to patients on the same day as their abortion. Contraceptive counselling can be delivered effectively at a telemedicine consultation. For those having medical abortion at home, supplies of short acting methods (pill, patch, and ring) or the progestogen only injectable (subcutaneous depot medroxyprogesterone acetate) can be provided in a home abortion medication pack. The technique of self administration of injectables can also be taught via telemedicine. However, for those wishing to use a long acting method (implant or intrauterine device) a subsequent in-person visit is required. It important therefore that abortion services can facilitate rapid access to implant/IUD fitting and provide a bridging method of contraception in the interim. Telemedicine abortion models are here to stay and so former models of post abortion contraception delivery need to evolve. With this we have an opportunity to develop even more flexible models of care to expand choice and so better meet the individualised contraceptive needs of patients across diverse settings.

Saturday 4 May 2024

European Abortion Policies Atlas

Silvia Traina

European Parliamentary Forum for Sexual and Reproductive Rights

Abstract

The European Parliamentary Forum for Sexual and Reproductive Rights launched the European Abortion Policies Atlas in 2021. The Atlas ranks 52 countries and territories on policies regarding abortion

including legal framework, access, clinical care and service delivery and online information. The Atlas is an important advocacy tool for parliamentarians and other stakeholders to easily visualize how their own countries and territories are doing to fulfill the right to safe abortion. The good news is that there have been some interesting updates from 2021.

How to Improve Access to Abortion in Eastern Europe

Bojana Pinter[1,2]

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[2]University of Ljubljana, Faculty of Medicine, Ljubljana, Slovenia

Abstract

Introduction: Access to safe abortion is a human right and a critical component of the sexual and reproductive health and rights of women and girls. Safe abortion is essential health care. Eastern and Central Europe is a subregion of the European continent. As a largely ambiguous term, according to Euro-Voc Eastern and Central Europe includes Belarus, Russia, Ukraine, Moldova, Poland, Czech Republic, Slovakia, Hungary, Romania, Albania, Bosnia and Herzegovina, Bulgaria, Kosovo, Montenegro, North Macedonia, Serbia, Croatia, Slovenia and the Caucasus. Availability refers to the existence of services: are services sufficient in terms of quantity and type? Accessibility refers to how people can get the method, e.g. safe abortion.
Improving access to abortion: According to WHO abortion is safe when carried out using a method recommended by WHO, appropriate to the pregnancy duration and by someone with the necessary skills. In Eastern and Central Europe there are huge differences in accessibility of safe abortion. Improving access to abortion involves addressing legal, social, and healthcare system barriers with different strategies:

- Legal Reforms: aligning national laws with international human rights standards to ensure legal access to abortion as a part of basic human right on family planning. To ensure that laws are not overly restrictive (e.g. Poland) and allow the abortion on a demand.
- Public Health Policies: ensuring abortion care is covered by national health systems and removing unnecessary medical procedures or waiting periods (e.g. in Hungary). In the majority of Eastern and Central Europe abortion on a demand is not covered by national health system insurance (except in some countries as Slovenia, Moldova…).
- Education: Providing accurate information about abortion care and reproductive rights to the public.
- Support Services: Establishing confidential and non-judgmental counselling services for women.
- Telemedicine: Utilizing telemedicine to increase access, especially in remote areas
- Advocacy: Encouraging dialogue and advocacy to shift public opinion and reduce stigma associated with abortion.
- Collaboration with NGOs and International Organizations: collaborating with NGOs, civil society groups, and international organizations to share resources, expertise, and best practices in improving access to abortion and reproductive healthcare
- Research and Data Collection: conduct research and collect data on abortion rates, trends, and barriers to access.

Conclusions: By implementing these strategies it's possible to improve reproductive rights and healthcare for individuals in Eastern Europe.

How to improve access to abortion in South Europe.

Mirella Parachini

The International Federation of Abortion and Contraception Professionals (FIAPAC)

Abstract

In the countries of Southern Europe where there are difficulties in accessing abortion, the main causes arise from bad laws or an inappropriate application of the laws.
To indicate how to improve access to abortion It is useful to highlight what are the main obstacles that a woman encounters in her procedure. In this presentation, some critical aspects are identified, such as the mandatory waiting period, the gestational age limits, and the problem of late abortion, related to the so-called “abortion tourism” in Europe.

Role of COX-inhibitors in EC

Raymond Li[1,2]

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Abstract

Emergency contraception can be administered in the form of taking an oral emergency contraceptive pill or inserting a copper intrauterine contraceptive device. Levonorgestrel (LNG) and ulipristal acetate (UPA) are the two main agents used for oral emergency contraception. However, there is a failure rate of 1-2% and both do not act effectively when administered after ovulation has occurred. Hence, we are continuing to explore for more effective options.

Prostaglandins are “local hormones” produced by most of the body tissues and mediate a number of reproductive processes like ovulation, fertilisation and embryo implantation. Researchers have been exploring the role of cyclo-oxygenase (COX) inhibitors, agents that block prostaglandin synthesis, in emergency contraception.

Studies in animals and human have suggested that some COX inhibitors (such as meloxicam and celecoxib), either used alone or in synergy with LNG or UPA, could contribute to inhibition of ovulation. The first randomised, placebo-controlled trial on the use of piroxicam, a long-acting COX inhibitor, in combination with the LNG emergency pill, was published in 2023. It showed that the failure rate of the new combination regimen (0.2%) was significantly lower than that of LNG alone (1.7%). The percentages of pregnancies that could be prevented by LNG with and without adding piroxicam were 95% and 63% respectively, significantly higher in the former. There was no significant difference in the occurrence of adverse effects including changes to the menstrual bleeding pattern following intake of the two regimens. This proved the concept that a COX inhibitor can be added into the existing agents to improve the effectiveness in emergency contraception.

Further studies are needed to investigate whether other COX inhibitors have similar effects as applied to emergency contraception, and the underlying mechanisms of action."

Global Abortion Law and Policy Landscape

Antonella Lavelanet

UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), Department of Sexual and Reproductive Health and Research (SRH), Geneva, Switzerland.

Abstract

The current global abortion law and policy landscape is continuously evolving. While some nations have regressed in recent times, there exists a plethora of instances where positive transformations are taking place worldwide.
This presentation starts with an in-depth examination of the World Health Organization's recommendations regarding abortion-related laws and policies. It describes countries that have embraced progressive measures, whether through legal reform or the implementation of clinical and other policies aimed at enhancing access to abortion services.
By delving into these examples of progress, the presentation underscores the notion that change, irrespective of scale, towards evidence-based abortion law and policy reform is attainable.

How migration and refugee status affect SRHR

Faysal El Kak

American University of Beirut, Lebanon

Abstract

SRHR is the first to fallout under conflict and crisis. Displacement with its legal, health, and socioeconomic challenges will have serious consequences on the strategizing, financing, accessing, and providing the scope of SRHR services much needed in public health emergencies, and the self agency of women and young girls, in particular, in relation of contraception intentions, menstrual health, and GBV. This presentation will address aspects of intersectionality in displacement affecting and hampering SRHR priorities

Free Communications

FC1

The complex effects of a Sexual health intervention: Safetxt trial and qualitative interviews

Caroline Free[1], Ona Mc CArthy[1], Melissa Palmer[1], Sima Berendes[1], rebbeca french[1], Ford Hickson[1], kaye Wellings[1], Tim Morris[2], james Carpenter[3]

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Abstract

Background: People aged 16-24 bear the heaviest burden of sexually transmitted infections (STIs) such as chlamydia and gonorrhoea. Limited knowledge of risk reduction strategies and poor sexual communication skills may contribute this increased risk. Health communications delivered by text message are effective, low cost and highly cost-effective for some behaviours. We developed an intervention, delivered by text messages, aimed at improving safer sex behaviours in people aged 16-24 with chlamydia or gonorrhoea.

Aims: We aimed to quantify the effects of the safetxt intervention on the incidence of chlamydia and gonorrhoea re-infection at one year. We hypothesised that the safetxt intervention would reduce the risk of chlamydia and gonorrhoea infection at one year by improving three key safer sex behaviours: partner notification at one month, condom use and STI testing with new partners at one year.

Methods

Design: A parallel-group randomised controlled trial with remote computer-based randomisation (1:1). Care providers and outcome assessors were masked to allocation. We registered the trial ISRCTN64390461. We also conducted qualitative interviews with participants.

Setting - 92 sexual health clinics in the UK

Participants - We enrolled people aged 16-24 diagnosed with or treated for chlamydia, gonorrhoea or non-specific urethritis in the last two weeks who owned a mobile phone.

Interventions – Safetxt – a theory-based user informed safer sex intervention delivered by text messages targeting partner notification, condom use and testing before sex with new partners. There were: 4 messages per day for days 1-3, then 1-2 messages per day for days 4-28, then 2-3 messages per week for month 2, and 2-5 messages per month for months 3-12. Control: a monthly text message about trial participation over 12 months.

Main outcome measures - The primary outcome was the incidence of chlamydia and gonorrhoea infection at one year assessed by nucleic acid amplification tests. Safety outcomes were self-reported road traffic accidents and partner violence. All analyses were intention to treat. There was an optional open feedback form

Results: Between 1 April 2016 and 23 November 2018, we assessed 20,476 for eligibility and randomised 6248 participants, allocating 3123 to the safetxt intervention and 3125 to the control. Primary outcome data were available for 4675 (74·8%) participants. At 1 year, the incidence of chlamydia or gonorrhoea infection was 22·2% safetxt vs 20·3% in the control group (OR 1·13, 95% CI 0·98 to 1·31). Condom use at last sex at 12 months was 33·8% in the intervention and 31·2% in the control (OR 1·14, 95% CI 1·01-1·28, p=0·038). In a secondary analysis, the prevalence of chlamydia or gonorrhoea at 12 months was OR 1.04, 95% CI 0.83-1.30. In open feedback forms from 3526 participants and qualitative interviews with 18 recipients, recipients reported the intervention increased their agency, knowledge and confidence in using condoms, notifying partners and talking with partners, siblings and friends about sexual health.

Conclusions: The safetxt intervention increased condom use at 12 months. Recipients reported the intervention improved their sexual and reproductive wellbeing. STI were not reduced.

FC2

Prevalence and determinants of contraindicated use of oral contraceptives among childbearing age Brazilian women

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Abstract

Background: Over one-third of Brazilian women using contraceptive methods rely on Oral Contraceptives (OCs), rate which has been rising in the last decade. However, when eligibility criteria are not considered, OC usage may pose health risks.

Aims and Objectives: To estimate the prevalence and social determinants associated with the contraindicated OC use among Brazilian women.

Method: Data from 3,997 women aged 18 to 49 who have responded the National Health Survey (NHS) in 2019 and reported OC use were analyzed. Contraindicated use was defined when women reported previous diagnoses of Systemic Arterial Hypertension (SAH), Diabetes Mellitus (DM), Acute Myocardial Infarction, Stroke/Cerebral Vascular Accident, and smoking concomitant to age ≥35 years. We estimated the prevalence of total contraindicated OC use and by subgroups based on sociodemographic

characteristics. We used Poisson regression models to estimate unadjusted (PR) and adjusted (aPR) Prevalence Ratios and 95% Confidence Intervals (95%CI) to identify the determinants of the contraindicated use of OC. The Stata software in the Survey module was used, to consider the complex sample design (stratification, clustering, and individual weights) and reach population estimates.

Results: Among OC users, 17.4% had contraindications. SAH (13.3%), smoking in women with ≥35 years (2.9%), and DM (2.4%) were the most prevalent contraindications conditions. Contraindication prevalence was higher among women aged 35-44 (PR=3.91; 95%CI 2.48-6.17; p<0.001) and 45-49 years (PR=5.12; 95%CI 3.10-8.46, p<0.001), with low educational attainment (PR=2.79; 95%CI 2.00-3.90; p<0.001), having ≥4 childbirths (PR=5.81; 95%CI 3.70-9.12; p<0.001), and among the married (PR=1.55; 95%CI 1.22-1.96; p<0.01). In the multivariate model, age ≥35 years, low educational attainment, and higher parity remained positively associated with contraindicated OC use (p<0.05).

Conclusion: Our findings reveal a high prevalence of contraindicated OC use in the Brazilian population, affecting one in every five users. Social determinants, such as low educational attainment and higher parity, further increase the contraindicated usage prevalence. Thus, there is a need to improve contraceptive access in the country in terms of quality of care, considering contraindications and women's autonomy in choosing the most suitable method with minimal health risks, particularly cardiovascular risks. Furthermore, this qualification must be equitable, given that women with greater social vulnerability exhibit higher contraindicated usage. Beyond ensuring access to the method, it is imperative to guarantee the safe use of contraceptives. Therefore, low- and middle-income countries like Brazil must progress in strategies that improve this assistance, ensuring the sexual and reproductive rights of Brazilian women and contributing to achieving Sustainable Development Goals' target 3.7.

FC3

Prospective evaluation of ease and difficulties of 872 cases of IUD removals

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Abstract

Background: Intrauterine Devices (IUDs) are one of the most extensively used reversible contraceptive methods worldwide, with high contraceptive efficacy, high rates of continuation, and low side effects. Despite the large body of evidence regarding difficulties and pain at IUD placement, there is scarce information about IUD removals which can have important implications for reproductive autonomy.

Aims and Objectives: The objective of this study was to describe the ease and difficulty of removal of intrauterine devices (IUDs).

Method: We conducted a prospective study at the University of Campinas Faculty of Medical Sciences, Campinas, SP, Brazil. We included women who requested IUD removal. We excluded women with partial IUD expulsion in which the IUD was protruded at the external os. We identified as IUD difficult

removal when the removal is challenging, including the inability to visualize IUD strings extending from the cervical os.

Results: A total of 869 women were invited to participate. The women aged (Mean± SD) 29.4 ± 8.0 years (range 14-51) and the duration of IUD use at the time of removal was 4.3 ± 4.2 years. The IUD in use at removal was the TCu380A in 353 (40.6%) cases and 477 (54.9%) women were users of the levonorgestrel 52-mg or 19.5 mg IUD. We found that 702 (80.8%) women had visible strings at the external os and the removals were performed at the first attempt without difficulty in 692 (79.5%). Pain was more intense (>4) in cases of difficult removals. The mean time for IUD removal in the easy cases, from the entry to the consultation room to the woman leaving the room, was 22 minutes, and for the procedure itself was 6 minutes. We do not use any kind of anesthetic or concurrent abdominal ultrasound guidance. We identified 13 (1.5%) cases with vasovagal reflex at the removal. After bivariate analysis the variables significantly associated to difficult removals were women with one or two previous cesarean deliveries, those who required removal due to wishing to become pregnant, expiration of approved lifespan, reaching menopause, non-visible strings, age over 25 years, and more than 3 years of IUD use. The multivariate logistic analysis showed that the variables significantly associated to difficult removals were users of IUD $\geq$ 3 years had 3 times higher risk and risk increased by 1.5 for each previous cesarean delivery. Shorter strings had lower associated risks.

Conclusions: Our study demonstrated that IUD removal is a safe procedure, with no significant pain reported. The absence of visible strings, a longer duration of IUD use, and a history of cesarean deliveries were identified as significant factors associated with challenging removals. Furthermore, the study identified specific risk factors for difficult removals, such as women using IUDs for more than three years and those with a history of cesarean deliveries, providing valuable insights for healthcare professionals involved in contraceptive care. These findings contribute to a more comprehensive understanding of IUD management. We believe that our data makes a meaningful contribution to the global literature on IUD use.

FC4

Gene Expression Associated with Unfavorable Vaginal Bleeding in Women Using the Etonogestrel Subdermal Contraceptive Implant: A Prospective Study

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Abstract

Background: The Etonogestrel (ENG) subdermal contraceptive implant is a widely used long-acting reversible contraceptive (LARC) method. Despite its high contraceptive efficacy and high continuation rate, exceeding 80% after the first year of use, the primary reason for discontinuation is the occurrence

of an adverse uterine bleeding pattern. The pathophysiology of bleeding includes an increase in angiogenesis, matrix metalloproteinase activity, and interconnected immune and inflammatory factors that contribute to endometrial instability. Several genes are crucial in coordinating this complex process, including those that notably contribute to endometrial inflammation, angiogenesis, and bleeding.

Aims and Objectives: To evaluate gene expression associated with unfavorable vaginal bleeding in users of the ENG contraceptive implant.

Method: prospective study involving 100 women who intended to use the ENG implant. Exclusion criteria included abnormal uterine bleeding, inability to attend a 1-year follow-up, and implant removal for reasons unrelated to vaginal bleeding or loss of follow-up. We obtained endometrial biopsies before implant placement and assessed the expression of 20 selected genes. Users maintained a uterine bleeding diary for 12 months post-implant placement. For statistical analysis, we categorized women into those with or without favourable vaginal bleeding at 3 and 12 months.

Results*:* A total of 92 women were available for the 12-month follow-up analysis. Within the 3- to 12-month period, a total of 10 women chose to remove the device due to unfavourable bleeding. At the 3-month follow-up, uterine bleeding profiles were categorized as favourable in 59 women (61.5%) and unfavourable in 37 women (38.5%). The mean age of the participants was 27.8 (±6.4) years, with no significant statistical distinctions observed between the groups experiencing favourable and unfavourable bleeding. There were no disparities noted in terms of ethnicity, years of schooling, BMI (kg/m^2), parity, age at menarche, menstrual period duration, or prior cycle length before the study initiation. Multiple regression analyses revealed that women with decreased CXCL1 expression had a 6.8-fold higher likelihood of experiencing unfavorable vaginal bleeding within 3 months (OR 6.8, 95% CI 2.21-20.79, $p<0.001$). Similarly, women exhibiting higher expression of BCL6 and BMP6 faced 6-fold and 5.1-fold increased odds of unfavorable vaginal bleeding in 3 months follow-up, respectively. By the 12-month follow-up, women with lower CXCL1 expression had a 5.37-fold increased risk of unfavourable vaginal bleeding (OR 5.37, 95% CI 1.63 – 17.73, $p=0.006$). Women with CXCL1 expression < 0.0675, BCL6 > 0.65, and BMP6 > 3.4 had a higher likelihood of experiencing unfavourable vaginal bleeding at 3 months, and CXCL1 < 0.158 at 12 months.

Conclusions*:* our study highlights the association between heightened BCL6 and BMP6 gene expressions and the increased likelihood of unfavourable vaginal bleeding at the 3-month follow-up in ENG-implant users. Reduced CXCL1 expression is also linked to bleeding occurrences, with significantly higher odds at both 3 and 12 months. These findings contribute to our understanding of the mechanisms behind breakthrough bleeding in ENG-implant users and have implications for further research and clinical management.

FC5

Safety and tolerability of the Estetrol/Drospirenone contraceptive pill in starters compared to switchers

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Abstract

Background: Estetrol 15 mg/drospirenone 3 mg (E4/DRSP) is a recently approved combined oral contraceptive (COC). E4 is a native estrogen with selective action in tissues (NEST) that exhibits both agonistic and antagonistic estrogenic effects in different tissues. E4 in combination with DRSP is an effective oral contraceptive associated with a regular bleeding pattern and low rates of adverse events (AEs).

Aims and Objectives: To evaluate the safety and tolerability of E4/DRSP among starters (not using hormonal contraception within 3 months prior to study start), true starters (who had never used hormonal contraception) and switchers in two phase 3 clinical trials with E4/DRSP.

Methods: Two parallel phase 3 trials were performed to assess the contraceptive efficacy and safety of E4/DRSP in a 24/4-day regimen for up to 13 cycles. The trials were conducted in Europe and Russia (NCT02817828) and the United States and Canada (NCT02817841). Subjects were healthy women with regular cycles, a BMI of 18-35 kg/m^2, and aged 18−50 years in the EU/RUS trial and 16−50 years in the US/CAN trial. We pooled data from both studies to analyse frequency and severity of AEs which included clinically relevant changes in vital signs, laboratory parameters, and physical examinations. We classified AEs using the Medical Dictionary for Regulatory Activities preferred terms and System Organ Class.

Results: The two phase 3 trials enrolled 1,869 (51.5%) starters (of which 734 [20.2%] true new starters) and 1,763 (48.5%) switchers. In starters, 46.1% (n=862) reported AEs, compared to 53.4% (n=941) of switchers (p<0.0001). The most common reported AEs (≥ 2% of participants) among starters compared to true new starters and switchers were headache (5.0% vs 5.3% and 6.8%, p=0.06), metrorrhagia (4.6% vs 4.9% and 4.9%, p=0.93), vaginal haemorrhage (3.6% vs 4.4% and 2.8%, p=0.13), weight increase (3.0% vs 2.9% and 2.4%, p=0.45), nausea (2.9% vs 2.9% and 2.2%, p=0.33), viral upper respiratory tract infections (2.5% vs 1.6% and 4.2%, p<0.01), urinary tract infection (2.4% vs 1.6% and 2.8%, p=0.23), dysmenorrhea (2.3% vs 1.4% and 4.0%, p<0.001) and acne (2.0% vs 1.5% and 5.1%, p<0.0001). Most AEs were transient, occurring in cycles 1-3. Treatment discontinuation due to AEs occurred in 9.1% of starters (n=170) and 10% of switchers (n=177, p=0.33). The most reported AE leading to discontinuation (in ≥ 1.0% of starters) was metrorrhagia (1.3%) (including 14 [1.9%] true new starters) compared to 17 (1.0%) in switchers. Serious AEs (SAEs) were reported by 24 (1.3%) of starters, including 9 (1.2%) true new starters, compared to 17 (1.0%) of switchers (p=0.36). Three SAEs reported by starters were considered as possibly treatment related, including a VTE reported by a starter and acute pancreatitis and worsening of depression reported by two true new starters.

Conclusion: The total incidence of adverse events in E4/DRSP starters and true new starters is notably lower than that observed in switchers, additionally AEs dysmenorrhea, viral upper respiratory tract infections and acne were reported more frequently in switchers. These findings reinforce the favourable safety profile of E4/DRSP in the starter group.

Conflict details**:** KGD is ad hoc advisory board member and speaker for Organon (MSD), Bayer, Exelgyn, Actavis, Gedeon Richter, Mithra, Exeltis, Ferring, Natural Cycles, Azanta, Gynuity, Obseva MedinCell, Cirqle, Addeira and HRA-Pharma, member of the ICCR, Population council and Director of a WHO collaborating centre for research in Human Reproduction and investigator of ongoing NICHD male contraception trial. TP attended to the trial and speaker for Gedeon Richter. AB is member of advisory board and speaker for Mithra, Bayer, Searchlight, Organon. CB is member of advisory board Astellas, Bayer Canada, Bayer International, BioSyent, received research grant from Mithra, Exeltis, Mylan, Astellas and honorarium from Pfizer, Astellas, Lupin Pharma. MJC is ad hoc speaker for Mayne Pharma and received funding from Estetra SRL (an affiliate company of Mithra Pharmaceuticals). JMF is a member of the board at Mithra Pharmaceuticals, received honorarium from Gedeon Richter and financial support for the supervision of these studies.

FC6

Real world use of antispasmodic drugs during IUD insertion – insights from the large observational study EURAS-LCS12

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Abstract

Background:Clinicians use various medications to facilitate the ease of intrauterine device (IUD) insertion. Spasmolytic drugs might be employed to overcome cervical spasms and bring about cervical dilatation.

Objective: To describe the use of antispasmodic drugs during IUD insertion in real-world practice across Europe.

Design & Methods: EURAS-LCS12 is an ongoing non-interventional cohort study in ten European countries (Austria, Czech Republic, Spain, Sweden, Finland, Poland, Germany, United Kingdom, Italy, and France). Information is gathered from health care practitioners (HCP) and IUD users via questionnaires at study entry. The inserting HCP documented any procedure (i.e., pharmacological preparation, use of dilators, local/general anaesthesia) prior to IUD insertion. We used descriptive methods to assess prescription patterns of antispasmodic drugs before IUD insertion with respect to participating countries.

Results: Women were enrolled in the study following an IUD insertion between 2014 and 2023. As of August 2023, 96,024 users were included in the study, of which 2.7% (N=2,565) were treated with antispasmodic drugs prior to sounding or the first IUD insertion attempt. The proportion of women treated with antispasmodics varied notably between countries: France (9.8%; N=768); Germany (5.9%; N=1,513); Italy (3.3%; N=40); Poland, Czech Republic (1.0-2.0%); Austria, United Kingdom, Finland, Sweden, Spain (<1.0%).

The only type of antispasmodic drugs used in France was phloroglucinol. It was used widely among HCPs, as almost 50% of HCPs (68/144) used phloroglucinol at least once during the study period. The proportional use of phloroglucinol per year among French participants remained constant at approximately 7% between 2014 and 2020. Between 2021 and 2023, the average use increased to approximately 18%.

The main type of antispasmodic drugs used in Germany was butylscopolamin (84%; N=1,272). We observed a left skewed distribution with respect to number of prescriptions per HCP: 90% of HCPs used butylscopolamin ≤1 time during the study period; 2 HCPs (0.8%) administered butylscopolamin in 69% (N=883) of all study participants. The overall use of antispasmodic drugs in Germany increased steadily between 2014 (1.4%) and 2019 (9.2%). Between 2020 and 2023, the use remained constant at approximately 6%.

Conclusions: We observed frequent use of antispasmodic drugs during IUD insertion in France and to a lesser extent in Germany, whereas usage of antispasmodics was lower in other participating countries. The benefits of antispasmodics during IUD insertion procedures are uncertain; studies have suggested no benefit with increased post-insertion pain. Further investigation is needed to explore the characteristics of women who were prescribed spasmolytics in our study. These findings may provide valuable information to future updates of evidence-based guidelines on contraception.

FC7

Factors influencing the acceptability of contragestion among reproductive-aged women in Hong Kong

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Abstract

Background: Contragestion refers to a post-ovulatory birth control method that works throughout the luteal phase or beyond by dislodging an implanted early embryo. It is an intermediate between contraception and induced abortion.

Aims and Objectives: To investigate the factors related to the sociodemographic characteristics and reproductive history that influence acceptability of contragestion among reproductive-aged women in Hong Kong.

Method: It was a secondary analysis of a prospective cross-sectional questionnaire survey on 1448 women recruited from two community family planning services and the obstetrics and gynaecology unit of a university teaching hospital in Hong Kong. Participants responded to a question about whether they would accept a contragestive method as defined above. Its association with sociodemographic and reproductive characteristics were studied by univariate and multivariate logistic regression analyses. The odds ratio (OR) and the 95% confidence interval (CI) were presented. Acceptance rates between groups were compared using Fisher's exact test.

Results: A total of 433 (29.9%) expressed acceptance of a contragestive method that would disrupt an implanted embryo. Out of them, 64 (4.4%) and 70 (4.8%) accepted using a luteal phase oral pill and a "missed period" oral pill respectively, while 236 (16.3%) accepted both. Ever having induced abortion was associated with significantly higher rate of acceptance of a contragestive method (OR 2.181, 95% CI 1.726-2.755; p<0.001). Meanwhile, older age (OR 0.978, 95% CI 0.963-0.994; p=0.007), having a sexual partner currently (OR 0.661, 95% CI 0.452-0.966; p=0.033), having child(ren) (OR 0.575, 95% CI 0.454-0.729; p<0.001), and having monthly income above HK$30,000 (OR 0.736, 95% CI 0.580-0.933; p=0.011) were associated with significantly lower rate of acceptance of a contragestive method. After controlling for age, having a sexual partner currently and monthly income, having child(ren) and ever having induced abortion remain significant factors determining acceptance of contragestion in the multivariate analysis. The acceptance rate was 260/994 (26.2%) versus 173/454 (38.1%) (p<0.001) among those with and without children, and 285/761 (37.5%) versus 148/687 (21.5%) (p<0.001) among those with and without history of induced abortion, respectively.

Conclusions: A substantial proportion of women in our survey would in theory be prepared to use contragestion and this tended to be those without children and those with a previous abortion. This supports the development of contragestion as a novel method of fertility control.

FC8

Trends in contraceptive use and the use of natural family planning among young women in the Netherlands

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Abstract

Background: The prevention of unintended pregnancies among young women is important for individual as well as societal reasons. Contraceptive methods vary in terms of effectiveness, safety, and correct usage. Monitoring the use of contraceptive methods is therefore key to establish effective prevention activities and policies. The use of modern contraceptives (e.g. the contraceptive pill or intra-uterine device) has always been high in the Netherlands, and teenage pregnancy and abortion rates are among the lowest in the world. There are, however, signs that the use of modern contraceptives is decreasing and that many Dutch young women are choosing natural family planning methods (e.g. fertility tracking or withdrawal) Up-to-date evidence for these assumptions, based on representative research, is lacking.

Aims and Objective(s): The present study has two purposes: a) To investigate trends in the use of modern contraceptives between 2012 and 2023 among women aged 17-24 b) To describe the use of natural family planning methods (prevalence, motivations, implementation) among women aged 18-29 in 2023. It was hypothesized that the use of modern contraceptives is declining over the years.

Design & Methods: For the first purpose, we used data from 'Sex under the age of 25' 2012, 2017 en 2023. These are nationally representative surveys among the Dutch population of adolescents and emerging adults, using probability sampling. For the present study, 12,760 sexually experienced women aged 17–24 years were included. For the second purpose, a separate survey was conducted among 1,648 sexually active women aged 18-29. These women were recruited via quota sampling in a probability panel. Crosstabs and chi-square analyses were used for both trend analyses and descriptive analyses

Results: Despite the fact that the contraceptive pill is still the most commonly used method, the use of this method has declined among sexually experienced girls aged 17-24, from 76% in 2012 to 46% in 2023. The use of an intra-uterine device (copper or hormone) has increased since 2012, but this does not outweigh the decrease in contraceptive pill usage. The total use of modern contraceptives has therefore decreased. More than half of young women not using modern contraceptives state they do not want to use hormones en one-third report side effects. In the probability panel sample of sexually active women aged 18-29, 14% reported using natural family planning to prevent pregnancy (10% fertility tracking and 4% withdrawal). Most of these women use condoms during the fertile days (62%), followed by abstinence (25%) and withdrawal (12%).

Conclusions: The use of modern contraceptives is decreasing. Concerns about hormones and side effects seem to play an important role, also in the choice for natural family planning methods. Young women seem to make increasingly varied contraceptive choices, both among modern contraceptives and between modern and natural family planning methods. Good information on the pros and cons of each method and counseling on correct usage is therefore crucial.

FC9

The use of hormonal contraceptives in a cohort of healthy women at hereditary risk for breast/ovarian cancer

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Abstract

Background: Women with BRCA mutations, especially BRCA1, are at very high risk of ovarian cancer (up to 30–40 times higher than that of the general population). An important protective effect against ovarian cancer through combined hormonal contraceptives (CHCs) use has been acknowledged for these women as well as for the general population. Gynecological surveillance of young BRCA/other genes predisposing to breast canecr mutation carriers and carriers who refuse risk-reducing salpingo-ophorectomy (RRSO) includes a 6-month evaluation of CA 125, with concomitant TVUS (Transvaginal Ultrasound) and a clinical gynecological examination by a dedicated specialist in our Family Cancer Clinic.

Aims and Objectives: The aim of this research was to evaluate the use of hormonal contraceptives (HC) in this cohort of women in relation to specific genetic mutations, in comparison to women not using HC or just submitted to RRSO.

Method: It is a retrospective longitudinal observational study, including women at hereditary risk for breast/ovarian cancer followed in the Family Cancer Clinic of University Hospital of Modena, from July 2023 to December 2023. All premenopausal women with no previous breast cancer but with a genetic mutation predisposing to breast cancer evaluated in a 6-months period have been included.

Results: A total of 106 women were included: 48/106 of them were HC users (45.2%), 42/106 non users (39.6%) and 16/106 (15.2%) with previous RRSO. Women using HC were younger in comparison to women not using contraceptives and women just submitted to RRSO (33.6 vs. 38.3 vs. 46.8 years old, $p<0.05$) and a higher rate of nulliparous was also found in this group of women (54% vs 43% vs 25%, $p<0.05$). Eleven/106 were using a LNG-IUS, 1/106 an implant, 1 a POP while the majority 93/106 (87.7%) a CHC. The reasons for the HC use were: in 63% of cases (30/48) exclusively contraceptive, in 29% of cases (14/48) only for other clinical reasons [22% heavy periods (4/18), 5% acne (1/18), 22% menstrual irregularities (4/18), 11% adenomyosis (2/18), 28% dysmenorrhea (5/18)] and in 8% of cases (4/48) for both. HC were more used by BRCA 1 (in users 54.2%, in not users 42.0%), less by BRCA 2 (in users 43.8%, in not users 64.3%) ($p<0.05$) women. The average duration of current HC was 10 months and of previous HC was 91.5 months, with a total mean HC therapy of 120 months. The use of HC did not affect the trend of CA 125 during surveillance (time 0: 8.1, time 1: 8.1, $p=0.61$).

Conclusions: The use of HC, especially CHCs, in women with BRCA and other genetic mutations, performed not only for contraceptive purposes but also for other clinical reasons, is a well-established and safe clinical practice in our Family Cancer Clinic, especially in young, BRCA 1 and nulliparous women.

FC10

Embedding a culture of research within abortion services: challenges and opportunities

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Abstract

Background: Health care systems with an embedded research culture have better patient outcomes, more innovation, and offer research capacity and training to the workforce -- improving job satisfaction and retention. The British Pregnancy Advisory Service (BPAS) is the leading independent abortion provider in the UK, providing more than 100,000 abortions per year, of which 98% are under contract to the NHS. Recognising the benefits of research to patients, staff, and the wider provider community, BPAS sought to understand the needs and barriers to developing a research culture.

Aims and Objectives: We aimed to determine what would constitute an embedded research culture, how to improve engagement with BPAS research, and perceived challenges to its development and sustainability.

Method: We identified key stakeholders and conducted semi-structured interviews with BPAS abortion providers, support staff, leadership and members of a committee which oversee the research agenda at BPAS. We summarised interview responses into key themes.

Results: Twenty-two participants took part in stakeholder interviews, including support staff (7, 32%), abortion providers (13, 59%) and committee members (2, 9%). Recognising the highly skilled workforce at BPAS, staff expressed value in opportunities to bring forward research ideas and time to pursue them. Whilst it was clear to staff that research is important to the development of clinical policies, there was a perceived disconnect between the research agenda and clinical services. Transparency about ongoing research and establishing research champions within clinics were identified as key factors to gain recognition as an evidence-based organisation to patients. Staff perceived competing clinical priorities and change fatigue as the biggest barriers to engaging with research. Organisational buy-in and funding prioritisation of an embedded research culture were identified as critical to its implementation and sustainability.

Conclusion: There is an appetite amongst independent abortion care providers to engage with and conduct research. The value of this was perceived to improve job satisfaction, clinical services and patient awareness of research. Our work highlights the challenges of operationalising a research culture within an independent sector provider. NHS contracting arrangements for BPAS services are primarily focused on service delivery, and depend on low-cost high-volume delivery models. Though there is an expectation for regular service audits to ensure quality, safety and innovation, research is not factored into commissioning contracts. With the appropriate resourcing, there is a sector-wide opportunity to leverage the work force and conduct internal research that sustainably informs service delivery. We are currently undertaking patient engagement to identify their priorities for a research culture at BPAS.

Conflict details**:** All authors work for the British Pregnancy Advisory Service. Patricia Lohr has previously received funding from the ESC, though this work has not been funded by the ESC.

FC11

Moderate associations between the use of levonorgestrel-releasing intrauterine device and metabolomics profile

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Abstract

Background: Use of levonorgestrel-releasing intrauterine device (LNG-IUD) has become common irrespective of parity. Only few studies have examined metabolic changes due to its use with large-scale biomarker profiles and in a longitudinal design.

Aims and Objectives: To apply the metabolomics technique to examine the metabolic profile associated with LNG-IUD use.

Method: The study consists of cross-sectional and longitudinal analyses of a population-based survey (Health 2000) and its 11-year follow-up (Health 2011) in Finland. All participants aged 18–49 years with available information on hormonal contraceptive use and metabolomics data (n=1767) were included. Altogether 212 metabolic measures in LNG-IUD users (n=341) were compared to those in non-users of hormonal contraception (n=1426) using multivariable linear regression models. Those with complete longitudinal information (n=240) were divided into continuers, stoppers, starters, and never-user groups, and the 11-year changes in levels of each metabolite were compared.

Results: After adjustment for covariates, levels of 102 metabolites differed in LNG-IUD current users compared to non-users of hormonal contraception. Associations with lower levels of inflammation markers, fatty acids and other lipids were driven by older women (40–49 years, n=972), while associations with lower levels of particle concentration of lipoproteins, and those of cholesterol, triglycerides, free cholesterol, total lipids and phospholipids in lipoproteins were evident in younger women (18–39 years, n=795). No differences in metabolomic profiles were found in current or previous users compared to never-users of LNG-IUD. Metabolic changes did not differ in relation to changes in LNG-IUD use during the 11-year follow-up.

Conclusions: The use of LNG-IUD was associated with moderate metabolic changes, suggestive of a reduced arterial cardiometabolic risk. These associations appeared independent of the duration of use,

and changes in LNG-IUD use were not related to long-term metabolic changes. In summary, our results support metabolic safety of LNG-IUD.

Conflict details**:** OH serves occasionally on advisory boards for Bayer AG and Gedeon Richter, and has designed and lectured at educational events of these companies. The other authors report no conflict of interest.

FC12

Free-of-charge LARCs after termination of pregnancy in 2020-2021 in the Netherlands; identifying characteristics of financially vulnerable women.

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Abstract

Background: In the Netherlands around 31.000 terminations of pregnancy (TOP) are performed yearly, approximately three in ten is recurring. A new governmental regulation to reduce repeat TOPs permits abortion clinics to offer free-of-charge long-acting-reversible-contraceptives (LARCs) to financially vulnerable women seeking contraception after TOP. The LARCs available were the ENG-implant (Implanon NXT®), two types of LNG-IUDs (Mirena® and Kyleena®) and four types of Cu-IUDs (T-Safe®, Multi-Safe®, IUB Ballerine® and Flexi-T®).

Aims and Objectives: The objective of the study was to further identify the characteristics of women choosing LARCs after TOP with a special focus on financial vulnerability and repeat TOP.

Methods: The retrospective observational study was performed in the Netherlands in abortion clinic Vrouwen Medisch Centrum (VMC). After TOP women were counseled on contraception. LARCs were offered free-of-charge to financially vulnerable women. The LARC was inserted either immediately after a surgical TOP or 4-6 weeks after a medical TOP. Women were invited to a follow-up appointment 6 weeks after insertion. Data collected includes age, type of TOP, parity, repeat TOP, financial status, and type of LARC chosen.

Results: Of the 3494 women electing for a TOP in 2020-2021 at VMC, 918 women (26,3%) chose a LARC as their next contraceptive method. These women were included in the study. The mean age was 29 years old, almost half of them were nulliparous (49,7%), 257 women had a repeat TOP (28%). Most LARCs were inserted after a surgical TOP (68,6%).
Most women chose a copper IUD (50,3%), followed by the hormonal IUD (41,9%) and the ENG-implant (7,7%). More than half of women did not show up on their follow-up appointment (59,7%), please note that the COVID pandemic could be a confounding factor.

Of the total cohort, 107 women were deemed financially vulnerable (11,7%) and were given a LARC free-of-charge. In comparison, these women were less likely to show up at a follow-up appointment and more often had a previous TOP (43% versus 28% in the total cohort), emphasizing the need for a reliable

form of contraception in this group. These women were slightly younger (27,4 years old) and chose the ENG-implant more often (14%), a possible confounder for attending follow-up visits. Most LARCs were inserted after surgical TOP (76,6%).

Conclusions: Identifying the characteristics of financially vulnerable women has shown that they are more likely to have repeat TOP. This highlights the need to remove costs as a barrier to choosing a reliable form of contraception, such as a LARC, reducing their risk of future unplanned pregnancy.

FC13

Enhancing uptake of long-acting reversible contraception in young women: insights from the LOWE Trial

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Abstract

Background: Recognizing the importance of preventing unintended pregnancies in adolescents and young adults, this study evaluates the impact of structured contraceptive counseling on the choice, initiation, and use of long-acting reversible contraception (LARC). The research is grounded in the backdrop of increasing recognition of LARC advantages among young populations and expanded access to LARC methods.

Aims and Objectives: To assess the impact of structured contraceptive counseling on young women's uptake regarding LARC, LARC choice and satisfaction with the intervention by the type of visit, as well as information on extended use of short-acting reversible contraception (SARC).

Method: The LOWE trial, a cluster randomized controlled trial conducted in Stockholm, Sweden during 2017-2020, enrolled women seeking contraceptive counseling or induced abortion with counseling included. A number of 28 abortion, youth and maternal health clinics participated. Clinics were randomized (1:1) to offer either structured counseling (intervention) or standard counseling (control). The intervention included an educational video, four key questions, a tiered chart displaying the effectiveness of different contraceptive methods, and a toolbox with contraceptive models. Surveys were administered during clinic visits and at follow-ups after three, six, and 12 months.

In the LOWE trial 1338 patients were enrolled, whereof 770 young women, 18-25 years of age, were included in this subgroup analysis.

Results: The intervention led to a marked increase in LARC choice (aOR 5.96, 95% Confidence Interval (CI) 3.25-10.94), initiation (aOR 4.43, 95% CI 2.32-8.46), and use (aOR 2.21, 95% CI 1.31-3.73) among young women. More young women chose a LARC method at booked visits in the intervention compared

to the control group (aOR 5.86, 95% CI 3.08-11.13). The intervention materials were generally well-received, with higher satisfaction reported for the educational video (P=0.03), effectiveness chart (P=0.02) and box of contraceptive models (P<0.01) during booked visits compared to drop-in visits. Among participants using SARC methods, more participants in the intervention group had received information about extended use without a hormone-free pill/patch/ring break (133/143, 93%), compared to the control group (178/213, 83.6%, aOR 13.87, 95% CI 2.94-65.41, P<0.001).

Conclusions: The study underscores the importance of comprehensive contraceptive counseling in influencing young women's contraceptive choices and use, particularly towards LARC methods. This approach could serve as a model for other regions seeking to enhance reproductive health services for adolescents and young adults.

Conflict details**:** Payment or honoraria for presentation from Bayer AB and for travel support for presentation at conference from RemovAid AS. I am a SEC member.

FC14

Use of emergency contraception by brazilian school adolescents and associated factors

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Abstract

Background: An unplanned pregnancy during adolescence can have important repercussions on the lives of young people, including dropping out of school. Free and informed access to safe and effective contraceptive methods is a sexual and reproductive right to be guaranteed and the use of emergency contraception (EC) by adolescents can reveal weaknesses in reproductive planning and in the sexual health education process offered, in addition to may reflect the non-adoption of measures to prevent Sexually Transmitted Infections.

Aims and Objective: To estimate the proportion of EC use ever in their lives among Brazilian school adolescents and the association of individual, family and community factors with EC use.

Design & Methods: Cross-sectional study, with data from 33,711 Brazilian school adolescents, aged 13 to 17, who self-responded to the 2019 National School Health Survey and declared having had their sexual debut. This is a representative sample of all school adolescents in the country. The proportion of EC use ever in life, the way of accessing the method and the odds ratios were estimated to assess which factors were associated with EC use, using multiple logistic regression. The research was approved by the National Research Ethics Commission.

Results:The proportion of adolescents who used EC, or who reported use by their partners, was 37.9%. Regarding the place of access to EC, commercial pharmacies were the main form of acquisition, 56.6% among adolescents aged 13 to 15 years old and 74.5% among those aged 16 to 17 years old. In the final multivariate model, it was observed that girls (ORa=2.1), adolescents aged 16 and 17 (ORa=1.8), children of mothers with higher education (ORa=1.6), who live only with the father (ORa=1.3) or with the mother (ORa=1.1) or without either parent (ORa=1.3) and those who had already suffered sexual violence (ORa=1.4) had a greater chance to use CE.

Conclusions: The high proportion of EC use and the positive association of individual, family and community factors with its use reveal weaknesses and inequities in access and use of this and other contraceptive methods. It may also indicate flaws in the reproductive planning and sexual education that has been offered to Brazilian teenagers. The finding that commercial pharmacies are the main means of acquiring EC reinforces the need to advance public policies that strengthen and qualify practices to promote free informed choice of contraceptive method, in order to ensure the guarantee of sexual and reproductive rights of Brazilian teenagers.

FC15

Community members and health care providers perspectives on male partner involvement to improve uptake and use of long-term contraception - the need for education and training.

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Abstract

Background: Male partners play a key role in the uptake and use of contraception through the intimate interpersonal relationship and gender dynamics. The male partner's role is complex, and includes macro-level socio-cultural, economic, political, and gendered factors, as well as micro everyday-level factors. Despite this, men are often excluded from sexual and reproductive health programmes, receive little information and rarely get educated on contraception and sexual and reproductive health. Male partner influence can lead to reduced uptake of contraception and increased discontinuation of contraceptive use, and this varies across regions and settings.

Aims and objectives: To explore how and why the male partner plays such a key role in the use of modern contraception to inform a community and health care provider intervention.

Methods: This qualitative study was conducted in the eThekwini District of KwaZulu-Natal, South Africa. Focus group discussions were conducted with community members (n=103), of which 25 were males; and health care providers (n=16). Community members, who may or may not have been users of contraception were included rather than only clients accessing services at healthcare facilities. In-depth interviews were conducted with eight key informants and included educators to community care givers, traditional healers and programme managers for sexual and reproductive health programmes. Data were analysed using a grounded theory approach and the health utilisation behavioural model. Data analysis was conducted using NVIVO 10.

Results: Community males had a mean age of 24 years, compared to females with a mean age of 26 years. Of the male and female participants who reported pregnancies, 32.0% and 66.6% respectively, 87.5% of males and 86.5% of females reported that their pregnancies were unintended. For current contraceptive use, 12.0% of males and 19.2% of females reported not using any methods at the time of data collection. Men discussed emergency contraception more than women. Community members were well informed about a range of available methods. The male role in contraceptive use is complex, with a duality of roles emerging from the findings - men can present as either obstacles or facilitators to using contraception. Where men were identified as obstacles, a lack of quality information and understanding of, amongst other issues, mechanism of action and side-effects, especially those affecting sexual pleasure were evident. Other issues raised were discordant fertility desires between partners, covert use of contraceptive methods and cultural constraints about gender roles. Supportive male partners helped their female partners overcome barriers and remain adherent to their contraception by being a source of information and being supporting and encouraging to their partner.

Conclusion: Providing men with quality and comprehensive information about contraception which is contextually and culturally acceptable is key to improving uptake and continued contraceptive use. Policymakers and service delivery programmes should develop interventions to include men in discussions about using contraception without impeding the rights of female users. Further, the development of community-based contraception and sexual and reproductive health educational interventions such as training on contraceptives and sexual and reproductive health, which include men and health care providers, are urgently required.

FC16

Adolescent users of contraceptive implants in chile, are they the ones who request early extraction most frequently?

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Abstract

Background: Subdermal contraceptive implants (SIA) provide high contraceptive efficacy, rapid reversibility and a low investment if used for the indicated time. However, in a survey of fertility regulation providers in Chile, 33% responded that a teenager was more likely to remove a contraceptive implant early.

