#6

ACOG 2020 DISTRICT II VIRTUAL ANNUAL MEETING
Junior Fellow Research Day Oral Presentation and iPoster Session Contests

RESEARCH ABSTRACT FORM

NAME: Alexandra Woodcock

RESEARCH TITLE: The SO-LARC Study: Access to and Ease of Discontinuation of Immediate Postpartum IUDs as Component of Reproductive Justice

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INTRODUCTION:
Immediate postpartum (IPP) contraception eliminates many of the barriers for women to obtain long acting reversible contraception (LARC). In order to balance concerns of reproductive justice, an effective IPP IUD program must provide ready access to discontinuation of IPP IUDs. This study aimed to document and describe women's experiences with IPP IUDs, particularly their experiences with and access to IUD removal.

METHODS:
We identified all women who had a documented IPP IUD placed in 2015 and 2016 at one of two Montefiore Hospitals in the Bronx, NY. We conducted a phone survey and evaluated women's experiences with IPP IUDs, their ease of access to IUD removal, rates of method satisfaction, continuation, and expulsion.

RESULTS:
Of a largely Hispanic/Latino, non-white cohort, the majority of women who had discontinued their IUD found access to removal services easy (67%), with most going to an OB/GYN for the removal itself (49%). Race and ethnicity were not associated with ease of discontinuation. Of women with their IUD in situ, the majority were satisfied with and would recommend the method, however those who