Aims and Objectives: The objective of this research was to determine the evolution of the early removal of subdermal contraceptive implants in the population ≤19 years of age compared to other age groups, controlled in the Chilean Public Health System during the period 2017 to 2020.

Method: Data from the statistical summaries of the Ministry of Health (MINSAL) were used, ordered between the years 2017 to 2020. Proportions were calculated by age groups ≤19, 20 to 44 and ≥45 years. A hypothesis test was carried out for two proportions with a confidence level of 95% and error of 5% comparing the group ≤19 years old with the groups between 20 to 44 and ≥45 years old. Stata 15.0 statistical software was used.

Results: Table 1 shows the average IAS early withdrawal percentage for the different age groups during the period 2017-2020. It can be seen that this was 1.6% in the group of women ≤19 years old, while, in the group 20 to 44 years old, the percentage of IAS withdrawal was 1.8%. The differences found were statistically significant (p<0.001). Regarding the population aged ≥45 years, early removal of the implant reached 1.2% for the period analyzed, a statistically significant difference compared to the group of adolescents (p<0.001). See Table 2. It should be noted that the early withdrawal of the IAS did not increase significantly during 2020, for any of the groups analyzed.

TABLE 1. Early withdrawal of contraceptive implants in population ≤19 years and 20 to 44 years according to population under control per year.

	Variable	*≤19 years*	*20 - 44 years*	*p-value*
2017	Early withdrawal n (%)	610 (1.3)	2538 (1.6)	<0.001
	IC 95%	(1.26-1.33)	(1.58-1.61)	
2018	Early withdrawal n (%)	716 (1.5)	2921 (1.7)	<0.001
	IC 95%	(1.46-1.53)	(1.68-1.71)	
2019	Early withdrawal n (%)	894 (1.7)	3354 (1.9)	<0.001
	IC 95%	(1.66-1.73)	(1.88-1.91)	
2020	Early withdrawal n (%)	894 (1.7)	3691 (1.9)	<0.001
	IC 95%	(1.66-1.73)	(1.88-1.91)	
Mean	Early withdrawal n (%)	779 (1.6)	175582 (1.8)	<0.001
	IC 95%	(1.56-1.63)	(1.78-1.81)	

TABLE 2. Early withdrawal of contraceptive implants in population ≤19 years and ≥45 years according to population under control per year.

	Variable	*≤19 years*	*≥45 years*	*p-value*
2017	Early withdrawal n (%)	610 (1.3)	32 (0.9)	<0.001
	IC 95%	(1.26-1.33)	(0.8-0.99)	
2018	Early withdrawal n (%)	716 (1.5)	51 (1.2)	<0.001
	IC 95%	(1.46-1.53)	(1.1-1.29)	
2019	Early withdrawal n (%)	894 (1.7)	62 (1.3)	<0.001
	IC 95%	(1.66-1.73)	(1.2-1.39)	
2020	Early withdrawal n (%)	894 (1.7)	72 (1.2)	<0.001
	IC 95%	(1.66-1.73)	(1.11-1.28)	
Mean	Early withdrawal n (%)	779 (1.6)	54 (1.2)	<0.001
	IC 95%	(1.56-1.63)	(1.1-1.29)	

Conclusions**:** Although the percentage of early withdrawal of IAS in users of the Public Health System of our country is very low, women ≤19 years of age withdraw IAS significantly less than women aged 20 and 44 years. The group of women ≥45 years of age is the group that least withdraws the IAS early.

The COVID-19 pandemic was not reflected in an increase in the method for any of the age groups.

It is relevant to disseminate these results, in order to objectify and promote access to the most effective contraceptive methods for adolescents, such as IAS.

FC17

Acceptability of a digital health intervention (DHI) to inform women about postpartum contraception: a pilot study

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Abstract

Background: The months following childbirth are a high-risk time for unintended pregnancy. Those who conceive again within a year are at a greater risk of subsequent obstetric complications. Maternity providers are ideally placed to initiate contraceptive discussions during pregnancy and support immediate access to methods after birth, removing barriers for women who often struggle to access this after leaving the birth unit. The antenatal period is as opportune time to inform women about their postpartum contraception choices and to support them to include contraception in their birth plan. But antenatal contraceptive discussion is not routinely available, and the quality and consistency of information is often variable. The use of digital health interventions (DHI) can increase accessibility and engagement with health information and may increase knowledge recall compared to in-person consultation alone.

Aims & objectives: To determine if it is feasible and acceptable to provide information about postpartum contraception through a DHI (audiovisual animation and series of text messages) during the antenatal period, and to explore how this compares to standard care.

Methods: Pilot randomised controlled study of 50 women. Recruited between 20-24 weeks of pregnancy and randomised in 3:1 fashion to receive the intervention or standard care. Standard care consisted of a routine antenatal contraception discussion with their midwife. Those in the intervention group then also watched a short audio-visual animation and received text message alerts to their phone at programmed intervals for the rest of their pregnancy/early postpartum period. Both groups completed a self-rated satisfaction and knowledge recall survey (Likert scale) about the information received. Those in the intervention group completed an additional survey about the animation itself (content, length, overall impression). At 6 weeks' postpartum, all completed a final survey about current/planned contraception method. A subset from the intervention group (n=10) took part in qualitative interviews.

Results: Total of 52 participants were recruited over a 6-week period (37 intervention, 15 control). All completed the scheduled initial and follow-up visits. All found the animation highly acceptable, with an average rating of 4.2/5 for the parameters assessed (compared to 2.7/5 in control). Knowledge recall of the six key facts was higher in the intervention group. All reported they found the animation content to be clear, inclusive and non-offensive, and rated the length as ‘about right’. Some noted they would have liked more method-specific information. There were not differences in planned contraceptive method

use at 24 weeks, but current/planned use of an effective method appeared higher in the intervention group at 6 weeks' postpartum.

Conclusions: It is feasible and acceptable to provide information about contraception during pregnancy using a DHI. Among those who received the DHI, there was a signal towards increased effective contraceptive use postpartum. Animation itself offers unique benefits in terms of accessibility, inclusivity and the option for repeated viewing to consolidate information. These findings may support a larger trial to determine if a similar intervention delivered antenatally does lead to increased uptake of effective contraception in the postpartum period and a reduction in short inter-pregnancy intervals.

FC18

Menstrual cycle disturbances following COVID-19 vaccination differ by pre-vaccination cycle pattern regularity

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Abstract

Background: COVID-19 vaccination is associated with brief changes in menstrual cycle length and bleeding quantity compared to unvaccinated individuals, among those with regular cycles prior to vaccination. Whether these associations differ among individuals with irregular cycles is not known.

Aims and Objectives: To compare prevalence of post-COVID-19 vaccination changes in menstrual cycle length and number of heavy bleeding days between vaccinated individuals with irregular versus regular pre-vaccination menstrual cycles.

Method: We analyzed prospectively collected menstrual cycle data from the 'Natural Cycles' app. We included vaccinated individuals 18-45 years, not using hormonal contraception or recently pregnant, with four consecutive cycles: three pre-vaccination and one following the first COVID-19 vaccine dose. Report of daily menses bleeding quantity (light, medium, heavy) is voluntary; analyses for bleeding quantity excluded individuals missing more than one day of bleeding quantity data. We categorized pre-vaccination regularity using FIGO guidelines for shortest to longest cycle variation: regular <8 days, irregular ≥8 days. Our two post-vaccination outcomes were a clinically significant change in cycle length (defined as a ≥8-day change from the pre-vaccination cycle average, yes/no), and change in number of heavy bleeding days (from the pre-vaccination median, fewer/no change/more). We assessed changes between pre-vaccination regularity groups using McNemar's test for cycle length and Pearson's chi-squared test for number of heavy bleeding days. To determine whether changes in heavy bleeding days

were impacted by menses length, we calculated changes in menses length from the pre-vaccination average and compared using a two-sided t-test.

Results: Our sample for cycle length analyses included 15,989 individuals: 13,243 regular, 2,746 irregular pre-vaccination. The odds of a ≥8-day change in cycle length were 3.42 times higher for individuals who were irregular pre-vaccination than for those who were regular (95% CI: 3.11-3.76, $p < 0.001$); 28.2% of individuals with irregular cycles experienced a ≥8-day change in cycle length compared to 4.4% of those with regular cycles. Our sample for bleeding quantity analyses included 8,006 individuals: 6,562 regular, 1,444 irregular pre-vaccination. Individuals with irregular cycles pre-vaccination were more likely to experience more heavy bleeding days than those who had regular cycles prior to vaccination (21.9% compared to 18.6%, respectively, $p = 0.014$). Menses length did not change post-vaccination and did not differ by pre-vaccination regularity ($p = 0.523$).

Conclusions: Individuals with irregular cycles prior to COVID-19 vaccination are more likely to experience ≥8-day changes in menstrual cycle length and increases in the number of heavy bleeding days following the initial vaccination dose compared to those with regular cycles. Pre-vaccination regularity was not associated with changes in menses length.

Conflict details**:** AE: honoraria and travel reimbursement from American College of Obstetricians and Gynecologists (ACOG), WHO, and Gynuity for committee activities; royalties from UpToDate, Inc. OHSU receives research funding from the OHSU Foundation, Merck, HRA Pharma, Office of Population Affairs, Bill & Melinda Gates Foundation, the American Board of Obstetrics and Gynecology (ABOG), American Society for Reproductive Medicine, and NIH, for which AE, BD, or LH are PIs. BD: honoraria and travel reimbursement from ACOG and the Society for Family Planning for board and committee activities. EB, AVL, JTP: employees of Natural Cycles. KAM: honoraria and travel reimbursement from ABOG. ERB: no potential conflicts of interest. VM: research funding from Borne, payment for acting as an external examiner for the Universities of Cambridge, Leeds, Swansea and Trinity College Dublin, payment for articles written for the Guardian newspaper, royalties received from Elsevier and travel reimbursement.

FC19

Repeat teenage pregnancy in Southwestern Uganda: a situation analysis

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Abstract

Background: Evidence shows that repeat pregnancy in adolescence is more common in settings of high poverty, low educational attainment, low or none use of long-acting reversible contraceptives and previous abortion.

Aim and Objectives: The main aim of this study is to explore the underlying factors of repeat teenage pregnancy in Uganda.

Methods: We employed a quantitative survey among adolescent girls with single and repeat pregnancies. Data collection took place in 4 districts in Southwestern Uganda. Descriptive statistics and logistic regression were used for analysis.

Results: A total of 115 girls with single and 93 with repeat pregnancy participated in the survey. Of these, 102 (49%) were younger than 18 years old. The majority (92%) had dropped out of school, having achieved primary level education (67%). The mean socio-economic score was 4.88, slightly higher among those with single compared to those with repeat pregnancies. The mean age of sexual debut (15.2 vs. 16.2 years) and first pregnancy (16.4 vs. 17.3 years) was lower among those with repeat compared to those with single pregnancy. Girls with repeat pregnancy had more than one sexual partner (76% vs 50%) and reported no use of a condom at first sexual intercourse more often (91.4% vs 81.7%). Knowledge of modern contraception methods was relatively good in both groups: 78% knew injectables, 62% pills, 50% implants, 46% intrauterine devices, 45% male condoms, 16% emergency contraception, and 6% female condoms.

Conclusions: Adolescents with repeat pregnancy have significantly more sexual and reproductive health risks compared to those with single pregnancy. Interventions to prevent repeat teenage pregnancy in this context are critical.

FC20

Levonorgestrel intrauterine device and depression: A Swedish register-based cohort study

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Abstract

Background: The levonorgestrel intrauterine device (LNG-IUD) is traditionally viewed as a safe contraceptive with limited systemic effects. However, three recent studies have indicated an increased risk of depression subsequent to LNG-IUD use.

Aims and Objectives: This study aimed to examine the potential associated risk between LNG-IUDs and depression, and determine which women are at risk.

Method: This longitudinal cohort study was based on data from seven Swedish national population-based registers. All Nordic-born women aged 15–24 years residing in Sweden between 2010 and 2017 were included. Cox regression was implemented to estimate the adjusted hazard ratio (AHR) for developing depression, defined as first depression diagnosis or redeemed prescription for antidepressant treatment. We adjusted for age, education level, parental country of origin, parental psychiatric health, previous hormonal contraceptive use and medical indications for contraceptive use.

Results: 703,157 women were included in the analysis. The LNG-IUD was associated with 57 % increased risk of depression [AHR 1.57 (95 % CI 1.51–1.64)]. The greatest risk increase was seen in adolescent women [AHR 2.57, (95 % CI 2.36–2.80)] and women who used the LNG-IUD as their first hormonal contraceptive method [AHR 1.63, (95 % CI 1.50–1.78)]. The risk of depression decreased at the end of study period [AHR 1.43, (95 % CI 1.36–1.51)], once the LNG-IUD became more widely accessible among nulliparous women.

Conclusions: Adolescent women who use the LNG-IUD as their first-ever hormonal contraceptive are at increased risk of developing depression. However, additional impact from confounding factors is likely as risk estimates decreased over the study period. Further research needs to determine if there is a causal relationship between LNG-IUDs and depression.

Conflict details**:** E Stenhammar and P Wikman have no conflict of interest to declare. I Sundstrom-Poromaa has served on advisory boards or acted as invited speaker at scientific meetings for Bayer Health Care, Gedeon Richter, Peptonics, Shire/Takeda, Novartis, and Sandoz. K Gemzell-Danielsson has been invited to present /as expert /advisory boards by Merck (MSD), Organon, Bayer, Exelgyn, Actavis, Gedeon Richter, Mithra, Exeltis, Ferring, Natural Cycles, Campus Pharma, Cirqle, MedinCell, Medicine 360, HRA-Pharma and Obseva. H Kopp-Kallner has been invited to present/act as expert/ and been on advisory boards for Abbvie, Actavis, Bayer, Ellen, Evolan, Estercare, Essity,Gedea, Gedeon Richter, Gesynta, Exeltis, Leia, Nordic Pharma, Natural Cycles, Mithra, Pharmiva, Teva, Merck, Organon, Ferring and Consilient Health. This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

FC21

The young and the vulnerable: first experiences of gynaecological care and gynaecological violence among 16-25 year old

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Abstract

Background: The entry of young patients in gynaecological care as the start of their adherence to gynaecological and reproductive norms is rarely explored. Yet, from a life-course perspective, it is a pivotal moment, likely to play an important role in future interactions with care providers, but also in

terms of care-seeking behaviour and sexual and reproductive health choices. The first gynaecological consultation in Germany comes at 15-year-old on average, and is followed by regular consultations until the end of life.

Aim: In a qualitative study, we explored the first experiences of young patients (16-25 years) with gynaecological care. We also aimed to identify situations and conditions that were susceptible to lead to sub-optimal experiences, discrimination, or violence.Methods:We conducted semi-structured interviews, which were transcribed verbatim, and analysed the data thematically.

Results: We interviewed 15 patients, most of which were University students. Cis-gender heterosexual women composed the majority of the sample; a trans man and two persons who reported being at some point in same-sex relationships were also included. One participant mentioned a muslim background. Several had a migration background. The main reasons for a first consultation were painful periods and contraception. Participants narrated several examples of gynaecological violence, with providers not taking their pain into account, not giving full information on contraceptives, making what was perceived as culturally-insensitive, demeaning, or homophobic remarks, and performing acts without seeking consent. Most participants were well equipped with (access to) knowledge on gynaecological matters. They also implicitly conveyed the importance of informal support networks and information sources in shaping interactions with providers. Yet, they encountered difficulties in being heard and often felt dismissed. In contrast, examples of respectful practise included providers explaining processes and treatments, seeking consent, or chatting about other matters during unpleasant consultation moments. Choices of hormonal treatment, contraceptive method, and (future) use of services are likely to be influenced by those first interactions – as a reaction to poor care or as a consequence of shared decision-making, as suggested by examples of treatment adoption/rejection or provider change.

Conclusion: Overall, the interviews emphasise how lack of care or suboptimal care are engrained in routine gynaecological consultations and have embodied consequences. They highlight the need to turn to less outcome-based (e.g. pill/no pill) and more patient-centred, culturally and gender-sensitive gynaecological practise, and to support the promotion of respectful, dignified care in order to support gynaecological health in the short and long-term.

FC22

Who uses free online EC and how often do they use it?

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Abstract

Background: Emergency contraception (EC) ordered, free, online and delivered home may reduce barriers to EC access (such as cost, travel and time to access services).

Objectives: We aimed to describe use of an a large online EC service to understand who uses a free online EC service and their patterns of use.

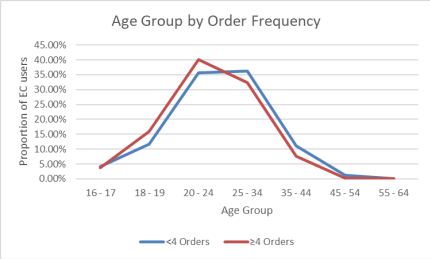
Design & Methods: We analysed all prescriptions for EC provided by a publicly funded, online UK based sexual health service to understand patterns of EC use in this context. The service offers ulipristal acetate (UPA, 30mg) as first line and levonorgestrel (LNG 1500 mcg) when UPA is contraindicated. Users, aged 16 or over, input time of latest pregnancy risk and the time that the medication will take to reach the service user by post (24 hour tracked delivery) is calculated with an automatic redirect to face-to-face care for those who could not receive it on time. Information on all methods of contraception including a contraceptive comparator tool is provided and users are prompted to order ongoing contraception. Data from the EC order journey is routinely stored in an online data warehouse and was exported to Excel for analysis in December 2023.

Results: During 2023, the online service provided 32,622 prescriptions for emergency contraception (89% ulipristal acetate) to users who were mainly in their twenties (see table 1). During this 12 month period 13,399 (41.1%) of people ordered once, 6464 (19.8%) ordered twice and 3,831 (11.7%) ordered three times. Almost all users (97%) rated the service 4 or 5 stars out of a possible 5. A small number of users (n=8,928, 27.4%) ordered 4 or more times in the year and one user ordered 38 times. Users who ordered frequently tended to be younger and usually made these orders over a short time period suggesting a clustering of high risk sexual behaviour.

Conclusions: Emergency contraception ordered online is feasible and acceptable. The majority of people use the service infrequently with a small number of users who order repeatedly, who tend to be younger.

Age Group	<4 Orders	≥4 Orders
16 - 17	955 (4.03%)	329 (3.69%)
18 - 19	2787 (11.76%)	1416 (15.86%)
20 - 24	8446 (35.65%)	3589 (40.20%)
25 - 34	8586 (36.24)	2887 (32.34%)
35 - 44	2615 (11.04%)	684 (7.66%)
45 - 54	298 (1.26%)	23 (0.26%)
55 - 64	6 (0.03%)	0 (0.0%)
Total	23694 (100.0%)	8928 (100.0%)

Table 1: Age of users ordering EC online by order frequency



FC23

Managing menopause in women living with HIV (WLHIV): Experience from a dedicated HIV menopause service in London

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Abstract

Background: WLHIV go through menopause earlier than the normal population and menopause increases the risk of age-related comorbidities, such as cardiovascular disease, osteoporosis and metabolic syndrome, the risks of which are already higher in WLHIV.

A dedicated specialist Sexual and Reproductive Health (SRH) service for WLHIV was started in Northwest London HIV service with the aim of managing women's health needs in the HIV cohort.

Methods: A total of 111 women required intervention for menopause in this once weekly service from Jan 2022 – Dec 2023. A cross-sectional descriptive study encompassing case note review was carried out to assess the characteristics of women who used the service and management strategies employed to optimise care. The data was entered in Microsoft Excel and analysed by using SPSS statistical software.

Results: Majority, 79% of the women in the study belonged to black ethnicity followed by 13% Asian. 51% of the women in the study were over the age of 51yrs.

Over half (52%) were late diagnosis with the Nadir CD4<350 cells/mm3. However, >61% had good immune response with current CD4 count of >500 cells/. HIV is well controlled except in one woman with a detectable virus. Nearly 58% were on an integrase based, 31% on NNRTI based 12% on PI based Anti-retroviral Therapy (ART).

85% of the study population are overweight or morbidly obese. Nearly 70% did not take alcohol, 82% did not smoke and 38% were currently sexually active.

60% of the women in the study are menopaused with the median age at menopause of 47 yrs. Prevalence of premature ovarian insufficiency was 3% and early menopause, that is menopause < 45yrs, was 45%. Nearly 80% reported somatic symptoms, 42% psychological symptoms and 37% reported urogenital symptoms.

80% are living with one or more comorbidity. 6.3% had high CVS morbidity with Q risk of >10, 18% had a FRAX score of >5 and 15% had abnormal cervical cytology.

Majority 60% opted for lifestyle and dietary modification, 26% has chosen MHT and nearly 5% had non-hormonal pharmaceutical or CBT for the management of menopausal symptoms. Menopaused women choosing MHTs significantly higher than pre or peri menopausal women (P=0.01)

Conclusions: WLHIV in this study went through menopause at an earlier age (47yrs) than the general population (51yrs) and nearly 45% of them had menopause before the age of 45yrs, as opposed to 12.2% in general population. These findings show the importance of MHT in these women to preserve bones and to decrease cardiovascular risk. A considerable amount of menopause related symptom burden was reported. MHT is used by 26% of the women in this cohort compared to 15% in the general population.

Further, comorbidities (80%), being overweight (85%) drug interactions and long-term effects of ARTs contribute to the challenges in optimising care for these women.

Our findings highlight the importance of managing the menopausal transition of WLHIV and the effectiveness of specialist menopause care within HIV services.

FC24

Bleeding pattern and quality of sexual life in hormonal iud users: a prospective study

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Abstract

Background: The sexual quality of life among users of low-dose levonorgestrel-releasing Intrauterine Devices (IUDs) has yet to be comprehensively explored in the literature. There is an increasing understanding that bleeding patterns may significantly impact sexual quality of life. Consequently, our interest has been piqued in assessing the sexual quality of life among users of the 19.5 mcg levonorgestrel-releasing Intrauterine System (LNG-IUS).

Objectives: Evaluate sexual quality of life before and 6 months after the insertion of the LNG-IUS. Additionally, assess the bleeding pattern of the participants at the same intervals

Method: This is a prospective and observational study that followed 30 previously enrolled patients from the Family Planning Outpatient Clinic at the Federal University of São Paulo, Brazil. The study targeted women in the 18-35 age range. All participants reported an active sexual life at least once a month throughout the study. Were utilized the Portuguese version of Female Sexual Function Index and FIGO AUB system. The questionnaires were conducted on the day of insertion and again after 6 months.

Results: At the time of IUS insertion, 79% of patients were nuliparous. Regarding the bleeding pattern, 20% of patients experienced an infrequent cycle (>38 days), 48% reported heavy flow, and 48% stated that menstruation limited their daily activities. After 6 months of IUS use, 50% reported an infrequent cycle, no patients reported heavy flow, and only 18.2% of them asserted that menstruation limited their daily activities. Concerning sexual quality of life, at the insertion, 22% reported having sexual desire 'almost always or always,' 18% considered their level of sexual desire 'high,' 51% reported having vaginal

lubrication during sexual intercourse 'almost always or always,' and 40% considered themselves 'very satisfied' with their overall sexual life. After 6 months, these percentages increased to 40.9%, 36.4%, 54.5%, and 50%, respectively.

At the time of insertion, the patients' overall mean FSFI score was 25.6, and after 6 months, it was 27.4. The domains that changed the most were “desire”, the initial average was 3.8 (ranging from 1.8 to 6.0), and after 6 months, it was 4.3 (2.4 to 6.0); and “orgasm”, which initially was 3.82 (0 to 6.0) and after 6 months, it was 4.29 (0 to 6.0).

Conclusions: An improvement in bleeding pattern and the use of a highly effective contraceptive method are factors contributing to the increased quality of sexual life. In the conducted study, an enhancement in sexual quality of life and a favorable bleeding pattern were observed in the majority of patients. Further studies are needed to substantiate the relationship between these two aspects. Given the above, we observed that the use of the 19.5 mcg levonorgestrel-releasing Intrauterine System (LNG-IUS) had a positive impact on users' perception of bleeding pattern. Regarding sexual quality of life, a improvement was noted after six months of device use. We believe that this result stems not only from the hormonal aspect but primarily from the contraceptive effectiveness provided by the method, its convenience, and the perceived improvement in bleeding pattern.

FC25

Prevalence of HPV infection and cervical dysplasia in 494 women living with HIV consulting in Paris for their gynecological follow-up

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Abstract

Background: In France since 2020, primary screening for precancerous lesions of the cervix is based on the HPV-HR test from the age of 30 and up to 65 in the general population. There are no large-scale French data on the prevalence of one or more HR-HPV in a population of HIV-positive women consulting for their gynecological follow-up.

Aims and Objectives: The objective of the study is to determine the prevalence of HPV infection and cervical dysplasia in a cohort of women living with HIV consulting for their systematic gynecological follow-up in Paris.

Method: This is a retrospective study conducted from 01/01/2022 to 08/31/2023 in two infectious disease departments in Paris The virological test used highlights an active virus producing mRNAs encoding the oncogenic viral proteins E6 and E7 (Aptima® HPV Assay test from the manufacturer HOLOGIC) and presenting greater specificity for the detection of CIN2+ precancerous lesions compared to the DNA test. If the HPV mRNA test is positive, DNA genotyping is carried out and a cytological analysis is performed. If the cytology is abnormal, a colposcopy with directed biopsy is performed.

Results

Population characteristics:

- history of *Loop* electrosurgical *excision* procedure in 12.5% of cases
- age greater than 40 years in 88% of cases (25% > 60 years)
- origin from sub-Saharan Africa in 67% of cases
- smoking prevalence of 12% of cases
- antiretroviral treatment taken in 99% of cases
- prevalence of immunosuppression (CD4<350) of 12%

Virological results

- HPV-HR test is positive in 16.4% of the women

- The main HPV-HR genotypes found are in order of decreasing frequency: HPV68, HPV 52, HPV 35, HPV58- HPV 16 is found in 13 cases/81 (2.6% of the cohort) and HPV 18 in 8 cases/81 (1.6% of the cohort)
- Genotypes 31 +33 + 45 +52 + 58 represent 58% of positive cases (47/81)
- In 44% of positive cases, HPV-HR infection has several associated genotypes (36/81) with 3 or more genotypes for 18.5% of positive cases
(15/81)

Cytology

81 women with HPV-HR test positive had a cytology screening.

81 tests HPV positifs (16,4%)		
Normal	45/81	(55,5%)
ASCUS	11/81	(13,5%)
ASC-H	1/81	(1,2%)
LSIL	23/81	(28,4%)
HSIL	1/81	(1,2%)

Histology

1 ASC-H : Loop excision : no lesion

- - 1HSIL : CIN1

34 ASCUS or LSIL : 4 CIN 1 / 2 CIN2 /5 VaIN1 /1 VaIN 2/3/ 6 normal biopsy / no biopsy = 6 / 10 women lost of follow up

Conclusions: The prevalence found in this study being slightly higher than 15%, the use of the HPV test beyond the age of 30 for primary screening of intraepithelial lesions of the cervix seems valid in our population of women living with HIV followed in Paris.Compared to the general population, we find

infections by several HR-HPV much more often and more frequent infection by genotypes 31,33,45,52,58.

The discovery of High Grade cervical lesion is much rarer than in the general population given that these women are rather elderly women, well monitored, whom more than one in 10 has already benefited from conization.The presence of an ASCUS/LSIL smear is approximately twice as common as in the general population.

FC26

Youth-led Research to Improve Abortion Access, Experience, and Resources for Abortion-Seekers and Professionals: Results from the CART-Access Project

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Abstract

Introduction: Though legal and available in Canada, there are disparities in how accessible and affirming abortion care truly is for equity-deserving groups, including youth. As the perspectives of youth and equity-deserving groups have been routinely under-emphasized, or instead, tokenized, it is critically important to create pathways by which youth voice and/or lived experience can be meaningfully centered in knowledge creation, translation, and mobilization pertaining to abortion.

Objective: This project sought to identify new ways of making abortion information and services more accessible and comfortable for equity-deserving groups across Canada. By empowering youth researchers to lead such efforts, new insights and interpretations from youths' intersectional perspectives could enrich approaches to delivering abortion information and care, which could then be used by healthcare and allied helping professionals, in addition to those seeking care.

Methods: Youth Wellness Lab (YWL) youth researchers (ages 18-29) engaged a diverse sample of family planning professionals (e.g., pharmacists, family physicians, OB-GYNs, nurses, midwives, social workers, abortion navigators) from across Canada in focus groups and individual interviews. In these conversations, youth “flipped the script” by steering discussions with adult professionals to explore how services and approaches might be more optimally designed to provide affirming and judgment-free abortion information and care, *by, with*, and *for* equity-deserving groups, including youth. Youth researchers were mentored to analyze all collected qualitative data, and then developed academic journal articles and presentations, infographics, and other easy-to-use, public-facing abortion information and referral tools for professionals and equity-deserving groups, including youth, to use, respectively.

Results: Findings indicate that more resources are especially needed to support: 1) safe and non-judgmental abortion care for trans and non-binary individuals; 2) youths’ understanding of their rights to

privacy and confidentiality while pursuing abortion information and care; and 3) abortion training and professional development opportunities specifically for non-medical professionals such as social workers. Examples of such resources developed by our team will be shared as part of this presentation.

Conclusions: Knowledge created and shared by youth researchers bring fresh insights and tools that may advance abortion access and experience for equity-deserving groups across Canada, also informing tools and trainings that could benefit healthcare and allied helping professionals entering the field, as well as those who are seeking knowledge and updates through continuing professional development.

FC27

Safety, compliance and pharmacokinetics of E4/DRSP in post-menarchal female adolescents

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Abstract

Background: Estetrol 15 mg/drospirenone 3 mg (E4/DRSP) is an effective combined oral contraceptive (COC). E4, a native estrogen with selective action in tissues (NEST), combined with DRSP, exhibits predictable bleeding patterns and a low incidence of adverse events (AE).

Aims and objectives: Due to the paucity of data in the youngest women using hormonal contraceptives for purposes beyond contraception and to comply with European Medicines Agency's requirements, a phase 3, open-label, single-arm study was conducted across 23 European centers (NCT04792385). The primary objective is to assess the safety and tolerability of E4/DRSP in healthy post-menarchal females aged 12-17 years.

Methods: Adolescents aged 12-17 years old were enrolled in this study evaluating E4/DRSP in a 24-active/4-placebo regimen for up to 6 cycles. Treatment-emergent AEs (TEAEs) were recorded during the course of the study. Laboratory parameters and physical examinations were evaluated at baseline/cycle 6. Participants recorded daily drug intake, vaginal bleeding/spotting events and dysmenorrhea. The KIDSCREEN-27 and Menstrual Distress questionnaires measured psychological and social well-being at baseline/cycles 1/3/6. Plasma concentrations of E4, DRSP (cycle 1/6) and levels of sex hormone binding globulin and activated protein C resistance endogenous thrombin potential based were assessed (baseline/cycle 6).

Results: Out of the initial 145 participants screened, 33 were excluded, and 23 withdrew prematurely, leaving 89 who completed the study. The last subject's last visit was completed in November/2023. A favorable outcome concerning safety and tolerability is expected since no safety concerns affecting the benefit-risk ratio were observed.

Conclusions: This study will provide crucial insights into E4/DRSP's safety, compliance, and bleeding profiles in post-menarchal adolescents, commonly prescribed COC for non-contraceptive purposes.

Conflict details**:** KGD is ad hoc advisory board member and speaker for Organon (MSD), Bayer, Exelgyn, Actavis, Gedeon Richter, Mithra, Exeltis, Ferring, Natural Cycles, Azanta, Gynuity, Obseva MedinCell, Cirqle, Addeira and HRA-Pharma. She is a member of the ICCR, Population council and Director of a WHO collaborating centre for research in Human Reproduction. She is an investigator of ongoing NICHD male contraception trial. KH served as Principal Investigator for one of the study sites in Estonia and received financial support for carrying out the study in this particular site. GC is an employee of Estetra SRL, an affiliate company of Mithra Pharmaceuticals. DA institution has received grants from Mithra to conduct of Phase II and Phase III trials on E4/DRSP. He has also taken part in advisory boards and occasionally as speaker for Bayer Healthcare, Exeltis, Merck, and Mithra.

FC28

Randomized comparative study of the contraceptive efficacy of the Cupid1, Cupid 2 and FC2 female condom

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Abstract

Background: Condoms are the only available multipurpose prevention technology combining protection against unintended pregnancy, HIV and sexually transmitted infection. The Cupid1, Cupid2 and FC2 have been available for many years, however no contraceptive effectiveness study has been conducted on any of these FCs to date.

Objectives: The primary objective of this study was to evaluate the contraceptive effectiveness of Cupid1, Cupid2 and FC2 in women in Durban, South Africa (SA).

Methods: This was a randomized comparative study evaluating the 6-12 month contraceptive efficacy of three FCs (Cupid 1, Cupid 2 and FC2) in 400 women enrolled at one research centre in SA. Eligible women were randomized to condom type. Emergency contraception (EC) was used as a surrogate marker for perceived method or user failure. Participants were administered a pregnancy test and follow-up survey every month about their experiences using their randomized FC. The incidence of pregnancy per method type was estimated with 95% confidence intervals using the poisson approximation. The probability of pregnancy was examined using Kaplan-Meier survival curves. A Cox proportional hazards model was used to compare the performance of each condom type.

Results: In total 414 women were screened and 400 enrolled between 2019 and 2021. Of the 400 women enrolled over 80 percent completed between 6-12 months follow- up achieving the target of

100-woman years of follow-up per FC type. Women were similar in their characteristics across condom types.

There was a total of 19 pregnancies reported. Almost all pregnancies that occurred were associated with imperfect use (n=16). FC2 users reported nine pregnancies corresponding to a pregnancy incidence rate of 8.2 per 100 women years. The Cupid1 and Cupid2 incidence rates were 4.5 and 4.6 per 100 women years respectively (n=5 pregnancies in each group). These differences were not statistically significant. Adjustment for EC use increased the pregnancy rates for all three condom types to 8.0 for Cupid1, 8.3 for Cupid2 and 10.9 for FC2, these differences were not statistically significant. The Pearl index using total cycles adjusted for EC use showed similar figures for Cupid1 and 2, with a higher rate for FC2.

In total 380 condom failures were reported in 181 participants, some who experienced more than one failure. Reported failure were lowest in Cupid2 and highest in FC2. Condom failures decreased over time in the study. In total 136 women used EC with 32 women using it more than once. Use of EC was similar across all condom types and was found to be significantly associated with reporting of condom failure (p=<0.0001). EC use declined across time participating in the study.

Conclusion: Contraceptive efficacy after adjustment for EC in an FC experienced population was approximately 90% or slightly higher. This rate is with the range of studies that have previously been reported for both FCs and MCs. Condom failures and EC use decreased over time in the study. This data is important for condom programmes, and users as it will add to the body of evidence on FCs more generally.

FC29

Global survey of postpartum contraception (PPC) provision by the International Consortium on Postpartum Contraception (PICON)

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Abstract

Background: Fertility and sexual activity can return rapidly after a birth and most pregnancies occurring in the first year postpartum are unintended. The World Health Organization recommends an interval of at least two years between pregnancies which is enabled through the uptake of reliable reversible contraception. Rather than waiting for the six-week postnatal visit, the antenatal and immediate postpartum periods are increasingly regarded as an opportune time to initiate discussions around contraception. While provision of a woman's contraceptive method of choice prior to maternity discharge reduces barriers to community access, this practice is inconsistent.

Aims and Objectives: This study aimed to survey countries around the world to document the provision of postpartum contraception.

Methods: We undertook a cross sectional survey of women's health leaders across the world. Opinion leaders from each country were identified through existing professional networks of the BMJ journal of Sexual and Reproductive Health and the European Society of Contraception. They were invited to participate in an anonymous online survey consisting of mostly structured-response questions focusing on three key areas: (1) national guidelines/policy (2) antenatal contraceptive discussion and (3) immediate postpartum provision of methods. Respondents were also asked their overall feelings about PPC provision in their region, and any facilitators or barriers.

Results: Senior medical experts from 36 countries (19 low- and middle-income countries and 17 high income) completed the survey representing all continents. Of these, 19 (52.8%) reported their country had existing national guidelines for PPC provision. Regarding antenatal contraceptive counselling, two thirds reported this took place some (50%) or all (16%) of the time. When asked whether maternity hospitals in their country provide PPC, 53% reported that contraceptive methods were provided in some, and 14% in all, maternity settings. PPC was free-of-charge for all in 63%. One or more of the Long-Acting Reversible Contraceptive methods (LARC) was available immediately postpartum in 86% of countries, with implants being the most commonly available. Only 19% rated overall PPC in their country as 'good'. When asked about postpartum contraception training opportunities, only 53% reported the existence of local or national programs to train midwives and doctors in LARC methods.

Conclusions: Globally few countries offered routine PPC counselling and provision to all women attending antenatal care. A lack of national guidelines and education and training in postpartum contraception was described in half of countries and overall provision was not regarded as being well provided in most countries.

FC30

Addressing equitable access to abortion: a national program to support health care professional services

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Abstract

Background: Access to abortion services in Canada is inequitable for a range of groups facing intersecting barriers. Canada's federal government identified groups underserved for abortion care including: racialized people, migrants, people with disabilities and/or complex health concerns, homeless and under-housed people, sex workers, people experiencing criminalization, 2SLGBTQI+ people, youth and Indigenous people.

Aims and Objectives: Our team developed "The CART Access Project: Advancing access to abortion for under-served populations through tools for healthcare professionals" in response to the federal call for projects to improve the knowledge, services and tools to support health care professionals (HCPs) to provide accessible, high-quality care for underserved groups.

Methods: We convened representatives from underserved populations, leaders of national HCP organizations and academic researchers representing physicians, nurses, midwives, pharmacists and doulas in a national initiative of 15 collaborating national sub-projects. We engaged an International Advisory Committee, and collaboration of abortion expert organizations such as Action Canada for Sexual Health and Rights and the National Abortion Federation, Canada. We collaborated with these partners from February 2023 to March 2024 to perform needs assessments, review best practice standards, create and disseminate new HCP curricula, continuing professional development sessions, and mentorship and other resources including pragmatic practice tools. To support dissemination and sustainability across all project segments we convened all collaborators and partners for a national summit in Ottawa Feb 2024.

Results: We developed a national open-access virtual community of practice for abortion HCPs within the HCP resources hosted by the Society of Obstetricians and Gynecologists of Canada. Each HCP discipline hosted their discipline-specific resources on their own sites, and cross linked to all other project resource sites. Exemplar resources include new curricula for pre-licensure nursing and midwifery training; a range of interdisciplinary continuing professional development courses, webinars, and pod casts; regional mentorship hubs across the country providing any abortion-provider HCP real-time access to an abortion care expert; and a range of practice tools (discipline specific and cross-disciplinary) informed by underserved groups to ensure appropriate, considerate, welcoming service design and implementation across HCP groups. Project partners found high value and productivity through the process of working between national disciplines, and engaging national and international experts, across the project.

Conclusions: The CART Access Project has convened all relevant national health care professional organizations in Canada with abortion expertise and live-experience expertise among underserved groups to improve equitable access to abortion in Canada. A wide range of networking connections, curricula, educational resources and practical tools have been developed and disseminated across the country.

FC31

Effects of an online educational video on contraceptive knowledge, preference and uptake in rural and culturally and linguistically diverse young women: findings from the Extend-Prefer study

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Abstract

Background: Young Australian women from rural areas, as well as those from culturally and linguistically diverse (CALD) backgrounds, are more likely to have an unintended pregnancy than their urban and non-migrant counterparts. Contraceptive knowledge can influence contraceptive choices, however access to reliable contraceptive information is challenging for young women in these populations.

Aims and Objectives: To assess whether a codesigned online educational video, increases contraceptive knowledge, preference for and uptake of long-acting reversible contraception (LARC) in young women from rural and CALD backgrounds.

Method: Young CALD women and women living in rural and remote areas aged 16 to 25 were recruited using social media advertising. Participants completed a pre-video survey (S1), watched the 13-min video and completed a follow-up survey immediately after (S2), and another survey six months later (S3). Outcomes were analysed using McNemar tests and multivariate logistic regression.

Results: A total of 313 women (153 rural/remote and 160 CALD) watched the video and completed S1 and S2, and 56% (86 rural/remote and 91 CALD) completed S3.

At S1 only 14% of CALD women and 3% of rural and remote women rated their knowledge about every method as high. Knowledge improved significantly at S2 for all methods among rural (aOR 12.5, 95% CI 5.2-29.8) and CALD women (aOR 3.2, 95% CI 2.5-5.0). Reported likelihood of using a LARC method increased significantly at S2 among rural (aOR 2.1, 95% CI 1.5-2.9) and CALD women (aOR 3.8, 95% CI 2.6-5.6). At the six-month follow-up, there was a trend towards increased LARC use among rural women, but this was not statistically significant. Contraception methods used by CALD women varied more, but the use of LARC did not increase.

Conclusions: Knowledge of LARC methods amongst young rural and CALD women are limited. The online educational video increased their self-reported contraceptive knowledge and likelihood of using a LARC immediately after viewing. Non-significant increases in uptake of LARC at follow-up highlights the need for policies and service systems that address the structural barriers to LARC access.

FC32

Endometriosis and chronic pelvic pain diagnosis and management in Australian family medicine settings: Perspectives of family physicians, stakeholders and patients

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Abstract

Background: In Australia, 14% of women are diagnosed with endometriosis by 44-49 years old, with a delay to diagnosis of 6-8 years. Physicians are often the first point of contact in the healthcare system.

Aims and Objectives: We aimed to explore the perspectives family physicians, stakeholders and patients regarding the diagnosis and management of endometriosis and chronic pelvic pain (CPP) in family medicine settings.

Methods: This qualitative descriptive study involved individual interviews with family physicians and stakeholders, and focus group discussions (FGD) with women with self-reported, diagnosed, symptomatic endometriosis or CPP in 2023. Interviews and FGDs were audio recorded and transcribed verbatim. Inductive, reflexive thematic analysis was undertaken.

Results: Interview participants were ten family physicians (6 female, 4 male) and eight stakeholders (all female) from across Australia. Two FGDs were conducted with 17 patients aged 22-49 years from across Australia. The age of patients' symptom onset was 11-27 years and age of diagnosis was 16-44 years.

All participant groups highlighted: the significant impact of endometriosis and CPP on patients' health and quality of life; the limited access to and affordability of healthcare services; the challenges faced in reaching a diagnosis; the benefits of multidisciplinary care; and the importance of the doctor-patient relationship in endometriosis and CPP diagnosis and management. They perceived significant gaps in health professionals' knowledge, education and skills in relation to endometriosis and CPP, and a lack of community awareness of and education about these conditions.

Family physicians reported low levels of confidence in diagnosing and managing endometriosis and CPP, and expressed a desire for further guidance about these conditions. They suggested improved mechanisms for communication between health professionals. Stakeholders and patients highlighted how current management approaches do not meet patient needs, and that additional support is required for marginalised groups. Patients emphasised the need for better mental health support, and improvement in capacity for self-management.

Conclusions: Our research highlighted the challenges facing family physicians and patients regarding diagnosis and management of endometriosis and CPP. Family physicians need further guidance to

support diagnosis and management of these complex conditions. Additional support for patients is required, particularly in improving access and affordability of healthcare. Improving knowledge and awareness about these conditions for patients, health professionals and the community is also important. We recommend the development of evidence-based tools and resources for use by family physicians and patients, to improve women's endometriosis and CPP healthcare in family medicine settings.

FC33

Financial Transparency of Reproductive Endocrinology and Infertility Clinics in the United States

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Abstract

Background: Despite 1 out of every 5 couples in the United States experiencing infertility, significant barriers exist in accessing infertility care. Many of these barriers are financial, with the high cost of treatment often causing patients not to be able to undergo fertility treatment. However, grants and loans are readily available with multiple foundations and banks offering assistance. However, these resources may not be known to patients and without providers disseminating this information, it is difficult for patients to access these resources. The goal of this project was to assess the presence of transparency in clinic pricing in clinics throughout the country. We hypothesized that transparency in clinic pricing would be low and fewer than half of clinics would have completely transparent pricing and assistance for patients.

Methods: This project was approved by The Medical College of Wisconsin and was found not to include human subjects, thus requiring no review by an Internal Review Board (IRB). The Society for Assisted Reproductive Technology website. The National Data tab was then accessed to look at all SART participating clinics not associated with a Veterans Affairs Health System. Clinic websites were accessed between September 23, 2023 and October 7, 2023 by two authors. These authors looked through each website and documented in an Excel spreadsheet whether these clinics completely listed which insurances were accepted in their practices, whether each clinic offered in house cost savings programs, whether they listed any fertility grant or loan information, and if financial counseling was provided by each clinic.

Results: 197 /321 (61.4%) of clinics did not completely list their accepted insurances. 122/321 (38%) clinics did not list fertility loan options. 187/321 clinics did not offer in house savings or discount programs. 262/321 (81.6%) of clinics did not list any fertility grant information. 197/321 (61.3%) of clinics did not list any information regarding financial counseling services. 257/321 (80.1%) of clinics did not list complete pricing for cost of services.

Conclusions: While a minor majority of clinics did information regarding loans for paying for fertility services, fertility clinics in the United States are overwhelmingly not transparent in their pricing of

services. Most also consistently do not report accepted insurances or advertise available services for grants for financing fertility treatment. Fertility clinics in the United States should make efforts to expand access to fertility care by increasing transparency in pricing and access to resources for patients.

FC34

What do Australian primary care clinicians need to support LARC and EMA provision?

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Abstract

Background: Uptake of long-acting reversible contraception (LARC) is lower in Australia compared with the UK, USA and France and only 11% of Australian General Practitioners (GPs) are registered to provide early medical abortion (EMA). Barriers to LARC and EMA provision include limited provider education, inadequate support and mentoring, and stigma. The AusCAPPS (Australian Contraception and Abortion Primary Care Practitioner Support) Network is a national multidisciplinary virtual Community of Practice that addresses these barriers and supports GPs, nurses and pharmacists to provide LARC and EMA in primary care. Evaluating how participants engage with AusCAPPS presents an opportunity to understand clinician needs in relation to LARC and EMA care.

Aims and objectives: 1) To evaluate participant engagement in the AusCAPPS virtual Community of Practice. 2) To describe key concerns and practical and professional needs of primary care GPs, nurses and pharmacists in relation to LARC and EMA provision.

Methods: Data were collected from the AusCAPPS Network from July 2021 until July 2023. Numbers of views of podcasts, webinars and downloadable documents and individual likes, comments and follows to discussion posts were analysed descriptively. Text from the discussion forum posts underwent qualitative content analysis to generate categories and key concerns.

Results: During the study period AusCAPPS had 1911 members; 1133 (59.2%) GPs, 439 (23.0%) pharmacists, and 272 (14.2%) nurses. Participants engaged with all AusCAPPS resource types, including 94 downloadable documents (n=506 total downloads) 8 webinars (n=870) and 5 podcasts (n=324). Most frequently-viewed documents were point-of-care tools such as clinical checklists, consent forms and patient information materials, whereas top-viewed webinars and podcasts offered broad overviews on LARC and EMA in primary care. Of the 655 discussion posts, GP posts most commonly addressed clinical knowledge (n=263, 40.2% of GP posts), nurses posted most often about service implementation (24, 27.3% of nurse posts) and pharmacists were most interested in health system and regulatory issues (7, 43.8% of pharmacist posts).

Conclusions: Clinicians engaged in a range of online resource types to support different aspects of LARC and EMA care. GPs, nurses and pharmacists have unique professional needs for LARC and EMA provision, and the needs of nurses and pharmacists may change given the Australian government's interest in expanding their scope of practice to support universal access to reproductive health care. Results of this study will form future areas of focus around resource development, education and implementation of interventions to support LARC and EMA provision in Australian primary care.

FC35

Trends of contraceptive choices and prevalence in Latvia during the last decades

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Abstract

Over the last decades, the number of unintended pregnancies and abortion rates have decreased in many countries. Usually it is explained by the improvement of awareness about contraception methods and access to them. The aim of this study is to analyse the dynamics of contraception in Latvia from 1997 to 2023.

This study analysed the items on contraception among reproductive age women who have had sexual relations by using the data from representative National Sexual and Reproductive Health Surveys implemented in Latvia in 1997, (n = 2652), 2003 (n = 1112), 2011 (n = 1151) and 2023 (n = 1367) were used. The surveys were conducted with stratified random sample at the respondents' places of residence. Questionnaires contained questions focusing on different aspects of contraception (source of information, knowledge, past and present use, reasons for not using contraception). There are minor changes of the questionnaire since 1997 because of the new methods of contraception became available in Latvia during the last decades.

During the last decades, the choice of contraceptive methods in Latvia has increased, but the most often used methods of contraception still remain male condoms and withdrawal. The third most often used method of contraception has changed from the intrauterine device in 1997 to pills in 2023. Main factors for choosing contraceptive method in 2023 survey were prevention of pregnancy (self-perceived effectiveness of contraception method), prevention of sexually transmitted infections including HIV and "easy to use", followed by "no influence on weight". The main source of information for women remains a medical doctor (46% in 1998; 71% in 2023). The main increase of the self-estimated awareness on contraception from 2003 to 2023 is on hormonal contraceptive pills, however, the awareness about contraceptive implants, plasters, injections and, vaginal rings remains low. When analyzing the change of knowledge related to the effectiveness of different contraceptive methods, the main difference is linked to male condoms and contraceptive pills. More women are considering these two methods being very effective or quite effective (male condom from 75% in 2003 to 83% in 2023; pills from 71% to 76% accordingly), but at the same time, a quarter of all respondents in 2003 and 2023, considered withdrawal being an effective method of contraception.

The use of hormonal contraception in Latvia is gradually and constantly increasing. Despite the good self-awareness of contraceptive methods in Latvia, the withdrawal remains to be the second most used method of contraception.

FC36

Continuity and satisfaction rates of breast cancer patients using the copper-silver IUD (TCu380Ag) and the copper IUD (TCu380A): randomized clinical trial.

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Abstract

Background: Almost a third of breast cancer cases occur during the reproductive period. Protection against pregnancy is necessary to allow the use of different therapeutic resources and improve the prognosis. The copper IUD is the method of choice for breast cancer patients; however, concerns about the bleeding pattern and dysmenorrhea still restrict the offer of this method to many patients. It is speculated that the addition of silver to copper reduces adverse events and increases satisfaction and continuity with the IUD.

Aims and objectives: To measure the 12-month continuity rate of the copper IUD (TCu380A) and the copper and silver IUD (TCu380Ag), as well as satisfaction with these methods, in women with breast cancer and contraceptive need.

Method: Double-blind randomized controlled trial, approved by the HC-FMUSP Ethics Committee (CAAE: 26272819.3.0000.0068, opinion: 4.093.763), in which 96 women aged 18 to 45 years old, with an anatomopathological diagnosis of cancer breast and eligible for the use of an intrauterine device (IUD), were randomized to receive the IUD with copper (TCu380A) or the IUD with copper and silver (TCu380Ag) and followed for 12 months, to evaluate the continuity and satisfaction rates with both types of IUD. Data are presented as mean ± standard deviation, absolute (n) and relative frequency (%).

Results: Participants were 37.5 ± 5.1 (TCu380A) and 37.7 ± 5.0 (TCu380Ag) years old, most worked outside the home (TCu380A: n = 41; 85.4%; TCu380Ag: n = 40; 83.3%) and had children (TCu80A: 2.05 ± 1.16 births; seven (14.6%) were nulliparous; TCu380Ag: 1.81 ± 1.01 births; five (10.4%) were nulliparous). Hysterometry (uterine sound) was 8.7 ± 1.1 cm (TCu380A) and 8.2 ± 1.0 cm (TCu380Ag). Pain intensity (VAS) during IUD insertion was 41.7 ± 19.6 mm (TCu380A) and 45.0 ± 22.8 mm (TCu380Ag). After 12 months of follow-up, continuity of use was high in both arms: 87.5% (TCu380A) and 95.8% (TCu380Ag); survival analysis showed no difference in relation to discontinuations (p = 0.162). Most participants were extremely satisfied (TCu380A: n = 12; 27.9%; TCu380Ag: n = 16; 43.2%) or very satisfied (TCu380A: n = 24; 55.8%; TCu380Ag: n = 15; 40.5%) with both IUDs.

Conclusions: The continuity of IUDs with copper (TCu380A) and with copper and silver (TCu380Ag) is high in patients with breast cancer, which is associated with their satisfaction with the method. Reinforcing positive information about the method is essential in contraceptive counseling.

FC37

From Policy to Practice: Experiences from the ECHO trial following revisions of the WHO Medical Eligibility Criteria for Contraceptive Use (MEC) guidance on DMPA IM

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Abstract

Background: In 2017, the World Health Organization (WHO) medical eligibility criteria (MEC) for contraception grading for intramuscular depot medroxyprogesterone acetate (DMPA-IM) was changed from MEC Category 1 to 2 due to accumulating evidence that this method may increase women's risk of acquiring HIV.

Aims and Objectives: We assessed the impact of communicating this grade change on sexual behavior and method continuation rates among women in the Evidence for Contraceptive options and HIV Outcomes (ECHO) trial.

Methods: ECHO was conducted in eSwatini, Kenya, South Africa and Zambia. Women were randomized (1:1:1) to DMPA-IM, levonorgestrel (LNG) implant or copper intrauterine device (IUD). All women enrolled in the ECHO trial were counseled on the MEC change when it occurred. Using Cox regression, we compared the hazards of DMPA-IM discontinuation before and after the MEC grading change in DMPA-IM users. Using segmented regression, we assessed sexual behavior and DMPA-IM satisfaction before and after MEC grading change.

Results: Most (91.3%) of the 2606 women randomized to DMPA-IM continued using the method throughout the study, with a decrease in the hazards of discontinuation after the MEC change (hazard ratio 0.37; 95%CI=0.26-0.52, p<0.001). We found no evidence of an effect of the MEC change on any of the sexual behavioral outcomes among 1740 (68%) of these women

Conclusion: While counselling on possible theoretical risks associated with contraceptive methods in the MEC is an important medical ethical standard, in this study it did not adversely impact continuation, satisfaction or sexual behavior. There is however a need to monitor how changes in MEC categories are implemented.

FC38

Contemporary hormonal contraception and risk of depression– a nationwide Swedish cohort study 2010-2018

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Abstract

Background: Reports on the influence of different types of hormonal contraceptives on the risk of depression have been conflicting.

Aims and Objectives: To assess the influence of different types of hormonal contraception on the risk of depression development using national register data.

Methods: In a historical cohort design the Swedish Prescribed Drug Register and the National Patient Register delivered data for the period 2005 to 2018. The period 2005-2009 was a "wash-out" period, ensuring that all women starting use of hormonal contraception during the study period 2010-2018 were truly initiators. Follow-up time was two years. The influence of hormonal contraceptive use on depression risk was modelled using Cox proportional hazards regression. Adjustments were made for age, calendar year, education, smoking, body mass index, ancestral origin, and geographical region.

Results: Of 1,234,303 included women 126,889 experienced either a depression diagnosis or prescription for antidepressant drugs. With never-users as reference, users of combined oral contraceptives experienced an adjusted hazard ratio of 1·36 (95% CI 1.34-1.38) and with use of progestogen only contraception of 1.71 (1.67-1.75). Similar effects were observed in adolescent (14-19 years of age) and adults (> 20 years of age). The adjusted hazard ratios of depression with use of pills containing ethinylestradiol were if combined with norethisterone 1.50 (1.21-1.87), with levonorgestrel 1.22 (1.19-1.24), norgestimate 1.32 (1.25-1.40), desogestrel 1.57 (1.35-1.82), drospirenone 1.81 (1.76-1.86), and with dienogest 2.05 (1.52-2.77). Combined pills with natural estrogen or administered as patches or vaginal ring demonstrated similar results. For the levonorgestrel intrauterine system the effect increased with increasing dosages of levonorgestrel; 1.50, 1.52, and 1.63 for dose of 13.5, 19.5 and 52 mg, respectively (p_{trend} <0.01).

Conclusion: All types of hormonal contraception were positively associated to depression in both adolescents and adults. Few methodological pitfalls explain why some previous studies did not demonstrate a similar influence from hormonal contraceptive use.

FC39

Review of scan and non-scan early medical abortion pathways at a Pregnancy Advisory Service in the United Kingdom following implementation of telemedicine service delivery.

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Abstract

Background

In the United Kingdom, the COVID-19 pandemic altered the way abortion services provide early medical abortion (EMA, up until 9 weeks and six days of pregnancy). To improve access to safe telemedicine service delivery, new guidelines stipulated that an ultrasound scan (to confirm gestation and location of pregnancy) was required only if indicated. Temporary approval for home use Mifepristone was also granted to facilitate a full telemedicine approach. Following this, home use of Mifepristone as well as Misoprostol was authorised.

To provide a non-scan telemedicine abortion service safely, services must ensure that pregnant patients are able to provide a reliable last menstrual period (LMP), and that a history or current symptoms suggestive of a high-risk ectopic pregnancy are excluded.

Aims and Objectives: Assess the safety and effectiveness of our local EMA service following implementation of non-scan telemedicine pathway in a UK pregnancy advisory service (PAS).

Method: We retrospectively reviewed all paper patient notes for those accessing an EMA over a one-month period against the following standards:

- 100% of patients accessing an early medical abortion should be assessed for a reliable LMP.
- 100% of patients following a non-scan EMA pathway should be assessed for risk factors for ectopic pregnancy.
- 100% of patients without a reliable LMP should be offered an ultrasound scan to accurately date their pregnancy prior to provision of early medical abortion.
- 100% of patients with risk factors for ectopic pregnancy should be offered an ultrasound scan prior to provision of early medical abortion.
- 100% of patients should be directed to appropriate services for further follow-up should any complications arise following their procedure.

Results: 100 early medical abortions took place during the month reviewed. 100% of non-scan EMAs had a reliable LMP recorded and 100% had risk factors for ectopic pregnancy excluded.

Within the scan EMA group, 2% (n=2) had no assessment of reliable LMP recorded in the notes (likely documentation error). All received an ultrasound therefore this did not impact on patient care.

All other criteria were achieved at 100%.

Conclusions: The early medical abortion service is safe. Provision of non-scan telemedicine EMA was appropriate in all cases. All patients were appropriately assessed if further contact was made to the service, and there were no serious complications.

Non- scan telemedicine early medical abortion is a reliable and safe method for women to choose.

ePoster Presentations

PP01

Pattern Of Bleeding Among Breast Cancer Patients Using Non-Hormonal Intrauterine Device

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Abstract

Objective: To observe the bleeding pattern of breast cancer patients using a nonhormonal intrauterine device (IUD). Material: Cross-sectional cohort study of invasive breast cancer patients of reproductive age using non-hormonal IUD between September 2022 and December 2023. Quantitative variables of age (years) and serum estradiol (pg/ml) were described as mean and standard deviation (SD), while categorical variables of immunohistochemical type and bleeding pattern were described by absolute and relative frequencies. The significance level was set at 5% for all assessments.

Results: Total of 130 breast cancer patients were analyzed, representing 35 (26.9%) luminal A, 62 (47.7%) luminal B, 18 (13.8%) HER2, and 15 (11.5%) triple-negative cases. The mean age for breast cancer patients with luminal A, luminal B, HER2, and triplenegative was 40.2 (SD 5.9), 39.4 (SD 5.3), 38.6 (SD 4.5), and 38.0 (SD 5.9) years, respectively. Regarding the bleeding pattern, amenorrhea was present in 14 (40.0%) luminal A patients, 30 (48.4%) luminal B patients, 9 (50.0%) HER2 patients, and 3 (20.0%) triple-negative patients. The estradiol (pg/ml) in amenorrheic women with luminal A, luminal B, HER2, and triple-negative cancer was 29.9, 51.6, 18.3, and 27.2, respectively. Patients with monthly bleeding with luminal A, luminal B, HER2, and triple-negative cancer showed estradiol levels of 151.5, 191.0, 280.0, and 64.3, respectively. The differences were statistically significant. Conclusion: Invasive breast cancer patients undergoing adjuvant or neoadjuvant chemotherapy may experience a return of menstruation, requiring effective contraception such as a non-hormonal IUD.

PP02

Initiation of hormonal contraceptive methods after delivery – population-based study from Finland

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Abstract

Background: Postpartum contraception start and use are important to avoid unwanted pregnancy and to optimize birth spacing. Many women-related background factors (including breastfeeding) affect the choice of contraceptive methods after delivery.

Aims and Objectives: To examine the rates and types of hormonal contraceptive (HC) methods started after delivery. The primary outcome of the study was a HC start. Additionally, we examined the incidence of induced abortion and another delivery one year postpartum.

Method: This was a retrospective register-based study. We identified 24 768 women having a delivery between 1st of July 2017 and 30th of June 2018, using the Finnish Medical Birth Register. Postpartum follow-up time for each woman was one year, censoring events were HC start, insertion of an intrauterine device (IUD) at primary healthcare, an induced abortion and another delivery, whichever came first.

The purchases of HC methods were identified from the Prescription Centre until 30th of June 2019. The IUD insertions were examined using the International Classification of Primary care code W12 (IUD insertion). From the Register of Induced Abortions and the Medical Birth Register we gathered the information on induced abortions and subsequent deliveries.

We described data using cumulative incidence plots.

Results: 31% (n=7717) of the women started a HC method after the delivery. The most commonly started method was progestin-only-pill (POP) (59,5%, n=4593), followed by levonorgestrel-releasing IUD (LNG-IUD) (20,3%, n=1568). Altogether 6% (n=1441) received an IUD (either LNG-IUD or copper IUD) at primary healthcare, 1% (n=246) underwent an induced abortion and 0.3% (n=80) had another delivery during the follow-up time. HC was most often started three months postpartum.

Conclusions: Overall 37% of women started a HC method or received an IUD during the first postpartum year. POP was the dominant method followed by LNG-IUD. Follow-up visit, organized between 5 to 12 weeks postpartum is likely to have major role in discussing and planning appropriate contraception.

PP03

The results of a formative research to assess the feasibility of expanding medical abortion services through telemedicine in Eastern Europe and Central Asia: Kyrgyzstan

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Abstract

Background: Unsafe abortion continues to endanger women's health in numerous countries of Eastern Europe and Central Asia, including in Kyrgyzstan. To improve women’s access to medical abortion (MA),

many healthcare professionals consider providing virtual consultations, commonly known as telemedicine.

Aims and Objectives: The aim of the study is to promote, raise awareness, build capacity to provide abortion self-help and family planning services according to WHO recommendations.

Objectives: To assess the feasibility of introducing Medical Abortion through telemedicine. Identify legal, regulatory and service conditions.Develop an adequate strategy for the introduction of abortion self-help services.

Method: To assess the feasibility of introducing medical abortion via telemedicine in Kyrgyzstan, a 200 interviews were conducted among women's organizations (NGOs), abortion medicine distributors, decision-makers, pharmacists, service providers, and potential recipients of services.

Results: The results of the formative research revealed that telemedicine was mostly positively received by all interviewed groups (61% of interviewed women). Telemedicine MA was shown to be especially convenient and accessible for women who face numerous social, financial, and geographical barriers to high-quality abortion care. Many abortion seekers were concerned about being negatively judged by their families, partners, friends, or the community. Telemedicine would providethem with psychological help, while keeping their information confidential. Using telemedicine to administer medicines, they said, would decrease the frequency of visits to healthcare clinics. This might be very beneficial for women who were financially challenged, resided in rural regions, cared for children, or could not take a day off from work. Abortion medicine distributors, decision-makers, pharmacists, and health care providers all agreed that telemedicine MA improves the access to abortion care for women and reduced the burden on the clinics.

Conclusions: Telemedicine services for medical abortion can be fully integrated into the Kyrgyzstan healthcare system, by making the necessary changes in abortion care regulations and policy documents.

Impact: 50 women from a socially vulnerable group of the population of the southern region and from new settlements in Bishkek have already received medical abortion services through telemedicine within an ongoing pilot study.

PP04

Impact of Termination of Pregnancy on subsequent sex life: literature review

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Abstract

Background: Access to safe, legal, and effective abortion is firmly rooted in international law, and is a priority to empower women and girls enabling them to make their own choices about their bodies and their lives, free from discrimination, violence and coercion. While the adverse medical effects of voluntary termination of pregnancy (VTP) are well established, their impact on sexual health has been

less studied. This is because sexuality and attitudes toward abortion are issues involving great cultural diversity: they are therefore difficult to assess at a global level.

Aims and objectives: The effect of abortion on women's general health and sexual health in particular have been the subject of debate, and have sometimes even been used as arguments to restrict access to abortion. The aim of this literature review is to investigate the impact of VTP on subsequent sexual life.

Method: Literature review was conducted on Pubmed in order to answer the objective, only clinical research published between 1998 and 2023 were included. From the scanning of 207 articles, 29 publications were appraised and selected. Then, articles were classified whether the study directly concerned sexuality or another field of sexual health (such as physical, mental, emotional or social).

Results : From overall selected articles, 41% (n=12) specifically evaluated the impact of abortion on the sexuality or on social relationships of patients. 31% (n=9) examined the physical aspect of VTP (complications, morbidities etc.), while 24% (n=7) assessed the mental and psychological aspects. Only one article evaluated the emotional component. Very little is known about the effects of a voluntary termination of pregnancy on the quality of subsequent sexual life, mainly for methodological reasons. It is agreed that, within the legal framework, choosing a VTP does not raise the risk of gynecological complications. Compared to a pregnancy carried to term, the outcome of a legal abortion poses less somatic risks. However, it is more challenging to gauge the quality of person's subsequent sex life and the psychological impact of this procedure: personal and family history, as well as the social context, are obviously confounding factors.

Conclusions: Long-term controlled prospective studies concentrating on the psychological outcome of women who have requested a termination of pregnancy in a legal or illegal context would need to be established.

PP05

Abortion Service Availability and Readiness Assessment in Georgia

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Abstract

Background: Availability and Readiness of Abortion services have been challenging in Georgia. The research "Abortion Service Availability and Readiness Assessment" (2016) conducted by HERA XXI revealed lack of availability and readiness of medical facilities to provide abortion and family planning services: only 17 % of total 655 medical facilities provide abortion services abortion services. Georgia ranks in the poor state of policies category (58%) ("European Abortion Policies Atlas", 2021).

Due to the changing policy and social environment, a similar study has been conducted in 2022 with adaptations to overcome limitations of the first study and having updated contextual analysis of regressive trends.

Aims and Objectives: The aim of the study is to assess the availability of safe abortion services in Georgia and readiness of relevant clinics to provide services to women. The study aims to accomplish three main objectives:

- Assess availability of safe abortion methods and protection of women's reproductive health in Georgia.
- Assess the quality of safe abortion services and family planning services.
- Highlight time-dependent trends (2016-2022) and compare quantitative indicators drawn from the results of two surveys conducted with the help of the WHO SARA instrument.

Method: A triangulation approach is used combining quantitative (survey method) and qualitative (focus groups and semi structured interviews) components of the study. The 2022 study applies the WHO SARA instrument (Service Availability and Readiness Assessment) - same methodology as 2016 research with changes to fill the informational gaps on organization of abortion service delivery. The mystery client methodology and experiment were added to the 2022 study.

The sample frame for 2022 study consisted of 655 gynecological service facilities out of which 66 healthcare facilities provides safe abortion service throughout Georgia, and only 30 participated in research where clinic administrators and obstetrician/gynecologists were questioned for research purposes.

Results: Healthcare Systematic barriers outlined by study are: decreased number of medical facilities providing abortion services (66) by twice compared to 2016; the weak referral system, lack of distribution of responsibilities between the family doctor and gynecologists.

Lack of Quality of safe abortion Care: not functioning Pre-counselling on safe abortion methods and post abortion counselling; No patient satisfaction study; No assessment of the quality of the safe abortion services provided or the performance of the medical personnel by healthcare management; No information material about family planning and safe abortion methods available to patients.

20% of healthcare facilities confirmed providing abortion services during the conversation with a mystery client, but denied in the interview with the researcher because of the pressure from ultra-conservative groups.

Conclusions: This research is the second nationwide large-scale investigation conducted with the WHO SARA instrument. The Study reveals the regress of abortion service availability and readiness in Georgia between 2016 and 2022 time scale. The main area of improvement are the integration of Safe abortion and family planning services into the primary health care system and creation of effective supportive supervision mechanism on high quality of care on safe abortion and family planning.

PP06

Satisfaction of women seeking for emergency contraception in pharmacies

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Abstract

While the access modalities for emergency contraception (EC) vary greatly from country to country, it is available without prescription in Swiss pharmacies. In a mandatory consultation with the pharmacist, the most effective and safest EC option is determined and advice is given on regular contraception and the prevention of sexually transmitted infections. In a small qualitative study, some of the women interviewed expressed concerns about moralizing statements during counseling, but women's perceptions have not yet been quantitatively studied.

To fill this knowledge gap, we aimed to determine women's overall satisfaction after EC consultation in Swiss pharmacies in an anonymous online survey. Pharmacists from 195 participating pharmacies distributed an invitation link to customers at the end of the EC consultation. The questions related to aspects such as duration, comprehensibility of the information and the estimated value of a consultation. The respondents gave their feedback on a Likert scale ranging from "strongly disagree" to "strongly agree".

Over a period of 10 months, we recruited 316 participants with an average age of 25.2 years. The reason for needing EC was condom failure for 57.0% of participants, unprotected intercourse for 25.0% and 11.2% reported problems with hormonal contraceptives.

Overall, customers were very satisfied with the emergency contraception service. The need for consultation and the information provided were understood and the duration of the consultation was considered appropriate. Clients reported positive outcomes, with 86.3% stating that the counseling had reassured them and 77.8% agreeing that their knowledge about EC had improved. More than 90% of clients disagreed with negative statements such as difficulty following the conversation or an overwhelming amount of information, and 85.6% disagreed with the statement that the counseling was unnecessary. Women with a lower level of education felt most reassured by the counseling, but had less understanding of the need for consultation and were more likely to feel overwhelmed by the amount of information, especially if they did not have a high school diploma.

Due to possible selection bias, this study does not provide a representative picture of actual practice. Rather, it shows that counselling, when provided well, is highly valued and meets the needs of customers. The use of an electronic tool to guide the pharmacist through the consultation could be one way of making the quality of the consultation less dependent on the pharmacist's interest and motivation.

PP07

Pain during medical abortion - preliminary analysis of an exploratory qualitative study (PANDA-Q1)

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Abstract

Background: Pain is a recognised component of medical abortion, however the evaluation and management of pain during abortion is understudied and poorly understood. There is no validated and recommended pain measurement tool in the field of abortion care.

Aims and Objectives: This is an exploratory project to begin the process of developing a validated tool for the measurement of pain during medical abortion. Rich qualitative data are needed to map patients' experiences of this phenomenon to identify measures within a future tool. This study aims to generate expansive qualitative data about patients' experiences of pain during medical abortion.

Method: Qualitative semi-structured telephone interviews with 32 cisgender women who had received a first-trimester medical abortion (using mifepristone and misoprostol) at home or in hospital in the preceding 6 weeks. Recruitment was from a single urban community abortion service in the UK. Interviews were transcribed verbatim and analysed using a thematic approach. The interview topic guide was developed following a review of the literature and designed to explore the pain experience during medical abortion, strategies to mitigate pain, and appraisal of existing pain rating tools.

Results: Participant accounts described a mismatch between expectations and experience of pain during medical abortion. Predominately, this was due to pain being more intense or prolonged than the abortion service or other sources of information had indicated; although conversely some participants described less intense pain than expected, leading to concerns that the abortion was unsuccessful. Descriptions of pain related to menstruation were endorsed by some participants largely noting that medical abortion was more intense than menstruation albeit the same character. Others likened the pain to early labour if they had previous births. Several participants rejected the comparison to menstruation, describing this as understating the pain of medical abortion.

Use of analgesia was variable, as was response to analgesia when it was used correctly. Non-pharmacological interventions to manage pain described by participants were largely heat-related (hot water bottles, hot wheat bags) but some participants described distraction techniques using mindfulness, video games, or television. Positioning during abortion gave pain relief for some participants.

When asked to rate pain using existing pain-rating tools, (numerical rating scales, descriptive Likert scales) the intensity of pain described in participants' accounts was not clearly reflected in the ratings they selected from the tools. Participants with divergent pain accounts selected similar numerical ratings and verbal ratings, although an 11-point numerical rating scale appeared to better reflect the variance in experience than 6-point numerical scales or verbal ratings.

Conclusions: Patients require more detailed descriptions of pain during medical abortion to better prepare them for the procedure and give them clearer justification for recommended analgesia regimens. Existing pain-rating tools inadequately capture divergent abortion-pain experiences. Development and psychometric testing of a new tool is needed.

Conflict details**:** John Reynolds-Wright has received funding from Gedeon Richter to attend two academic meetings in Europe

PP08

Evaluation of an innovative IUD insertor: results of real-world survey in France

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Abstract

Background: Copper IUD is one of the most efficient and cost-effective contraception. Standard IUD insertion procedure usually involves measurement of uterine cavity with an hysterometer and the use of a tenaculum in order to facilitate device insertion. Both procedures may be painful for patients which is often a barrier to IUD use for both women and health care providers. In collaboration with CrossBay (US), CEMAG Care (France) has developed an innovative insertor combined with a copper IUD, called Yanae®. This specific insertor has a flexible inflatable membrane allowing self-guided, atraumatic, and dependable cervical crossing without the use of a tenaculum or need for manipulation.

Aims and Objectives: Following the launch of Yanae® in France in May 2022, a real-world data collection has been initiated to evaluate the effectiveness of the insertion procedure and its acceptability among health care providers and women.

Method: Questionnaires had to be completed just after the procedure by health care providers and women. Effectiveness of the procedure was evaluated based on the correctness of IUD placement and usability questions. Patient pain was measured on a 10 cm Visual Analogue Scale (VAS). Operators and patients' satisfaction were also collected.

Results: Overall, 39 women and 7 health care professionals (2 gynecologists and 5 midwifes) were evaluated from June 2022 to October 2023. One device could not be used due to a product defect therefore 38 women were eligible to IUD insertion. Among them, insertion procedure was successful in 36 women (95%). In 37 women with available post-insertion assessment, median age was 26 years, 46% were nulliparous versus 54% being multiparous and most of them had no previous IUD insertion (62%). Insertion was done without prior use of hysterometer (81%) or tenaculum (86%). Patients reported light pain in average (mean VAS value of 2.4). Yanae® helped to improve comfort during insertion for 83% of patients according to practitioners and 97% of patients recommend Yanae®.

Conclusions: This real-world evaluation confirms the benefit of Yanae® for both women and health care providers in making IUD insertion easier and more comfortable. This new technology paves the way for a larger use of non-hormonal IUD for patients with complex uterus anatomy but also for all women for whom, fear of pain or getting hurt could be a barrier to IUD insertion.

Conflict details**:** Yes, CEMAG Care is a recently established, independent pharmaceutical company specializing in the development of pharmaceutical products related to contraception, abortion, and menstrual cycle. CEMAG Care is engaged in the distribution of the IUD insertion device, which is the focus of this submission. Despite the affiliation, it is important to note that the research is conducted

independently, and healthcare professionals involved in the study have not received any financial support from CEMAG Care.

PP09

The use of GLP-1 agonists in the clinical contexts of PCOS

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Abstract

Background: Polycystic Ovary Syndrome (PCOS) is a comprehensive reproductive disorder that encompasses various associated health conditions, causing hormonal imbalances in women of reproductive age. PCOS can manifest in diverse clinical scenarios, with its diagnosis primarily based on clinical, laboratory, and exclusionary assessments. Menstrual irregularities, infertility, anovulation, hyperandrogenism, microcystic ovaries, metabolic complications, obesity, and insulin resistance are among the various signs and symptoms associated with PCOS. Consequently, given the syndrome's pathophysiology, analogs/agonists of the glucagon-like peptide-1 receptor (GLP-1) appear to be valuable allies in enhancing the reduction of body fat accumulation and hormonal regulation.

Objective: The aim is to analyze evidence in contemporary literature that demonstrates the relevance and efficacy of using GLP-1 analogs and agonists in the treatment of Polycystic Ovary Syndrome (PCOS) and to qualitatively identify the clinical contexts in which these substances operate.

Method: A bibliographic review was conducted using the PubMed/MEDLINE database with the MeSH descriptors "glucagon-like peptide-1 receptor agonists OR glucagon-like peptide-1 analogue OR GLP-1 AND Polycystic ovary syndrome" within a filter for the last ten years, yielding 143 results. Exclusion criteria considered other literature reviews, case reports, articles not available in full, and studies in which the sample of patients with PCOS was not diagnosed based on the Rotterdam criteria of ESHRE/ASRM. Following these, 27 articles were included in this review.

Results: In the analyzed articles, the efficacy of GLP-1 analogs in PCOS was evident in various clinical scenarios. This effectiveness, observed with different chemical structures, both in combination with metformin and alone, appears to depend on the duration of treatment. Both short and long-term use of these agonists resulted in significant weight loss, improved insulin sensitivity, reduction of android fat with cardiovascular benefits, a decrease in free androgens, better emotional and dietary control, and reduced triglyceride levels. Long-term intervention positively impacted levels of LH, FSH, DHEAS, total testosterone, and menstrual regularity, contributing to greater success in pre-conception interventions. The difference compared to metformin was noted in a more effective reduction of cholesterol markers.

Conclusions: The successful use of GLP-1 analogs/agonists was observed in a majority of clinical contexts of PCOS; however, in certain cases, achieving satisfactory results may necessitate long-term treatment. The association of these drugs with lifestyle modification is highly relevant, aiming to maintain the hormonal imbalances characteristic of the syndrome and improve the quality of life for patients.

Furthermore, for those with reproductive aspirations, this treatment demonstrates effectiveness in the preconception approach.

PP10

Low rates of etonogestrel implant discontinuation in a long-acting reference center in Brazil

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Abstract

Background: Despite the high prevalence of contraceptive use (more than 80%) in Brazil, 55.4% of the deliveries are unplanned. One factor that may contribute to this scenario is the low rate (4%) of long-acting reversible contraceptives (LARC) use in Brazil. Brazilian women face many barriers to having access to LARC through the National Health System (NHS), which provides universal, public, free healthcare for 75% of the Brazilian population. The NHS provides for free throughout the country the following contraceptive methods: combined oral contraceptive, progestin-only contraceptive, combined injectable contraceptive, depot medroxyprogesterone acetate, copper intrauterine device (Cu-IUD), tubal ligation, vasectomy, condoms, and diaphragm. In addition to these contraceptives, some states and municipalities provide etonogestrel (ENG) implants for women with some medical conditions (e.g., adolescents, women with chronic diseases, and users of illicit drugs, among others) to include one more LARC in the contraceptive menu provided by the NHS. Ribeirão Preto is a mid-sized city, located in Sao Paulo State, that was the first place to include the ENG implant among the contraceptive options for women with some health conditions and particularities such as adolescents, HIV+, and previous thrombotic events. Its experience is used to guide the implementation of this LARC in other Brazilian cities and states.

Aims and Objective: This study aimed to assess the discontinuation rates of ENG implants in a LARC reference center which is responsible for training primary health care units and serves as a reference for complex cases from other primary health care units of the city.

Methods: This was a descriptive analysis of the discontinuation rates of women who inserted an ENG implant in a LARC reference center in Ribeirão Preto – Brazil, which is responsible for training other primary health care units and serves as a reference for complex cases from other primary health care units of the city. We analyzed medical records of patients who chose an ENG implant as a contraceptive method and had it inserted in this LARC reference center. Before the implant insertion, all patients receive comprehensive contraceptive counseling about all available methods. Also, they are advised to return whenever they need for adverse effect management or implant removal. We presented the results using descriptive statistics.

Results: From January 2018 to January 2023, 452 patients had an ENG implant insertion upon their request in a LARC reference center in Ribeirão Preto, Brazil. Among 452 patients, only 8 (1.7%) removed the ENG implant, being 3 (0.6%) for unfavorable bleeding, and 5 (1.1%) for pregnancy desire. Among the 452 insertions, X (21.2%) involved the exchange of an expired implant for a new one.

Conclusion: The findings underscore the low discontinuation rates of ENG implants among women who inserted this method in a LARC reference center in Brazil. Considering the lack of institutional barriers for ENG implant removal, this outcome may reflect high patient' satisfaction with this contraceptive method. The patient-centered counseling provided in this LARC reference center needs to be assessed to analyze its contribution to the high performance of this health facility

PP11

Exploring attitudes toward healthcare providers and IUDs in "#iudinsertion" TikTok videos

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Abstract

Background: TikTok's popularity among adolescents and young adults makes it a powerful conduit for sharing health information and healthcare-related experiences online, including those related to contraception.

Aims and Objectives: This study examines the portrayal of intrauterine device (IUD) insertion and patient experiences on TikTok.

Method: The top 200 most viewed videos categorized under "#iudinsertion" on TikTok were systematically reviewed among four independent reviewers for content creator demographics, video attributes, and video content. The latter includes themes of pain, pain control, opinions about the medical community, decisions surrounding contraceptive use, and procedural teach-back. Videos were categorized by whether they showed positive, neutral, or negative attitudes toward the medical community (AMC) and toward IUDs (AIUD). Statistical analysis was done using a Chi-square test.

Results: AMC were positive in 10.5%, neutral in 63.5%, and negative in 26.0% of "#iudinsertion" videos. AIUD were positive in 16.0%, neutral in 75.5%, and negative in 8.5% of videos. Videos mentioning experience of procedure-related pain (50.0%) were more likely to project negative AMC compared to those that did not mention pain (43.0% vs. 9.0%, $\chi 2$, $p< 0.001$). Videos reporting provision of pain control pre- or post-procedure associated with positive AMC (18.9% vs. 2.9%, $\chi 2$, $p< 0.001$) and positive AIUD (23.2% vs. 9.5%, $\chi 2$, $p=0.009$) relative to those that did not. Additionally, 31.2% of videos expressed desire for "anesthesia" during IUD insertion, which was associated with elevated incidence of negative AMC (46.3% vs. 19.3%, $p<0.001$). Overall, positive AMC associated with positive AIUD relative to neutral or negative AMC (61.9% vs. 10.6%, $\chi 2$, $p< 0.001$), while negative AMC associated with negative AIUD relative to neutral or positive AMC (15.4% vs. 6.1%, $\chi 2$, $p=0.039$).

Conclusions: Pain experiences play a significant role in shaping attitudes toward both providers and IUDs in online discourse about IUD insertion. Positive attitudes toward the medical community are strongly associated with positive attitudes toward IUDs in TikTok videos. Reproductive healthcare providers can use these online perspectives to better address patient concerns, build trust for IUD insertions, and improve patient-centered care, particularly with regard to procedural pain.

PP12

The use of cannabidiol for treating premenstrual dysphoric disorder (PMDD): is it the solution?

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Abstract

Background: Premenstrual Dysphoric Disorder, it is known by "PMDD" abbreviation, it is a disorder related to symptoms during the premenstrual phase, which is a subtype of Premenstrual Syndrome proper. Its occurrence is before the menstrual period, usually ranging from one to two weeks. This subtype has a prevalence of 3-8% in the global female population, with its symptoms predominantly psychological. In the search for new approaches to this pathology, Cannabidiol (CBD) is a substance that presents various functions that can assist in addressing this specific disorder.

Aims And Objective: The main objective is to analyze and report the Cannabidiol effectiveness for patients with PMDD, describing its benefits and promoting an appropriate, evidence-based view of CBD use.

Method: A literature review was conducted on the Pubmed/MEDLINE database, using the descriptors: premenstrual dysphoric disorders AND medical cannabis, resulting in the identification of three studies. Due to the relevance of the found works, all three were utilized.

Results: Various endocannabinoid receptors, known as CB1 and CB2, are presented in the human body. The CB1 receptor is prevalent in the hypothalamus and amygdala, aiding in the regulation of appetite, emotional processing and memory. Meanwhile, CB2 receptors are associated with the immune and peripheral nervous systems, assisting in inflammation, pain, and overall disease. In the analyzed articles, the use of CBD in patients with PMDD has shown promising results, improving their quality of life. This efficacy stems from mechanisms that reduce symptoms such as pain, irritability, anxiety and insomnia associated with premenstrual symptoms. The active compounds in cannabis, especially THC (tetrahydrocannabinol) and CBD (cannabidiol), possess analgesic, anti-inflammatory and relaxing properties, contributing to symptom relief and an enhanced quality of life for patients. However it is essential to note that results may vary from person to person and the medical community does not universally accept the effectiveness of cannabis in PMDD. Some users report that CBD treatment can help reliede symptoms associated with PMDD such as pain, irritability, anxiety and insomnia.

Conclusions: In conclusion, Cannabidiol is a significant ally in reducing symptoms and improving the quality of life for patients with PMDD. Its use should be tailored individually for each patient. However, it is crucial to approach the use of Cannabidiol with caution. Despite it is varying healthy impact and potential contribution to various undesired side effects, the results obtained from the analysis of the articles suggest that Cannabidiol is predominantly beneficial.

E-Poster

Abortion - all aspects

P01

Examining abortion access in Spain beyond 22 weeks

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Abstract

Background: Access to abortion in Spain is restricted beyond 22 weeks of pregnancy, contingent upon approval from a regional clinical committee to certify extremely severe abnormalities or those incompatible with life. In Spain, 304 women have undergone abortion beyond the 22nd week, constituting 0.31% of the total number of women undergoing abortion. However, official data regarding women who seek abortion, face denial, or those who had to travel abroad to undergo abortions are not available. Additionally, the officially sanctioned or rejected diagnoses are not publicly known. The organization, L'Associació de Drets Sexuals i Reproductius, has assisted and documented 62 cases of women seeking abortion beyond the 22nd week from 2021.

Aims and Objective: The purpose of this study is to gain a deeper understanding of the reality faced by women seeking to terminate pregnancy in Spain beyond the 22nd week of gestation. This aims to acquire a clearer picture of this situation, enabling an examination of accepted and rejected diagnoses in Spain, as well as disparities in criteria across different regions.

Method: Descriptive analysis was conducted on data collected from 62 cases reported to l'Associació between January 2021 and December 2023, involving women with pregnancies exceeding 22 weeks. Data collection occurred through telephonic accompaniment. Medical diagnoses were derived from the medical reports provided by the users.

Results: Of the 62 women tracked, 7 were lost to follow-up, and the resolution is unknown. Thirteen continued the pregnancy, 15 terminated it locally, 5 in a different region within Spain, and 20 went abroad (15 to Belgium, 3 to the USA, and 2 to England) for abortion.

Fifty-one cases presented with a diagnosis of severe fetal anomaly (82.2%). The mean age of the women was 33 years, with 14 and 44 as the lower and upper extremes, respectively. The average gestational age was 27 weeks, ranging from 22 to 37 weeks.

Regarding diagnoses, the most prevalent were chromosomal anomalies (17 cases), skeletal dysplasias (8 cases), IUGR (3 cases), and a variety of other congenital disorders. In 70% of cases, women reported a breach of their right to information regarding committee access and diagnostic clarity.

Conclusion: In certain diagnoses, regional clinical committees uniformly reject the possibility of abortion, such as in cases of trisomy 21 or achondroplasia; however, in other instances, there is variability in the criteria applied. A unquantified number of women in Spain find themselves compelled to seek abortion abroad, searching for a legal framework that allows for it. Currently, there is a lack of official data available to evaluate and analyze the impact of the law on cases beyond 22 weeks

P02

Contragestion: end of contraception/abortion binary model.

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Abstract

The word contragestion appears in scientific literature in the 1980th and marks a semantic shift following the discovery of mifepristone's antiprogestin activity.

This work aims to evolve the representation of fertility control towards one more accurate and consistent with anatomical, physiological, and prognostic data, including 3 main distinct stages of birth control: contraception, contragestion and abortion.

For this purpose, we carried out a literature review on PubMed since 1985, using the keyword contragestion, abortion, miscarriage. We found 46 relevant articles about contragestion.

In 1988, Ian Roberts describes 4 stages in female birth control: contraception, contranidation, contragestion and abortion.

According to the literature, the term contragestion refers to the termination of pregnancy after fertilization and in the early stages following implantation. According to mainstream media without scientific contestation, "fetal development begins from the ninth week after fertilization (or eleventh week gestational age)."

On a biological level, the word abortion is defined as the expulsion of a non-viable fetus. So, can we scientifically speak of abortion, when a woman is seeking for help to terminate her pregnancy at an early stage, when the fetus has not yet formed?

We also know that any early pregnancy can be terminated spontaneously, and that the decision to voluntarily stop pregnancy is often taken before knowing the prognosis of this pregnancy. Is it fair to speak of abortion when one or two weeks later the pregnancy may turn into a miscarriage? Here, the term contragestion enables the temporality of the pregnancy to be considered. Why put the mental burden of abortion on a woman, if it won't be an abortion, by waiting another week or two?

We need to use accurate terms to refer to birth control. For a woman, it is not the same experience to swallow a pill when the pregnancy begins and is still at risk of spontaneous physiological termination, as it is to go to operating room to terminate a 16-week pregnancy. Care is different, risks are different too.

There is an unconscious access to the meaning of words, here "abortion", which triggers emotion and shuts out anatomical evidence. Contragestion and abortion are two different words for two different situations. We must remain scientific beyond beliefs and emotion, if fetus is not constituted, the word abortion is not right. Female reproductive health deserves better than binarity.

P03

Termination of Early Pregnancy in Ireland: review of the first four years of inpatient service at a tertiary maternity unit

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Abstract

Background: In 2018, following a public referendum, a landmark change to the constitution legalised the expansion of termination of pregnancy services in Ireland. Under Section 12 of this act, termination is permitted without restriction until 12+0 weeks' gestation. The termination service utilises an integrated model of care whereby terminations up until 9+6 weeks' gestation are carried out in primary care and those between 10+0 and 12+0 weeks' are referred to secondary care.

Aims and Objectives: This study aims to provide an overview of hospital-based termination provision under section 12. Our objective is to eliminate obstacles for both patients and providers within the current service framework to enhance person-centred termination care.

Design and Methods: A retrospective review was conducted of all inpatient medical terminations under Section 12 between January 1st 2019 to December 31st 2022 in a single tertiary maternity hospital in Ireland. Pregnant persons were referred to secondary care if the criteria for a community termination was not met or in the context of an ongoing pregnancy post a failed community early medical termination. Eligible cases were identified from the local termination registry. Relevant anonymised data was transcribed from electronic healthcare records to a secure excel database. Descriptive statistical analysis was conducted.

Results

The final cohort consisted of 149 pregnant persons with a mean age of 28.3 +/- 7.5, with 51.0% nulliparous at the time of termination. Gestational age (> 9+0 weeks') was the primary indication for hospital-based termination (81.2%), with more than 44% of the cohort greater than 11+0 weeks'. Misoprostol was administered within the recommended 24-48h of mifepristone in 75.2% of cases and an appropriate loading dose of misoprostol given in 95.9% of cases. Surgical intervention for ongoing pregnancies/incomplete medical terminations occurred in 10.7% of cases, and 4.2% of the cohort had a haemorrhage with blood loss greater than 500ml, with no other major/significant complications reported.

Conclusion: This is the first reported review of the efficacy and complication rates of the newly established Irish pregnancy termination service. Findings highlight the importance of timely access to care given the strict gestational cut off in the legislation. Variations in current practice, specifically on timing of medication administration were also shown. Internationally, the Irish service is unique as 90% of terminations are community based, therefore, this study provides a unique insight into an integrated model of termination care.

P04

Refining screening assessments for no-test-medical abortion: a mixed methods pre-post service evaluation at the British Pregnancy Advisory Service

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Abstract

Background: In no-test-medical-abortion (NTMA), pre-treatment ultrasound scan is indicated if gestation by last menstrual period cannot be reliably estimated, or if there are signs or risk factors for ectopic pregnancy. There is no internationally endorsed set of screening questions for determining ultrasound indication, nor model stipulating by whom, how or when questions are delivered.

Since April 2020, British Pregnancy Advisory Service (BPAS) has offered NTMA up to 10 weeks' gestation. Over time NTMA screening has been refined. Initially administered by clinicians during teleconsultation, in June 2022 the model changed so that screening occurred at booking, either by non-clinical advisors over telephone, or from patients' self-reported answers provided online. This model facilitated scan prior to consultation, which was seen to have several benefits, including reducing waiting times. However, removing a clinician from screening resulted in a significant increase in the proportion of indicated scans. With the aim of reducing need for scan without impacting clinical safety, following a consultation period with patients, staff and expert researchers, changes were made to the number and wording of BPAS screening questions in May 2023.

Aims and Objective(s): We conducted a service evaluation to assess the operational and clinical safety impact of changes made to NTMA screening questions, as well as staff and patient perspectives on new questions' clarity.

Design & Methods: The mixed methods evaluation included cross-sectional analysis of routinely collected data comparing three time periods when different screening models were in use at BPAS: period 1 (clinician assessment; 05/2021–01/2022); period 2 (non-clinician assessment/self-reporting online pre-question-changes; 08/2022-04/2023); and period 3 (non-clinician assessment/self-reporting online post-question-changes; 06-08/2023). We compared proportions of pre-treatment scans amongst patients provided an abortion < 10 weeks', and of ectopic pregnancy identified post-abortion, amongst NTMAs.

We conducted focus groups with staff (n=12) and interviews with patients who had a medical abortion < 10 weeks' with pre-treatment scan (n=5).

Results: Over the three periods, 145, 682 patients had an abortion <10 weeks gestation at BPAS.

In period 3, following changes to screening questions, 45.7% (8,431/19,440) had a scan, vs 53.4% (35,643/69,741) in period 2 ($p<0.05$). In period 1, when clinicians conducted screening, 36.1% (19,771/56,501) has a scan ($p<0.05$).

In period 2, patients screened by non-clinicians or online self-reporting were twice as likely than those screened by clinicians to be scanned pre-treatment (OR: 2.03 (95% CI: 1.98-2.08), $p<0.01$). In period 3, this reduced to 1.48 times as likely (95% CI OR: 1.44-1.54, $p<0.01$).

Comparing between periods, there was no difference in proportion of ectopic pregnancies identified post-abortion (period 1: 23/54740, 0.07%; period 2: 30/66704, 0.10%; period 3: 10/18462,0.10%; p=0.329)

Staff focus groups and patient interviews suggested question changes improved clarity and comprehensibility, but further refinements may better support accurate self-reporting.

Conclusions: Comparing 3 different models of scan assessment used at BPAS, fewest scans were needed when clinicians performed screening. Staff and patients felt question refinements had some-what improved assessment. Prevalence of confirmed ectopic pregnancy identified post-NTMA was similar between non-clinician and clinician models.

Conflict details**:** Conflict of interests: All authors are employed by BPAS. Patricia Lohr has received ESC funding for BPAS research projects, however not for this evaluation.

P05

How can optimal first trimester medical abortion care be provided in the rural primary care setting, and what does the sector require to do this?

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Abstract

Background**:** Aotearoa New Zealand achieved abortion law reform in 2020 allowing abortion to be provided by a range of health practitioners in a range of settings including primary care. However, almost four years on abortion continues to be provided by abortion clinics or secondary services. Barriers remain in Aotearoa New Zealand for provision of optimal abortion care particularly for indigenous Māori, and for rural people. While abortion is publicly funded resourcing does not extend to primary care services. This study is in the implementation stage.

Aim**:** to assess the feasibility and acceptability of a novel medical abortion service in a rural primary care setting in Aotearoa New Zealand provided autonomously by a nurse.

Objectives**:** To describe the process for how such a pilot service was developed so this knowledge can be utilised by other primary care practices, and to describe the acceptability of the experience for people accessing this new service.

Design**:** The UK Medical Research Council's framework for developing and evaluating complex interventions in conjunction with Theory of Change.

Methodology**:** Qualitative case study

Methods: Participants include; a nurse (abortion provider) in a rural primary practice who has developed a medical abortion service; up to 10 patient participants requesting an abortion; and associated support staff. Participants are asked to complete an electronic survey about their role, experience and demographics and to participate in an interview using Zoom. Data analysis includes descriptive statistics of the survey data, and reflexive thematic analysis of interview data.

Results**:** Initial results suggest that patients having a medical abortion may appreciate in-person consultations instead of telemedicine. Participants find the process uncomplicated and feel supported throughout. The nurse participant reports no significant difficulties setting up the service.

Conclusion**:** Initial results support rural primary care provision of medical abortion as a convenient and acceptable option for rural people. Nurses working autonomously have potential to increase access to medical abortion in primary care and improve reproductive health outcomes. However, funding needs to be expanded to primary care to make this a reality.

P06

Second Trimester Medical Termination of Pregnancy (MTOP) in Women with Previous Uterine Scar: A Tertiary Centre Experience

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Abstract

Background: Mifepristone followed by misoprostol use is safe and effective to terminate a pregnancy in the second trimester. However, there is lack of evidence with few studies reporting the outcomes of its use in women with previous uterine scar. These studies used many different protocols and drug regimens and they showed mixed results.

Aims and Objectives: To assess the risks and outcomes of second trimester MTOP in women with previous uterine scar, comparing the outcomes of women who had one previous uterine scar with those who had two or more previous uterine scars, using the recommended regimen of mifepristone, followed by a reduced dose of misoprostol.

Method: This is a retrospective cohort study conducted in a tertiary centre. Medical records of women who had previous uterine scar and underwent MTOP between 14 and 24 weeks gestation from September 2020 to October 2022 were reviewed. Outcome data of women who had one previous uterine scar were compared with women who had two or more previous uterine scars. Oral mifepristone 200mg was given to all, followed by vaginal misoprostol 200mcg every four hours until abortion, 24-48 hours after mifepristone.

Results: Of the 92 women with scarred uterus, 64 had one previous uterine scar (Group 1) and 28 had two or more previous uterine scars (Group 2). Demographic data including age, body mass index (BMI), race, marital status, gestational age of pregnancy, reason for TOP and serum haemoglobin (Hb) level were not significantly different.

Median induction-abortion interval was 543 min (range 88-1824 min) for Group 1 and 439 min (range 232-1181 min) for Group 2 (p=0.083). There were no statistically significant differences in the complete abortion rates between the two Groups; 48/64 (75%) in Group 1 versus 17/28 (61%) in Group 2.

There were significantly more women from Group 2 as compared to Group 1 who needed surgical intervention for removal of retained products of conception (36% versus 16%; odds ratio=3.0; 95% CI: 1.1-8.4; p=0.036). This included one woman in Group 2 who needed a hysterotomy procedure for uterine scar rupture. There were no statistically significant differences in women who needed blood transfusion or reattendance to hospital in both groups.

Conclusions: Usage of MTOP regimen with reduced dose of misoprostol is effective and safe in women with previous uterine scar. However, our study showed that the increasing number of uterine scars increases the need of surgical intervention during second trimester MTOP. This targeted data is important for clinicians when counselling women with previous uterine scar for second trimester MTOP.

P07

Introduction of Dilatation and Evacuation under General Anaesthesia up to 17 +6 weeks in a Community Hospital under National Health Service in South West England -- challenges and solutions behind the success story.

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Abstract

Background: Gloucestershire Health and Care NHS Foundation Trust (GHC) has been delivering the Pregnancy Advisory (Abortion) service for past twenty years. The service is run by Community Trust, based at the Community Sexual Health clinic, which is located within Gloucester Royal Hospital premises. Early Medical Abortions and surgical terminations of pregnancy (STOP) under local anaesthetic, are undertaken at community Clinic and until March 2020 the service regularly utilised Acute Trust theatres for STOP under General Anaesthetic (GA) at Gloucester Royal Hospital. In March 2020, during the Covid pandemic the Acute Trust wrote to GHC indicating that their theatres will not be available for STOP, due to urgent operational reasons. The need to provide patients choice of procedure and access to all types of procedures within county, was recognised. In this background STOP under GA upto 17+6 weeks was started in the Community Theatres, not known in any other NHS Trust.

Aims and Objectives: In GHC there are around 2300 referrals per year. The patients' age range varies from teenagers to mid-forties, there are patients with vulnerabilities like mental health disorders, safeguarding issues, complex medical problems. The staffs always ensure that the patients receive a seamless service in a timely way without having to travel outside the county and patients receive individualised care.

Method:

1. A standard operating procedure for surgical termination under GA upto 17+6 weeks in Community Theatre was written.

2. Liaison was made with the acute trust hospital theatre team for referrals in complicated cases.

3. The inclusion and exclusion criteria were written after discussion in a multidisciplinary meeting involving gynaecologists, anaesthetists, fellow SRH colleagues and theatre team members.

Results: More than 450 patients have been operated on in the community theatre since January 2022.

Less than 1% needed referral to the acute trust following operation for further management.

There have been some challenging cases- like non English speaking patients with communication issues, patient with an ongoing STI, patients with serious mental health issues, addiction problem or serious safeguarding issue, staff not familiar with the technique and with conscientious objection.

Professional psychological counselling was arranged for staffs who needed it.

The SOP (Standard operating Procedure) was amended where necessary.

Conclusion: Innovative measures were undertaken to provide a high quality and a safe service in the community theatre under National Health Service.

P08

Abortion among Portuguese women: observational study

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Abstract

Background**:** Making health for all a reality and moving towards the progressive realization of human rights, requires that all individuals have access to quality health care, including comprehensive abortion care services and access to contraception. In Portugal contraception methods are accessible on the NHS and free of charge including for those women who request for abortion.

Aims and Objectives**:** Analysis of sociodemographic characteristics and contraceptive practices of women requesting abortion between 2018 and 2022: comparison between those that are doing it for the first time and those that had already an abortion beforehand.

Method**:** A retrospective, descriptive and comparative study was done between the women who had an abortion on last year (G1), those who had already done an abortion more than 1 year ago (G2); and those with no previous abortion (G3). Statistical associations analyzed with SPSS® with the p-value <0.01 as statistically significant.

Results**:** 2179 women were included: 87 (4%) in G1, 200 (9,2%) in G2 and 1892 (86,8%) in G3.

The average age was 27±6,9 years in G1, 31±6,5 in G2 and 29±7,6 in G3, with a statistically significant difference between G1 and G2 (p<0.001). The average parity was also lower in G1 than G2 (0.6 vs. 1.1; p=0.003).

The majority were Portuguese (75% G1; 82% G2; 80% G3); single (77% G1; 71% G2; 62% G3); users of contraception (71%; 70%; 65%, respectively), mostly are pill user´s (35%; 42%; 30%, respectively), and had not had a family planning (FP) appointment in the last year (71% G1; 63% G2; 58% G3), although without statistical significance between the groups for these variables.

After abortion, 24% of women in G1, 28% in G2 and 22% in G3 chose intrauterine contraception; 23% in G1, 11% in G2 and 12% in G3 chose implant; and 16% in G1 chose oral/injectable hormonal method compared to 32% in G2 and 43% in G3 (p<0.001). Finally, 26% in G1 chose no method, compared to 15% in G2 and 10% in G3.

Conclusions**:** Younger age and lower parity women sought repeated abortion in a short period, but after counseling accepted Long-Acting Reversible Contraception (LARC) more often. It could suggest a tendency towards less effective methods after an initial induced abortion.

Providing access to highly effective contraception, with immediate insertion of LARC, can prevent repeated unplanned pregnancies. This approach focuses not only on women in the early stages of reproductive life but also on multiparous women who require active postnatal follow-up.

P09

Contraceptive choices after abortion

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Abstract

Background**:** Worldwide, 1 in 4 pregnancies ends in abortion, with induced abortion being the primary reason. In Portugal, the decriminalization up to 10 weeks in 2007 also provided an opportunity for contraceptive counseling. The number of abortions by a woman's choice is a significant public health indicator and reflects the use and access to contraception. Literacy and access to reproductive healthcare have contributed to reducing the number of induced abortions from 2008 to 2021.

Aims and Objectives**:** Comparative analysis of contraceptive choices before and after induced abortion;

Evaluate the relationship between the type of contraceptive method used and the number of induced abortions performed.

Method**:** Retrospective study based on the database of patients who underwent induced abortions at the hospital between January 2021 and December 2022 (n=1025). Descriptive and inferential statistical analysis ($p<0.01$) conducted using SPSS.

Results**:** The median age of the patients was 28 years, with a range of 35 years. The majority had an education level beyond mandatory schooling and 68% of the women were using contraception, with oral contraception being the most common (30.5%), followed by condoms (25.2%). 65.5% of the patients did not have a Family Planning consultation in the last year and 14.2% had undergone a previous induced abortion.

After the induced abortion and contraceptive counseling, 74.4% changed their contraceptive method, with oral contraception remaining the most chosen method (37.9%) and intrauterine contraception increasing from 1% to 21%.

There was no statistically significant relationship between the type of contraceptive method chosen post-induced abortion and the number of previous induced abortions.

Conclusions**:** Most women did not have Family Planning consultations, nor were they users of highly effective contraceptive methods. However, after counseling during the induced abortion, they chose to initiate or change their contraceptive method, with a tendency to opt for more effective methods.

P010

The reality of abortion nine years apart

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Abstract

Background **:** Today, almost all European countries allow abortion on request. In Portugal, abortion is legal by women request until 10 weeks. As abortion rates increased across Europe in 2022, it is crucial to understand the social and reproductive characteristics of women requesting abortion in order to optimize the access and effectiveness of Family Planning.

Aims and Objectives : To describe the sociodemographic and reproductive characteristics of women requested for abortion nine years apart.

Methods : This cross-sectional study included patients who had an abortion in 2013 (Group 1 - G1) and 2022 (Group 2 - G2) in a tertiary Portuguese hospital. Sociodemographic and reproductive characteristics were compared across the study groups. SPSS® v27 was used for statistical analysis.

Results**:** A total of 930 women were included: 287 (31%) had abortion in 2013 (G1) and 643 (69%) in 2022 (G2). Mean age in G1 was 30 years [15-45] and 29 years [15-47] in G2. In both groups, the majority of women were Portuguese, single and lived alone, even though the proportion of immigrants increased from 11,8% in 2013 to 21,8% in 2022 ($p<0,001$). In the year previous to abortion, only 5% of the women in G1 had birth and/or abortion, in contrast to 62% of G2 women ($p<0,001$); during the same period of time, 61% of G1 women had a family planning appointment *versus* 25% of G2 women ($p<0,001$).

Regarding contraceptive method in use before abortion, among the 88% G1 contraception users, only 3 women used LARC and 42% used oral contraception, whereas among the 71% G2 contraception users, only 11 women used LARC and 31% used the pill. The main reason for unintended pregnancy occurrence was irregular use (38%) in G1 and failure of the contraception method (43%) in G2, ($p<0,001$).

At time of abortion, mean gestational age was 49 days [33-76] in G1 and 50 days [14-70] in G2 ($p=0,184$). Medical abortion was performed in almost all cases and failure rates were below 2% in both groups.

The choice of contraception after abortion was: oral or injectable methods (G1: 35%; G2: 39%) intrauterine device (G1: 32%; G2: 21%), implant (G1: 15% ; G2: 12%).

Conclusions: The declining access to Family Planning counselling and nonuse of effective methods of contraception increased in the last years, especially among immigrants.

P011

Improving safety for rural and remote medication abortion (MA) provision: A systematic review of the incidence and timing of transfusion after first trimester MA

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Abstract

Background: Countries with highly remote populations face rural-urban abortion access inequities. Potentially local rural-remote provision of medication abortion (MA) could improve equitable access. Most current guidelines restrict MA to those with immediate access to emergency services such as transfusion and gynecologic surgery. Although rarely required after MA, the need for transfusion may be driving recommendations. Most reviews cite a transfusion incidence after first trimester MA of 1/1000, generally from the original studies using mifepristone 600mg. Modern protocols may carry different risk levels, and risk factors and timing of transfusions post MA are unknown.

Aims and Objectives: We aimed to evaluate the incidence, risk factors, and prodromal signs following mifepristone/misoprostol induced legal first trimester MA in high-income countries of blood transfusion.

Methods: We conducted a systematic review of original clinical studies reporting transfusion after legal first trimester MA in a high-income country following PRISMA guidelines. We searched Medline, Embase, Web of Science and Google Scholar systematically, including citation searching. Studies of all languages and of any year were included. We conducted our search on April 7, 2023, and our protocol is registered on PROSPERO (CRD42023434904). Two authors independently completed title/abstract and full-text screening, and any conflicts were discussed and resolved by a third author. We extracted data on the incidence of transfusion, risk factors, interim clinical signs/symptoms, and time post MA to transfusion. We conducted a meta-analysis for incidence of transfusion, with subgroup analysis of different misoprostol and mifepristone dosages, for gestation above or below 9 weeks, and for simultaneous mifepristone and misoprostol. We used generalized linear mixed model with maximum-likelihood estimator for tau2, Logit transformation and Clopper-Pearson confidence intervals.

Results: We imported 1319 references. After we removed 389 duplicates, we screened 950 studies and assessed 121 full texts. Fifty-eight studies were included. Incidence rate of transfusion following first trimester MA was 0.0018 (95% CI: 0.0013-0.0024) across all studies. Notably, ≤9 weeks of gestation had an incidence rate of 0.0014 (95% CI: 0.0011-0.0018), while weeks of gestation >9 weeks had an incidence rate of 0.0081 (95% CI: 0.0032-0.0200). Studies administering mifepristone 600mg reported transfusion rates of 0.0028 (95% CI: 0.0016-0.0047). Single dose administration of misoprostol (800mcg) studies informed an incidence of transfusion of 0.0017 (95% CI: 0.0009-0.0032), while offering additional misoprostol doses had an incidence of 0.0014 (95% CI: 0.0009-0.0023). Simultaneous mifepristone-

misoprostol administration had a transfusion incidence rate of 0.0014 (95% CI: 0.0002-0.0116). There was insufficient data in the literature to characterize risk factors, prodromal signs or symptoms, or timing associated with the need for transfusion.

Conclusions: First trimester MA carries a very low risk of transfusion. The lowest risk is with gestation ≤9 weeks and protocols offering additional doses of misoprostol. Risk factors, prodromal signs and timing of transfusion after first trimester MA are currently unknown. To support provision of safe first trimester MA particularly among people living far from emergency services, there is an urgent need to investigate the timing of prodromal signs, degree of emergency, and risk factors for post MA transfusion.

P012

Abortion and Contraception in Sweden during the COVID-19 Pandemic: A Resilient Healthcare System during Crises, Still with Challenges to Be Conquered

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Abstract

Background: The Covid-19 pandemic has impacted sexual and reproductive health and rights (SRHR) of women globally, but has rarely been investigated in high income countries.

Aim: To investigate experiences of induced abortion and access to contraception in Sweden during the COVID-19 pandemic.

Methods: Swedish-speaking women (n=623) seeking an induced abortion (≤12 weeks) at seven hospitals. The women filled out (voluntary) an anonymous paper questionnaire in 2021. Data was analysed with descriptive statistics, using SPSS.

Results: Access to contraception remained relatively unaffected due to Sweden's healthcare adaptation. However, at the time of conception, 15% reported using short acting reversible contraceptive (SARC), 2% long acting reversible contraceptive (LARC), and 43% had non-use (70% among adolescents) often due to misconceptions and negative side-effects. The COVID-19 pandemic had a minimal impact on abortion decisions but some raised concerns related to restrictions on partner participation at the maternity ward due to the pandemic, and worries about side-effects from COVID-19 vaccination. Still, 48% perceived the decision as difficult, and was associated with partner's hesitance (OR 3.18; CI:1.76–5.73), and being born outside the Nordic countries (OR 2.3; CI:1.28–3.87). About 26% had a history of ≥2 abortions, associated with parity ≥1 (OR 2.96; CI:1.63–5.39), low education level (OR2.40, CI:1.40–4.09), tobacco use (OR 2.50; CI:1.54–4.07) and exposure to violence over the last year (OR 2.37; CI:1.06–5.29). About 10% of women reported exposure to violence in the past year, with associated factors; being

single (OR 4.70; CI:2.51–8.77), poor physical and mental well-being prior to pregnancy (OR 3.29; CI:1.69–6.40), youth (OR 2.37; CI:1.24–4.52), history of ≥ 2 previous abortions (OR 2.27; CI:1.16–4.44).

Conclusion: The findings underscore the resilience of the Swedish healthcare system in maintaining access to contraception during the COVID-19 pandemic. However, they also highlight ongoing challenges, including the need for comprehensive sexual education to promote the use of LARC (Long-Acting Reversible Contraceptives) and the necessity of adapting services to support women facing complex abortion decisions, especially those exposed to violence and undergoing multiple abortion.

Conflict details**:** KG-D has received consulting fees and/or payment or honoraria from Bayer, MSD, Gedeon Richter, Mithra, Exeltis, MedinCell, Cirqle, Natural Cycles, Exelgyn, Campus Pharma and HRA-Pharma. KG-D has been involved in advisory boards of Gedeon Richter and Bayer. KG-D is a member of the FIGO council, a former member of STAG, and current Director of a collaborating center, WHO HRP/SRH, Geneva. KG-D is emeritus member of the ICCR, Population council, past president of the European Society for Contraception and Reproductive Health, and FIAPAC, and is an honorary Fellow of FSRH/RCOG (UK) honorary professor at HKU. IS-P has served occasionally on advisory boards or acted as an invited speaker at scientific meetings for Asarina Pharma, Bayer Health Care, Gedeon Richter, Peptonics, Shire/Takeda and Sandoz. The other authors have stated explicitly that there are no conflicts of interest in connection to this abstract.

P013

Quality testing of mifepristone and misoprostol in 11 countries

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Abstract

Background**:** Use of substandard and falsified medicines can have a severe impact on public health, and are especially prevalent in low- and middle-income countries (LMIC). Three out of ten pregnancies worldwide end in induced abortion, with medical methods playing an increasingly important role. Poor quality Medication Abortion (MA) drugs misoprostol and mifepristone, such as those with less active pharmaceutical ingredient (API) than needed, can result in failed or incomplete abortion, and may require further medical management. Numerous studies have demonstrated quality concerns with misoprostol. Mifepristone, however, has not been extensively assessed for product quality.

Objective**:** Between 2020-2022, Concept Foundation and the International Planned Parenthood Federation conducted a study to determine the quality of these medical abortion drugs in LMIC. The

objective of this study was to assess whether the quality of misoprostol has improved over the years and explore whether quality issues may also be present for mifepristone. This was undertaken through the sampling of products from 11 geographically diverse LMIC and testing against critical quality parameters. The findings from this study aim to identify key areas of MA drug quality that can be addressed by future interventions.

Methods**:** Collection of batch samples of misoprostol and mifepristone was carried out by trained sampling agents in selected low- and middle-income countries. For each sample, data on the product and collection site were collected. Single drug packs as well as co-packaged presentations containing both drugs (combipacks) were sampled. A World Health Organization prequalified laboratory conducted testing method verifications and subsequent sample analysis. For misoprostol, identification, assay, related substances, and content uniformity were tested in accordance with the World Health Organization's International Pharmacopoeia monograph. For mifepristone, identification, assay, related substances, and dissolution were tested using validated in-house methods and specifications supported by the test results of the innovator product.

Results**:** Samples tested were collected from Burkina Faso, Cambodia, Democratic Republic of Congo, India, Kyrgyzstan, Moldova, Nepal, Nigeria, Pakistan, Uganda and Vietnam. A total of 64 pooled batch samples were tested, consisting of 31 combipacks, 26 misoprostol-only products and 7 mifepristone-only products. Overall, 54.7% of samples were non-compliant with one or more of the specifications, representing 51.6% of combipack products, 57.1% of all misoprostol tablets analysed and 23.7% of all mifepristone tablets. One misoprostol-only product was found to be falsified.

Conclusions**:** This study confirms that a significant problem still exists in relation to the quality of medical abortion drugs in lower and middle-income countries for both misoprostol and mifepristone. Findings indicated that the quality issues were most likely originating from the manufacturing sites of the concerned products, highlighting the need for more stringent regulatory oversight in the countries of manufacture and within the marketed countries and for increased vigilance from organizations procuring and supplying the products. The authors provide examples of existing frameworks that can be utilized and discuss ongoing efforts to increase the procurement of quality-assured medicines, including emphasizing the need for harmonization of quality criteria amongst funders of reproductive health programmes.

Adolescent health

P014

How to debut: Experiences of ninth graders

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Abstract

Background: Sexual activity and knowledge are frequently surveyed in risk groups or high-school students. However, the link between the descriptive data and sexual performance variables are subject to recall bias and multitude of inputs with a longer time span since debut of any sexual activity. A narrower age range, population-based sampling and short time since sex debut enables more comprehensive data on characteristics with regard to sexual debutants.

Aims and Objective: To reveal newly sex-debutant's sexual practice with knowledge on reproductive physiology and abortion in an unselected population of adolescents. The study was performed in a non-intervention setting to minimize information bias.

Method: A cross-sectional questionnaire was electronically handed out in four years without prior notice to all 9th grade pupils in the Municipality of Tønder, Denmark, in 2020-2023.

Result: 132 of 718 (18%) had sex debut at the median age of 14 years. The median age was 15 when the questionnaire was answered. At sex debut, 30% were drunk and 8% felt a pressure to have intercourse; 65 % had used contraception while 15 % did not (want to) answer. 17% had only had one intercourse and 52 % of those with more than one intercourse had only had one partner. 61% said they used contraception at first intercourse, 93% used condoms, hereof 11% together with the pill. Similarly, 65% and 59% indicated they used contraception at every and the latest intercourse. 8% of the girls had been pregnant. 27% of debutants had performed sugar dating, more so boys (35%) than girls (17%). 24 of the 505 (4%) non-debutants had given sexual favors, too. These 24 consisted of 40 % (24 of 63) of all who performed sugar dating, challenging the notion of sexual debut.

Conclusion: Sex debut is characterized by a significant concomitant use of alcohol and social pressure in 9th grade pupils. A considerable number of girls had been pregnant, which is in line with the indicated absence of contraception at first and later intercourse. Sugar dating is unexpected prevalent among teenagers. The implication of the phenomena on behavior in adolescents is a relevant topic for sex education.

P015

Navigating abortion landscapes: a multinational comparative study of physician perspectives and patient barriers to care

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Abstract

Background: In June 2022, the Dobbs' Decision to overturn Roe v. Wade returned abortion policy decisions to state governments. As a result, abortion access across the US decreased, especially in politically conservative states like Texas, and the burden of care shifted to states like California where abortion rights are protected. As a parallel, prior to 2018, abortion was illegal in the Republic of Ireland, and Irish patients often traveled to the United Kingdom to have abortions. We look to Ireland and the UK as a point of comparison for our post-Dobbs' Decision society in which some people seeking abortion care in the US must now flow between regions of differing restrictions.

Aims/Objectives: The aim of this project is to elicit the perspectives and experiences of abortion-trained physicians in California, Texas, Ireland, and the UK. Moreso, we want to understand the effects of legislation on physicians' ability to provide patients with comprehensive reproductive care. Secondary aims include examining broad themes in barriers to abortion access and determining ways physicians have and should play a role in the legislative regulation of abortion.

Methods: Physicians trained in abortion care practicing in academic and community settings from various specialties (Family Medicine, Obstetrics & Gynecology, General Practice) in California, Texas, Ireland, and the UK were identified and invited to participate in structured interviews that began in August 2022. Of those identified, nineteen physicians voluntarily participated in interviews approximately one hour long relating to their abortion care training and practice, interviews were conducted until responses yield thematic saturation.

Results: Interviewees demonstrated similar response patterns on the transferability of abortion care to other aspects of comprehensive obstetric care and emphasized simplicity and safety of this procedure. They recounted varying degrees of social stigma and prominent patient stories that impact their practice and personal motivations. Across all geographical practices, physicians highlighted the importance of centering care on patients' needs. Depending on the practice, geographical location, and respective abortion regulations, there are differing steps and barriers patients and physicians must navigate in abortion care. The three most common barriers that physicians identified to patients' abortion care are the financial burden of the procedure, systemic challenges, and facility associated barriers.

Conclusions: Physician perspectives on abortion are often lacking in US national and media discourse. We highlight the necessity of considering perspectives of abortion-trained physicians to accurately determine the needs of patients and the barriers they face when seeking abortions. While these interviews demonstrate that abortion regulations cannot be generalized to encompass all patient circumstances, they confirm the importance of having physicians play a role in the legislative regulation of abortion. Insights gathered on abortion care from physicians in California, Texas, Ireland, and the UK can be applied widely to other states and countries where decisions surrounding abortion care have shifted out of the hands of clinicians and patients.

P016

Study of menarcheal age in a county in Romania

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Abstract

Objectives: Given the downward trend in age at menarche and its implications for the health and wellbeing of women, little is known about menarcheal age in Romania. The aim of this study is to determine the age of onset of menarche and the factors which induce it in Bacau county (Romania).

Methods: This study was conducted among 300 girls from Bacau county. The data was collected retrospectively in the form of a structured questionnaire that gathered information on the girls, including demography, anthropometry, menarcheal date, behavioral habits and physical activity. The data collected was analyzed using the Statistical Package for the Social Science (SPSS.16). Statistical significance was determined at $P<0.05$.

Results: The mean age at menarche was observed to be 13.28 years (ranging from 9.8 to 18). Mean menarcheal age for the rural and urban girls was 13.35 years and 13.21 years, respectively. The girls had their first menses approximately one year earlier than did their mothers. The study showed that menarche occurred during summer for 132 (45.2 %) patients making it the most common season for menarche.

Conclusions: Results of this study showed positive correlations between age of menarche and BMI, SES, level of physical activity and other factors.

Keywords: age at menarche, puberty, BMI, socio-economic status

P017

The knowledge about menstrual bleeding among youth aged 9 to 17 years and 11 months from Fabrica de Sonhos Association.

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Abstract

Background: Menstruation is still considered a taboo by many, leading to a lack of basic information.

Objectives: Evaluate the knowledge of students from the Fabrica de Sonhos Association regarding menstruation and the correct use of menstrual products such as absorbent panties, external and internal pads, and menstrual cups, whether disposable or not.

Methods: Descriptive cross-sectional observational study assessing the knowledge about menstrual products before and after an educational lecture conducted by medical students. The evaluation was done through a questionnaire based on the survey conducted by UNICEF and UNFPA via U-report. Inclusion criteria: Girls and boys between 9 and 17 years and 11 months old from the association with prior authorization from the legal guardian. Exclusion criterion: incomplete questionnaire and lack of authorization from the legal guardian.

Results: Among 41 participants, 19 girls and 22 boys. with 5 girls having menstruated. Ethnicities 39% mixed race, 34.1% white, and 26.8% black. Average age: 11.15 years, median 11.63 years, and mode 10 to 12 years. Preliminary analysis showed 10.5% of girls and 27.3% of boys had no knowledge of menstruation. Post-lecture, an increase of 20% in girls' knowledge and 8.4% in boys'. Regarding the

source of learning, 57.9% of girls from mothers, 5.26% from friends, and 0% from the internet, while among boys, 36.4% learned at school, 9.1% from friends, and 4.5% from the internet. When asked where and with whom they would like to learn or have learned more about menstruation, 84.2% of girls and 45.5% of boys expressed a preference for family. Regarding previous school approaches to the topic, 73.68% of girls and 54.5% of boys responded that the school had never addressed the subject. Knowledge of menstrual cts, 89.5% of girls and 63.2% of boys heard about external pads, 10.5% of girls and 13.6% of boys heard about menstrual cups. In terms of the impact of menstruation among girls who have already menstruated, 20% avoided places, and 80% felt embarrassed in school or other public places. Regarding access to products, 20% of girls who menstruate have access only to pads, and 80% have access to at least pads and water.

Conclusions: Data shows students lack of menstruation information in schools, but a simple lecture resulted in an increased understanding, emphasizing the need to overcome taboos and expand discussions.

P018

Possible association between adolescence with sexual assertiveness in female health students at a Colombian university

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Abstract

Background: Sexual assertiveness is a component of human sexuality, defined as the ability to initiate or reject sexual activity, to negotiate desired sexual behaviors and to use contraceptive methods. Studies are needed in the Latin American population that explore sexual assertiveness**.**

Objective: Identify if adolescence is a factor associated with sexual assertiveness in female university students**.**

Method: Cross-sectional study that is part of the DISEU project [Psychosocial Dynamics in University Students], approved by the ethics committee of the Universidad de Cartagena, Colombia. Female students of medicine, nursing, dentistry and pharmaceutical sciences at a Colombian public university participated in 2023 by filling out a questionnaire that included sociodemographic questions and the brief version of Sexual Assertiveness Scale [S.A.S], in Spanish and validated in the Colombian population. They participated with prior informed consent, without remuneration, anonymously, voluntarily and could withdraw at any time. S.A.S explores three domains [sexual assertiveness of initiation, sexual assertiveness of rejection, and sexual assertiveness of prevention of unwanted pregnancy and sexually transmitted infections] and performs a global evaluation [sexual assertiveness]. For this study, a score above the average was greater assertiveness and a lower score was low assertiveness, in both the domains and overall. The sample size was calculated considering all female students enrolled, stratified by levels and the four academic programs chosen at convenience. Bivariate logistic regression was performed among adolescence [<20 years] with the domains and the assessment of sexual assertiveness.

Results: 911 women participated, of which 603 (66.2%) reported having sexual activity, in whom the study was carried out. Age: 21.3±2.6 years, 21.5% adolescents. The 25.9% studied medicine; 19.6%, dentistry; 34.0%, nursing, and 20.5%, chemical sciences. The 76.6% used contraceptives and 4.1% had a sexually transmitted disease. The S.A.S score was 32.9±7.2. They had low sexual assertiveness at the beginning 22.1%, low sexual assertiveness of rejection 19.4%, low sexual assertiveness of prevention of unwanted pregnancy and sexually transmitted infections 30.3% and low sexual assertiveness 16.9%. Adolescence was associated with low sexual assertiveness at the beginning, OR: 1.56 [95%CI: 1.00-2.43], p=0.04; low rejection sexual assertiveness OR: 1.49 [95%CI: 0.93-2.36], p=0.09; low sexual assertiveness for prevention of unwanted pregnancy and sexually transmitted infections OR: 1.02 [95%CI: 0.98-1.07], p=0.24 and with low sexual assertiveness OR: 1.22 [95%CI: 0.74-2.01], p=0.42.

Conclusions: In a group of female university students, adolescence was associated with a 56% greater probability of low sexual assertiveness at the beginning. No significant association was observed between adolescence and the other measurements of sexual assertiveness.

P019

Individual, family and community factors associated with the use of modern contraceptive methods by brazilian school adolescents

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Abstract

Background: Teenage pregnancy can have several repercussions, whether biological, economic or social. To reduce the chances of pregnancy, the use of contraceptive methods (CM) is recommended. Few Brazilian studies with national estimates have analyzed the use of MC among young adolescents and the National School Health Survey (PeNSE) 2019 allows this analysis to be conducted more recently in the country.

Aims and Objective: To estimate the proportion of modern MC use among Brazilian school adolescents and the association of the use of these methods according to individual, family and community factors.

Design & Methods: Cross-sectional study, with 36,118 Brazilian school adolescents, aged 13 to 17, who self-responded to the National School Health Survey in 2019, and declared that they had started their sexual life. This is a representative sample of all school adolescents in the country. The proportion of modern MC use was estimated, and using negative binomial logistic regression, the unadjusted and adjusted relative risk (RR) of the factors determining the use of these contraceptives was estimated. methods. The research was approved by the National Research Ethics Commission.

Results: The proportion of modern MC use by Brazilian adolescents was 74%, 76.3% among boys and 71 .4% among girls. In the final model, with all adjustments, it was observed that individual factors such as being female (RR=0.96), having a history of domestic violence (RR=0. 95), sexual harassment (RR=0.92),

and sexual violence (RR=0.93) were inversely associated with the use of modern MC. The demand for health services in the last year (RR=1.07) was positively associated with the use of modern CM. The family factor of having high parental supervision (1.10) was also positively associated with the use of modern methods. Community factors such as living in the southern region of Brazil (1.08) and living in an urban area (0.93) were associated to the use of modern MC.

Conclusions: Our findings reveal important gender inequality in the use of modern MC among Brazilian adolescents, which reflects flaws in reproductive planning policies for this group. The place of residence influences the use of MC, which may reflect socioeconomic and infrastructure issues, such as access to health services, given the heterogeneity of these conditions across the country. It is necessary to strengthen and qualify sexual and reproductive health policies to guarantee the sexual and reproductive rights of adolescents, helping to achieve the goals established by the Sustainable Development Goals.

P020

Integrated sexual and reproductive health services to prevent STIs and HIV infection among adolescents and young people: Experience of mobile clinics in Senegal

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Abstract

Background: The sexual and reproductive health of adolescents and young people (A&Y) is compromised in Senegal due to a low level of knowledge among A&Y about HIV and sexually transmitted infections, poor knowledge of service delivery points and low use of A&Y sexual and reproductive health services (SRHR). Engaging in early sexuality, combined with harmful sexual and traditional practices, increases A&Y exposure to HIV and STI's. These practices expose adolescents and young girls in particular to unwanted pregnancies, with a risk of resorting to clandestine abortions and its obvious corollaries on maternal and mental health.

Aims and objectives: The action described aims to improve access for A&Y, and particularly young girls, to a range of quality and appropriate SRHR services and to prevent HIV and STI's.

Method: Aimed at A&Y between the ages of 10 and 24, the integrated SRHR services are provided through a mobile strategy. Services are free of charge, ranging from SRHR counselling to general consultations, including reproductive health consultations and complementary services.

Results: From January to December 2022, 226 clinical visits were carried out in the department of Mbour and the region of Sédhiou. 7,874 A&Y benefited from an offer of SRHR services, and were informed and oriented regarding their sexual and reproductive health, including 2,222 males and 5,652 females. 132 A&J were screened for HIV and informed of their serostatus. All were HIV-negative. 757 A&Y, including 103 boys and 654 girls, were diagnosed with at least one STI and received appropriate

treatment during consultations. 153 young women were screened for cervical cancer, including 1 young woman who presented suspicious lesions and was referred for appropriate treatment.

Conclusion: The implementation of integrated SRHR services as a mobile strategy is a gateway for access by A&Y to SRHR services, and more specifically to the prevention and management of STIs and HIV. Effective use of SRHR services is demonstrated during mobile clinic visits. Referral and referral to service delivery points (PPS) are facilitated by the involvement of relays, peer educators and healthcare providers, which ensures continuity of care. A&Y are able to identify the service delivery points (PPS) where they can be sure of having their needs met.

Contraception – all aspects

P021

Long-Acting Reversible Contraception for Vulnerable Women

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Abstract

Background: Contraception in Australia is very pill-centric. Many reasons for the greater uptake of the combined oral contraceptive include ease of obtaining, and taking, and it is often the less expensive option. Improving the understanding and overall uptake of LARC methods to a vulnerable cohort, included options relating to education, options for insertion—including timing— and out-of-pocket expenses.

Objective: To see if nurse providers of LARC methods increase the uptake for vulnerable women—in this instance—those living with HIV, those living with significant mental health issues, adolescent women, and young mothers.

Methods: For women attending the Barwon Reproductive and Sexual Health clinic, contraception was explored as part of routine sexual health screening. Samples of all contraception options were provided to visualise and hold. All options were provided on-site, including etonogestrel implant as same-day insertion, and timely provision for intra-uterine contraceptive devise insertion by a nurse provider. Contraception was provided free if the cost of the device was a barrier.

Results: The uptake of LARC methods increased across all cohorts of women attending.

Conclusion: Many women were hesitant to explore alternate options of contraception initially, as many came with preconceived negative ideas for anything other than the combined oral contraceptive pill. Giving all contraceptive choices, and open discussion on efficacy, risk, and associated—and potential—side effects, improved overall understanding and uptake of LARC methods.

P022

What is the impact of long-term usage of depot medroxyprogesterone acetate (DMPA) injectable contraceptives on the bone mineral density of patients with other associated risk factors for reduced bone mineral density?

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Abstract

Background: Progestogen only injectable contraceptive methods, intra-muscular or sub-cutaneous depo medroxyprogesterone acetate (DMPA)are long-acting reversible methods of contraception, providing contraception through inhibition of ovulation. These methods also thicken cervical mucus, reducing the ability of sperm penetration and alter the endometrium, resulting in a non-favourable environment for implantation.

Ovulatory suppression induced by DMPA can result in hypo-oestrogenic states due to a decrease in estrone and estradiol levels which can cause a loss of bone mineral density (BMD).

Aims and objectives: This study aimed to determine the long-term effect of DMPA on BMD in patients using this contraceptive method for greater than two years, who also had concurrent risk factors that could potentially reduce their BMD and to improve clinician's understanding and awareness of risk factors that could potentially concurrently reduce BMD alongside DMPA. A further objective was to co-ordinate with the local radiology teams to facilitate dual energy X-ray absorptiometry (DEXA) scans for these patients in order to streamline the referral pathway, as currently, a hypo-oestrogenic state is not an indication for a DEXA scan.

Method: The Faculty of Sexual and Reproductive Healthcare (FSRH) guidelines auditable standards on DMPA recommends that all patients using DMPA for greater than two years continuously should be reviewed by either a non-medical prescriber (NMP) or Doctor. These standards have been applied within a community sexual and reproductive health clinic based in Kings Lynn, Norfolk and since 2022 with the appointment of a Consultant within this service, those with additional risk factors for osteopenia/osteoporosis were referred for further review and discussion of this method. This has resulted in patients being referred for DEXA scans following Consultant request.

Risk factors:

>2 years continuous DMPA

Early age of initiation and continuation of DMPA

Smoking history

Anti-epileptic medications

Inflammatory bowel disease diagnosis

Chronic disease states requiring repeated corticosteroid courses

Proton-pump inhibitor (PPI) medications

Selective serotonin re-uptake inhibitors (SSRI)

Family History

Results: Initially, ten patients were reviewed. Two patients are still awaiting a DEXA scan request from their General Practitioner.

One patient, aged 41, a smoker taking PPI with a 10-year un-interrupted history of DMPA usage had a normal DEXA scan.

Five patients were diagnosed with osteopenia and two patients with osteoporosis following DEXA scans. All these patients had additional risk factors which could have reduced their BMD alongside DMPA usage.

Following a review of these patients' notes, a wider review of patients across the service has been initiated and the radiology team within Norfolk have been contacted to discuss DEXA scan indications and whether long-term DMPA usage alongside other risk factors could be added.

Conclusions : Long-term DMPA usage alongside other risk factors for reduced BMD presents an avoidable yet potential risk to patients' long-term health if left undiagnosed and untreated. DEXA scans in patients with additional risk factors are not currently recommended by FSRH or National osteoporosis guideline group however, in this albeit small number of patients, these scans have provided early diagnosis of this condition, hopefully resulting in improved outcomes through discussion of alternative contraceptive options.

P023

Cooper intra-uterine device and endometriosis: dangerous liaisons.

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Abstract

A 23-years-old woman comes for her first pregnancy of six weeks, which she wants to terminate with antiprogestin medication. Two months after the pregnancy termination, a cooper Intra-uterine device (IUD) is placed in this patient, endovaginal ultrasound is normal, the IUD is in good position. One year later, she is coming back for a check, she is asymptomatic. Clinical examination is normal, endovaginal ultrasound find a unilateral 5 cm long endometrioma. The patient asks whether the cooper IUD is involved in the endometrioma onset.

We aim to study the potential links between cooper IUD and the secondary onset of endometriosis, given the increased popularity of non-hormonal contraception.

The societal context is one of digitalization and the rise of virtual communities, quick to seize on scientific or non-scientific information and massively spread their version of reality. Endovaginal ultrasound in an asymptomatic patient is the paradigm of this observation.

We carried out a literature review on PubMed, the last five years, and on Google Scholar any date, with the keywords endometriosis and cooper IUD, iatrogenic endometriosis, and entered the same words on Google.

A single study of JP Carrascosa & Al reports cooper-induced alteration of genes expression involved in decidualization, including 19 genes linked to endometriosis. Cooper IUD can trigger heavier and frequent periods, knowing that heavier and frequent periods may be a risk factor of endometriosis. According to K. Lombardi on the Drugwatch website, endometriosis may be a side effect of Paragard IUD, a cooper IUD.

What could be the consequences of involving the cooper IUD in the onset of endometriosis?

The Dalkon Shield (DK) drama is not so far from us. The DK was on the market from 1971 to 1974. Its side-effects, namely infections due to its multifilament thread and septic abortions were denied by the manufacturer.

Now it is no longer about infections, but it is about the hypothesis of iatrogenic endometriosis, as cooper IUD use increases and health care providers are pushing it.

The link between cooper IUD and endometriosis must now be the focus of careful studies.

P024

The “scrolling sign”: a simple clinical sign to predict the easiness of removal of subdermal implants

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Abstract

Background: Implant removal in most cases is very easy (around 99% of cases) [1] and it lasts on average less than 2 minutes (120 seconds) [2]. However, in some cases, it can become very difficult and challenging, especially in the case of a deep implant position. For this reason, simple rules to predict the easiness of its removal are very important in the clinical pratice.

Aims and Objectives: The aim of this research was to validate a new clinical sign, called the “scrolling sign”, evaluated before the removal of a contraceptive implant. The sign has been compared with the

implant removal times, the difficulty reported by the operator and the pain caused to the woman during removal. All removals have been done with the same technique, with lidocaine 20 mg/ml 5 ml injection at the vertical incision site.

Method: Time to remove has been calculated on the registration of the removal by a video, from the start of the incision to the complete removal of the implant. The difficulty by the operator and the pain experienced by the woman has been evaluated by a 5 points scale (very easy-easy-medium difficult-difficult-very difficult) and a 1-10 VAS, respectively.

Results: The scrolling sign has been found in 58/68 (85.3%) women requiring an implant removal at a median time of 20 months (range 1-46 months) after placement. The sign has been found also in similar rate in obese women (22/28, 78.6%, p=0.19). The mean time of removal when the sign was present n=58 has been 46.2 (range 19-95) seconds. The difficulty reported by the operator was ”very easy” in 55/58 (94.8%) of the cases and easy in 3/58 (5.2%) of the cases, like ”pop a pimple”. The mean VAS for pain at removal reported by women was low, of 1.9/10.

Conclusions: This new described ”scrolling sign”, present in the majority of women requiring contraceptive implant removal, can predict to the clinician a removal that will be very short and easy, with a minimal woman’s discomfort: in the absence of this sign, sending women to services that are better equipped for the most difficult removals has to be considered.

1] Reed S et al, Contraception 2019;100(1):31-36

2] Rocca ML et al, Pharmaceuticals 2021;14(6):548

P025

Time to Conception in Women Discontinuing Contraceptive Methods to Attempt Pregnancy: the Fertility After Contraceptive Termination (FACT) Study

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Abstract

Background: Previous studies that have evaluated the impact of various contraceptive methods on future fertility report contradictory results. Few studies have included a large sample of long-acting reversible contraceptive method users when evaluating time to conception following contraception discontinuation.

Aims & Objective: The objective of this analysis was to assess time to conception in a group of women discontinuing their contraceptive method in an effort to conceive. We hypothesized that the

contraceptive implant and intrauterine devices (IUDs) would have the shortest median time to conception when compared to other methods of contraception.

Design & Methods: The Fertility After Contraceptive Termination (FACT) Study was a multicenter prospective observational cohort study that evaluated the median time to conception following discontinuation of a contraceptive method. Inclusion criteria for participants included: 1) ages 18 to 35 years, 2) desiring conception, 3) sexually active with a male partner, 4) ability to consent in English or Spanish, 5) willing to comply with study protocols and follow-up. Exclusion criteria included: 1) positive pregnancy test at baseline, 2) history of infertility, 3) depot medroxyprogesterone acetate (DMPA) use within 5 months prior to data collection. The primary outcome studied was median time to conception, defined as date of stopping contraception to date of conception. The date of conception was estimated using patient reported last menstrual period or ultrasound measurements of pregnancy. Median time to conception was presented within 95% confidence intervals with associated P values.

Results: Initial enrollment included 498 participants; 461 patients successfully met inclusion criteria and had follow-up data for at least six months. Of the 461, 345 (74.8%) patients reported successfully conceiving. The median times to conception are shown below (Table). The copper IUD had the shortest time to conception, while DPMA had the longest.

Contraceptive Method	**12-Month Fertility Rate**	**95% Confidence Interval**		**Median time to conception (months)**	**95% Confidence Interval**	
Copper IUD	76.1	64.6	87.6	2.9	1.3	5.8
Hormonal IUD	70.7	64.1	77.3	5.9	4.4	7.6
Implant	64.8	53.9	75.6	5.8	3.6	10.2
Pills, Patch, Ring	64.2	54.8	73.7	7.6	5.1	10.5
DMPA	31.4	0.0	67.6	16.2	4.0	21.6
Other	76.9	61.3	92.5	5.4	1.6	9.9

Conclusions: Times to conception varied considerably by contraceptive method with the shortest times for IUDs, implants, and other methods, and the longest delays with pills, patch, rings and DMPA. This information may be helpful to patients for reproductive planning.

Conflict details**:** Dr. Peipert received research support from Bayer, Merck, and CooperSurgical

P026

Continuation and replacement rates of long-acting reversible contraceptives (LARC): experience from an italian tertiary clinical hospital

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Abstract

Background

LARCs can be classified according to the route of administration (intrauterine, subcutaneous) and the presence/absence and dosage of the hormonal component.

Aims and objectives : Our aim was to observe the use in real-life of hormonal LARCs in women who referred to Outpatient Contraception Clinic of our hospital, assessing their actual rate of continuation and replacement over time/at expiration.

Methods: We included all patients who had inserted an LNG-IUS (high or low dose) or a subcutaneous ETN implant during the observation period (January 2016 to December 2020) and who had done at least 2 visits in our outpatient clinic; then we followed up them until April 2023. The objectives of the study was to evaluate the type of LARC used according to the characteristics of the patient and the determination of the rate of continuation and replacement of the method using Kaplan Meier curves.

Results: One-hundred eleven women were enrolled in the study. Women presented a mean age of 37.4 ± 8.0 years, 88 of them parous (79%) and 23 nulliparous (21%); 46 (41%) used LARC only for contraceptive purpose while for 65 of them (59%) LARC also had therapeutic purposes (adenomyosis, endometriosis, uterine fibroids). Among LARC, the most prescribed for its therapeutic effect was high dose LNG-IUS (LNG-IUS 52 mg), preferred for older women and for women with bigger uterus. Of the 38 women who removed the LARC at expiration (3 or 5 years), 20/38 (52.6%) placed another one, of these 75% the exact same type of LARC. Considering 3 years of follow-up (1095 days), which is the common use approval for all 3 systems, among the 3 LARCs (high or low dose LNG-IUS, implant) there is no statistically significant difference in the continuation rates. In only 12% of cases (13/111) the LARC was removed before the expiration due to side effects; a trend toward early removal of LARC was likewise demonstrated in the younger women of the sample (p-value=0.002). In general, in Kaplan Meier curves, greater continuation of LARCs was demonstrated in parous than in nulliparous women (p-value=0.003).

Conclusions: Continuation of LARC was found to be consistent, with more than half of the patients replacing the LARC device on expiration date, many times choosing the same LARC. However, we observed an overall continuation rate that was significantly higher in parous women.

P027

Difficulty of Removal of the Etonogestrel (ENG) Contraceptive Implant: Experience from a Contraceptive Reference Centre

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Abstract

Background: Contraceptive implants are highly effective and long-acting reversible contraceptives. The ENG-implant (Implanon NXT™) is a widely used single-rod implant that provides contraceptive protection for up to 3 years. Adequate training in insertion and removal techniques is crucial to minimize complications associated with implant use. While implant insertion is typically a safe outpatient procedure, modifications were made to the ENG implants to enhance visibility on X-rays and reduce insertion errors. In 2020, the manufacturer indicates a new insertion site upon the triceps to avoid potential wrong insertion which challenges removals. In situations of non-palpate implant, potential causes include incorrect insertion or non-insertion, the presence of significant subcutaneous fat, migration from the initial site, or the development of dense fibrous tissue, posing potential risks of injury to neurovascular structures.

Aim and Objectives**:** Our study aimed to evaluate difficulties in ENG-implant removal following the proposed new sites of placement.

Methods: Our cross-sectional study was conducted between June and November 2023 in the Department of Gynecology and Obstetrics, Faculty of Medical Sciences, University of Campinas, Brazil. The Family Planning Clinic is a tertiary care facility and a reference centre for contraception in Brazil. Women users of the ENG-implant, referred for implant removal, were included. Women with insertions prior to the new guide of insertion were excluded. Participants completed a questionnaire on socio-demographic background, obstetric history and reasons for removal. Three trained and experienced physicians provided implant removals, information on implant palpability, fibrosis, and depth. After removal, a visual analog scale (VAS) assessed the difficulty of removal (ranging from 0 [for no difficulty] to 10 [for maximum difficulty]). Providers reported success in removal and the need for additional procedures. Women rated post-removal pain on a VAS (1 [for no pain] to 10 [for maximum pain]).

Results: We included 138 women, aged mean±SD 28.8 ±7.6 years; duration of implant use was 30.4 ±19 months, parity was 1.6±1.4 and the body mass index (kg/m^2) was 28.8±7.6. The most common reason for removal was shelf-life expiration, followed by bothersome uterine bleeding. Most implants were palpable, with 24 (14.4%) presenting fibrosis, and 11 (8%) being deep-seated. In most cases, physicians reported a VAS score of difficult to remove of less than 3, with higher scores observed in cases of deep or non-palpable implants. Most women reported mild pain during removal, with an average VAS score of 3. In two cases, implant removal was not possible at the outpatient clinic. Ultrasound with a 2D linear transducer guided implant location and removal in one case, where the implant was located just above the muscular fascia but adhered to it with significant fibrosis.

Conclusion:Most implants were appropriately positioned according to the 2020 proposed changes, and most ENG-implants were easily removable in an outpatient setting. In cases of non-palpable or deep implants, referral to specialised centers is recommended. Imaging methods can be useful in these situations.

P028

Let's Celebrate the Benefits of Family Planning to our Environment.

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Abstract

Background: Family planning is one of "Ten Great Public Health Achievements" of the 20th Century. According to the United States Center for Disease Control, "Access to family planning and contraceptive services has altered social and economic roles of women. Family planning has provided health benefits such as smaller family size and longer interval between the birth of children...."

Aim and Objectives: To highlight and celebrate the importance of family planning to our environment, as well as to individuals.

Method: The author reviewed the last 10 years of two major global family planning journals, the European Journal of Contraception & Reproductive Health Care, and Contraception. If the title suggests a connection to the environment, the article was downloaded and examined. Those articles which express that family planning benefitted the environment were tallied.

Results: There were very few articles which celebrated the benefits of family planning to our environment. The European Journal and Contraception each had 6.

Conclusions: Both of these journals had many articles about the importance of family planning to individuals and to families. However, the environmental and public health benefits of slowing the growth of human numbers is almost totally lacking.

P029

The Efficacy of Mepivacaine instillation for Pain Relief during Intrauterine Device Placement in Nulliparous Women: A Double-Blind Randomized Controlled Trial

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Abstract

Background: Fear of pain associated with intrauterine device placement has been identified as a significant barrier to the adoption of Long-Acting reversible contraception, contributing to the underutilization of highly effective contraceptive methods.

Objective: To assess whether instillation of intrauterine mepivacaine before intrauterine device placement alleviates pain more effectively than a placebo.

Study Design: We conducted a multi-center, double-blind, randomized, placebo-controlled trial involving nulliparous women undergoing intrauterine device placement. An instillation of 10 mL of 20 mg/mL mepivacaine or 0.9 mg/mL sodium chloride was administrated through a hydrosonography catheter 2 minutes prior to intrauterine device placement. Pain scores were assessed using a 100 mm Visual Analog Scale at pre-specified time points. Primary outcome measured the difference in Visual Analog Scale pain scores between the intervention group and the placebo group during intrauterine device placement. Secondary outcomes included Visual Analogue Scale pain scores at instillation. The mean change in pain during in IUD insertion showed a significant difference of 13.3 mm ($p < 0.001$): the mepivacaine group had a mean of 53.9 mm (SD 22.8), while the placebo group had a mean of 67.3 mm (SD 22.4). Upon adjusting for the provider, the disparity in mean pain scores remained statistically significant at 12.3 mm ($p < 0.001$). A greater proportion of women in the intervention group reported tolerable pain during insertion with 70 participants (93.3%) compared to 53 participants (80.3%) in the placebo group ($p=0.021$).

Conclusion: The intrauterine instillation of mepivacaine results in reduction in pain and is highly acceptable as a pain relief method among nulliparous women during intrauterine device placement. Although the precise clinical impact of this pain relief method remains uncertain, the observed reduction in pain and higher proportion of women reporting tolerable pain suggest clinical relevance. Instillation of mepivacaine is a promising strategy to increase IUD uptake, particularly among nulliparous women, potentially contributing to a reduction in unintended pregnancies among highly fertile women.

Conflict details**:** Niklas Envall has received personal fees from Bayer Pharma AG for educational activities, outside the submitted work. Helena Kopp Kallner has received honoraria for consultancy work performed for Bayer Pharma AG. Bayer Pharma has had no influence on study design, interpretation of results, or manuscript writing. The other author did not report any potential conflicts of interest.

P030

Contraceptive behaviour and socio-economic factors. Results of a repeated representative survey in Germany.

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Abstract

Background: The repeated representative study “Adults Contraceptive Behaviour 2023”, conducted by the Federal Centre for Health Education (BZgA), focuses on contraceptive behaviour among adults in Germany.

Aims and Objectives: The study seeks to understand evolving trends in contraceptive method choice and attitudes, with a particular focus on the influence of income on contraceptive decision-making.

Method: The study used a representative survey methodology, conducted via CATI in August and September 2023. N= 1 001 sexually active adults aged 18-49 participated. Participants were asked about their contraceptive practices and attitudes towards different methods.

Results: The results show a significant decline in oral contraceptive pill use among sexually active adults (55% in 2007 and 38 % in 2023). Conversely, condom use has soared, with 53% of respondents choosing condoms as their preferred method, overtaking the pill for the first time in more than a decade. Young adults aged 18 to 29 have seen the biggest drop in pill use (72% in 2007 and 46% in 2023), because of a growing critical attitude towards hormonal contraception. Cost is an important factor in contraceptive decision-making, with 19 percent of users reported it as a significant factor. And here, it is specifically women, younger adults, and those with a low household income who report this.

Conclusion: The BZgA-Study “Adults Contraceptive Behaviour 2023” examines the changing contraceptive behaviour of adults in Germany. These findings highlight the need for updated sexual health education, ensuring informed choice and addressing the accessibility and affordability of different contraceptive methods. Policymakers and healthcare providers should take these changes into account to better meet the evolving needs of adults to make contraceptive choices that fit their preferences and circumstances.

P031

A particular epidemiological profile: Disparities in access to contraceptive methods in Brazil during the SARS-CoV-2 (COVID-19) pandemic

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Abstract

Background: More and more evidence is being shared on health disparities around the world, which have been made clear by the pandemic. In particular, family planning activities were questioned regarding their essential nature and there were reports of interruptions in these services because they were considered non-essential by some governments. At the beginning of the pandemic, experts were already warning about the possible effects of this interruption and the need for family planning services to remain open.

These concerns have been confirmed with reports of a lack of access to contraceptives, mainly long-acting reversible contraceptives (LARCs), and services, as well as an increase in unplanned pregnancies worldwide during the pandemic, alongside other impacts on sexual and reproductive health.

Aims and Objectives: Our objective was to study disparities in access to contraception during the COVID-19 pandemic in Brazil.

Method: We performed a cross-sectional study at the University of Campinas, Brazil using a Google questionnaire applied from December 2021 until February 2022, disseminated via snowball technique. The survey asked about sociodemographic characteristics and contraceptive use, as well as the demand for new methods and difficulties in continuing to use contraceptives during the COVID-19 pandemic.

Results: We analyzed 1018 completed questionnaires; in total, 742 (72.9%) were women aged between 20 and 39 years, 746 (73.3%) were White and 602 (59.2%) used contraceptives. During the COVID-19 pandemic, about 23% of respondents changed their method and approximately 20% of respondents looked for new methods. Among the latter, 31.3% reported some difficulty with obtaining guidance on new methods while only 5.3% of the respondents reported some difficulty with continuing their contraceptive. The main difficulty in both cases was the difficulty with getting a healthcare provider appointment.

Analysis of the difficulty with continuing to use their existing method during the COVID-19 pandemic and variables shows a relationship with ethnicity, years of schooling, occupation and family income, with greater difficulty reported among black and biracial women, those with fewer years of schooling, unemployed females and those with lower incomes

Finally, the analysis between the demand for new methods during the COVID-19 pandemic shows a relationship with age, years of schooling, occupation, family income and current contraceptive method, with greater demand reported up to the age of 39 years, in those with fewer years of schooling and among students, registered workers and low-income individuals

Conclusions: Our results point to a particular epidemiological population, of younger black and biracial women, with lower education and lower income, which suffered health disparities during the COVID-19 pandemic and found difficulties with using contraceptives and accessing family planning services.

P032

Male thermal contraception users and their motivation: first results of a mixed method study in Switzerland

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Abstract

Background: Male thermal contraception (MTC) was developed in France during the 80s, with a few studies showing promising results in terms of efficacy, safety and reversibility. Although several devices have been developed, none have been approved thus far.

However, this method is currently being increasingly used. Little is known about MTC users and their motivation, especially in Switzerland, where it was only recently adopted.

Aims and Objective(s): Our study has three main objectives: 1 : to describe the profile of people using MTC ; 2: to explore their experience during their first year of use; 3: to describe the effect of the method on semen parameters and reported pregnancy.

Design & Methods: The study was conducted at the sexual health and family planning unit (SHFPU) of the University Hospitals of Geneva (UHG). The study was advertised for using flyers, social media, and online platforms at the UHG. The men interested in participating first underwent a medical assessment. All men filled an online questionnaire related to their personal information and their general and sexual/reproductive health status.

Results: A total of 37 men accepted to participate in the study of whom 34 met the inclusion criteria and were included in the study. The median age was 28 with 67.7% having a university degree and 70.6% being in a steady relationships. A large proportion (47.1%) were unsure about wanting to conceive children in the future, 26.6% were not considering it and only 8.8% already had children. Before starting MTC, most participants were using external condoms (79.4%), alone or in combination with withdrawal (20.6%). 50% of partners were not using any contraception, with only 14.7% using Long Acting Reversible Contraceptions. Although most participants reported that they trust their current method (70.6% agree or strongly agree), few seemed satisfied (29.4% agree or strongly agree). All participants started MTC with the silicon contraception ring (Androswitch®).

Men reported that their motivations to participate in the study are, but not exclusively, to share the contraceptive load with their partner (97.1%), because of political engagement or activism (67.7%), and to control their own fertility (58.8%).

Conclusions: Participants were slightly younger and showed higher educational level compared to previous studies. They demonstrated higher recourse to male contraception than the general Swiss population, which might suggest previous preoccupation about contraception load and equity. Finally, though satisfaction with current contraception was low, the main reason to start MTC seemed to be political or societal rather than linked to previous experience.

P033

Global contraceptive discontinuation: systematic review and meta-analysis

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Abstract

Background: The global increase in access to modern contraception in recent decades requires monitoring the discontinuation rates of the different contraceptive methods (CM) used. Discontinuation accounts for 38% of unmet need for contraception and a third of unplanned pregnancies occurrence in low and middle-income countries (LMICs).

Aims and Objectives: To estimate the magnitude of contraceptive discontinuation worldwide, considering the classification of short-acting reversible contraceptives (SARCs) and long-acting reversible contraceptives (LARCs), in addition to describing the type (abandonment/switch) and reasons for discontinuation.

Methods:This is a systematic review of the literature with meta-analysis. The selection of publications was carried out in the following databases: PubMed; Web of Science; CINAHL and VHL. We included studies published since 2010, in English, Spanish and Portuguese, that measured the discontinuation of CM use in women of reproductive age. We conducted the methodologic analysis of the studies using JBI instrument. The meta-analytic synthesis of the proportion of discontinuity by type of CM, the analysis of subgroups (type of MC, characteristics of the study population, design, location and time of discontinuity analysis) and the chance of abandonment in relation to switching were estimated using a random effects model. Bias risk, sensibility and heterogeneity was also evaluated after metanalysis. This study was registered in PROSPERO, number CRD42020207869.

Results: We included 77 articles of the total of 2,508. Most studies were conducted with women aged 10 to 49 (66.6%) and in low-and middle-income countries (70.1%). The proportion of discontinuation of LARCs was 17.8%, higher for implants (19.2%), hormonal IUDs (14.8%) and copper IUDs (14.6%), respectively. Young women (21.7%), living in low-income countries (21.3%) and with longer usage (26.2%) had a higher proportion of discontinuation. The proportion of SARCs discontinuation was 56.8%, higher for condoms (82.1%), pills (54.0%) and injectables (49.5%), as well as among married women (83.8%), from high-income countries (63.6%) and with usage between 6 and 12 months (60.1%). Among women who discontinued the use of LARCs, 55.8% abandoned and 44.2% switched from MC. The proportion of abandonment of SARCs was 67.7% and of switching was 32.3%, a chance of abandonment almost 7 times the chance of switching (OR: 6.77; 95% CI: 2.99-15.3). The main reason for discontinuation was side effects.

Conclusion: The CM discontinuation, in the context contraceptive need, constitutes a global concern and may reflect difficulties in accessing the desired CM or inadequate reproductive planning assistance, especially in LMICs, which compromises the advances achieved with greater access to modern contraception and contraceptive justice.

P034

Contraceptive Use Among Men Accessing a Syringe Exchange Program

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Abstract

Background: Contraceptive usage among women in the US is much higher compared to contraceptive usage among women who attend a syringe exchange program (SEP) in the US. Intimate partners influence women's contraception use. Women who use drugs are at high risk of unintended pregnancy and often partner with men who use drugs. We aimed to describe contraceptive practices of males accessing the Orange County Needle Exchange Program (OCNEP) and to explore associations between contraception use and demographics, drug(s) used, and mental health.

Aims and Objectives: Our objectives included describing contraceptive practices of males accessing the OCNEP including what types of contraceptives of what effectiveness level were used and to what degree contraceptives were used. In addition, we explored associations between contraception use and demographic characteristics including race/ethnicity, housing status, and highest level of education attained. We also aimed to explore associations between contraception use and mental health conditions including PTSD and depression as well as drug(s) used, including methamphetamines, alcohol, opioids, cocaine, marijuana, and prescription drugs.

Methods: We administered surveys to 96 males aged 18-44 attending the OCNEP from August to October 2017. We collected information on demographics, sexual activity, contraception use, drug use, housing, and mental health (PTSD Checklist Civilian, CES-D for depression). We used descriptive and bivariate statistics to analyze data.

Results: Of 96 respondents, 95 reported drug use, most commonly heroin (87%, n=83) and methamphetamines (83%, n=80). Of those who had sex with a woman in the past 6 months, 64% (n=54) did not use contraception or were unaware if their partner used contraception. Of those who used contraception, 33% (n=10) used a moderate to highly effective method, and 66% (n=20) used a less effective method. Greater education was associated with contraception use (p=0.03), and there was a trend toward use in housed versus unhoused men (p=0.06). No associations emerged between contraceptive use and type of drug(s) used, race, age, or mental health.

Conclusions: Male injection drug users are unlikely to use contraception, though social determinants of health such as education and being housed may increase use. Syringe exchange programs could be a target for interventions regarding contraception for men or couples who use drugs.

P035

Who will Win the Race: Family Planning or Overpopulation?

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Abstract

Background: The importance of contraception to individuals is clear. The global benefit of family planning is seldom considered

Aims and Objective: To elucidate the importance of family planning to the environment

Method: Literature review

Result: In the past, human populations grew slowly because of high mortality - especially mortality of children. Fortunately, mortality has decreased. Two pioneers, Hong Liangji in China and Thomas Malthus in England, were among the first to ponder problems caused by increasing population.

Concerns that the human population would outgrow the finite planet's resources are not new, but until recently this overshoot was not well quantified.

The Ecological Footprint estimates humanity's consumption of Earth's productivity. Collectively, we now use 70% more resources than can be regenerated. This is consummately unsustainable.

Most environmental problems are caused by the sheer size of the human enterprise. Climate chaos is caused by greenhouse gas emissions, which are much greater per-person in affluent settings. Continuing inaction on the issue is unforgivable. Also relevant, but often overlooked, is the climate impact of deforestation for agriculture - necessarily, to feed increasing numbers of less affluent humans.

Total environmental impact results from the number of persons causing it, now exceeding 8 billion, multiplied by the per-person impact. Regrettably, the affluent world's reduction in its (much greater) per-person impact in so many ways is totally inadequate, both in urgency and in scale. This highlights the necessity also to address the number of persons. Happily, many millions do wish to control their fertility.Unfortunately, in many settings there are numerous barriers to women choosing a smaller family, including having no realistic access to contraceptives. Less tangible but strong barriers include religion, culture, pronatalist husbands and fatalism. These barriers are removable, through education and the media (e.g. The Population Media Center). Measures that remove the blocks to what people would otherwise choose cannot be deemed coercive.

Conclusion: Given humans' strong sex drive, if couples anywhere have sex at the normal, desired frequency, the *default* outcome without contraception is large families. Indeed, without the removal of multiple previously existing barriers to contraception, many countries' populations would be millions greater and the destruction of the planet far worse. The unambiguous, evidence-based, connection between family planning and preserving our only home should be recognised.

P036

Improving the environmental impact of contraception provision as a side effect of reducing costs

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Abstract

Background: The increased availability of different brands of Levonorgestrel intrauterine devices at varying price points has given contraception providers more choice than ever. In the UK there are significant budgetary restraints within the NHS meaning a move towards the least costly device (Levosert) is essential. Another benefit of increasing the use of Levosert is the reduced packaging vs single handed devices. In a bid to make healthcare carbon neutral we must see carbon cost as an additional currency alongside money.

Aims and Objectives: Investigate the environmental impact on increasing Levosert usage alongside the cost savings.

Design and Methods: Fits of intrauterine devices in a UK sexual health service were interrogated over a 4 month baseline period and a 4 month intervention period after the change to primary use of Levosert was made.

Results : Use of Levosert increased from 17% of all 52mg devices to 55%. This resulted in a saving of £3000 (approx 3500€) over the 4 month period.

Levosert has 31% less packaging than a Mirena. 8691g weight of packaging waste was saved during the intervention period, 4070g of which was plastic waste saved. The plastic waste from a Mirena may not be suitable for recycling due to potential contamination.

We estimate that the carbon saving for each fit of a Levosert over a Mirena is 2.851 kgC02e. In our 4 month intervention period 506.308 kgCO2e was saved.

Conclusion: Increased use of Levosert improves the financial and environmental sustainability of sexual health with impact on the wider NHS in the UK. This then benefits patients at a population level. It is important to retain the availability of using Mirena for those women in whom fits are challenging and may benefit from the different design of the Mirena inserter.

Pharmaceutical companies should consider the impact of device packaging and work towards reducing packaging. The production of a device without an inserter for use at caesarean section would further decrease the waste associated with these products and should be strongly considered.

Conflict details**:** Lead author provides educational talks for Bayer, Gedeon Richter and Consilient Healthcare.

P037

The sooner the better? Timing of intrauterine device placement after medical abortion - results from a randomized trial

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Abstract

Background: Intrauterine devices (IUDs) are often chosen by patients having abortion. According to international guidelines, an IUD should be placed as soon as a medical abortion is complete. However, evidence from clinical trials is lacking.

Aims and Objectives: We aimed to investigate effectiveness, safety and patient satisfaction with immediate compared with later IUD placement. We hypothesized that placement of an IUD immediately after a medical abortion would increase IUD placement and user rates compared with later placement, with maintained safety and patient satisfaction.

Method: We performed a randomized controlled multicenter superiority trial of patients opting for medical abortion and IUD use. We included 419 patients, who were stratified based on gestational length and randomized 1:1 to IUD placement either within 48 hours after completed abortion (intervention) or after two to four weeks (control). Primary outcome was the rate of IUD use after six months. Secondary outcomes included rates of expulsion, pain at placement, adverse events, subsequent abortions, and patient acceptability. We analyzed differences in nonparametric continuous variables with the Mann-Whitney *U*-test and differences in dichotomous variables with the chi square or Fisher's exact tests. A p value <0.05 was considered statistically significant.

Results: We could not show that IUD placement immediately after abortion was superior to delayed placement in terms of IUD user rates after six months. Among patients with abortion at gestation up to 63 days, IUD use after six months was 82% (91/111) in the intervention group vs 77.7% (87/112) in the control group, p=0.51. Patients preferred immediate IUD placement and pain was rated lower during immediate compared with later placement. Among patients having second trimester abortion, IUD use after six months was 50.7% (34/67) in the intervention group vs 71.6% (48/67) in the control group, p=0.021. The rate of expulsion was not altered among patients with abortion at up to 63 days' gestation, whereas in second trimester abortion, expulsion was more common after immediate IUD placement (30.1% [22/73] in the intervention group vs 2.9% [2/70] in the control group, p<0.001). Other adverse events were rare and patient acceptability was high.

Conclusion: An IUD can safely be placed within 48 hours after completed medical abortion regardless of gestational age. However, counselling should include information about the high rate of IUD expulsion associated with immediate placement after second trimester abortion.

Conflict details**:** PT, JR and KLL declare no competing interests. SH declares honorarium for lectures from Gedeon Richter and Bayer, outside the submitted work. NE declares honorarium for lectures or expert opinion from Bayer and Medsphere Corp, outside the submitted work. KGD declares honorariums ouside the submitted work for lectures/advice or from acting as investigator in clinical trials from: Bayer, Gedeon Richter, Exeltis, Exelgyn, Nordic Pharma, HRA-Pharma, Concept Foundation, Natural Cycles, Mithra, MSD, Ferring, Medincell, Cirqle, Campus Pharma, and Obseva, CIFF, Population Council, Organon, Bionorica, and Pfizer. HKK declares honorariums ouside the submitted work for lectures or expert opinion or is investigator i clinical trials sponsored by: Abbvie, Actavis, Exeltis, Gedeon Richter, Natural Cycles, Nordic Pharma, Merck, Teva, Organon, Ferring, Consilient Health, Evolan, TV4 , Natural Cycles, Dynamic Code, Ellen, Estercare, Pharmiva, Gedea, Gesynta, Essity and Preglife. Bayer, MSD, Mithra, Ethicon, Azanta/Norgine, Gedea.

P038

Safety and tolerability of the Estetrol/Drospirenone contraceptive pill in young women up to 25 years of age

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Abstract

Background: Estetrol 15 mg/drospirenone 3 mg (E4/DRSP) is a recently approved combined oral contraceptive (COC). E4 is a native estrogen with selective action in tissues (NEST) that exhibits agonistic and antagonistic estrogenic effects in different tissues. E4 in combination with DRSP prevents pregnancy by suppressing ovulation and is an effective OC associated with a regular bleeding pattern and low rates of adverse events (AE).

Aims and Objectives: COCs are commonly used by adolescents and young adults to prevent unplanned pregnancies. To provide information for individuals in this age group, we evaluated the safety and tolerability data from two phase 3 clinical trials with E4/DRSP in a subset of participants between 16-25 years of age in comparison to participants aged 26-35 years.

Methods: Two parallel phase 3 trials were performed to assess the contraceptive efficacy and safety of E4/DRSP in a 24/4-day regimen for up to 13 cycles. The trials were conducted in Europe and Russia

(NCT02817828) and the United States and Canada (NCT02817841). Participants were healthy women with regular menstrual cycles, a BMI of 18-35 kg/m^2, and aged 18−50 years (EU/RUS) and 16−50 years (US/CAN). We pooled data from both studies to analyse frequency and severity of AEs, including clinically relevant changes in vital signs, laboratory parameters, and physical examinations. AEs were classified using the Medical Dictionary for Regulatory Activities preferred terms and System Organ Class.

Results: The phase 3 trials enrolled 1,736 subjects aged 16-25 years and 1,491 subjects aged 26-35 years. In the 16-25 years age group, 49.4% of participants (n=857) reported AEs compared to 50.6% (n=754) in the age group of 26-35 years (p=0.49). The most commonly reported AE's in 16–25-year-old versus 26-35-year-old were headache (5.8% vs 5.5%, p=0.69), metrorrhagia, (4.6% vs 5.0%, p=0.63), viral upper respiratory tract infections (3.9% vs 3.2%, p=0.32), dysmenorrhea (3.8% vs 2.3%, p<0.05), urinary tract infection (3.7% vs 1.5%, p<0.0001), acne (3.6% vs 3.8%, p=0.77), weight increased (3.1% vs 2.5%, p=0.33), vaginal haemorrhage (3.0% vs 3.4%, p=0.56), nausea (2.6% vs 2.5%, p=0.76), abdominal pain (2.2% vs 2.1%, p=0.93) and libido decreased (2.0% vs 1.5%, p=0.29). In the age group of 16-25 years, 176 participants (10.1%) discontinued treatment due to AEs compared to 140 (9.4%) in the age group of 26-35 years (p=0.47). Most reported AEs leading to discontinuation (in ≥1.0% of participants) in the age group of 16-25 years were metrorrhagia (1.3%), vaginal haemorrhage (1.0%) and acne (1.0%). Serious AEs were reported by 22 (1.3%) of participants in the age of 16-25 years compared to 13 (0.9%) in 26-35 years old group (p=0.27). Only 4 SAE were considered as possibly related to study medication (with two events per group).

Conclusion: There is no significant difference in incidence of AEs experienced in E4/DRSP users between the two different age groups in the phase 3 clinical trials, except for AEs dysmenorrhea and urinary tract infection which occur more frequently in the 16-25 years age group. These results further underscore the favourable safety profile of E4/DRSP in young COC users.

Conflict details**:** KGD is ad hoc advisory board member and speaker for Organon (MSD), Bayer, Exelgyn, Actavis, Gedeon Richter, Mithra, Exeltis, Ferring, Natural Cycles, Azanta, Gynuity, Obseva MedinCell, Cirqle, Addeira and HRA-Pharma, member of the ICCR, Population council and Director of a WHO collaborating centre for research in Human Reproduction and investigator of ongoing NICHD male contraception trial. TP attended to the trial and speaker for Gedeon Richter. AB is member of advisory board and speaker for Mithra, Bayer, Searchlight, Organon. CB is member of advisory board Astellas, Bayer Canada, Bayer International, BioSyent, received research grant from Mithra, Exeltis, Mylan, Astellas and honorarium from Pfizer, Astellas, Lupin Pharma. MJC is ad hoc speaker for Mayne Pharma and received funding from Estetra SRL (an affiliate company of Mithra Pharmaceuticals). JMF is a member of the board at Mithra Pharmaceuticals, received honorarium from Gedeon Richter and financial support for the supervision of these studies.

P039

Decreased Venous Thromboembolic Risk of Estradiol Valerate/Dienogest vs Ethinyl Estradiol/Levonorgestrel Combined Oral Contraceptives: Pooled Analysis in a Large Real-World User Population

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Abstract

Background: Estradiol valerate (E2Val) contained in combined oral contraceptives (COCs) is thought to have less impact on the hepatic system and consequently improved thrombotic profiles compared to ethinyl estradiol (EE). Previous data from a post-authorization safety study (PASS) have shown a trend towards a reduced risk of venous thromboembolism (VTE) of COCs containing E2Val in combination with dienogest (DNG) compared to COCs containing EE in combination with levonorgestrel (LNG). To further investigate this trend in a large real-world user population, we conducted a pooled analysis of similarly designed large cohort studies investigating cardiovascular safety in users of different COCs.

Aims and Objectives: To compare the VTE risk (i.e., deep venous thrombosis and/or pulmonary embolism) associated with E2Val/DNG vs EE/LNG COCs in a population that is representative for the actual users of the individual preparations.

Method: Data regarding users of COCs containing either 3 mg E2Val/3 mg DNG or ≤30 µg EE/LNG were retrieved from the European sub-population of two large prospective, non-interventional cohort studies. Baseline characteristics, including reproductive, contraceptive and medical history, were summarized using descriptive statistics. Propensity score (PS) sub-classification was applied to balance baseline parameters between cohorts. Time-to-event analysis of VTE events was carried out based on the extended Cox model to calculate crude and adjusted hazard ratios (HR) including 95%-confidence intervals (CI).

Results: The pooled dataset included 11,199 users of E2Val/DNG and 9,666 users of EE/LNG, contributing 17,550 and 17,629 women-years (WY) of observation, respectively. On average, E2Val/DNG users were older (31.5 ±9.50 vs 25.3 ±8.17 years) and the proportion of gravid women was higher (54.0% vs 39.7%) than EE/LNG users, respectively. Other baseline characteristics were similar between the cohorts. A comparison between cohorts showed a significantly decreased VTE risk in users of COCs containing E2Val/DNG vs users of COCs containing EE/LNG; crude HR: 0.59 (95% CI, 0.28-1.26) and PS-stratified HR: 0.40 (95% CI, 0.18-0.89).

Conclusions: This pooled analysis expands data from a previous PASS study and provides valuable real-world safety information for clinicians, patients and regulators, by shedding light on the relative safety of current COCs.

Conflict details: SVS, AB, TB, and KH are full-time employees at ZEG Berlin. ZEG Berlin receives funding from multiple pharmaceutical companies specializing in women's health, including Bayer AG, Gedeon Richter, MSD, and Myovant Sciences.

P040

Client Choices in DMPA-SC Injections: Understanding Factors Influencing Preferences from the Healthcare Provider's Perspective

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Abstract

Background: The recent introduction of subcutaneous Depot medroxyprogesterone acetate (DMPA-SC) utilizing the Uniject™ injection system presents an opportunity to enhance the continuity of contraceptive use. DMPA-SC, featuring a reduced dose of DMPA and packaged in a user-friendly, all-in-one injection system, enables women to self-administer, thereby alleviating the need for quarterly clinic visits and empowering women in contraceptive decision-making. Despite these advantages, a notable preference among clients persists for healthcare providers to administer DMPA-SC.

Aims and Objectives: This study aims to explore healthcare providers' perspectives on client's preferences and the influencing factors behind their choice.

Method: A mixed method approach was used to gather insights from 40 trained healthcare providers administering DMPA-SC (Sayanna Press) in Nasarawa State between July to October 2023. Utilizing data from documenting sheets, we determined the number of clients who took up DMPA-SC and examined their preferences. Additionally, focus group discussions were conducted to explore providers' perceptions of clients' choices between self-injection and provider administration. The analysis comprised the number of clients who took up DMPA-SC, variations in self-injection preferences, and providers' perspectives on factors that influenced clients' choices.

Results: The study showed that a total number of 280 clients took up DMPA-SC, out of which a significant majority (78%) of clients preferred having DMPA-SC administered by healthcare professionals while 22% opted for self-injection. The key reasons providers cited for clients choosing provider-administered DMPA-SC included clients' trust in the ability of the provider, client's lack of knowledge and confidence of their ability to self-inject, reluctance to undergo training for self-injection, fear of needles, and concerns about potential self-injury. Providers also noted that most women were not competent to self-inject even after being trained.

Conclusion: These findings shed light on the factors perceived by providers in clients' decision-making processes regarding the mode of administration. Recognizing and addressing these factors are crucial steps toward advancing patient-centred healthcare practices and optimizing the acceptance and efficacy of DMPA-SC as a contraceptive method. Tailoring educational strategies and support services to align with clients' concerns is essential for promoting a more self-care approach within family planning programs.

P041

Early Removal Experiences of Nexplanon® Contraceptive Implants in a Public Hospital Setting

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Abstract

Background: The etonogestrel-releasing subdermal contraceptive implant is a highly effective 3-year contraceptive with a dual mechanism of action. It is provided free of charge in Argentina, regardless of nationality. Notably, changes in bleeding patterns, including prolonged and frequent bleeding, emerge as the primary reason for early removal of the etonogestrel one rod subdermal implant (ENG-implant).

Aims: To evaluate the primary reasons for the early removal of subdermal implants (ENG-implant), covering insertions, side effects, with a specific focus on the experiences of women within a Buenos Aires Public Hospital setting.

Methods: A retrospective review of medical records spanning from 2015 to January 2024. Data collection involved subdermal contraceptive implant users covering insertion, satisfaction, side effects, related events during insertion and removal practices, as well as reasons for discontinuation.

Results: Out of 426 removals, 86% (n=328) were due to the expiration time of the implant. Early implant removal decisions were made by 20% (n=86), with 26% (n=23) citing prolonged bleeding, as the primary reason.Additional non-bleeding side effects were reported: 73% (n=63) experienced non-bleeding side effects including desire for pregnancy in six women, and hormonal side effects such as headaches in 13 patients, mood swings in two cases, 1 case of acne.

Weight gain in 11 women. Four users reported not frequent reasons for removal, and other side effects included necrosis (4 cases), infection (1 case). The study reported five cases of arm pain, 2 abdominal pain, and four cases of deep implant.

In 7 cases, more than one reason for early removal was identified. 12 users were excluded because of uncertain reason for removal. No insertion complication were noted, adding reliability to the Nexplanon subdermal implant method. A combination of negative experiences outweighing positive attributes prompted removal. Some participants expressed frustration with delays after requesting removal. No pregnancies occurred during implant use, reinforcing its efficacy as the primary reason for its classification as an excellent method.

Conclusions: This study underscores the pivotal role of both bleeding and non-bleeding side effects factors as primary reasons for early Nexplanon removal. Despite these considerations, participants continued to perceive the subdermal contraceptive method as an excellent method, attributing its merit to high contraceptive efficacy. Emphasizing comprehensive patient education and addressing side

effects particularly in changes in bleeding patterns is critical for enhancing overall satisfaction and promoting adherence to long-acting reversible contraception methods.

P042

Insertion characteristics and complications associated with the use of different copper intrauterine device shapes in Europe – Results from the EURAS-LCS12 Study

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Abstract

Background**:** Currently, there are five different shapes of copper intrauterine devices (IUDs) available on the European market: Tatum-T frame, Nova-T frame, Multiload frame, frameless IUDs, and intrauterine balls. As the insertion procedure varies slightly across IUD shapes, different preparations before insertion might be necessary and health care professionals may experience different complications during the procedure.

Aims and Objectives**:** To compare insertion characteristics and issues between different IUD shapes.

Method**:** This secondary analysis comprised copper IUD users enrolled in the EURAS-LCS12 study from ten different European countries (Germany, Spain, Austria, United Kingdom, France, Italy, Poland, Finland, Sweden, Czech Republic). Insertion characteristics (e.g., pharmacological preparations, anesthesia, dilatation) and the occurrence of complications during the procedure were descriptively compared between IUD shapes.

Results**:** In total, 33,160 copper IUD users were included in this analysis with Nova-T frame (54.0%) being the most frequently used IUD shape, followed by Tatum-T frame (19.7%), frameless IUDs (12.0%), Multiload frame (11.0%), and intrauterine balls (3.4%). Pharmacological preparations (e.g., misoprostol, analgesics) prior to insertion were more common in frameless IUD (3,124; 78.6%) and intrauterine ball users (655; 57.9%) compared to the other shapes (Tatum-T frame: 1,258 [19.3%]; Nova-T frame: 4,597 [25.7%]; Multiload frame: 1,014 [27.9%]). The overall use of pharmacological preparations differed by country, however, the trends remained similar. Also, more complications (e.g., circulatory problems, nausea, pelvic pain) were reported for frameless IUDs (186; 4.7%) and intrauterine balls (46; 4.1%), compared to other shapes (Nova-T frame: 320 [1.8%]; Multiload frame 84 [2.3%]; Tatum-T frame: 151 [2.3%]). The number of insertion attempts was comparable between shapes. Among women with multiple insertion attempts (total of 492; 1.5%), technical problems with the applicator have been frequently reported for frameless IUDs (21 of 139; 15.1%), Nova-T frame (24 of 210; 11.4%), and intrauterine balls (1 of 11; 9.1%). Technical issues with the device were most prominent in intrauterine ball users (2 of 11; 18.2%) whereas healthcare professional handling issues were more often observed

for frameless IUDs (92 of 139; 66.2%). Stratification by patients' age, parity; healthcare professionals' experience and subgroup analyses in first time IUD users showed consistent results.

Conclusions**:** Most differences in insertion characteristics and complications were seen with frameless IUDs and intrauterine balls. As frameless IUDs are anchored into the fundus and intrauterine balls need to coil into a spherical shape to be effective, insertion procedures might be more complex for these IUD types and may require a more intensive training of health care professionals compared to conventional copper IUDs.

P043

Use of misoprostol during IUD insertion across European countries – results from a large observational, real-world study in Europe (EURAS-LCS12)

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Abstract

Background: Intrauterine devices (IUDs) are a safe and effective method of contraception. As IUD insertion can be painful, clinicians use various types of medication to facilitate the ease of IUD insertion. Misoprostol is a synthetic prostaglandin that induces dilatation of the cervix. Although studies have demonstrated that misoprostol may reduce insertion failures, monotherapy is associated with increased side effects and is not recommended for routine, non-complex insertions.

Objective: To describe the use of misoprostol during IUD insertion in real-world practice across Europe.

Design & Methods: EURAS-LCS12 is an ongoing non-interventional cohort study in ten European countries investigating the use of IUDs in a real-world setting. Information is gathered from health care practitioners (HCP) and patients via questionnaires at study entry. Any procedure (i.e., pharmacological preparation, use of dilators, local/general anaesthesia) administered prior to IUD insertion was documented by the inserting HCP. We used descriptive methods to assess prescription patterns of misoprostol before IUD insertion with respect to participating countries, and over time.

Results: Women were enrolled in the study following an IUD insertion between 2014 – 2023. As of August 2023, 96,024 users were enrolled in the study, of which 13.5% (N=13,002) were treated with misoprostol prior to sounding or first IUD insertion attempt. Pronounced country-specific differences were observed: Austria (47.8%); Germany (35.8%); Spain (7.1%); France (3.9%); Italy, Sweden, Czech Republic, United Kingdom, Finland, Poland (<1.5%). Misoprostol was given as monotherapy in 19.1% of IUD users (N=854) and 11.4% of IUD users (N=2,938) in Austria and Germany, respectively. Misoprostol was most commonly used as in combination with: analgesics (22.9% and 16.4%), dilatation (8.2% and 10.2%), and local anaesthesia (8.5% and 5.2%) in Austria and Germany respectively. We observed changes in the proportional use of misoprostol in Austria with a linear increase over time: 28.8% (2014)

to 72.6% (2022). The use of misoprostol in Germany remained constant at approximately 35% since study start. In Spain, the proportional use remained similarly constant between 2014-2023. Overall, misoprostol treatments were provided by 132 (out of 255) and 32 (out of 49) HCPs in Germany and Austria, respectively. Results on the association between misoprostol use and risk factors for IUD insertions (e.g. stenosis, retroflexion) will be available to present at the ESC meeting.

Conclusions: We observed frequent use of misoprostol in German-speaking countries, despite the risk of adverse effects and limited evidence of additional benefits in the published literature. Misoprostol was frequently administered with analgesics; however, monotherapy was also used to a notable extent. Our findings highlight that local treatment practice differs from current best-practice recommendations and may provide valuable information to future updates of evidence-based guideline recommendations on contraception.

P044

Barriers to contraception provision after early pregnancy loss and termination on the gyneacology ward: an evaluation of staff experiences and perspectives

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Abstract

Background : Significant progress in postnatal contraception has been made since Covid-19, however there is little published research on the provision of contraception after the end of early pregnancy. The Faculty of Sexual and Reproductive Healthcare (FSRH) Contraception After Pregnancy guideline advises that services caring for people with miscarriage, ectopic, abortion, and gestational trophoblastic disease should discuss fertility intention and offer contraception before discharge. Previous assessments on a gynaecology ward in a tertiary UK hospital in 2021 and 2022 demonstrated that this guidance was not being met. This evaluation was undertaken to explore health care professionals (HCPs) perspectives on contraception provision in this patient group.

Aims and Objectives: To explore HCPs' perspectives on discussing and providing contraception to patients presenting with miscarriage, ectopic, abortion, and gestational trophoblastic disease in a gynaecology ward setting.

Methods: An exploratory survey was distributed electronically to all HCPs working on the gynaecology ward. The survey was distributed by email and made accessible through QR codes which were put up in the staff rooms on the ward. The survey questions had free text answer options as well as listed answer options. Data from the survey was analysed using Excel.

Results: There were 26 respondents including consultants (3), specialist registrars (7), a senior house officer (1), nurses (14) and a pharmacist (1).

96% of staff were aware that contraception could be provided on the ward to patients presenting after an early pregnancy loss or termination. Despite this, only 23% reported discussing contraception with this patient group most of the time, whilst the remainder reported never (15%), rarely (58%) and sometimes (15%) discussing contraception. Barriers to discussing contraception included feeling it was inappropriate to discuss the topic after an early pregnancy ended (14), concern for patient reception of the topic (10), believing it is more appropriate for this discussion to happen in sexual health services (10) and heavy workload (11).

When it came to providing contraception to this patient group, the majority of HCPs rarely (46%) or never (19%) offered provision. HCPs reported multiple barriers to the provision of contraception including the unavailability of someone to fit long-acting reversible contraception (13), lack of knowledge on dispensing contraception (9), uncertainty around method counselling (5), concern that starting contraception at that time could confuse signs of retained products of conception (5) and believing it is more appropriate for contraception to be provided by the sexual health service (6).

Suggestions made by HCPs to overcome barriers included strategies to train staff, the use of patient information leaflets, the use of visual reminders and checklists and adding contraceptive methods to ward stocks to enable easier dispensing.

Conclusion: In this gynaecology ward setting, a minority of HCPs reported consistently discussing or providing contraception to patients presenting after early pregnancy loss or termination. The reported barriers included lack of knowledge and training, fear of patient perception and the belief that contraception discussions are more appropriate in other services. To meet the contraception needs of patients after the end of an early pregnancy, as recommended by the FSRH, it is essential to explore the perspectives of HCPs providing care to this patient group to understand local context and address specific barriers.

P045

A thematic analysis of tweets about pain experiences during intrauterine device (IUD) procedures

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Abstract

Background: In June 2021, high-profile testimonials in the media about pain during intrauterine device (IUD) procedures in the UK prompted significant discussion across platforms including Twitter. We

examined a sample of public Twitter postings (tweets) to gain insight into public perspectives and experiences.

Aims and Objectives: To examine tweets shared online at the time of this public conversation about pain during IUD procedures. Our analysis is driven by the overall aim of sharing, considering, and learning from accounts shared by Twitter users with an open and reflexive approach, in the interest of improving patient care for those who opt to use IUDs.

Methods: We harvested all tweets posted or retweeted on 21st-22nd June 2021 which contained the following search terms: coil, IUS, IUD or intrauterine. We excluded duplicates, and tweets which did not contain any reference to IUDs. Four members of the research team analysed the dataset thematically. We illustrated our thematic findings with selected quotations, for which we obtained informed consent. We obtained ethical approval for this study from the University of Oxford Medical Sciences Interdivisional Research Ethics Committee (ref:R77414/RE001).

Results: Following deduplication and screening, we included 1,431 tweets in our analysis. We developed four themes: *pain testimonials*, *missing or misleading information about pain*, *dismissal of pain*, and *validation through collective experiences*. Twitter-users described a wide range of pain experiences during IUC procedures and expressed that this range was not reflected in counselling pre-procedure. They emphasised the value of lived experience, commenting that their experiences were not valued as evidence. Some raised concerns about pain being minimised or dismissed and linked this to the management of women's pain in medicine more broadly. Some described painful IUC procedures as isolating; in contrast, connecting to an online community of people with lived experience was described as validating and was used as a springboard for collective action.

Conclusions: Whilst we acknowledge the limitations of our sample, this study highlights important perspectives and accounts relating to pain during IUD procedures. Our findings attest to the need for strategies to improve the patient experience for those opting for IUD as a clinical priority. Further research should explore IUD users' experiences, expectations and wishes around pain management.

P046

Determining rates of emergency contraception use amongst different population groups within the London Borough of Lewisham.

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Abstract

Background: Emergency contraception to prevent unwanted pregnancy is widely accepted in the UK, with women able to access oral emergency contraception and post-coital intrauterine device (PCIUD) insertion from healthcare providers, as well as purchase oral emergency contraception from pharmacies.

Use of emergency contraception is particularly common in South-East London, with higher rates of emergency contraception usage within the boroughs of Lambeth, Southwark, and Lewisham than in London and England, and people of black ethnicity have been found to be the highest users of emergency contraception.

Findings of elevated rates of emergency contraception use amongst certain population groups suggest that the uptake of contraceptive methods, particularly long-acting reversible contraception (LARC), within these groups could be an area for improvement.

Aims and Objectives: The aim of this project was to determine rates of emergency contraception use within the population of the London Borough of Lewisham and detect any differences in rates of emergency contraception use between different patient demographics including age group, ethnicity, and deprivation status.

Method: Each borough of London is divided into wards. Background population data from the UK Census (2011) was used to identify which wards within the London Borough of Lewisham have the highest percentage of people of black ethnicity and the highest population of people who have never worked or are long-term unemployed. Heat maps were used to demonstrate the results.

Retrospective data was collected from pharmacies in Lewisham which were accredited providers of oral emergency contraception and from the local sexual and reproductive health (SRH) clinic between April 2021 and March 2022. Data was analysed to identify the total number of patients who accessed emergency contraception and compare demographic data including patient age, ethnicity and residing ward. Further data was collected between April 2022 and March 2023.

Results: Results from the pharmacy data identified that between April 2021 and March 2022, there were a total of 2620 emergency contraception interactions, with a similar result of 2236 interactions between April 2022 and March 2023. In comparison, results from the local SRH clinic data found 977 attendances for emergency contraception between April 2021 and March 2022, and 486 attendances the following year.

In both the pharmacy and SRH clinic data, and across both time periods, the highest users of emergency contraception were aged between 20-24 and were of black ethnicity.

Results also showed that higher rates of emergency contraception were seen in people that resided in Lewisham wards which had a higher population of people who have never worked or are long-term unemployed.

Conclusions: From the results of this study, we can conclude that the highest rates of emergency contraception use in Lewisham are in patients aged 20-24, of black ethnicity, and who live in more deprived areas. High numbers of emergency contraception interactions within pharmacies also suggests that access to PCIUD insertion, which is more effective as emergency contraception and provides ongoing contraception, may be deficient. We aim to use the results of this study to improve contraception uptake in these target populations.

P047

Is bleeding profile associated with discontinuation among women on long acting reversible contraception - evidence from the ECHO trial

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Abstract

Background: Long-acting reversible contraceptives are among the most effective methods to prevent unintended pregnancy. However, they remain underutilised and have high discontinuation rates due to their side-effect profile, particularly bleeding patterns associated with their use.

Aims and Objectives: The aim of this study was to investigate the relationship between bleeding patterns and contraceptive discontinuation rates among users of the copper uterine device (IUD), 3-monthly intramuscular depot medroxyprogesterone acetate (DMPA-IM), or levenorgestrel (LNG) implant.

Design & Methods: This was a secondary data analysis involving South African women from the Evidence for Contraceptive Options and HIV Outcomes Trial (ECHO) – a randomised, multicentre trial. Women were assigned to either IUD (n=1919), DMPA-IM (n=1925), or LNG implant (n=1925) and followed-up for 12-18 months. Data on discontinuation and self-reported bleeding acceptability (via interviewer administered questionnaire) was collected at each follow-up visit. We analysed the first episode of both discontinuation and unacceptable bleeding. Kaplan Meier estimates and Cox proportional hazards models were used to investigate associations between bleeding patterns and discontinuation.

Results: 5739 women were followed-up for 87467 months and contraception was discontinued in 1694 women. Almost half (48.5%, 822/1694) of the discontinuations occurred at study exit.

Discontinuation occurred in 671 (39.6%) participants randomised to IUD, 622 (36.7%) randomised to LNG implant, and 401 (23.7%) randomised to DMPA-IM (p for difference between methods <0.001). Unacceptable bleeding was reported by 1995 participants and was most common with IUD (n=742, 37.2%), followed by LNG implant (n=, 698, 34.5%), and DMPA-IM (n=564, 28.3%) (p for difference between methods < 0.001).

There was evidence that first discontinuation was associated with the type of contraceptive method, with discontinuation rate 42% (95% CI 49% lower to 35% lower, p<0.001) and 36% (95% CI 44% lower to 28% lower, p<0.001) lower for DMPA-IM compared to the IUD and LNG implant respectively.

43.8% of contraceptive discontinuations (n=733/1675) occurred after an episode of unacceptable bleeding. The rate of discontinuation was significantly higher following unacceptable bleeding,

compared with before/without unacceptable bleeding (hazard ratio=1.74, 95% CI 1.58 to 1.92, p<0.001).

Conclusion: The frequency of unacceptable bleeding varies according to the contraceptive method used and is associated with increased contraceptive discontinuation. Both unacceptable bleeding and contraceptive discontinuation were least common with DMPA-IM. This information could be used for contraceptive counselling.

P048

Discontinuation rates with 10-year banded gold standard compared to 5-year non-banded copper intrauterine devices

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Abstract

Background: Increased bleeding is the most common reason for discontinuation of copper intrauterine devices (Cu-IUDs). Bleeding patterns may differ between the different Cu-IUDs, however there is insufficient evidence to recommend one Cu-IUD over another. Banded T-framed 10-year Cu-IUDs are considered the gold standard. Non-banded T-framed 5-year devices are smaller and more flexible with a narrower insertion tube. Some studies have suggested that smaller sized Cu-IUDs cause less bleeding and pain and have lower discontinuation rates. Overall retention rate for Cu-IUDs is 75%, overall expulsion rate is 5%.

Aims and Objectives: To assess discontinuation rates and reasons for discontinuation at 18 months with the 10-year gold standard banded T-Safe 380A QL compared with the commonly used 5-year non-banded Nova T 380 Cu-IUD.

Method: Local data of all women who had a Cu-IUD inserted between 1st January to 31st December 2021 at the Caryl Thomas Centre in Harrow, London were collected from the clinical records and followed up at 18 months. Women who had not attended the clinic since insertion were contacted by phone. Three attempts at different times and days were made.

Results : A total of 143 women had a Cu-IUD inserted during the study period. 91 women were fitted with a gold standard T-Safe 380A QL (64%, mean age 32) and 52 women were fitted with a non-banded Nova T 380 (36%, mean age 31).

At 18 months, data was available for 84 of the 91 women with a T-Safe 380A QL (92%) compared to 51 of 52 with a Nova T 380 (98%). More Nova T 380 users (29%, n=15) had discontinued their Cu-IUD compared with T-Safe 380A QL users (25%, n=21). The most common reason for removal were pain and bleeding in both groups with 18% (n=9) for Nova T 380 versus 15% (n=13) for T-Safe 380A QL users.

However, expulsion rate was higher for T-Safe 380A QL (6%, n=5) compared with Nova T 380 users (4%, n=2). None of these differences were statistically significant.

Conclusions : In our study discontinuation rate at 18 months was lower for the banded gold standard Cu-IUD compared with the smaller non-banded 5-year device. Bleeding and pain were the most common reason for removal of both Cu-IUD types. This was a retrospective analysis which is prone to selection bias and results may be affected by other confounding factors, e.g., parity. Further studies should include comparison of different Cu-IUD types in nulliparous women under the age of 30 and clear documentation of the reason why a gold standard device is not used.

P049

Impact of Interpersonal Communication Agent Strategy in promoting family planning awareness and demand in Gombe State, Nigeria.

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Abstract

Introduction: Low demand for family planning (FP) services in Nigeria has contributed to the country's low adoption of modern contraceptives, despite a substantial awareness of these methods. As a result, only a small proportion of the population utilize contraceptives. An Interpersonal communication agent strategy was introduced to improve the demand for FP in the private sector among women of reproductive age in Gombe State.

Aims and Objectives: The study aims to impact of interpersonal communication agents to promote family planning demand.

Methods: From January to June 2023, we deployed 8 Interpersonal Communication Agents (IPCAs) in Gombe Communities. Eligible IPCAs were community residents with the ability to read, write and speak the local language. They were trained to use an Interpersonal communication flip chart to provide FP information. Data analysis focused on the total number of persons reached for FP, referrals for FP, and the number of persons who assessed the services from Community pharmacies (CPs) or Patent Proprietary Medicine Vendors (PPMVs).

Result: Our findings showed that IPCAs reached a total number of 3,934 persons for FP information through one-on-one interactions (2303) and small group interactions (1631). Among those reached, 3009 were referred for FP to the CPs and PPMVs, out of which 1,014 redeemed the referral to obtain FP services at the CPs and PPMVs outlets.

Conclusion: Although the IPCA model faced challenges like cultural beliefs, FP myths and misconceptions, and low male involvement, it proved effective in providing the right information to address FP myths, and improve and increase demand, particularly with women without social media access. Additional efforts such as embedding the right FP information and messages in other health

promotion activities like immunization and hygiene are needed to sustain the awareness and demand created by the IPCAs.

P050

Embedding implementation research in the introduction and scale up of self-administered injectable contraception in health systems

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Abstract

Background: Self-care interventions have the potential to improve constraints on individuals' access to services and to lessen the burden of overloaded service use on health systems. The introduction of self-administered injectable contraception presents an opportunity to address the unmet need for family planning. Countries lack contextually appropriate strategies for integrating it and supporting the introduction and scale-up in health systems as there is a scarcity of knowledge on the implementation practices and contextual conditions that enhance and slow down these efforts. WHO launched the "enhancing self-administered family planning through embedded research project" (EASIER) to address this challenge.

Objectives: The project's objectives are to: (1) assess the coverage of self-injectable contraception, and the readiness of health systems to integrate it into the contraceptive method mix; (2) document strategies used to introduce and scale up self-injectable contraception and understand practices that have led to success and challenges; (3) identify the contextual factors that affect the adoption and implementation of self-injectable contraception throughout health systems; (4) understand whether implementation addresses users' preferences and needs; (5) strengthen collaboration between decision makers, researchers, and implementers; support and build capacity to use evidence.

Methods: A global implementation research (IR) protocol was adapted by teams in Burkina Faso, Ghana, and Kenya adapted into country-level embedded IR projects. In countries IR teams (1) at the national level evaluate the policy environment for scaling up through a desk review and in-depth interviews; (2) at the local level quantitative questionnaires on structural and organizational readiness to integrate self-injection into the method mix are done; (3) in "case study" localities, in-depth interviews and focus group discussions with implementers, method users, and community members are conducted; and (4) participatory action research are used to elicit stakeholder participation and translate findings into programmatic decisions.

Results: The project has been launched in the above three countries. Findings from Burkina Faso and Kenya have been used to do phase two interventions to test strategies. In Burkina Faso, the need to

strengthen health worker training strategies were identified to ensure that family planning providers at primary health care facilities are adequately oriented to depo- medroxyprogesterone acetate subcutaneous (DMPA-SC) and self-injection and empower women to initiate the method. The need for service communication strategies that reach potential users of the method with knowledge about self-injection and how to initiate the practice were also identified. In Kenya, the findings emphasized the need for practice guidelines that county health teams can use to coordinate the rollout of self-administered DMPA-SC. Kenya's findings also underscore the importance of addressing logistical bottlenecks to help avoid commodity stock-outs. The importance of accurate data capturing was emphasized in both countries.

Conclusions: EASIER is an innovative strategy to embed IR in contraceptive method introduction and scale-up, address local knowledge needs, develop ways to maximize the impact of new technologies in health systems, and build capacity for using evidence in programmatic decisions. Adaptation and implementation of country-level IR studies will advance the use of IR to strengthen family planning programs.

P051

Male contraception through women's eyes

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Abstract

Background: Gender equity in modern times requires the switch to the one-sided approach to contraception. Indeed, man are increasingly interested in being involved in the couple contraception approach. Besides, women also desire to share this responsibility. There are effective contraceptive options for male use, even though little information is released on this issue.

Aims and Objective: This study aims to evaluate the knowledge and opinion of women about male contraception and their trust in new male methods use if available.

Methods: After approval from the Portuguese Contraception Society, an anonymous and self-administered-questionnaire was carried out among Portuguese women. It included 23 questions about knowledge and experience of women regarding male contraception and their opinion and trust in future new hormonal male contraception methods.

Results: In total, 173 responses were included. Among these women: mean age was 34 years old [14-76], 87% had high educational background, 52% were single, and the majority (91%, n=158) had active

sexual life. Among contraception users (82%, n=142), oral contraception was the most frequent method used (42%, n=57), followed by male condom (19%, n=27).

Around 95% of responders believed that contraception responsibility is of both partners of the couple, even though only 7% was open to sharing this responsibility and 10% considered that couple's intimacy gets broken if such happens.

The majority of women (85%, n=148) is aware of the male contraception options available. Regarding their contraceptive efficacy: 85% (n=148) trusts in male condom efficacy and 67% (n=116) trusts in vasectomy.

Almost 55% of the women felt insufficiently informed about male contraception.

Nearly 69% (n=119) of women think their male partner is in favor of using an hormonal contraception method if possible in the future, and considered that the subcutaneous contraceptive implant would be the most preferable option (69%, n=119).

Conclusions: Our results highlight the international tendency already observed that both couple partners are revealing increasing interest in sharing the contraception responsibility in an informed and conscious way. As a consequence, it is critical to promote health literacy in male contraception, as well as to encourage future research in new male hormonal contraceptives.

P052

Post-Abortion Contraceptive Decision-Making Among Vulnerable Populations

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Abstract

Background: Contraceptive counseling, availability, and possible provision after an abortion can help patients achieve their reproductive goals. Contraceptive decision-making following an abortion is complex and multifactorial. In the US, individuals living on low incomes often face additional challenges like lack of health insurance, language barriers, and travel burden. In our safety net hospital, all contraceptive methods are available to patients without regard for ability to pay. This study examines sociodemographic factors in conjunction with contraceptive uptake in our abortion-seeking patients.

Aims and Objectives: To characterize contraceptive uptake along with demographic and clinical factors at the time of abortion among patients at a US urban safety net hospital.

Methods: We abstracted demographic and clinical information from the online medical record for patients receiving a medication or procedural abortion for an undesired pregnancy from April 3, 2019 to June 30, 2021. We recorded age, gestational duration, insurance status, distance traveled to the

hospital, and contraceptive method selected at the time of abortion. We generated descriptive statistics using SAS 9.4.

Results: Of 638 patients aged 13 to 46 who received an abortion during this study period, 244 (38%) received medication abortions, 171 (27%) received procedural abortions <14 weeks, and 223 (35%) received procedural abortions ≥14 weeks. 451 (71%) of patients were parous. Although 480 (75%) were primary English speakers, 131 (21%) were primary Spanish speakers, and 27 (4%) primarily spoke a language other than English or Spanish. 453 (71%), 108 (17%), and 72 (11%) of patients were insured by Medicaid (government funded coverage for economically disadvantaged individuals), private insurance, or uninsured, respectively. Patients traveled a median of 9 miles for care with an IQR of 6.2-13.1 miles. 165 (23%) were referred for hospital-based care, most commonly for a medical problem. 478 (75%) chose a contraceptive method during their evaluation, and 160 (25%) declined contraception. Patients most often chose oral contraceptive pills, patch, or ring as their contraceptive method (246, 33%). 141 (19%) initiated a levonorgestrel intrauterine device (IUD), 105 (14%) an etonogestrel subdermal implant, 53 (7%) a copper IUD, 62 (8%) depot medroxyprogesterone acetate injection, and 26 (3%) opted for a barrier method. 350 (77%) of Medicaid, and 82 (76%) of privately insured, and 43 (60%) of uninsured patients initiated contraception, respectively. Patients with prior abortions were equally likely to initiate contraception versus those without.

Conclusion: Most patients initiated a contraceptive method during their abortion care. A similar proportion of patients chose user-dependent versus long-acting reversible contraceptive methods, despite availability of all methods and potential challenges with maintenance of user-dependent methods in our patient population.

P053

Family Planning after Early Childbirth Period in Turkey

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Abstract

Objectives:Postpartum clients are among the most important who have a special need for contraception. If the woman is not fully breastfeeding during the first 6 month after childbirth, she can get pregnant again as soon as 4 weeks after childbirth. Family planning(FP) services in the postpartum period contribute to protecting and improving the health of mothers and children by ensuring conscious planning of interval between births which should be at least 24 months according to WHO.

After 2010, implementing Health Transformation Program in Turkiye, access to FP counselling and services in primary health care has become very difficult.

It is objected to determine the knowledge and preferences of mothers who gave birth in the last 7 months about FP.

Method: This is a cross-sectional study. The mothers who applied to Paediatrics Polyclinics of a University Hospital in September 2023, for their babies within first 7 months were enrolled(n:183).

Ethical and formal permissions and informed consents were obtained(09.2023.1108)
Data were collected with the specific questionnair(44 questions). The 20 questions were related the knowledge of FP and scored 0-100 points. Data were analysed in SPS.

Results: Median age of mothers was 29(18-47) and 22.4% of their age were ≥35 years. The 30.0% participants were graduated from high-school and over. 73.8% of the last pregnancies was intended, while 48(26.2%) did not. 45.8% of unintended pregnancy mothers said that any contraceptive method was not used before pregnancy.

While 36.1% had only one child, only 4.3% of women had 5 or more. The median number of children of mothers age's ≥35, was 3(min-1,max-6).

Half of the mothers were exclusively breastfeeding(99,54.1%), the remaining used formula or did not breastfeed, 73.8% of mothers who did not exclusively breastfeeding were using any modern method. While 34.4% of mothers had already started to use any method, 17.5%consider later and 48.1% never use. Among the using contraceptives;21(33.3%) was ıud, 11(17.5%) was tubal ligation, 11(17.5%) was condom, 10(15.9%) was oral contraceptives, 3(4.7%) was other modern methods and 7(11.1%) was withdrawal. Most of the risky group(age≥35 years) was using any modern method(85.4%) .

When we look at the status of receiving counselling, 87 out of 183 mothers received counselling from a healthcare professional during pregnancy, 42 after birth, 79 did not receive at all.

Half of the mothers said that getting FP counselling services during their antenatal period from any health workers(104,56.8%). Mothers who received counselling services used more modern methods than those who did not (respectively 90.4%,68.4%,p<0.001). While 25 of these 48 mothers had used modern methods in the past 22 did not use any.

Conclusions: We emphasize the importance and necessity of FP counselling and services for the health of mothers and children, so that all pregnancies are wanted and planned in the time period when the mothers and children will be healthy. Our results showed that FP counselling services during the antenatal period was helpful for this special, risk period to women, after childbirth.

P054

We can leave the LNG-IUS 52 onsite during treatment with relugolix CT for uterine fibroids

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Abstract

Background: Relugolix CT (relugolix 40 mg, estradiol 1 mg, norethisterone acetate 0.5 mg) is a new treatment for uterine fibroids associated symptoms. Also the levonorgestrel-intrauterine system (LNG-IUS 52 mg) can be a contraceptive method and an off-label treatment for fibroids associated symptoms.

Aims and Objectives: Can we leave onsite a LNG-IUS 52 mg onsite during treatment with reluglox CT for uterine fibroids?

Method: We report the case of a 44 years old nulliparous woman with very severe symptoms due to uterine fibroids. She did a myomectomy 14 years ago. At the inclusion she presented very heavy menstrual and intermenstrual bleedings: at transvaginal ultrasound (TV-US) 2 fibroids (FIGO 3: 45 mm, FIGO 4: 18 mm) were detected.

Results: The first treatment attempt was with LNG-IUS 52 mg. Despite this was onsite, the menstrual bleeding has been reduced but still intermenstrual bleeding occurred. After 6 months relugolix CT has beed added to LNG-IUS, leaving it onsite. We have reached complete amenorrhea after 3 months of combined treatment. After 17 months of treatment the satisfaction with treatment (Relugolix CT and LNG-IUS 52 mg) is 10/10, no side effects reported and still she is in complete amenorrhea. The size of fibroids is FIGO 3: 36 mm and FIGO 4: 17 mm.

Conclusions: It is possible to leave onsite the LNG-IUS 52 mg during treatment with relugolix CT for uterine fibroids. Levonorgestrel and noerthisterone are both similar androgenic testosterone derivatives progestins, behaving synergistically on the endometrium.

P055

“How do I really want to be as a man?”: masculinities, critical consciousness, and contraceptive decision-making – findings from an interview study in Germany

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Abstract

Background: What kind of man one is or one becomes in a relationship is not only a personal and biographical concern for our participants in an interview study on contraception and family planning in Germany, but also a core question in the wider field of gender-equitable sexual and reproductive health and rights. It also has practical implications for the design and implementation of gender-sensitive health services.

Aim: Challenging the trope that contraception is only women’s business, we sought to investigate how men reflect on their own masculinity in relation to contraception and family planning throughout their lives and relationships. More specifically, we aimed to answer the following questions: i) referring to Freire’s critical pedagogy, in which ways do men develop a critical consciousness of (their) masculinity

and ii) how does this process factor into discourses and practices pertaining to family planning and contraception.

Methods: We conducted 12 qualitative, semi-structured interviews, of which 3 were duo interviews (the main participants invited a partner, friend, or relative to join them). We analysed the data thematically.

Results: Participants, including interview partners, were aged 17-48 and came from various social, geographical and education backgrounds. Five participants identified as either bi-sexual or pan-sexual, one participant was homosexual. Two participants identified as non-binary. We observed five dynamics that helped men move away from hegemonic norms and in the direction of alternative, caring or more gender equitable versions of manhood (e.g. rejection of negative role model, lived experience of care and self-care). In the second main theme, we explored how that transformed version of masculinity may be read as critical consciousness and can impact contraceptive decision-making on two levels – a more active and a more critical one, offering real-life examples of the impact of transforming gender norms on sexual and reproductive health (e.g. seeking alternative contraception methods).

Conclusion: Our study offers starting points for reflection and adaptation of contraception and family planning services which would cater to the needs of a diverse population in the German context: integrating caring, alternative, or queer masculinity symbols into health service communications by increasing visibility of positive reproductive role models, integrating individual and inter-personal emotions, experiences and expertise of a user's contraceptive history into consultation processes or outsourcing to community partners; implementing contraceptive consultations guided by an understanding of the complexity, ambiguity and trade-offs within decision-making processes across genders.

P056

Successful implementation of a service providing immediate postpartum long-acting reversible contraception in Brazil: results from providers' adherence and uptake by postpartum women

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Abstract

Background: The provision of immediate postpartum long-acting reversible contraception (LARC) can overcome many barriers faced by women in accessing these methods after childbirth. Immediate postpartum LARC provision is not routinely available in all public maternity wards in Brazil, a country with low rates of LARC use (4%) despite high prevalence of contraceptive use (more than 80%).

Objectives: We established an immediate postpartum LARC provision service in a public maternity ward in the Women's Health Reference Center of Ribeirão Preto, a low-risk maternity ward affiliated with the University Hospital of Ribeirão Preto School of Medicine of the University of São Paulo, Brazil. This study

aimed to describe the adherence to it by the maternity staff and the uptake rate of immediate postpartum LARCs by patients at the fifth year of the service implementation.

Methods: We implemented this service in September 2018, which involved the availability of LARC in the maternity ward, training on immediate postpartum counseling and insertion of LARC for the maternity staff, and general education on postpartum contraception for health providers responsible for the prenatal care. Our target of adherence is having at least 75% of the maternity staff offering and inserting postpartum LARCs and at least 10% of postpartum women choosing and having a LARC inserted before the discharge.

The copper intrauterine devices (Cu-IUDs) are provided by the National Health System (which provides universal, public, and free healthcare) and the etonogestrel implants are provided by the municipality. As part of the standard care, providers approach women for contraception counseling during prenatal care visits. However, if a woman is admitted for labor and delivery without prior counseling, she receives contraceptive counseling during the admission.

The percentage of the maternity staff (Obstetrician and Gynecologists responsible for residents' supervision) who adhered to postpartum LARC counseling and insertion and the percentage of patients who accepted immediate postpartum LARC during the year of 2023 were provided monthly by the Maternity Ward administration through the review of 100% of medical records of the deliveries that occurred in the institution. We used descriptive statistics to present our data.

Results: Our maternity ward performs 200-250 deliveries per month. From September 2018 to December 2023, 100% of the maternity staff adhered to immediate postpartum LARC provision in our maternity ward. The average uptake rate of immediate postpartum LARCs was 37.2% (range: 35.2% to 46.3%), being 22.5% (range: 19.5% to 27%) for Cu-IUD and 14.7% (range: 8,2% to 26%) for etonogestrel implant.

Conclusion: These findings showed that we overcame the initial targets of maternity staff's adherence to immediate postpartum LARC counseling and insertion, and of immediate postpartum LARC uptake by patients who had their deliveries in our maternity ward. We also showed the demand for LARC by postpartum women in our maternity ward. The implementation of more services like ours can allow more women to access LARC after childbirth in Brazil.

P057

Understanding Vulnerability: mixed methods research on prevalence, prevention, experiences and outcomes of uninteded pregnancies among school dropouts, NEETs and LLSV students in the Netherlands

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Abstract

Background: Contraceptive use in the Netherlands is high compared to other countries. Furthermore, adolescent pregnancy, birth, and abortion rates are among the lowest in the world. However, some subgroups in the Netherlands are more at risk of unintended pregnancies than others. A knowledge synthesis showed that quantitative research into unintended and unwanted pregnancies among specific at-risk groups in the Netherlands is scarce. Understudied groups, particularly at risk, are low-level secondary vocational students (LLSV students), school dropouts, and young people not in employment, education, or training (NEETs).

Aims and Objectives: The aim of this mixed methods research is to (1) gain insight into the prevalence of unintended and unwanted pregnancy in these groups compared to the Dutch population and into associations with important risk and protective factors and (2) gain insight into the experience of the pregnancy, the underlying processes, and the impact of this pregnancy on their lives. The objective is to assess uninteded pregnancies among three risk groups. The outcomes enable professionals, including policymakers and health promoters, to prioritize their activities for those target groups that are most at risk and to develop and implement targeted and tailored interventions for prevention, care, and support in these groups.

Methods: Existing data were analyzed from the periodic survey "Sex under the age of 25" (S<25), which provides Dutch statistics on unintended and unwanted pregnancies among adolescents. Secondary analyses on LLSV students, school dropouts, and NEETs aged 16-25 years in S<25 (2017 and 2022 editions) were performed. Additionally, among male and female adolescents aged 16-28 who experienced an unintended pregnancy before the age of 25 (irrespective of the outcomes), 23 in-depth interviews were conducted.

Results and Conclusion

We present the prevalence, risk factors, and protective factors for unintended pregnancies among adolescents within three risk groups. Additionally, we provide insight into how the unintended pregnancy influenced their lives and the support they need.

P058

Complex intrauterine contraception service within integrated sexual health

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Abstract

Background: Intrauterine contraception (IUC) are highly effective, long acting and reversible forms of contraception which are widely utilised. They are inserted and removed via simple office-based procedures and for most people are very acceptable and cause no issues. Some however may experience more difficult insertions or need more involved removals if the device is malpositioned or IUC threads cannot be easily identified.

Issues with IUC is a common presentation to sexual health services in the UK. At Brighton Sexual Health, prior to 2022, patients experiencing significant issues with IUC would usually need a hospital ultrasound scan to locate the device and/or ensure correct position, carrying a routine wait locally of 6-8 weeks. If a device needed a more difficult fit or removal a routine outpatient gynaecology appointment locally has very long wait of 50-60 weeks. Whilst waiting patients would often have multiple attempts at insertion/removal, experience side-effects, require additional contraception or experience delays conceiving. These more complex procedures can however often be facilitated with availability of in-house ultrasound.

Aims and Objectives: At Brighton Sexual Health we secured funding for an in-house ultrasound machine in 2022. The aim of this study was to evaluate whether the complex IUC service improve patient waiting times and need for onward referral to gynaecology between September 2022 to September 2023

Method: We reviewed the electronic patient records of patients attending the complex clinic including demographics, reasons for referral, wait from booking to appointment, ultrasound findings and if patients could be managed in-house or referral was needed.

Results: 145 patients were seen with a median age of 34 years [IQR27-43] and 50%(73/145) were nulliparous. The median wait for appointment was 28 days [IQR 15-39]. The most common reason for referral was 'lost' IUC threads (45% [65/145]), with complicated or inability to fit (14%[20/145]) and issues following a recent fit (11%[16/145]) being next. 10%(14/145) had incidental findings of which 9 patients needed follow-up ultrasound scan. 95%(138/145) had their IUC issue fully managed within sexual health. 7 patients needed onward referral to have the IUC problem managed which included one perforation and one new malignancy diagnosis. There were no immediate complications found.

Conclusion: Availability of in-house ultrasound ensures most IUC problems can be fully managed within sexual health providing continuity of care. This service has reduced patient wait times and need for onward referral and suggests that providing ultrasound in sexual health clinics improve patient pathways.

P059

Extraction-site de novo fibrosis post-removal of Nexplanon contraceptive implant

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Abstract

Background: The Nexplanon etonogestrel contraceptive implant has been associated with peri-implant fibrosis, a foreign body reaction (FBR) that occurs when the body's immune system responds to a foreign object. However, fibrosis arising de novo after the successful removal of a Nexplanon implant

has not been reported previously. Its importance lies in engendering patients' and providers' concerns about incomplete implant removal, leading to unnecessary repeat procedures.

Aims and objectives: To report two cases of fibrosis arising de novo after complete removal of the subdermal implants, discuss the aetiology and review the literature.

Methods: Case Report

Case 1**.** A 36-year-old nulliparous woman without a history of allergies attended our clinic for the removal of a Nexplanon contraceptive implant inserted in her left upper arm four years earlier, as she wanted a pregnancy. The implant was successfully extracted intact and complete, but she returned to our complex contraceptive clinic five months later, concerned that the implant remained visible and palpable throughout its entire length. Examination revealed a palpable, linear, and indurated area of similar length to a Nexplanon implant, but an ultrasound scan of her left upper arm showed no evidence of a residual implant. However, palpation of the patient's arm suggested the possibility of an implant in situ. The patient insisted on exploration, which was uncomplicated, but only fibrous-looking tissue was retrieved, subsequently confirmed as fibrous tissue through histological analysis.

Case 2**.** A 35-year-old woman allergic to plasters attended our clinic for the removal of a Nexplanon implant that had been in place for 37 months. It was removed in two pieces, measuring a total length of 4 cm. A new Nexplanon implant was subsequently inserted into the same arm, utilising 1% lidocaine as a local anaesthetic. Returning to the clinic, she requested the removal of the Nexplanon implant 40 days after its insertion because of bruising and discomfort. It was removed using the pop-out technique. Two days later, she claimed that she still felt as though there was a full-length Nexplanon implant in her arm. On examination of the site, the area of induration measured four centimetres in length, but the ends of the area were not palpable as expected for an implant. An ultrasound scan of the site showed no evidence of an implant. The patient was informed and reassured that the fibrosis observed resulted from the previous removal of her Nexplanon implant.

Conclusion**:** Peri-implant fibrosis in response to Nexplanon is recognised as a rare foreign body reaction, and the design of the implant assists in its management. It is even more uncommon for de novo fibrosis to occur following the removal of the device; the largest prospective cohort study did not report a single case. It is essential to emphasise the importance of proper training and techniques to minimise the risk of unnecessary repeat procedures resulting from the mistaken belief that the device has not been completely removed.

P060

Is Hormonophobia a Reality in Our Society?

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Abstract

Background: In recent studies on the various contraceptive methods used by the current population, a trend towards hormonophobia has been observed. Hormonophobia is defined in the literature as excessive fear of hormones based on irrational concerns, overestimating the risks associated with their use.

Aims And Objectives: To examine the population's knowledge regarding the beneficial and detrimental effects of hormonal treatment, the existence of hormonophobia, and the various reasons behind it.

Method: Descriptive observational study. A digital registration form was used for quantitative data collection, including women of reproductive age.

Results: A total of 506 women (16 years - Menopause) were registered. Contraceptive users (72.53%): Non-hormonal (61.3%) and hormonal (38.7%). Non-users of methods (27.47%). Most used methods: Condom (50.68%) and Pill (22.62%).

The preference for natural methods is mainly attributed to misinformation about different contraceptive options (49.22%), followed by a rejection of hormones as they are not considered natural (27.86%).

The main reason for avoiding hormonal treatment is the fear of side effects (47.25%), followed by a preference for natural methods (25.82%). The main collected reasons were weight gain (57.7%), mood alterations (34.4%), and decreased libido (33.3%).

Conclusions: The estimation of contraceptive use in this study is similar to the national records; however, the estimated use of hormonal treatments is significantly higher.

Perceptions of the beneficial effects of hormones are highly variable. A considerable percentage is aware of them; nevertheless, they continue to reject their use. This social idiosyncrasy can be explained by the nocebo effect.

The rejection of hormones is a growing trend in our environment, and there is a wide range of reasons why the current population rejects hormonal contraception, including fear of side effects, a preference for natural contraceptive methods, and ignorance of the beneficial effects of hormones in our body.

P061

In-office location and marking of nonpalpable etonogestrel implants in a referral center: A case series.

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Abstract

Background: Several methods have been described for locating and marking nonpalpable contraceptive implants: ultrasound scanner, x-rays, magnetic resonance imaging, axial tomography, near-infrared light, fixation with a curved needle, harpoon-wire ultrasound-guided marking.

We aim to describe a localization and specially the marking method we use as a referral center for nonpalpable implants localized in the arm. For localization in a gynecology consultation we use a high-resolution linear array of 12.5 MHz ultrasound scanner. Once the rod is located by ultrasound, the distances between both ends of the device and the skin; as well as the distance between the device and the large vessels are recorded to establish the convenient surgical approach. Then the implant is draw in the skin of the arm and measured the distances between the draw and the patient's arm skin marks (birth marks, scars, tattoos) using a measure tape. Each measurement is photographed and attached to the patient's medical history previous patient consent.

This marking process is reproduced days later in the operation room to guide the extraction procedure of the deep placed implant.

Aims and Objectives: The aim of the study is to assess the marking method performed in-office using patient's arms skin marks after implant localization via high-resolution ultrasound, and reproduced it days later in the operation room, as a reliable method to guide the surgery procedure to remove deeply located contraceptive implants in the arm in centers that do not have high-resolution point-of-care ultrasound scanner in the operation room.

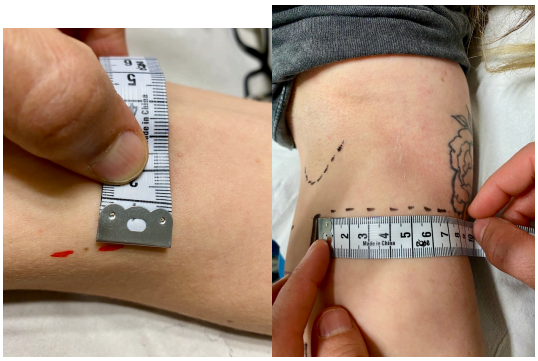
Design & Methods: We conducted a retrospective study of 9 patients who were referred to our center for localization and removal of nonpalpable implant between January 2022 and December 2023. The process of localization and marking were done in an outpatient gynecology consultation, the devices were later removed in the operation room with the aid of an orthopedic surgeon.

A high-resolution ultrasound scanner with a linear array of 12,5 MHz, a measuring tape graduated in centimeters-millimeters, an ink marker and a photo camera were used in the consultation for localization and marking the implant. The images of the measures were attached to the patient's medical records and reproduced later in the operation room.

Results: In the 9 studied patients, the marking procedure done in the consultation was reproduced in the operating room and then verified by high-resolution point-of-care ultrasound. The device location was corresponding with the expected one in all cases.

Conclusions: In-office marking method of nonpalpable implants using patient's arm skin marks was reliable to guide the extraction of non palpable implants in the operation room. In addition, it is efficient, low cost, with no complications, no need of radiology referral, then considerably reduce patient's waiting lists for location and removal procedure.

This marking method could be useful in centers that do not have high-resolution ultrasound scanner in the operation room.



Contraceptive and sexual and reproductive health education and training of healthcare providers, users, family, and friends – all aspects

P062

Sexual transmitted infections – does knowledge change choices regarding contraceptives

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Abstract

Background: Human papillomavirus (HPV) is the most common sexually transmitted infection (STI) with an 80% lifetime risk of infection. Low-risk HPV types may cause formation of anogenital warts, whereas high-risk types may cause cancer of the cervix, anus, vulva, vagina, penis, and of the head and neck. In 2009, the quadrivalent HPV vaccine was implemented in the Danish vaccination program for children. In 2017, this was replaced with the 9-valent Gardasil HPV vaccine. Further-more, catch-up programs targeting women born between 1985-1997 were launched. Since this implementation, the incidence of anogenital warts and cervical neoplasia declined among HPV vaccinated individuals. A previous Danish study has found no association between HPV vaccination and early sexual debut or risky sexual behavior. However, research on sexual behavior on adolescents is limited. The aim of the present study was to describe characteristics of contraceptive choices among adolescents based on HPV vaccination status and knowledge on STI.

Aim & Objectives: This cross-sectional study was conducted in Tønder Municipality, Denmark, once every year from 2020 until 2023. A questionnaire was distributed to all pupils in ninth grade at the primary and secondary schools in Tønder municipality without giving prior notice to neither teachers nor pupils. Ninth grade is the last year of elementary school, and includes all adolescents of the municipality. We divided the debutants in subgroups of HPV vaccinated and not HPV vaccinated.

Method: This cross-sectional study was conducted in Tønder Municipality, Denmark, repeatedly once every year from 2020 until 2023. A questionnaire was distributed to all pupils in ninth grade at the primary and secondary schools in Tønder municipality without giving prior notice to neither teachers nor pupils. Thus, the population included all adolescents at that particular age. We categorized knowledge about HPV and STI as low, fair and good if two-three, four-five, or six or more consequences were known, respectively.

Results: 132 of 718 (18%) had their sexual debut at the median age of 14 years. The median age, when answering the questionnaire, was 15. At sexual debut, 65 % used contraception while 15 % did not (want to) answer. At latest intercourse, 58% used condoms and/or oral contraceptives. Amongst the HPV vaccinated the use of condoms, oral contraceptives and both were 31%, 22% and 5%, respectively. Amongst not HPV vaccinated pupils, 37% used condoms and 5% used oral contraceptives.
When asked about knowledge on consequences of a sexually transmitted disease, 2.7% had knowledge on the subject, with no difference regarding HPV-vaccination status.

Conclusions: Data suggest that adolescents need more education regarding STIs and associated short- and long-term consequences. Pupils lack knowledge on other STIs than chlamydia, and especially HPV. Only 58% used contraceptives, whereas 30% used condoms, at the latest intercourse with comparable numbers in HPV vaccinated and HPV un-vaccinated adolescents.

P063

Evaluation of a brief educational intervention on the acceptability of intrauterine contraception by women of reproductive age

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Abstract

Background: In France 92% of women of reproductive age declared using a contraception in 2016. The French « contraceptive norm » has slightly evolved since the pill scare crisis in 2013. However LARC are not yet the preferred option despite their optimal efficacy compared to oral contraceptives, especially in young women who tend to prefer the pill. Amongst LARC, IUDs are flawed by myths and preconceived ideas, mostly fueled by word-of-mouth negative stories from women's friends and family members. Moreover women suffer from a lack of objective information about intrauterine contraception that could be delivered by healthcare professionals.

Objective: Evaluation of women’s opinion about IUD as a potential contraception after a short didactic presentation about IUDs

Method: Randomised clinical trial assessing the effect of a brief educational intervention on the acceptability of intrauterine contraception. Participants were randomly allocated to either receive the presentation about IUDs before answering a questionnaire or the reverse.

This study which was approved by an ethics committee, was conducted in two hospital-based family planning and abortion centres of the Paris region in France.

Data were collected via an anonymous self-administered paper-based questionnaire given to women during a consultation for family planning.

Inclusion criteria:
-Women over 18 years of age
-Women consenting to participate

Exclusion criteria:
-Pregnant women
-Women with an IUD (currently or in the past)
-Women consulting for IUD insertion
-Post-menopausal women
-Sterile women
-Illiterate women or not reading French

The study sample size of 120 patients was based on the hypothesis that the proportion of women accepting the IUD for contraception at least doubled after the presentation of IUDs (from 20% without intervention to 40% after intervention). An interim analysis was done when 50 women were included in the trial. The trial was then prematurely stopped since the results enabled us to conclude ; continuing the recruitment of patients was both useless and unethical.

Results: Despite a smaller than planned sample size, both groups were not significantly different (chi^2 tests) with respect to age, school level, professional and conjugal status, gynecological follow-up or parity, except contraception currently used.

The rate of women ready to use an intrauterine contraception after the intervention was 57.7% as opposed to only 20.8% for those who answered the questionnaire before the intervention (chi^2 test, p=0.021).

Conclusions: A 5-minute presentation of the various IUDs, of their respective mechanism of action and side-effects, their actual size (short and standard models), and the demonstration of their insertion and removal with a dummy uterus (usually used for training purposes), allow women to change their opinion in favor of intrauterine contraception.

Healthcare professionals working in family planning might envisage adding a brief educational presentation of IUDs to their counseling practice in order to encourage their patients to adopt intrauterine contraception, and thus reduce the risk of unintended pregnancy especially high in young women who are more reluctant than older women.

P064

Advocating for sexual reproductive health rights for Adolescent girls in Africa

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Abstract

Background: I am a young Zambian lady aged 24, a medical doctor by profession. I am presenting this paper because I am a past victim of sexual abuse at the age of 13 had a baby due lack of sex education which is affecting a lot of adolescent girls, in Africa. Most of the girls after having a baby at an early age end up dropping out of school and getting married. I am encouraging all adolescent' girls who are having babies to go back to school and continue their studies. I am a testimony to the adolescent girls who have passed through the problem of human rights abuse and thus lack of sexual and reproductive health education which nearly cost my life.

Aims and Objectives:

2.1 To increase awareness among adolescent girls on their health rights

2.1 To lobby and advocate with the African Government to fully implement sexual and reproductive health rights for adolescent girls at the district level-grassroots level.

Method: Africa is experiencing the largest youth population ever in its history entering a childbearing age of 14 or less, with adolescents constituting more than one-quarter of the total population. Teenage pregnancy rate stands at 28% and about 42% of girls are married by age 16; while an estimated 30% of maternal deaths are a result of unsafe abortions, of which 80% are among adolescent girls. Weak supportive legal policy and **less accountability** by most governments at the local or district level on sexual and reproductive health rights for adolescent girls and young women has caused the above problems. During my research, I noted that 80% of the district development plans do not have the plan in place at the district -grassroots level. The paper will provide information and recommendations on how to improve accountability and awareness of sexual and reproductive health rights for adolescent girls at the district level /grassroots level.

The paper will recommend the promotion and distribution of male and female condoms targeting adolescents and young people, through social marketing, social media platforms, and mass media.

The parents especially the mother will be trained to have Franky talk with their adolescent girls to spread messages on reproductive health rights to young girls so that they can demand their rights promote accountability from their leaders to prevent early babies like mine and encourage the local government to fully implement sexual and reproductive health rights for adolescent girls

Results : Increased knowledge among the community about sexual and reproductive health rights for adolescent girls will result in more girls enjoying their education rights. The local governments will become accountable for their promise to protect girls

Conclusions : I noted that the evidence-based approach will influence, facilitate, and promote social accountability to achieve health outcomes among adolescent girls. They are a need for African nationals to build the capacity of peer educators to demand accountability and an improved supply of family planning services in established youth-friendly centers in rural areas and at district levels.

P065

A study on contraceptive knowledge and counselling practices among ob-gyn residents in Slovenia

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Abstract

Background: Free decision-making about family planning, including the right to contraception and safe abortion, has been recognized as a fundamental human right since 1968 by the United Nations. This right has been preserved in the Constitution of the Republic of Slovenia since 1974. Contraception counselling in our country had already begun in 1955.

Aims and Objectives: To evaluate the knowledge and attitudes of obstetrics and gynaecology (ob-gyn) residents about contraception and abortion, as gynaecologists are the major prescribers of contraception in Slovenia.

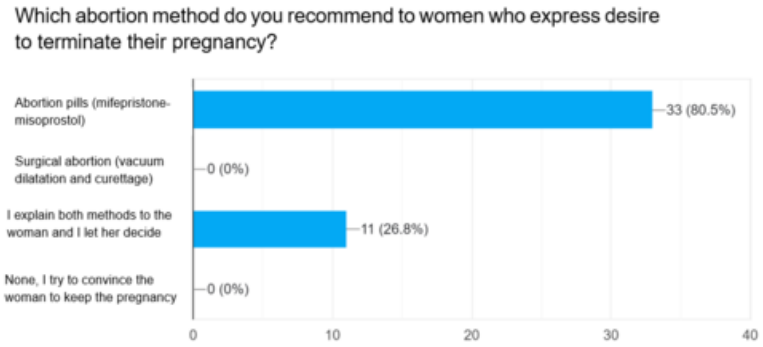
Design & Methods: An anonymous survey, consisting of demographic, rating scale, multiple-choice, and open-ended questions, was distributed to 88 ob-gyn residents rotating in the Division of Obstetrics and Gynaecology at the University Medical Centre Ljubljana, Slovenia. The survey inquired about factors influencing their prescription of contraception, and their knowledge was assessed by solving specific case situations. Quantitative and qualitative content analysis was performed.

Results: The survey had a response rate of 47% (N=41). Approximately two-thirds (60%) of the respondents were in their 2nd or 5th year of residency, and they reported prescribing contraception regularly, presenting all available methods to their patients. The majority (93%) believed that there are enough contraception methods in Slovenia to satisfy the needs and wishes of most women. Nearly half (44%) actively advised against periodic abstinence and withdrawal as reliable contraception methods. All respondents stated that they most frequently prescribe combined oral contraceptives. The majority knew the indications and contraindications of prescribing combined contraceptive methods and correctly solved the case report dilemmas in the survey.

However, only 53% were aware that depo-progesterone injections are available in our country. The most significant knowledge discrepancy was related to periodic abstinence methods. Specifically, 49% and 56%, respectively, held misconceptions that lactation amenorrhea and withdrawal are included among those methods.

Knowledge regarding abortion and abortion rights in Slovenia was high. However, considering abortion, 81% stated that they advised their patients with unwanted pregnancies to take abortion pills rather than opt for surgical abortion (Picture 1).

Conclusions**:** Contraception and abortion practices and knowledge among Slovenian ob-gyn residents are satisfactory. Residents are well informed and highly trained regarding family planning laws and methods. All respondents exhibited a positive attitude towards contraception and abortion, indicating that Slovenian women can generally receive competent contraceptive and abortion counselling and choose the most suitable methods for them.



Picture 1: Abortion methods recommendations by Slovenian ob-gyn residents to women who wish to terminate their pregnancy.

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P066

The role and application of the contraception counselling in postpartum women: experience from an italian birth center.

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Abstract

Background: The rate of unintended pregnancies remains alarmingly high, with approximately one-third occurring within the first 18 months following childbirth. Contraception in the postpartum period is crucial to reduce unintended pregnancies and space subsequent pregnancies. However, it is estimated that only 50 to 60% of women will use highly effective contraception after childbirth. A short interpregnancy interval (IPI) poses a high risk of adverse neonatal and maternal outcomes. According to the World Health Organization (WHO) and the American College of Obstetricians and Gynecologists (ACOG) the IPI should be 18-24 months to avoid the risk of adverse outcomes.

Aims and Objectives: The objectives of our study were to assess women's awareness of the contraceptive need in the immediate postpartum period, and to evaluate the actual willingness of women to initiate contraception in the first postpartum period.

Method: In this study, we enrolled patients who gave birth through spontaneous delivery or cesarean section at the IRCCS Azienda Ospedaliero Universitaria Sant'Orsola-Malpighi of Bologna, Italy, between January and September 2021. Participation in the study was offered to each woman during the postpartum hospitalization according to current clinical practice.
We collected data through self-assessment questionnaires, to gather information about general socio-demographic information (age, profession, nationality, education, marital status, residence), the woman's reproductive life (previous pregnancies, use of hormonal contraceptives), data related to postpartum contraceptive counseling (when and by whom it was received), information about knowledge of contraceptive options (availability, effectiveness), and the inclination of postpartum women to use hormonal contraception in the future.

Results: We included 234 women within the first 3 days postpartum. 86.7% of the participants were Italian with a high level of education (degree or higher), and 61.1% reported following a religion. 56.4% stated having only one child. Most women (85.6%) had been followed by both a gynecologist and midwife during their last pregnancy. 45.7% had used contraceptives during their lifetime, with the majority (67.5%) using combined hormonal contraceptives or condoms. While 78.6% of women were aware of the importance of IPI, only 20.5% received counseling on postpartum contraception, equally from midwives or gynecologists. However, this counseling occurred in only 9% of cases during pregnancy, and only 8.1% of women received informational material on hormonal contraception in the immediate postpartum period. Only 28.6% of women expressed willingness to use hormonal contraception immediately postpartum, and 33.8% stated they did not want another pregnancy. 68.8% were aware of the possibility of using hormonal contraceptives postpartum, and 61.5% during breastfeeding, but only 11.9% knew that ovulation could resume shortly after childbirth. Additionally, 59% of women declared dissatisfaction with the contraceptive counseling received.

Conclusions: During pregnancy, healthcare professionals often inadequately address contraceptive issues, leaving women uninformed about the timing of fertility resumption. Thirty percent of women are unaware of the possibility of using contraceptives in the immediate postpartum period. These results underscore the need to enhance contraceptive counseling during pregnancy, both in community settings and hospital centers, involving physicians and midwives synergistically.

P067

Choice and factors associated to the use of contraceptive methods among postpartum women: a prospective cohort study

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Abstract

Objective: Identify factors associated higher use of the desired contraceptive method six months after delivery.

Materials and method: A Cohort and prospective study including 294 postpartum women in Fortaleza-Ceará, Brazil. The women's interview took place in tree different moments: during immediate postpartum period (before hospital discharge), two months after delivery and six months after delivery. The first moment took place through a face-to-face interview, the second and third occurred through telephone contact. For data collection and management, we used the REDCap electronic tool. Univariate and multivariate analyses (crude and adjusted odds ratio and 95% confidence intervals-CI) were used to identify factors associated with higher use of the desired contraceptive method six months after delivery.

Results: 294 women (166 adolescents and 128 adults) were included. At the initial assessment, contraceptive preferences were intrauterine device (IUD) (39.1%, n=115), implants (33.0%, n=97) and injectable hormonal contraceptives (17.0%, n=50). most of the participants (61.6%, n=181) opted to start contraception before hospital discharge. This option was significantly higher among adolescents than adults (69.9% x 50.8%, 116/166 x 65/128, p=0.001). At the 6-month interview, 42.5% (n=125/294) of the participants stated that they were using the desired contraceptive method. The percentage of participants who used the desired method at six months was significantly higher among adolescents than adults (54.8% x 26.6%, 91/166 x 34/128, respectively, p<0.001). Factors associated with higher utilization of the desired method at 6 months were younger age (aOR 3.80, 95% CI 1.61-8.95), white race (aOR 2.89, 95% CI 1.17-7.12), initiation of contraception prior to hospital discharge (aOR 6.35, 95% CI 3.34-12.08), and preference for short acting reversible contraceptives(aOR 3.23, 95% CI 1.66-6.29) (Table 3). Initiation of contraception before hospital discharge was associated with a higher probability of using the desired contraceptive method at six months among adolescents (aOR 7.61, 95% CI 3.37 – 17.19) as well as adults (aOR 2.35, 95% CI 1.03 – 5.36)

Conclusions: The immediate postpartum period consisted of an opportune moment for counseling and contraceptive offer. Postpartum women who started contraception before hospital discharge were more likely to adhere to the first-choice method during the study period.

P068

Smoking cessation process for healthy pregnancy in the korean reproductive-aged men

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Abstract

Background and aims: Smoking cessation during reproductive-aged is crucial for the health of both the pregnancy women and the baby. This study was explored smoking cessation process for healthy pregnancy in the Korean reproductive-aged men.

Methods: A descriptive cross- sectional study was conducted using online survey among 315 reproductive-aged men in Korea. Descriptive statistics were used to analyze the data in this study.

Results: Non-smoker group (n=156) had higher the severity perception (t=3.13, *p*=.002), benefit perception (t=5.41, *p*<.001), and self-efficacy to quit smoking (t=2.56, *p*=.003) than heavy-smoker group (n=159). The significant factors influencing smoking cessation for healthy pregnancy were sensitivity perception (β=0.13, *p*=0.001), severity perception (β=0.09, *p*=0.022), benefit perception (β=0.11, *p*=0.012), obstacles perception (β=0.26, *p*<0.001), activators (β=0.33, *p*<0.001), self-efficacy (β=0.21, *p*<0.001).

Conclusions: This study confirmed that the health belief model was a suitable conceptual framework for explaining the smoking cessation process for healthy pregnancy in reproductive-aged men. Also, these factors should be considered when developing interventions to quit smoking for healthy pregnancy among reproductive-aged men.

Key word: smoking cessation, reproductive health, pregnancy

Funding: This study was supported by the National Research Foundation of Korea (NRF) grant funded by the Korea government (Grant No. RS-2022-00166697).

P069

Challenges and Prospects of Improving the Data Quality of Lactational Amenorrhea Method (LAM) to Support Transition to Other Modern Family Planning Methods

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Abstract

Background: Despite being the simplest and inexpensive post-partum contraception, LAM remains as the least understood post-partum family planning (FP) method among health service providers and LAM users. Persistent issues regarding errors and inaccuracies of reported LAM data weakens the reliability of data reported by the Department of Health in the national health information system, Field Health Services Information System (FHSIS). In addition, inaccurate data on how to track and report correct LAM practice hinders health providers to support timely and seamless transition to other FP methods.

Objectives: This study aims to (i) to determine the number and proportion of LAM users erroneously reported in selected health facilities in Zamboanga City, Philippines (ii) to identify the technical, organizational, and behavioral factors that contribute to the quality of LAM recording and reporting and (iii) to identify strategies to improve the data quality of LAM data.

Method: This study aims to (i) to determine the number and proportion of LAM users erroneously reported in selected health facilities in Zamboanga City, Philippines (ii) to identify the technical,

organizational, and behavioral factors that contribute to the quality of LAM recording and reporting and (iii) to identify strategies to improve the data quality of LAM data.

Results: The extent of inaccuracies related to tracking and reporting LAM users has remained a challenge despite efforts to capacitate public health facilities with correct knowledge about LAM and steps to ensure the quality of reported LAM data. The study shows a high percentage of discrepancy (70%) between the reported LAM data versus the validated data. The most common reasons of discrepancy between reported and recorded LAM users are unavailability of LAM records, wrong identification of LAM users, and failure to track correct LAM practice. Apart from the knowledge gap on LAM, organizational factors like inadequate logistical and continuous training support, and attitude regarding late submission of reports among service providers affect the quality LAM data.

Conclusions: Overall, poor quality of LAM data can have various sources—inadequate training, misunderstanding on the LAM criteria, inadequate organizational support, overburdened health workers, and behavioral practices and work ethics of health providers. Generating reliable LAM data will require significant efforts using a holistic approach that addresses technical, organizational, and behavioral factors.

P070

The impact of a brief educational session on the choice of long-acting methods by postpartum women: a cross-sectional study

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Abstract

Objective: To assess women´s contraceptive preferences in the immediate postpartum period and the effects of a short educational session on these preferences.

Materials and method: This cross-sectional quantitative study included women ≤ 48 hours after delivery in a public Brazilian hospital. Participants were asked what was their contraceptive preference (initial preference); the same question was posed immediately after a brief educational session carried out by a health professional before discharge. The main goals of the educational session were defined as inform women the importance of early contraception in the postnatal period, which methods can be used during this period, mechanisms of action, effectiveness and safety of the contraceptives, correct form of use and side effects. The topics were taught in individual sessions in an interactive manner between patient and healthcare professional, lasting approximately 15 minutes. For data collection and management, we used the REDCap electronic tool. Statistical analyzes were performed using the JAMOVI statistical program version 2.3.28 and Microsoft Excel 2016. $P<0.05$ was considered significant.

Results: 402 women (226 adolescents and 176 adults) were included. Compared to initial preference, after the educational session there was a significant increase in preference for long-acting reversible

contraceptives (LARCs) from 39.1% to 68.7% ((n=157 x 276, p<0.001). At the initial assessment, contraceptive preferences were injectable hormonal contraceptives (39.6%, n=159), intrauterine devices(IUDs) (27.1%, n=109) and implants (11.9%, n=48). After the educational session, IUDs became the most chosen method (35.6%, n=143), followed by the implant (33.1%, n=133) and the third option was the hormonal injectable (20.1%, n=81). Among adolescents, there was an increase in the choice for the implant (p<0.001) and a drop in the choice for the injectable and the pill (p<0.001; p=0.006) after educational session. Among adults, after guidance, there was an increase in the choice for the implant (p<0.001) and IUDs (p<0.001) and a reduction in the choice for the injectable (p=0.005) and tubal ligation (p=0.006).

Conclusion: Guidance on contraception in the immediate postpartum period had a positive impact on the choice of safer methods by postpartum women. Women who participated in a brief educational session had a significant increase in LARCs preference.

P071

The IUD: myths and misconceptions, another obstacle to overcome in this LARC?

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Abstract

Background: International medical societies recommend long-acting reversible contraceptives (LARCs) for all women who require an effective contraceptive method, including young women, provided there are no specific contraindications. Globally, a mere 15% of women utilized LARCs. It is noteworthy that the proportion of women who utilize IUD varies significantly across nations, with some exhibiting a prevalence of less than 2% while others attaining over 40%. According to the most recent survey conducted by the SEC in 2022, condoms remain the most utilized method at the national level, followed by the pill. Alternatively, it can be observed that LARCs are only accessible to 8.8% of the populace, with the IUD (Cu IUD and LNG IUD) being the most commonly utilized method, with 6.7% of women utilizing it.

What is the reason for the lower use of LARCs compared to other developed countries around us?

It is imperative to reflect on the impediments that block the utilization of LARCs, particularly IUDs. The low use of LARCs faces several obstacles, including the existence of various misperceptions for both users and professionals that hinder their use.

Aims and Objectives: To explore and analyze the beliefs and attitudes of users and/or potential new users of intrauterine devices (IUDs) as well as of professionals who provide contraceptive counseling, and to identify the factors that influence them.

Method: The first survey (“Contraceptive methods. IUD use”) included women between the ages of 15 and 49 who are users or potential users of contraceptive methods. The questionnaire consisted of 4 distinct sections with15 items.

A second survey, (“The IUD as a contraceptive method. Questions for professionals”) was carried out, in which professionals involved in contraceptive counseling and executing techniques related to this purpose were enlisted. The questionnaire had 3 sections with 7 different questions.

Results: 226 women (n= 226) participated in the first survey.

58% of women do not contemplate the use of IUD, whereas 23.9% have contemplated it at some point. Among these, 18.5% cite the apprehension of discomfort during insertion as the primary reason for not considering it, while 9.3% believe that they are not suitable candidates for its utilization due to nulliparity. 19.9 % of respondents express concern regarding the possibility of becoming amenorrheic while using the IUD, and 39.4 % deem it detrimental to their health. A significant proportion, namely 22.1%, hold the belief that they are more susceptible to STIs, and 12.4% believe that the after the removal their fertility will be adversely affected.

The second questionnaire was completed by 63 professionals: 12.7% of them did not offer the methods equally, with nulliparity or pain at insertion being a significant concern regarding IUD. 41.8% of practitioners believe that women are unaware of its efficacy.

Conclusions**:** It is imperative to comprehend and address these misconceptions to enhance the safety and efficacy of IUDs. This will enable us to enhance our performance as counselors and prescribers, provide our patients with sexual and reproductive health practice they deserve, and utilize the efficacious tool that LARCs are.

P072

Evaluation of university students' access to primary health care before, during, and after COVID-19 2018-2023; Youth Friendly Center

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Abstract

Background: The COVID-19 pandemic has impacted sexual health and reproductive health (SH/RH) service use and unmet needs, but the impact is unknown.

Purpose: Following the first national quarantine in Turkey, we aimed to evaluate the six-year status of university students' access to sexual health and reproductive health (SH/RH) in primary health care before, during, and after COVID-19.

Method: This cross-sectional study was conducted with university students who applied to the Youth Friendly Center YFC. A total of 9,896 students were included in YFC between January 2018 and December 2023. It was considered as pre-COVID-19 (2018-2019), COVID-19 period (2020-2021), and post-COVID-19 (2022-2023). In six years, YFC provided three different services on SRH and contraceptive methods. Firstly, professional individual counseling (per person: 45 minutes on average) and contraceptive method access services to YFC were provided to 3,570 students. Secondly, professional group counseling (for each group: 60 minutes on average) and contraceptive method access services to YFC were provided to 2726 students. Thirdly, in 2020, we started to provide our new internet-based professional group consultancy service, which we integrated into the service structure at YFC to ensure sustainable efficiency during COVID-19. The total number of students who received internet-based professional group counseling services in four years is 3600. Kruskal-Wallis, Chi-square analysis was used in the statistical evaluation of the data.

Results: The average age of the students was 19 years. YFC's initial service offering was mostly contraceptive methods (45.3%; and 46.7%, respectively), before and during COVID-19, when comparing access to individual professional counseling. After COVID-19, it is statistically significant that access to service provision is mostly about sexual health (40.3%) ($p<0.001$). According to the analysis results of YFC's second service provision professional group consultancy, it is statistically significant to provide service access to contraceptive methods and reproductive health with a maximum of 45% before COVID-19, 47% during COVID-19, and 49.6% after COVID-19. ($p<0.001$). When the third service at YFC is compared to the internet-based professional group education service, our new service that we integrated into the service structure in order to ensure sustainable efficiency during the COVID-19 period, although 30.6% access to health education services was provided during the COVID period, health education services were not available in the post-COVID period. Having greater access is also statistically significant ($p<0.001$ for each).

Conclusion: Our findings show that after the first national quarantine in Turkey, before, during, and after COVID-19, significant changes were observed in the primary care YFC health services of university students. Our study shows that health institutions, whose face-to-face service access was disrupted during the quarantine, quickly updated their service offerings and switched to alternative internet-based services as needed. Integrating internet-based services into face-to-face healthcare is an example of best practice. In addition, the fact that it is an outlet for students in its target group who are worried about not being able to access service delivery is an indication of its accessibility. It is thought that this study will form the basis for SH/RH improvement and policy planning.

Contraception and sexual health in women with comorbidities

P073

Endometriosis risk and hormonal contraceptive usage: a nationwide cohort study in Sweden

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Abstract

Background**:** Endometriosis is a chronic and often debilitating disease caused by extrauterine endometrial-like tissue that affects one in ten women worldwide. Untreated, symptoms can be severe, leading to high healthcare consumption and decreased quality of life. The first-hand treatment of endometriosis is hormonal contraceptives (HC), either combination oestrogen/progestin or progestin-only, which promote atrophy, limiting inflammation and lesions. HC are often prescribed earlier than sexual debut to treat dysmenorrhea without a definitive endometriosis diagnosis, years before the patient meets a specialist. Patterns of HC prescription may provide a platform to understand early contact with the healthcare system as well as the effect of HC use on development of endometriosis.

Aims and Objectives**:** To investigate the associations of hormonal contraceptive (HC) use and the risk of developing endometriosis.

Method: A retrospective cohort study in Sweden. The cohort consisted of 720,805 women aged 12-27 during 2005-2017. All women, regardless of whether they received a diagnosis of endometriosis or not (reference group), were included.

We used data from Swedish national registers. Risks are expressed as crude and adjusted hazard ratios (HRs and aHRs, respectively) with 95% confidence intervals (CIs), adjusted for age, educational level, civil status, parity, country of birth and parents' country of birth.

Results**:** During this period, 3,268 women were diagnosed with endometriosis (0.45%). Women who started HC between the ages of 12-14 had a higher risk of later receiving the diagnosis (aHR 3.70, 95% CI 3.24-4.23) than those who began at age 17 or older. Having tested more types of HCs was associated with a four-fold increased risk of endometriosis (>3 types of HC, aHR 4.70, 95% CI 3.52-6.26). Using HC for more than one year was associated with decreased risk of endometriosis (>1 year, aHR 0.53, 95% CI 0.48-0.59). Women who were diagnosed with endometriosis more commonly had dysmenorrhea, depression, and infertility.

Conclusions**:** Use of HC at an early age and trying multiple types of HC were associated with an increased risk of an endometriosis diagnosis. Longer duration of HC usage had a protective effect against receiving the diagnosis.

P074

Prescription contraceptive use among obese female patients in U.S. commercial insurance plans

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Abstract

Background: Obesity and unintended pregnancy (UIP) are major healthcare concerns worldwide. Europe and the Americas bore the highest age-adjusted obesity rates in the world in 2020, and obesity rates have been steadily increasing in low- and middle-income countries. UIPs continue to be a major challenge in Europe and the U.S.; a model-based estimation found that 46% of the pregnancies in 2015-2019 were unintended in Europe and in the U.S. Higher BMIs have been found to be a risk factor for UIP in recent studies in France and the U.S., and underutilization of contraception in this population may have contributed to the high UIP rates. While obese women might face elevated contraception-related adverse event risks, these events are rare and the European Society of Contraception recommends the use of contraception in obese women who seek prevention of pregnancy.

Aims and Objectives: The aim and objective of this study were to characterize the use of prescription contraceptives among obese women in U.S. commercial insurance plans.

Method: We identified 18-45-year-old women who were covered by commercial insurance in the U.S. and newly diagnosed with obesity between January 2017 and September 2021 from the Merative MarketScan Research Databases. Those who did not have any obesity diagnosis for at least 1 year prior to the date of first obesity diagnosis (henceforth called index date) were considered newly diagnosed. Patients were included if they were continuously enrolled at least 1 year pre- and 1 year post-diagnosis and not identified as infecund or sterilized.

We used CPT, HCPCS, ICD-10, and NDC codes and associated dates to identify the index date and prescribed contraceptives. Nonprescription forms of contraception were not captured. McNemar test was used to examine the differences in contraceptive use before and after the index date.

Results: Among 493,364 newly diagnosed obese patients, no evidence of prescription contraception was found for 68% of patients before and 63% after the index date ($p<0.01$); 56% were not prescribed contraception either before or after the index date. Oral contraception was the most frequently prescribed method, increasing from 22% to 24% prior to and after the index date ($p<0.01$). Prescriptions for long-acting reversible contraceptives, the second most frequently prescribed contraception, similarly rose from 9% to 12% ($p<0.01$). Overall, prescriptions for contraception were 5% higher during the 1-year period following obesity diagnosis compared to the year prior.

Conclusions: The majority of obese women in the U.S. did not have evidence of prescription contraceptives during the study both in the year following and prior to obesity diagnosis, although the rate was modestly higher (5%) post diagnosis. A higher rate of contraception use in this population may help prevent the higher UIP rates previously observed in the severely obese population in the U.S. Further studies are needed to assess if our findings are generalizable to other geographies.

Conflict details: Goto, Grunden, Cyprien and Zhao are employees or contract workers at Organon. Yao's institution received funding from Organon for her participation in this research project.

P075

Use of contraceptives in women living with HIV: statistics from the Chilean Public Health System 2018-2022.

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Abstract

Background: Women living with HIV and using some contraceptive method represent 0.1% of the total population under fertility regulation control in the Chilean Public System. Contraceptive methods allow women to avoid unplanned pregnancies, or to become pregnant when appropriate, in this case avoiding health complications or a newborn with HIV.

Aims and Objectives: Describe the use of contraceptive methods in the population of women living with HIV in the Public Health System in Chile, during the years 2018 to 2022.

Method: The data from this quantitative, descriptive, cross-sectional study correspond to the statistical summaries of the Ministry of Health (MINSAL) of the population under fertility regulation control throughout the country, ordered between the years 2018 to 2022. A frequency table was created. with contraceptive methods used specifically by women living with HIV. The use of LARC and non-LARC in the same population was also calculated. Ethical considerations: Anonymized national statistics were analyzed, so ethical conflicts are not considered.

Results: The table shows the report of the contraceptive methods used by users living with HIV during the study period. The most used methods were implants (etenogestrel and levonorgestrel) (21.5%), followed by Medroxyprogesterone Acetate Depot (17%) and combined oral contraceptive (16.3). The least used methods were Progestogen-only pill (4.3%), LNG Implant (2.9%) and LNG-releasing intrauterine device (0.9%).Sterilization in both sexes was selected in 10.4%. Condoms (male and female condom) were used by 11.4% of this population.

LARCs, which include intrauterine devices and implants, were used by 28.7% of the women in the study in the period from 2018 to 2022. 71.3% used other types of methods.

The “dual method”, which includes the use of comdom plus another contraceptive method, was used in 23.1% of the people in the study.

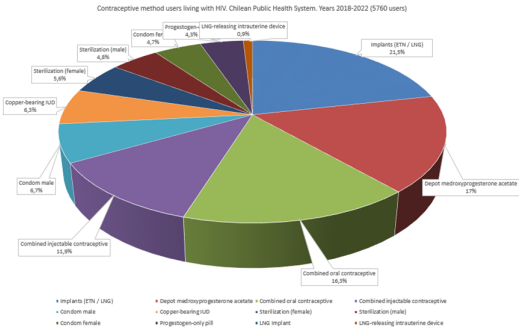
Conclusions**:** The population of women living with HIV needs highly effective contraceptive methods, such as LARCs. This study showed that the use of LARC is lower compared to other contraceptive methods.

The use of the “dual method” is low in the population of women living with HIV (23.1%), but higher when compared to the total control population, according to national records (7.6%).

It is important to know what methods are used by this population in order to take measures that facilitate access to them, in addition to supporting an informed decision. Other studies are suggested that address other biosociodemographic variables that are not available in the Health System records.

Contraceptive method users living with HIV. Chilean Public Health System. Years 2018-2022 (5760 users)

Contraceptive	n=5760	%
Implants (levonorgestrel and etonogestrel)	1240	21.5
Depot medroxyprogesterone acetate	981	17,0
Combined oral contraceptive	936	16,3
Combined injectable contraceptive	683	11,9
Condom male	386	6,7
Copper-bearing IUD	362	6,3
Sterilization (female)	322	5,6
Sterilization (male)	278	4,8
Condom female	271	4,7
Progestogen-only pill	248	4,3
LNG-releasing intrauterine device	53	0,9
LARCs methods	1655	28,7
Non-LARCs methods	4105	71,3
Dual method users (Condom and other contraceptive)	1328	23,1



P076

Sexual and Reproductive Health (SRH) needs of women living with HIV(WLHIV): How can it be effectively managed.

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Abstract

Background: Women comprise nearly half of the HIV cohort and are living longer with good control of the virus. The SRH needs of women vary across the age spectrum. Various interlinking factors such as HIV infection, comorbidities and drug interactions increase the complexity of managing the needs of these women.

Systematic reviews show that WLHIV have high unmet SRH needs due to barriers to access SRH services. Effective linkages between the SRH and the HIV services is essential in ensuring the reproductive rights of WLHIV are met.

A dedicated specialist SRH service was established within the HIV service in Northwest London with the aim of managing most of the SRH needs of the HIV cohort.

Methods: All 189 HIV positive women seen in this once weekly HIV_SRH clinic from Jan 2022- Dec 2023 were included in the study. This service has offered contraception, pregnancy planning, and management of menopausal symptoms and gynaecological or uro-gynaecological problems for all WLHIV. Women are treated in that clinic, procedures performed, or onward referrals were done if specialist gynaecological input is required.

Data collected by retrospective case note review and inputted into Microsoft Excel was subsequently statistically analysed.

Results: Prevalence of a SRH need identified in this cohort was 92%. Majority of this cohort (64%) required menopausal management followed by contraception needs or pregnancy planning in 27%. Only 9% had gynaecological needs such as fertility, heavy menstrual periods or urogynaecological problems.

The HIV infection in this cohort is well controlled with all of them are on antiretroviral therapy except one woman with detectable virus.

Of the women who accepted contraception, 70% have chosen a Long-acting reversible contraception (LARC) with intra uterine device as the most popular method.

Conclusions: Majority 92% of the WLHIV have a SRH need that require an intervention with around two thirds requiring management of menopause particularly in the era of an aging HIV cohort with well controlled HIV. LARC rate in this population is 70% indicating the effectiveness of the service.

SRH needs of WLHIV are effectively managed in a one stop dedicated HIV_SRH service within a HIV service. We recommend the development of such service in other HIV programmes as well.

P077

Intrauterine device insertion in patients with peripartum intrauterine infection: A Systematic Review

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Abstract

Background: Intrauterine devices (IUD) are a highly effective and long-lasting contraceptive option. Postpartum IUD insertion is supported in many cases; however, placement after a delivery complicated by intrauterine infection, particularly sepsis, is considered Category 4 by the WHO. In fact, IUD manufacturers list postpartum endometritis within the past 3 months as a contraindication to use. Evidence for this recommendation is limited to “theoretical” concerns that postpartum IUD insertion in women with recent intrauterine infection might be associated with “increased complications”.

Aims & Objectives: We conducted a systematic review to determine if there is a relationship between postpartum IUD insertion in patients with an intrauterine infection such as chorioamnionitis or endometritis and the rates of pelvic inflammatory disease (PID) or other complications within 9 months of IUD insertion.

Designs & Methods: We searched the Pubmed/Medline, Ovid, Embase, Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, CINAHL and clinicaltrials.gov databases, along with Google Scholar, Web of Science and gray literature in 2022. The search strategy was iteratively developed. We included studies published in English since 1980, that included postpartum patients with chorioamnionitis or endometritis receiving an IUD within 12 weeks of a delivery and reported PID or other complications.

Results: The initial database search identified 4693 results. 3432 studies were screened, which were reduced to 372 after title and abstract screening, and 2 were included. One prospective cohort study evaluating complications associated with postpartum IUD insertion in India, published in 2017, showed a 2.3% (3/130) incidence of PID at 3 month follow up. A second retrospective cohort study conducted in 2023 in the USA compared patients who developed chorioamnionitis during delivery hospitalization. One cohort received IUDs immediately postpartum, the other delayed insertion. Thirteen percent of patients (3/22) receiving an immediate postpartum IUD presented with gynecologic-related fever or abdominal complaints (pain, discharge, infection) compared to 15.6% (5/33) of those delaying IUD insertion at 1 year follow-up. The quality of these studies was poor to fair.

Conclusions: Evidence of this review indicates that there is a low to moderate risk of postpartum complications in IUD insertion in patients with chorioamnionitis or endometritis, but the heterogeneity of the studies precluded a meta-analysis. Future research must be performed to compare the outcomes and risks of postpartum IUD insertion in patients with intrauterine infections to those without intrauterine infections.

P078

Contraceptive options for people with Chronic Kidney Disease: Key Considerations

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Abstract

Background: Chronic Kidney Disease (CKD) presents a complex challenge for contraception providers, mainly due to the broad underlying pathologies and various conditions that can cause CKD, but also the general unfamiliarity that Sexual and Reproductive Health specialists may have in supporting this population. This is confounded by the lack of robust evidence for safe contraceptive prescribing in patients with CKD, who are frequently excluded from clinical trials for non-kidney related medicines. This exclusion leads to a reliance on expert opinion and less reliable study designs rather than evidence-base data, making clinical decision-making in practice particularly challenging.

Aims and Objectives: The objective of this review is to provide an overview of considerations for sexual and reproductive healthcare for people with CKD, focusing on contraceptive options and supported decision making.

Methods: This is a narrative review using available evidence published in journals until 2024 in English.

Results: Evidence suggests a lack of confidence among nephrologists in discussing women's health issues with CKD patients. Key findings include the multifaceted impact of CKD on fertility and menstruation, the increased likelihood of sexual dysfunction and the risks associated with pregnancy. CKD can result in multiple co-morbidities, including an increased risk of cardiovascular disease, increased pro-coagulable state, osteoporosis, increased risk of hyperkalaemia and immunosuppression, all of which can impact contraceptive choices. Contraceptive choices for people with CKD should be carefully considered with the involvement of the individual's nephrologist and should include frequent review of potential drug interactions due to endemic polypharmacy in this population.

Conclusion**:** Sexual and Reproductive health discussions are often overlooked in non-SRH settings. It is imperative that people with CKD receive individualised sexual and reproductive health care advice including contraceptive provision. This usually involves a multidisciplinary approach. Preventing unplanned pregnancy through the provision of safe and effective contraception is imperative, as is pre-conception planning to reduce maternal and neonatal morbidity and mortality. Robust research is needed to help strengthen the evidence base, particularly in the context of contraceptive provision, as this is crucial to developing more comprehensive clinical guidelines in this area.

P079

Menstrual management using etonogestrel implant in people with intellectual disabilities

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Abstract

Background: Menstruation in people with intellectual disabilities is associated with several concerns for them and their caregivers, such as dealing with menstrual hygiene during bleeding, symptoms associated with menstruation that impair the quality of life, the fear of sexual abuse, and unplanned pregnancy. Thus, caregivers of these people usually seek health professionals to manage menstruation and associated symptoms, and hormonal contraceptives are used as the first option for these purposes

Objective: Due to the limited evidence on the etonogestrel (ENG) implant use in people with special needs, our study aimed to describe the use of ENG implant for menstrual management in people with intellectual disabilities assisted in a health service dedicated to this population.

Methods: This is retrospective cohort of people with intellectual disabilities who started using the ENG implant in a health service dedicated to this population from 2003 to 2018. We collected sociodemographic, clinical, and reproductive data from medical records and data related to ENG implant use.

Results: Three hundred fifty-four implants were inserted in 131 people with intellectual disabilities. By December 2018, 90 (68.7%) patients had already inserted two or more consecutive implants. Age ranged from 11 to 45 years at the insertion of the first implant, and 44.3% were adolescents. More than 40% of patients had comorbidities, and epilepsy was the most common. One hundred and four (79.4%) patients had no bleeding or less than 1 bleeding episode/month for most of time of the current ENG implant use. The rate of patients reporting amenorrhea three months before the last visit was 53.4%. Among patients experiencing dysmenorrhea and premenstrual syndrome (PMS), 80% reported complete improvement of these conditions. Thirty-four (25.9%) patients removed the implant, and unfavorable bleeding was the main reason (21 patients, 16%) for implant removal.

Conclusions: The ENG implant may be a suitable alternative for menstrual management in people with intellectual disabilities. Most of our patients had a favorable bleeding profile and decreased dysmenorrhea and PMS, contributing to the high continuation of the ENG implant in our study.

P080

Quality of life in breast cancer patients using the copper-silver IUD (TCu380Ag) and the copper IUD (TCu380A): randomized clinical trial.

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Abstract

Background: Premenopausal breast cancer patients need contraception. Even if the copper intrauterine device (IUD) is the method of choice for them, concerns about the quality of life (QOL) of non-hormonal IUD users restrict its use. It is speculated that the addition of silver to copper reduces adverse events and increases quality of life.

Aims and objectives: To measure the QOL over 12 months with the copper IUD (TCu380A) and the copper and silver IUD (TCu380Ag) in women with breast cancer and contraceptive demand. Method: Randomized, double-blind clinical trial, approved by the HC-FMUSP Ethics Committee (CAAE: 26272819.3.0000.0068, opinion: 4,093,763), in which 96 women aged 18 to 45 years old, with breast cancer and eligible for the use of an IUD, were randomized to TCu380A or TCu380Ag and followed for 12 months to assess QOL. The European Organization for Research and Treatment of Cancer (EORTC) tools

QLQ-C30 and SH-22 were used, and the Brazilian version of SF-36. Data are presented as mean ± standard deviation, absolute (n) and relative (%) frequencies.

Results: Participants were 37.5 ± 5.1 and 37.7 ± 5.0 years old (TCu380A vs. TCu380Ag), mostly white (n = 18; 37.5% vs. n = 23; 47.9%), worked outside home (n = 41; 85.4% vs. n = 40; 83.3%) and had children (2.1 ± 1.2 vs. 1.8 ± 1.0 births). After 12 months, QOL was similar between groups. EORTC QLQ-C30 data are presented: global health status (69.1 ± 25.5 vs. 74.3 ± 22.9), physical functioning (76.4 ± 21.8 vs. 84.4 ± 18.4), role functioning (76.9 ± 28.4 vs. 84.2 ± 25.7), emotional functioning (62.6 ± 33.2 vs. 65.1 ± 33.4), cognitive functioning (67.0 ± 28.7 vs. 66.0 ± 31.1), social functioning (73.7 ± 33.1 vs. 83.8 ± 28.6), fatigue (19.7 ± 22.7 vs. 29.3 ± 28.4), nausea and vomiting (5.9 ± 16.3 vs. 7.0 ± 12.0), pain (28.4 ± 33.8 vs. 20.0 ± 29.1), dyspnoea (13.6 ± 25.0 vs. 10.5 ± 20.7), insomnia (31.8 ± 37.3 vs. 35.1 ± 35.1), appetite loss (15.2 ± 26.4 vs. 7.9 ± 22.5), constipation (23.5 ± 35.6 vs. 15.8 ± 24.2), diarrhea (12.9 ± 20.6 vs. 9.6 ± 21.8), financial difficulties (44.2 ± 39.7 vs. 25.4 ± 35.0). Here are the SH-22 data: sexual activity (20.5 ± 21.8 vs. 28.9 ± 29.2), decreased libido (53.6 ± 31.1 vs. 57.5 ± 38.9), incontinence (23.0 ± 34.3 vs. 16.7 ± 28.7), fatigue (24.6 ± 30.4 vs. 24.1 ± 32.6), treatment (46.0 ± 36.0 vs. 49.1 ± 41.0), communication with professionals (69.0 ± 32.4 vs. 67.5 ± 38.3), partnership (41.3 ± 33.6 vs. 48.6 ± 41.5), body image (30.2 ± 37.7 vs. 26.3 ± 38.1) vaginal dryness (44.7 ± 39.0 vs. 29.6 ± 38.0), sexual satisfaction (53.6 ± 23.6 vs. 56.6 ± 29.5), sexual pain (30.7 ± 28.5 vs. 28.5 ± 29.5). Finally, data from the SF-36 are presented: vitality (53.2 ± 22.4 vs. 60.9 ± 20.4), physical functioning (63.6 ± 25.9 vs. 67.2 ± 21 .4), bodily pain (57.3 ± 26.5 vs. 64.0 ± 25.1), general health perceptions (50.0 ± 23.2 vs. 58.6 ± 14.7), physical role functioning (29.8 ± 36.7 vs. 50.7 ± 40.6), emotional role functioning (40.5 ± 44.4 vs. 48.6 ± 44.9), social role functioning (58.1 ± 28 .2 vs. 70.6 ± 28.4), mental health (61.9 ± 21.9 vs. 64.0 ± 22.4).

Conclusion: The QOL of breast cancer patients using TCu380Ag is similar to that of TCu380A users.

P081

CONTRACEPTIVE IMPLANT IN THE PREVENTION OF UNPLANNED PREGNANCY AMONG WOMEN WHO USE ILLICIT DRUGS

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Abstract

Objective: To observe the bleeding pattern of breast cancer patients using a nonhormonal intrauterine device (IUD). Material: Cross-sectional cohort study of invasive breast cancer patients of reproductive age using non-hormonal IUD between September 2022 and December 2023. Quantitative variables of age (years) and serum estradiol (pg/ml) were described as mean and standard deviation (SD), while categorical variables of immunohistochemical type and bleeding pattern were described by absolute and relative frequencies. The significance level was set at 5% for all assessments. Results: Total of 130 breast cancer patients were analyzed, representing 35 (26.9%) luminal A, 62 (47.7%) luminal B, 18 (13.8%) HER2, and 15 (11.5%) triple-negative cases. The mean age for breast cancer patients with luminal A, luminal B, HER2, and triplenegative was 40.2 (SD 5.9), 39.4 (SD 5.3), 38.6 (SD 4.5), and 38.0 (SD 5.9) years, respectively. Regarding the bleeding pattern, amenorrhea was present in 14 (40.0%) luminal A patients, 30 (48.4%) luminal B patients, 9 (50.0%) HER2 patients, and 3 (20.0%) triple-negative patients.

The estradiol (pg/ml) in amenorrheic women with luminal A, luminal B, HER2, and triple-negative cancer was 29.9, 51.6, 18.3, and 27.2, respectively. Patients with monthly bleeding with luminal A, luminal B, HER2, and triple-negative cancer showed estradiol levels of 151.5, 191.0, 280.0, and 64.3, respectively. The differences were statistically significant. Conclusion: Invasive breast cancer patients undergoing adjuvant or neoadjuvant chemotherapy may experience a return of menstruation, requiring effective contraception such as a non-hormonal IUD.

P082

Effectiveness of monthly injectable hormonal contraceptives compared to combined oral contraceptives in the treatment of hirsutism in patients with Polycystic Ovary Syndrome: cohort study.

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Abstract

Background: Polycystic ovary syndrome (PCOS) is a complex gynecological, reproductive, endocrine, and metabolic disease whose main clinical features include hyperandrogenism and menstrual irregularity. Combined oral contraceptives (COC) are the first-line treatment to those patients who do not desire pregnancy. However, in some specific situations, COC are contraindicated. Other combined hormonal contraceptive methods are understudied.

Aims and objectives: To compare the use of monthly injectable hormonal contraceptives (MIHC) and combined oral contraceptives (COC) to treat hirsutism in PCOS, including effectiveness and metabolic safety.

Design and methods: Cohort study, approved by the Institutional Ethics Committee (CAAE: 52384221.0.0000.0068), with patients diagnosed with PCOS (Rotterdam criteria) followed between March 1, 2008, and December 31, 2021. Included participants were those who underwent treatment for hirsutism with MIHC or COC, with clinical and laboratory data being analyzed 6 and 12 months after the start of treatment.

Results: Among 346 patients assessed for eligibility, 50 subjects were included: 28 (56.0%) used COC and 22 (44.0%) used MIHC. COC group was younger (27.5 ± 6.5 vs. 32.3 ± 7.2 years; p = 0.018) and had lower BMI (30.1 ± 5.9 vs. 35.6 ± 9.1 kg/m²; p = 0.022) than MIHC; also, Ferriman-Gallwey Score was slightly higher in COC group (13.0 ± 5.3 vs. 9.9 ± 4.4; p = 0.053). Ferriman-Gallwey Score was reduced in both groups at 6 months (10.0 ± 7.6 vs. 7.7 ± 4.7; p = 0.224) and 12 months (8.6 ± 6.8 vs. 6.4 ± 4.1; p = 0.127) of follow-up. There was an increase in SHBG in COC but not MIHC group, from baseline (37.0 ± 20.0 vs. 67.7 ± 56.9; p = 0.024) to 6 months (171.0 ± 84.9 vs. 43.1 ± 22.7; p<0.001) and 12 months (166.5 ± 76.1 vs. 44.9 ± 28.7; p<0.001). Furthermore, there was a reduction in total testosterone in both groups, with no statistical difference between them (baseline: 66.9 ± 32.5 vs. 46.0 ± 33.7 ng/dL; p = 0.032; 6 months:

38.2 ± 20.2 vs. 31.8 ± 27.4 ng/dL; p = 0.479; 12 months: 33.6 ±18.0 vs. 27.4 ± 21.2 ng/dL; p = 0.312). Regarding the metabolic profile, there was an increase in total cholesterol (baseline: 178.4 ± 28.7 vs. 180.6 ± 42.9 mg/dL; p = 0.841; 6 months: 197.1 ± 40.0 vs. 183.4 ± 36.6 mg/dL; p = 0.342; 12 months: 196.4 ± 36.7 vs. 165.1 ± 41.5 mg/dL; p = 0.015), HDL cholesterol (baseline: 52.0 ± 15.2 vs. 47.5 ± 12.0; p = 0.271; 6 months: 53.6 ± 10.4 vs. 42.4 ± 10.6; p = 0.007; 12 months: 58.5 ± 15.4 vs. 46.0 ± 12.2; p = 0.007), and triglycerides (baseline: 112.3 ± 75.7 vs. 146.2 ± 81.2 mg/dL; p = 0.145; 6 months: 151.2 ± 76.0 vs. 140.5 ± 91.1 mg/dL; p = 0.727; 12 months: 164.5 ± 112.1 vs. 106.8 ± 51.3; p = 0.038) in COC but not MIHC group.

Conclusion: MIHC is equally effective as COC to treat hirsutism in PCOS women. There were no metabolic changes associated with the use of MIHC, which makes it probably safer in patients with metabolic comorbidities.

Innovations, new discoveries, and therapies in contraception and sexual and reproductive health

P083

Depth of insertion of the contraceptive implant into the subcutaneous tissue in relation to the total tickness after placement: a single center study

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Abstract

Background: A possible migration of contraceptive implants has been described, mainly due to an error in inserting contraceptive implants too deep, under the muscle fascia in the biceps or triceps muscle. The incidence of migration in the pulmonary vascular system was 1.23 per 100,000 implants sold in 2014, increasing to 3.17 per 100,000 implants sold in 2017 [1]. The subcutaneous tissue thickness has been described between 4.7 and 21 mm in cadaver study [2], while the thickness of an etonogestrel implant is 2 mm.

Aims and Objectives: The aim of this research was to measure the depth of insertion of the implant into the subcutaneous tissue in relation to its total tickness (%) in some consecutive cases of implants placement performed our service, while constantly pulling up the inserter during the implant placement as established by producer's instructions.

Method

The depth has been measured *in vivo* by a high-resolution variable frequency ultrasound (Esaote MyLab XPro30®) with a linear probe (L 3-11). The distances between cutaneous surface, upper margin of the implant and muscle fascia have been evaluated in mm.

Results: Ultrasound measurements of the depth of insertion have been performed in 34 women during the first year after placement [mean BMI 23.2 (range 18-35.2) kg/m^2]. All implants (100%) have been found in the subcutaneous tissue and no one (0%) under muscle fascia. The mean total subcutaneous depth was 6.6 mm (range 4.1-11.1 mm) in our women: mean superior depth (above the implant) was 1.6 mm (21.7% of the total thickness) and the mean inferior depth (under the implant) was 3.0 mm (41.6% of the total thickness). The superior depth was significantly lower in comparison to the inferior depth ($p<0.001$).

Conclusions: Applying the right technique during the insertion of the implant (pulling up the inserter), all the implants have been placed in the subcutaneous tissue and their position was significantly closer to the skin surface than to the muscle fascia, staying away from muscles, vessels and nerves and avoiding possible complications.

P084

Early Menstrual Induction (EMI): A proof of concept study on a post-fertilization fertility regulation method with a combination of levonorgestrel and mifepristone

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Abstract

Background: Emergency contraception offers an effective solution in cases of unprotected intercourse (prevention up to 95% of pregnancies) if it is available and accessible within a period of 3-5 days. Currently, there are no interventions available to prevent unintended pregnancy between the point at which emergency contraception is no longer effective and the first day of expected menstruation. Women must wait through an anxious period until they have a positive pregnancy test before undergoing a pregnancy termination, if this is their choice.

Aims and Objectives: The aim of the study is to investigate the effects of a novel regimen of a combined progesterone (levonorgestrel) and anti-progesterone (mifepristone), to induce endometrial shedding and to prevent an intrauterine pregnancy in women who have had unprotected intercourse and missed the emergency contraception window.

Method: The study takes place at the Chulalongkorn University Hospital (Bangkok, Thailand) and is a single group, proof-of-concept intervention study in a cohort of 80 women who had unprotected intercourse and did not take emergency contraception. On confirmation of eligibility and informed consent, the women receive 1.5mg oral levonorgestrel followed by 200mg oral mifepristone 48 hours later. After two weeks the women are invited back to the facility for outcomes evaluation. The women are requested to keep a diary during the intervention to report on bleeding and other side effects. Interim analysis will be performed when 20, 40, and 60 women have completed the study, and associated stopping boundaries have been identified at 7, 11 and 14 failures respectively.

Results: From the 560 women who requested information between June 2022 and November 2023, 137 came to the health facility for eligibility screening. Eighty-nine women had a negative βhCG, 27 women had a βhCG >800 mIU/mL, resulting in 21 women to be enrolled in the study. The intervention was successful in 13 women (βhCG < 10 mIU/ml), unsuccessful in 6 women (βhCG > 10 mIU/ml), and two women were loss of follow-up. Reported side effects were minimal and included nausea, tiredness, cramps, and breast tenderness. Women in which the intervention was successful reported bleeding 3-5 days after mifepristone intake equal or heavier than their normal period.

Conclusions: The number of information requests from women following unprotected intercourse showed the interest and need for an intervention providing a solution for the women who have missed the emergency contraception window. The study is currently ongoing and more results with detailed analysis will be presented.

P085

Male contraception: scientific progress and pending questions, a literature review

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Abstract

Background: Despite various female contraceptive options, male contraception relies on withdrawal, condoms, or vasectomy, often with high failure rates or invasiveness. Thus, a reversible hormonal male contraceptive (HMC) becomes crucial. Sex steroids' ability to suppress gonadotropin secretion and spermatogenesis highlights HMC's potential to curb unintended pregnancies and enhance male involvement in family planning and reproductive health.

Aims and Objectives: The objective of this study is to analyze the advantages and disadvantages of male contraception, based on current literature.

Method: This is an integrative review of the literature carried out in the PUBMED database over the last 10 years. The descriptors used were: “hormonal contraception” and “male” with the Boolean operator

AND; 32 works were found. After applying the exclusion criteria: reviews, case reports and escape from the topic, a total of 13 articles were selected.

Results: All studies analyzed demonstrated effectiveness in contraception. Seven of them showed that oral HMC, such as dimethandrolone undecanoate (DMAU) and 11β-Methyl-19-nortestosterone-17β-dodecylcarbonate (11 β-MNTDC), are the most tolerated methods and with the least important limitations. Both show better absorption when associated with a fatty diet, however, the increase in LDL-C was only observed when using 11β-MNTDC. The adverse effects were: increase in acne, weight and hematocrit, changes in libido and decrease in HDL-C and SHBG. Regarding methods whose biggest limitation is the route of application, two articles elucidated on transdermal HMC based on testosterone and nestorone gels, showing that washing on site limits the absorption of nestorone, even after a few hours of application. And two studies discussed injectable contraceptives, one, the Reversible Inhibition of Sperm under Guidance (RISUG®), a non-hormonal contraceptive, and the other, a combination of testosterone and etonogestrel, which presented adverse effects such as mood disorders, changes in libido and increase in acne. Both methods had the limitation of the acceptance rate due to the use of injections. Another article analyzed the use of oral or transdermal progestins, showing an increase in the suppression of gonadotropins when associated with testosterone. Finally, a parallel study showed that Sertoli cell tight junctions can have their production interrupted when this suppression is maintained for a period of 8 weeks.

Conclusion: Recent studies reflect promising advancements in male contraception using various hormonal methods. Despite their advantages and disadvantages, these methods effectively suppress sperm production. However, concerns over adverse effects and acceptance persist. Prolonged studies are essential to establish the legitimacy of these options.

P086

Microneedles for long-acting reversible contraception: a promising innovative solution for accessible and user-friendly family planning

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Abstract

Background: Contraception is a critical aspect of reproductive health but reliable access to modern family planning methods can be limited, especially in low- and middle-income countries (LMICs), due to many factors, including socio-cultural norms, supply issues, shortage of skilled healthcare workers, and lack of educational tools. Innovative solutions are therefore being developed to enhance efficacy, accessibility and/or dosing schedules for contraceptives.
Microneedles (MNs) are an emerging, minimally-invasive drug delivery technology that could be exploited to develop a discreet, self-administrable (or administrable with minimal training), stable in hot and humid environments, and affordable long-acting contraceptive option, which may partially address the unmet need for family planning in LMICs.

Aim and objectives: The aim of this research is to develop a biodegradable MN-based hormonal contraceptive that, once delivered to the skin, will slowly degrade and prevent unintended pregnancies for up to 6 months. To inform this, our objectives included:

- Understand the needs of potential users in LMICs;
- Develop biodegradable formulations that are stable at relatively high ambient temperature and humidity, and can facilitate sustained release of therapeutically relevant levels of the hormonal drug over a period of 6 months;
- Design a delivery system that can encapsulate the desired dose of contraceptive drug while maintaining a relatively small size, be manufactured at low cost, and be used correctly and reliably by unskilled personnel.
- Demonstrate pre-clinical safety and tolerability of the new product before entering clinical development.

Results: The concept of a MN-based contraceptive product was well received by stakeholders in LMICs, whose input was subsequently included at every stage of product design.

Numerous blends of biodegradable polymers and levonorgestrel (LNG) were developed and assessed. Candidate formulations with promising *in vitro* release profiles were selected for pre-clinical *in vivo* testing.

Contraceptive-loaded MNs were successfully fabricated via microinjection moulding using principal candidate formulations. This fabrication method has the potential for large-scale manufacture at low cost. An accompanying applicator was designed and validated to facilitate reproducible insertion of the MNs into skin.

Pre-clinical studies have demonstrated the safety and tolerability of the selected formulations. Results are promising but optimisation of the best-performing formulations is needed to achieve the target daily LNG release.

Conclusion: MNs are an innovative tool that could offer a long-acting, needle-free, convenient and customisable alternative to existing contraceptive methods, with the potential to empower women users in resource-constrained environments to take control of their individual reproductive health and help address the global challenges associated with unintended pregnancies. Whilst the MN-based contraceptives developed in this project are still under development, pre-clinical *in vivo* results are encouraging, and user research strongly suggests that individuals in LMICs will accept and use this new contraceptive method.

P087

Adapting task-shifting and community-based delivery approaches to increase contraceptive use after abortion self-care in Nakuru, Kenya.

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Abstract

Background: Globally, the provision of postabortion contraception is recognized as a high impact intervention that reduces rates of unintended pregnancy and unsafe abortion. Although abortion self-care — abortion with pills obtained with or without a prescription — is on the rise due to increased availability of safe and highly effective drugs, women accessing medical abortion (MA) outside the health system do not typically have access to postabortion contraceptive counselling. Given that fertility may return as soon as eight days after an abortion, this is a missed opportunity for contraceptive provision. Interventions to increase contraceptive uptake among women who self-use MA may be effective in increasing post-abortion contraception and reducing unintended pregnancies.

Aims and objectives: To test and co-create intervention solutions that sustainably accelerate contraceptive uptake after self-use of Medical Abortion.

Method: Ipas applied an adaptive learning approach to generate evidence and learnings to inform further refinements of interventions developed through a market systems development process (MSDP) to sustainably accelerate contraceptive uptake after self-managed abortion in Nakuru, Kenya between January 2023 to September 2023.The MSDP process generated four interventions that involved Price- to addressing cost constraint, Promotion- to building awareness and demand, provider- to address quality of care, Place Product- digital market place to connect providers and contraceptive consumers. The four levers were tested through adaptive learning approach. Our adaptive learning methodology included three phases: 1) mixed method research to generate scientific evidence on viability of the interventions as well as understand the market post-abortion contraceptive market efficiency, 2) Adaptation of intervention solutions based on lessons learned, and 3) ideation and co-design with key stakeholders to identify possible adaptations and generate a refined intervention package. Ethical approval for the research was obtained from AMREF-Kenya and Population Council ethical review committees.

Results: The adaptive learning process generated very crucial research and programmatic data that were analyzed in the context of post MA contraceptive ecosystem to inform further refinement of the final intervention. Given the sensitivity of abortion, awareness and utilization of the demand- side interventions were low across the 34 pharmacies. Results suggest the need to build a business case to motivate referral. The research data observed high post -MA contraceptive use at baseline and follow-up (88% and 89% respectively) in 3 months while the program data had 83%post MA contraceptive uptake for the 1300 women who sought self-managed abortions in 9 months. Personalized engagement with pharmacists on issues of post MA contraceptive provided an opportunity for health consumers to shift behavior and improve contraceptive use. Further, trust, privacy, and informed decision-making encourages utilization of post-MA contraception. Given the lessons learned from the adaptive learning, the project cocreated with key stakeholders and enhanced provider lever that builds a business case to the pharmacists to sustainably provide quality post abortion contraceptive care to clients seeking medical abortion.

Conclusion: The adaptive learning approach was effective in highlighting the important role of pharmacists in improving contraceptive care. Building pharmacists capacity through training could improve quality of contraceptive services and build their reputation as trusted service providers.

Psychosexual and mental health aspects of contraception, sexual and reproductive health

P088

Relationship between contraceptives and psychological disorders

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Abstract

Background: Contraceptives are widely used by many women. However, there is concern about potential impacts on mental well-being associated with their use. The potential link between contraceptive use and mental health is not yet a consensus among researchers, making a current analysis of this relationship and its effects essential for informed decision-making between healthcare providers and patients regarding reproductive and mental health.

Objectives: This review aims to establish the relationship between contraceptives and psychological disorders, identifying potential side effects, associated factors, associations with duration of use, and risk factors. The goal is to facilitate the decision-making process between healthcare providers and patients regarding the choice of the best contraceptive method.

Method: A literature review was conducted using the PubMed and BVS databases. The search was limited to the last ten years, resulting in a total of 149 works. Exclusions were made for other reviews, case reports, and studies with samples of pregnant, postpartum, or menopausal women. Consequently, 15 articles were included based on eligibility.

Results: Studies involving samples of women with previous or ongoing mental disorders demonstrated that users of combined oral contraceptives (COC) had a higher risk of mood symptoms such as major depression and suicide, particularly at the beginning of use, with a decrease over time. Additionally, mental illness with comorbidities, such as Substance Use Disorder, was associated with reduced adherence to contraceptives and continuation, suggesting a reason for women with mental illness to have a higher use of emergency contraception. Lack of coordination between mental health services and family planning was identified as another potential cause. However, women without any previous or ongoing mental disorders did not experience interference in mental health with COC use. Studies conducted with the female population in Sweden found no association between the use of combined oral contraceptives and depression. In contrast, a study with the population of a rural area in Ethiopia associated a small increase in the risk of major depressive disorder with oral contraceptive use, a similar result demonstrated in adult women of immigrant origin with low income.

Conclusions: A relationship between contraceptives and psychological disorders has been established, showing dependence on individual variables that make certain women more susceptible to negative mood effects, such as young age, income, social minority status, and a history of mental illness. In situations of development or worsening of a psychological disorder, it has been observed that this

impact is more pronounced at the beginning of use, decreasing over time. Thus, the choice of contraceptives is always individualized. The psychological component and sociocultural contexts should be taken into account in the discussion, with the former requiring monitoring, especially at the beginning of use.

P089

Frequency of low sexual assertiveness in female university students and its association with possible generalized anxiety disorder: a cross-sectional study

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Abstract

Background: The ability to decide about sexual practices is a component of human sexuality and is recognized as sexual assertiveness. Inadequate sexual education prevents men and women from acquiring greater sexual assertiveness. There are insufficient studies that explore the capacity of Latin American women to decide about their sexual practices and their relationship with mental health disorders.

Objective: To identify in university women, the frequency of low capacity to initiate sexual activity when desired, to reject unwanted sexual practices, to prevent unwanted pregnancy or Sexually Transmitted Disease [STD] and low sexual assertiveness, as well as to estimate the association with possible Generalized Anxiety Disorder [GAD].

Method: Cross-sectional study that is part of the DISEU project [Psychosocial Dynamics in University Students], approved by the ethics committee of the Universidad de Cartagena, Colombia. Women students of health professions at a Colombian public university participated, in 2023, by voluntarily filling out a form with prior informed consent, without remuneration and being able to withdraw if they wished. With the Sexual Assertiveness Scale, brief version, validated in the Colombian population, the ability to decide on sexual practices was identified: to initiate it when desired [items 1-2-3], to reject it when not desired [4-5-6] and to prevent unwanted pregnancy or sexually transmitted disease [7-8-9]. The global assessment allows identifying sexual assertiveness. For this study, the above average scale score is better and the lower one suggests low decision-making ability and low assertiveness. With the Generalized Anxiety Disorder Scale, possible GAD was established [score $\geq$5]. The sample size was calculated considering all female students enrolled.

Results

603 women who were sexually active participated. Age: 21.3±2.6 years. Even if they wanted it, 5.4% never initiated sexual relations, 9.7% never asked to touch their genitals and 17.9% never requested oral sex. 22.1% had low capacity to initiate sexual intercourse. Even if the partner insisted and as long as they did not want it, 63.5% did not let them caress them, 67.8% did not let them touch their genitals and 65.8% refused to have sex. 19.4% had a low capacity for sexual rejection. 37.9% always made sure to use a condom, 57.5% always insisted on using it, even if the partner did not prefer it, and 45.4% always

refused to have sex if the partner did not want to use a condom. 30.3% had low capacity to prevent unwanted pregnancy and STD. 16.9% had low sexual assertiveness and 70.9% presented GAD. Low ability to initiate sexual activity when desired, low ability to reject unwanted sexual practices, low ability to prevent unwanted pregnancy or STD, and low sexual assertiveness were associated with GAD: OR:2.02[95%CI:1.25-3.20], p=<0.01; OR:1.64[95%CI:1.01-2.65], p<0.05; OR:1.12[95%CI:0.76-1.65], p=0.54 and OR:2.12 [95%CI:1.23-3.66], p<0.01, respectively.

Conclusion: In a group of Colombian female university students, it was observed that between two to three out of ten had low capacity to decide about their sexual practices and low sexual assertiveness. In turn, low decision-making capacity and low sexual assertiveness were associated with a greater probability of possible GAD.

P090

Treatment intersection: analyzing the nexus of contraception and epilepsy in contemporary literature

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Abstract

Background : The coexistence of epilepsy and the right for contraception poses a clinical challenge, as medications used in the treatment of these conditions can interact in complex ways, affecting both therapeutic efficacy and treatment safety. The interaction between antiepileptic drugs and contraceptives has become a growing focus of interest in Medicine, as understanding these effects is essential for optimizing the quality of life and reproductive health of patients.

Aims and Objectives : The aim of the present study is to analyze the correlations between the use of hormonal contraceptives and the treatment with different anti-epileptic drugs regarding their efficacy and risk factors.

Method

This is a bibliographic review, carried out in the first half of 2024. The database used was BVS and the descriptors were “contraception” AND “epilepsy” AND “anticonvulsants”; 72 articles were found. After applying the exclusion criteria: escape from the topic, reviews, systematic reviews, meta-analyses, guidelines, case reports, seminars, book chapters, informative reports and opinion reports, 15 articles were selected.

Results: Despite the predictable and avoidable nature of interactions between antiepileptic drugs and hormonal contraceptives, there are still risks associated with potential loss of seizure control and unintended pregnancies. A prospective study in Indian women with epilepsy revealed that long-term use of valproate was linked to menstrual disorders, changes in reproductive hormonal function, and an

increased risk of Polycystic Ovary Syndrome. Investigations into the effects of progestogens in combined oral contraceptives on lamotrigine serum concentrations indicated that drospirenone and levonorgestrel reduced its levels, gestodene had no effect, and lamotrigine did not impact progestogens. Concurrent use of the vaginal ring with lamotrigine led to decreased serum levels of lamotrigine in women with epilepsy. There is a knowledge deficit among women with epilepsy regarding the effects of using contraceptives and antiepileptic drugs simultaneously, contributing to unintended pregnancies. Despite a decrease in the prescription of valproate in general medical practice, it remains prevalent in some cases, emphasizing the need for improved patient education and medical team training to address these issues.

Conclusions: This study underscores the need for a comprehensive understanding of the intricate relationships between hormonal contraceptives and anti-epileptic drugs, as valproate. Despite the predictable interactions, there are persistent risks, including potential loss of seizure control and unwanted pregnancies. Therefore, the study highlights gaps in knowledge among women of childbearing age, emphasizing the imperative role of health education and further research to address these complexities and improve patient care.

P091

The Influence of Longer Acting Contraceptive Use on Change in Depression Symptoms from Pregnancy to Six Months Postpartum among South African Women with HIV

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Abstract

Background: KwaZulu-Natal, South Africa, has the highest HIV prevalence in the world and unintended pregnancies are common among women with HIV. Postpartum contraceptive use among women with HIV can optimize their HIV care, and minimize risk of both perinatal transmission and adverse birth outcomes associated with short pregnancy spacing. Use of contraception and particular types of contraceptives, like longer acting methods, could positively impact their sexual and reproductive health and their mental health.

Aims and Objectives: We assessed differences in depressive symptoms from pregnancy to six months postpartum among women with HIV using longer acting contraceptives, versus using short acting contraceptives or not using contraceptives.

Method: This is a sub-analysis of a larger study that examined factors associated with postpartum attrition from HIV care. Pregnant women with HIV (n=411) were enrolled at a District Hospital in eThekwini District, KwaZulu-Natal, South Africa. We assessed contraceptive use and type at as well

as depressive symptoms using the Center for Epidemiologic Studies Depression Scale (CES-D) at baseline and six months postpartum. We then examined differences in depressive symptoms among those using longer acting contraceptives (injectable hormonal, hormonal implant, intrauterine device, tubal ligation) and those not using contraceptives, or using short acting contraceptive methods such as male condoms or oral hormonal contraceptives, with two Welch's *t*-tests (6 months postpartum depressive symptoms and change from pregnancy to postpartum depressive symptoms).

Results: At baseline, participants (mean age=29) had an average of 11.41 years of education, and 69% (n=282) were unemployed. Most participants (74%, n=303) reported that their pregnancy, at the time of index pregnancy conception, was unintended. Nearly all participants reported using contraception at six months postpartum (98%, n=401); the majority used longer acting contraception (91%, n=373), with injectable hormonal contraceptives being the most popular (80%, n=327). While the difference between the two groups in the severity of depressive symptoms at six months postpartum was not statistically significant, the change from pregnancy to six month postpartum was statistically different between those using longer acting contraceptives and those not: Those in the longer acting group experienced a 2.7 point (SD=6.3) reduction in symptom severity versus 1.3 point (SD=2.7) reduction in those not using longer acting contraceptives $t(87.8) = -2.6$, $p = 0.01$.

Conclusions: In this sample of women with HIV nearly all reported using contraception at six months postpartum. However, those using longer acting contraceptives showed a significantly greater reduction in postpartum depressive symptoms. Postpartum depression is an important aspect to consider in contraceptive counselling for recently postpartum women with HIV and could impact their sexual and reproductive health, as well as their mental health. Further research is needed to elucidate what other aspects of mental health influence long versus short term contraception.

Reproductive and sexual health needs in disaster and emergencies

P092

Impact of the COVID-19 pandemic on the availability and utilization of sexual and reproductive health services in Albania: Insights from a multi-method qualitative study

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Abstract

Objective(s): The onset of the COVID-19 pandemic has had significant implications on individual health, public health, and health systems worldwide. In Albania, multiple pandemic waves ensued from the first confirmed case in March 2020, prompting nationwide interventions such as a state of emergency, lockdowns, and curfews. Both the healthcare spending in response to the pandemic and vaccination capacity remained notably low in Albania, leading to a significant rise in excess mortality in 2020 and

2021. Previous studies also indicate that one in five Albanians encountered barriers to health service access due to COVID-19, with nearly half reporting difficulties in obtaining medical supplies. Through this project we sought to examine how the COVID-19 pandemic affected the availability, accessibility, and utilization of sexual and reproductive health (SRH) services in Albania.

Design and methods: In 2021, we conducted a multi-method qualitative study with youth and key informants in Albania. We conducted in-depth semi-structured interviews with 15 key informants at the national level and local level in Tirana and asked them about their experience with service provision during the COVID-19 pandemic. We also conducted a document review of any materials outlining the pandemic response of the Albanian government.

Results: Our findings indicate that the COVID-19 pandemic had a significant impact on both provision and utilization of SRH services in Albania. The imposition of mobility restrictions, the closure of numerous community organizations and other SRH services, and the de-prioritization of SRH services, collectively contributed to inevitable setbacks with regards to information on, availability and accessibility of SRH services in the country. Also, the measures implemented in response to COVID-19 led to a significant unmet need for SRH services, and exacerbated confusion and misinformation related to sexual and reproductive health services in the country.

Conclusion: Discontinuation and reduction of key sexual and reproductive health services during the pandemic exacerbated pre-existing disparities related to access and utilization of such services. Strengthening existing SRH services, building capacities to ensure continuity of SRH services during emergency situations, and tailoring inclusive and balanced emergency risk communication strategies could be key in addressing the barriers related to information on, availability of and accessibility of SRH services during emergencies.

P093

The access to and use of telemedicine for contraceptive services and contraception in Sweden during the COVID-19 pandemic period

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Abstract

Background: As the WHO declared the COVID-19 pandemic in March 2020, publications followed that addressed the risk of disruption of SRH services, including contraception, forecasting a potential surge in unmet need for contraception and unwanted pregnancies. According to the WHO, family planning was one of the most frequently disrupted essential health services. To limit the risk of spreading the disease, healthcare systems were motivated to rapidly adapt and shift from in-person meetings to online services, generally referred to as telemedicine (TM). TM has the potential to increase access to family planning services, however, uptake of long-acting reversible contraception (LARC) requires physical visits

for placement, and a drop in the use of LARC was feared and subsequently a fact. Previous national Swedish surveys on trends in the use of contraception have shown an increasing unmet need for contraception among fertile-aged women. In the last survey conducted in 2021, the trend of increased usage of LARC seen from 2013 to 2017 reversed downwards.

Aims and objectives: To explore perceived access to, the need for, use of, and satisfaction with TM services for contraceptive counselling and prescription-renewal-only, and the impact of the COVID-19 pandemic period on the choice and use of contraceptives.

Method: We performed an internet-based e-survey of Swedish women of fertile age, 16-49 years.

Results: In total, 1016 participants completed the survey. Most participants (69.7%) rated their access to contraceptive services “as usual”. Among the remaining participants, a higher proportion rated their access as deteriorated (73.4%) compared to improved (26.6%; $p<0.001$). In total, 38.0% reported a need for contraceptive counselling, whereof 14.0% had used TM for counselling and reported high satisfaction. TM for prescription-renewal-only was used by 15.1% of the total population. Two per cent reported use of another contraceptive than their intended, of which long-acting reversible contraception was the most common intended method. The proportion of current contraceptive users was lower than in 2017 (62.4% vs 71.1%, $p<0.001$), and current users of long-acting reversible contraception decreased from 30.6% to 19.3% ($p<0.001$).

Conclusions: During the COVID-19 pandemic period, most women found their access to contraceptive services unaffected, but more women felt that it had deteriorated than improved. The use of telemedicine was low, and the use of contraception overall fell. Efforts are needed to raise awareness of available services, and TM-provided interventions for maintained quality of care and informed decision-making remain to be evaluated.

Conflict details**:** The survey was fully sponsored with an unrestricted grant from Bayer Sweden AB, but the entity had no influence on the content of the survey nor in the writing of the manuscript. Outside the submitted work, all authors have received honorariums from Bayer Sweden AB for educational activities and HKK and KGD for providing advices. HKK and KGD are investigators in trials sponsored by several pharmaceutical companies.

P094

Sexual and Reproductive health issues, its information and access in young people in Albania during Covid-19.

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Abstract

The COVID-19 pandemic affected young people's access to sexual and reproductive health and rights (SRHR) information, and the delivery of sexual and reproductive health services. Study’s aim was to

evaluate the impact of the COVID-19 on Albanian young people's information and SRHR services access to better understand and address their needs. The study was conducted among a representative sample of 500 Albanian young people aged 15-29 years old in the framework of the project "Youth Voices, Youth Choices", coordinated by IPPF/EN, implemented by ACPD in 2021 and supported from Merck through Merck for Mothers Program. To achieve the aim a series of research phases were conducted; initial desk research, qualitative and quantitative research, an in-depth review of research findings. The majority of youth, 74% females and 55% males, reported having sought information on at least one SRHR topic during the pandemic. 15% reported urgent need for information on sexual relationships, STIs, and emergency contraception; 35% mentioned an inability to access at least one of their desired informative channels, especially for sexuality education. The need for contraception and condoms were considered particularly important by the youth population and teenagers in general (15%). Participants identified three areas of deterioration in the quality of SRH services received after the start of the pandemic: family planning counseling (27%), SRH check-ups (23%), gynecological check-ups/tests or consultations (27%). Significantly high shares of both the general youth population and those in vulnerable situations reported being affected either very or rather negatively in terms of their psychological and mental health due to Covid-19 (54% and 63%, respectively). Study made evident that in crisis situations SRHR issues needs to be accessible by using digital services when possible; correct the infodemic and misunderstandings, and orient youth towards trusted sources of information. More information and importance need to be given to mental health issues in young people. It is evident that there are some gaps to be addressed in regards to comprehensive sexuality education in and out of school, improvement of the curricula and teachers training.

Keywords: sexual and reproductive health; information; access; COVID-19; young people; Albania.

Reproductive health pertaining to contraception and sexual health

P095

In Progress: Survey of the Sexual and Reproductive Health Needs, Access, and Outcomes of Incarcerated Women in New Brunswick, Nova Scotia, and Prince Edward Island Prisons.

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Abstract

Background: There is little existing information about sexual and reproductive health outcomes and experiences among incarcerated women and gender diverse people in Canada. Women are the fastest growing population in prisons in Canada; most incarcerated women are of "reproductive age", but there is no systematic data collection of sexual and reproductive health outcomes among incarcerated people.

Available information suggests rates of unintended pregnancy, abortion and barriers to contraception much higher than in the general public. Access to sexual and reproductive care for incarcerated people is under-researched and critical to address structural, gender-, and race-based reproductive health inequities in Canada.

Aim: Building on evidence of unmet reproductive health needs, this study will examine the sexual and reproductive health outcomes of people who are experiencing incarceration in the Maritime provinces of Canada, including New Brunswick, Nova Scotia and Prince Edward Island.

Methods: To measure sexual and reproductive health outcomes among incarcerated people in provincial prisons for women, we have built on and adapted an existing survey instrument first implemented in 2014 by Liauw et al. Our approach is guided by sex and gender analysis, reproductive justice, and abolition theories. The instrument was piloted in collaboration with the research team and experts with lived experience of incarceration. Questions address demographic information, time in custody, parenting, breastfeeding, pregnancy, birth control, menstrual health, sexually transmitted infections, and cervical screening. Prior to administering the paper survey, we held an information session with potential participants in person in the prison setting. All participants are provided with a consent form. Participation is completely voluntary and anonymous.

Results: At this point in the study, we have administered the survey in person with 30 participants in New Brunswick. It is anticipated approximately 12 will participate in Prince Edward Island, and 40 in Nova Scotia. Participants will review a consent form and their information will be protected and safely used in accordance with ethical guidelines. Based on our work in other reproductive health topics with people in prison, we anticipate the surveys will reveal high reproductive health care needs and significant gaps in health care service access.

Conclusions: The results of this survey provide much needed information about the reproductive health status and needs of people in prison, which will inform policy, education and advocacy efforts.

P096

Young adults (18-24 yo) are at risk for greater menstrual cycle length variability with COVID-19 vaccination

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Abstract

Background: Adolescents (15-19 years) and young adults (20-24 years) are different from adults; they experience greater heterogeneity and variation in their menstrual cycles and their immune response to vaccines is more robust.

Aims and Objectives: We aimed to investigate if age is associated with menstrual response to COVID-19 vaccination.

Method: We analyzed prospectively collected menstrual cycle data via the app, 'Natural Cycles' from October 2020-November 2021. We included vaccinated individuals 18-45 years with normal cycle lengths (24-38 days) pre-vaccine receipt, not using hormonal contraception or recently pregnant. We compared the proportion of individuals aged 18-24 experiencing a clinically significant change in menstrual cycle length (greater than or equal to 8 days) with individuals aged 25-29, 30-34, 35-45 using chi-squared tests. IRB approval was obtained (Reading Independent Ethics committee 230721) including informed consent from each participant.

Results: Our sample included: 1,649 individuals aged 18-24 (age 25-29 n=5,806, age 30-34 n=5,998, age 35-45 n=3,554) receiving their first vaccination dose. The proportion of individuals aged 18-24 experiencing an greater than or equal to 8 days days in menstrual cycle length change relative to their pre-vaccination average was 12.9% compared with 10.0%, 7.8%, and 6.5% for individuals aged 25-29, 30-34, and 35-45, respectively for the first vaccine dose ($p < 0.001$).

Conclusion: Prior research has demonstrated these menstrual cycle changes are temporary. Further research determining the impact of the COVID-19 vaccine on younger adolescents' menstrual health (less than 18 yo) is critical to providing equitable care to this vulnerable population.

Conflict details**:** AE: honoraria and travel reimbursement from American College of Obstetricians and Gynecologists (ACOG), WHO, and Gynuity for committee activities; royalties from UpToDate, Inc. OHSU receives research funding from the OHSU Foundation, Merck, HRA Pharma, Office of Population Affairs, Bill & Melinda Gates Foundation, and NIH, for which AE or BD are PIs. BD: honoraria and travel reimbursement from ACOG and the Society for Family Planning for board and committee activities. EB, JP: employees of Natural Cycles. ABOG. ERB: no potential conflicts of interest.

P097

Women's trajectory through the healthcare system to access the intrauterine device in a large Brazilian urban municipality

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Abstract

Background: The Intrauterine Device (IUD) is a highly effective, long-acting contraceptive method. The prevalence of IUD use in Brazil has doubled in recent years, but it remains incipient compared to the rates found in high-income countries Despite public policies that promote greater access to the method, women face difficulties in accessing services for IUD utilization.

Aims and Objectives: To describe the trajectory of women in the healthcare system to achieve access and insertion of the Intrauterine Device (IUD) in a large Brazilian urban municipality and, secondarily, outline the sociodemographic characteristics of women accessing the method.

Methods: This is a prospective cohort in progress. We analyzed data from 207 women who have chosen to use the IUD and underwent insertion in a reference service in a large Brazilian municipality, the 6th largest in the country, with well-structured Primary Health Care (PHC) and capillarization in the territory.. We use a simple random samplewith structured baseline interviews conducted on the day of the IUD insertion consultation from September to December of 2023. Women included were residents in the municipality, above 18 years old, and agreed to participate in the research. We conducted a descriptive analysis with absolute and relative frequencies of variables related to the woman's trajectory in the healthcare system before reaching this reference service. The project was approved by the Research Ethics Committee of the Federal University of Minas Gerais (opinion no. 6,074,135) and the Sofia Feldman Hospital (opinion no. 6,091,977).

Results: Most women reported being aware of and registered in primary healthcare (95.1%). Over 80% sought care in a primary healthcare unit in the last year, but none participated in reproductive planning consultations before choosing the IUD. Regarding receiving counseling after considering the IUD as their method of choice, less than half of the women reported seeking assistance from a health professional (43.9%) and from these, doctors (71.4%) and nurses (24.2%) were the counselers. When evaluating service utilization, 44.9% (n=93) directly sought the insertion servisse in the reference center, while 55.1% (n=114) sought at least one service before reaching the reference service. Notably, 41.6% reported knowledge of IUD availability in the institution through friends, followed by relatives (15.9%). Women mostly had medium (62.3%) and high (33.8%) educational attainment and were employed (77.8%). Theywere aged between 18-25 years (43.9%), 26-35 years (43.0%), and 36-48 years (13.04%).

Conclusion: Despite the majority of women know and being part of the healthcare system we found an insufficient and often absent access to the IUD insertion in primary healthcare units, a recommended and available method. This points to suppressed demand, especially among less educated and unemployed women. Additionally, it is observed that women who accessed the service did so independently, without proper reference from health professionals and primary healthcare services, indicating a relative peregrination in the system to ensure the right to informed choice and method access. Studies addressing IUD access assurance are necessary to advance sexual and reproductive rights in Brazil, and our findings highlight healthcare system issues that also implicates healthcare professionals.

P098

Temporal evolution of the prevalence of permanent contraceptive methods use in Brazil

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Abstract

Background: Vasectomy and tubal ligation (TL) are highly effective permanent contraceptive methods (CM) provided by the Unified Health System (SUS) to the Brazilian population since the institution of the Family Planning law in 1996.

Aims and Objectives: To analyze the temporal evolution of the prevalence of these methods and the sociodemographic profile of women using permanent CM in the country in 1986, 1996, 2006, 2013 and 2019.

Methods: Time series study using secondary data from five national surveys investigating the reproductive planning of women of reproductive age. Data were extracted from the 1986 and 1996 surveys. For the 2006, 2013 and 2019 surveys, the prevalence of vasectomy and TL use, with their respective 95% confidence intervals (95% CI), was estimated considering the total number of CM users for each year of the surveys as the denominator. The use of these CM according to age group, self-reported color, level of education, region, area of residence and number of births was also estimated. Data were analyzed using STATA software, v.14, in the Survey module.

Results: The prevalence of vasectomy ranged from 0.5% to 5.6% (IC95% 5,0-6,2), with an increase of 82% observed between 1986 and 2019. During this period, the highest prevalences occurred for partners of white women, living in the southeast region, in urban areas and who had health insurance. Between 2013 and 2019, there was an increase in the prevalence of vasectomy for partners of women living in the southeast (42.1%), in urban areas (31.1%) and with health insurance (38.7%). In relation to TL, there was a reduction of 18% between 1986 and 2019. During this period, the highest prevalence was among black and brown-skinned women, with low education and higher parity. Between 2013 and 2019, there was a reduction in the prevalence of TL among black/brown women (24.3%), those who haven't an insurance plan (20.9%) and with parity equal to 2 (19.4%).

Conclusion: There were significant disparities in access to permanent methods, since vasectomy is more accessible to partners of women with better socio-demographic conditions, while TL is more used by women with poorer socio-demographic conditions. Despite the increase in the prevalence of vasectomy and the reduction in the use of TL, which may reflect greater access to other CM, there is a need to advance in the equitable supply of the most effective CM in the SUS in order to guarantee the sexual and reproductive rights of the Brazilian population.

Key-words: Vasectomy; Tubal sterilization; Family planning; Health inequities.

Service provision: roles and responsibilities of different health care professionals; new ways of providing services

P099

The role of doulas in abortion and contraception care: An international scoping review

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Abstract

Background: Equitable and safe access to abortion and contraception is essential to protecting reproductive autonomy. Despite this, barriers to access remain. “Doulas”—non-clinical support people—may be able to facilitate access to family planning services, but evidence on the scope and efficacy of doulas in abortion and contraception care is lacking.

Aim/Objective: The aim of this scoping review was to synthesize what is known about the role of doulas in abortion and contraception care.

Methods: We followed the Joanna Briggs Institute (JBI) methodology for scoping reviews. A clinical librarian performed an initial search of all relevant databases. Three reviewers independently screened the titles and abstracts for assessment against the inclusion and exclusion criteria. The populations of interest included doulas, non-clinical and/or untrained birth attendants and birth companions, and patients who use doula services. The concept of interest was the doula role; the context was access to abortion or contraception care.

Results: Our review identified thirty-three relevant studies conducted in sixteen different countries, published between 1976 and 2023. Studies broadly focused on three key themes: doulas performing procedural abortions, doulas supporting abortion care, and doulas supporting family planning. Outcomes of interest included client outcomes; barriers to access; and doula training, role and attitudes.

Conclusion: Doulas have the potential to improve client satisfaction and mitigate barriers to accessing abortion and contraception services. This is particularly true in areas where abortion access is restricted or limited. Further research is needed to identify the training needs of doulas, the potential for their integration into interdisciplinary abortion and contraception care teams, and the doula role in supporting medication abortion.

P100

Access to contraception at the midwife: A mixed methods study

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Abstract

Background**:** In the Netherlands, there are many different providers women/people can visit to access contraception. The general practitioner (GP) is mostly the first point of care: 82% of young people under 25 years of age go to their GP for their first contraceptive consultation. However, only 59% of feel at ease during this consultation. In the Netherlands, other options for access to contraception include the gynecologist or the abortion clinic.

Now, there is one provider that is often forgotten: the midwife. While the midwife has successfully been introduced as a postpartum contraception provider, they are often not known as a primary contraceptive provider, particularly if clients have not been pregnant yet. While a growing number of midwives provide contraception to this group, it remains unknown how they experience contraceptive care at the midwife.

Aims and Objectives**:** The primary objective of this study is to explore experiences of contraceptive care at the midwife for non-postpartum contraceptive seekers. The secondary objective is to understand their wishes and needs for contraceptive care.

Methods**:** For this mixed methods study, we recruit people who are accessing contraceptive care at a midwife practice in the Netherlands. The recruitment is supported by eight midwife practices from different areas in both urban and rural parts of the country. Participants are asked to fill out an anonymous survey with questions about their expectations and experience. At the end, we ask if they want to participate in an interview. If they do, they are redirected to a form where they can fill out their contact details. Then, we contact them to schedule an interview that will last around 30 minutes.

The interview consists of two parts. First, we map their contraceptive care across the life course: which method did they use at what age? At which provider did they get this method and how did they experience this? Second, using the Access to Healthcare framework of Levesque, we continue to ask about their experience of accessing contraception at a midwife. Finally, we compare this experience to their experiences with other providers.

For the survey data, we will perform t-tests and chi-square tests to test for differences between groups. For the interviews, we will apply thematic analysis.

Results**:** Survey data collection and interviews will be performed from February to March 2024. We expect our analyses to be finished in April, 2024. In pilot interviews, we generally found the experience with non-postpartum contraceptive care provided by midwives to be positive. In this study, supported by the Access to Healthcare framework of Levesque, we will delve deeper into the specific factors that shape the experience of contraceptive care.

Conclusions**:** We explore the experiences of contraceptive care at the midwife for non-postpartum contraceptive seekers and aim to understand their wishes and needs for contraceptive care.

Sexual health and sexuality transmitted infection – all aspects

P101

Prevalence of vaginal infections in women of different ages. Correlation with other gynecological pathology

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Abstract

Background: Vaginal infections are one of the most current topics that concern a significant group of the female population, seen this in the framework of gynecological and social problems that they carry with them. In our population, a woman contacts the doctor only when she has symptoms, not for a routine checkup. This was precisely the reason that prompted this study, to highlight the current indicators of this health risk in our population.

This study includes a period of 6 months. The presented patients were of different ages, over 17 years old and all had gynecological symptoms, such as lower abdominal pain, vaginal discharge with a change in smell and color, itching, and burning. In all of them gynecological ultrasound, vaginal visit and vaginal swab for 12 types of vaginal infections were performed. A part of them was completed with recontrols after the treatment and pap test.

Objectives

- Appearance of the most frequent gynecological infections encountered in our population in correlation with age
- Most effective treatment in these strains
- Increased resistance to antibiotic therapy after repeated use.
- Incidence of the combination of two or more strains
- Correlation with different gynecological pathologies or not

- Sensibilization of the female population for these pathologies towards prevention

Study Methods: This was a prospective study, where patients were dynamically followed for a period of more than 6 months under gynecological surveillance. The charting of the patient and the monitoring of the data during the treatment or consultation is done with the full knowledge and cooperation of the patient. The collected data are placed in a 2*2 table to highlight the most important risk factors as well as the most adequate treatment. They are all accompanied by vaginal samples, cultures and antibiograms

Results: In the total group of gynecological controls of 776 cases in 6 months, about 107 patients were singled out with the presence of one or more pathogenic strains in their vaginal secretions. All patients were completed with charting during this time to reflect their condition during this period not only about the recurrence of vaginal infections but also other problems in this area such as the presence of PID, presence of ovarian cysts, presence of Bartholinitis, ectropion, etc.

Subsequently, it turned out that 88% of this group that resulted with positive strains belonged to the age group of 20-40 years, which is the most sexually active age, which proves many weak points in the mentality of women, but also in reproductive health policies.

60% of cases come out with more than 1 positive strain, which highlights the delay and negligence of the population towards these infections.

The highest percentage is Ureaplasma Ureliticum with 67% of cases and Candida Albicans with 37% of cases.

It was also observed that about 18% of them were accompanied by pelvic inflammatory phenomena such as SIP type or ovarian cyst and about 63% presented cervical ectropion.

The treatment for each case was based on the antibiogram result and vitamin therapy or accompanied by vaginal PH regulators or integrators.

Sexual and Reproductive Health and Rights needs for migrants/refugee settings

P102

All Views Matter – Reducing Barriers to Patient Feedback in the Sexual Health Service; A Quality Improvement project

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Abstract

Background: Approximately 5.1 million people in the UK have a main language which isn't English. Of these, 1 million cannot speak or read English well or at all.[1] Patients who do not speak English well report greater barriers to accessing healthcare, have a poorer patient experience and are more likely to be in poorer health.[2]

Within the Sexual Health Service (SHS) our goal is safe, equitable preconception and contraceptive care to reduce unexpected pregnancy, and ultimately maternal morbidity and mortality. We recognised that health inequalities are an important contributor, but to make changes, we needed to listen our patient's voices.

We identified that within the SHS, non-English speaking patients were unable to provide feedback on their care. Engagement with the Patient Experience Team (PET) confirmed there was no current process in place for non-English speaking patients to leave feedback via the Friends and Family Test (FFT) in our trust. We identified it was of paramount importance to reduce this inequality.

Aim: To increase feedback in the SHS for non-English speaking patients, from zero to 5% by June 2023, with a stretch goal of 10% by December 2023.

Methods: FFT survey forms were translated into the 6 most frequently requested languages across the organisation. The forms were rolled out for use in the SHS.

This was a quality improvement project and interventions identified from a driver diagram were instigated over the course of the project to increase awareness and use of the forms. Our four primary drivers were: An accessible process for providing feedback; Encouraging patient engagement; Increasing staff participation and data collection. These were used to help plan PDSA cycles. Interventions included a translated promotional poster, a staff 'design a feedback station' competition, social media posts, physical and virtual prompts for staff.

Results: We achieved a 23% feedback response rate by June 2023 from patients who were unable to provide feedback in English. This exceeded our June and December 2023 targets. After each PDSA intervention, there was an increase in the number of forms returned on a Run Chart, demonstrating a quantitative improvement. Patient feedback received was unanimously positive with patients being "very pleased" with care and ability to feedback.

Conclusion: In order to address health inequalities we need to adopt a patient centred approach and listen to their voices. For this, engagement with all staff including the senior management team is crucial. We have presented our project at the divisional board meeting and hope to see the forms utilised in different areas in the division. We have had the support of the executive team who are keen to see its implementation; our staff engagement event highlighted the importance of a 'top down' approach in raising staff commitment. Continuing presentations at divisional level will reinforce the importance of this work. We will continue to use social media to highlight the importance of the project and availability of the feedback forms. This project has opened up wider conversations about making information accessible to non-English speaking patients and reducing health inequalities.

P103

Female Genital Mutilation in Portugal: perception of Gynecologists and Obstetricians - a national survey.

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Abstract

Background: Portugal is considered a risk country for the practice of Female Genital Mutilation (FGM) by the World Health Organization (WHO). FGM can be defined as all the procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. Studies estimated that more than 6000 women living in Portugal have undergone FGM, and that many girls remain at risk.

Aims and Objective(s): The purpose of this study was to analyze the perception and experience of Portuguese Gynecologists and Obstetricians regarding FGM.

Design & Methods: A survey with 13 multiple-choice questions was delivered in electronic format, with voluntary and anonymous response, via email and WhatsApp® to the Portuguese Gynecologists and Obstetricians (residents and specialists), with the support of the Portuguese Society of Contraception. Statistical analysis was performed using SPSS®24.

Results: In total, 172 Portuguese Gynecologists and Obstetricians between the 2nd and 28th January 2024. From these, residents amounted to 26.7%(n=46) and 73.3%(n=126) specialists.

In this survey 43.0% (n=74) of respondents had contact with cases of FGM in their clinical practice.

In the last two years: 20.3% (n=35) had contact with 1-2 cases, 7.0% (n=12) with 3-4 cases, 2.9% (n=5) with more than 5 cases, 4.1%(n=7) with more than 10 cases and 65.7%(n=113) had no contact with FGM cases.

Our results show that only 20.3% (n=35) know the classification and are familiarized; 38.4%(n=66) reported to know the types of FGM classification, but are not familiarized; 36.0%(n=62) do not know FGM classification but would like to learn about it; and 5.2%(n=9) do not know.

Only 13.4% (n=23) reported having no idea about the origin countries where women are victims of FGM.

Regarding the ability to recognize and approach FGM, 19.2%(n=33) feel prepared and make an adequate approach in their clinical practice; 45.3%(n=78) reported feeling prepared, but would ask for some help; and 35.5% (n=61) denied feeling prepared.

Of the surveyed doctors, 39.5% (n=68) do not know if the Portuguese legislation covers the practice of FGM.

When asked about the number of notifications: 3.5%(n=6) reported once, 4.1%(n=7) reported more than once, 44.2%(n=76) never reported and 48.3%(n=83) never reported because they never seen a case.

Conclusions: The majority of the Portuguese Gynecologists and Obstetricians considered that health professionals could play a significant role in eradicating this practice in Portugal, but do not feel comfortable or prepared to deal with FGM in their clinical practice.

Thereby, in the future, it is essential to promote a better knowledge on this subject and to improve clinical skills and confidence for a proper clinical management.

Sexual and Reproductive Health and Rights issues; women's, men's, and children's rights; ethics

P104

Antinatalism and being childfree

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Abstract

Background: Though not being a mainstream philosophical tradition, antinatalism has had its place in the annals of philosophy. It is a view that is critical of human reproduction – it considers coming into existence as a harm for sentient beings and/or deems procreation as immoral. It thus argues that humans should abstain from having children. This view is now getting more mainstream as more and more women (and couples) choose to be childfree.

Methods: This presentation is based on philosophical literature (Aristotle, Schopenhauer, Nietzsche, Zapffe, Benatar) and current production (Trump, Lafayette, the National Alliance for Optional Parenthood, No Kidding!).

Results: Nowadays, more and more women (and couples) prefer to stay childfree. It may be for various reasons, including environmental (most notably, they do not want to bring children into the world of climate change and environmental degradation). Childfree women (and couples) differ from childless, which are humans who wish to have children but do not/cannot. However, such women (and couples) frequently feel the stigma of their choice and rejection by their families, the public, and also, sadly, by their healthcare providers. This presentation makes a case for such women (and couples) and briefly

presents reasons for their motivation (psychosocial, personal, demographic, medical, economic, environmental, and philosophical reasons), which are all valid.

Conclusion: Having a child is a human right, not a duty. This presentation advances the view that non-parenthood is a valid option for all humans. Whatever their reasons, people who want to stay childfree (or childless by choice), deserve respect to their choice and autonomy. We – the healthcare providers in the field of sexual and reproductive health – meet women (and couples) who have made this choice. As such, we should emphasize our support to them instead of stigmatising and/or coercing them into unwanted parenthood.

P105

The Status of Comprehensive Sexuality Education in Moldova, Georgia, Tajikistan and Kyrgyzstan using Sexuality Education Review and Assessment Tool

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Abstract

Background: Deciding over the own body, when, if, with whom and how many children someone is having and if, how, with whom someone wants to experience sexuality are profound human rights. Therefore, sexual and reproductive health (SRH) is a key dimension of health and wellbeing of individuals. Comprehensive Sexuality Education (CSE) is one of the most important means to ensure the fulfilment of SRH. CSE is important to support youth in their sexual and overall development, and is also a key component of HIV and sexually transmitted infections (STIs) prevention. Studies show that schools play an important role for pupils in learning about health and health promotion skills, including sexuality and sexual health. At the same time there is often a lack of evaluation of CSE implementation in school curriculums.

For this reason, 2022 UNFPA (United Nations Population Fund) and BZgA (Bundeszentrale für gesundheitliche Aufklärung), in cooperation with UNESCO (United Nations Educational, Scientific and Cultural Organization), WHO (World Health Organization) and IPPF EN (International Planned Parenthood Federation), conducted a study in Moldova, Georgia, Tajikistan and Kyrgyzstan to assess the status of CSE. The presentation will show the study process and reflect on the main findings in the four countries.

Aims and Objectives: Aim of the study was to get a better overview on the implementation of CSE in schools in the region, create a supportive network between the countries and workout individual recommendations and next steps for each country.

Method: The data was collected using the standardized Sexuality Education Review and Assessment Tool (SERAT) via desk reviews of relevant policies, curricula and national data, questionnaires, stakeholder interviews (e.g., with teachers, representatives of technical working groups and ministries of education, young people) and discussions to validate the findings.

Results: Overall, the study shows that in all four countries sexuality education is taught in schools, which is supported by adequate legal and policy frameworks, and integrate it into their school curricula. The comprehensiveness of the curriculum, teacher training and learning methods differ across the four countries.

Conclusions

Message 1: This study demonstrates that the four countries assessed are on a positive track in implementing and expanding their sexuality education programmes, which are supported by a favourable legal and policy environment.

Message 2: Gaps still remain in teacher training, monitoring and evaluation, and the comprehensiveness of the delivered content.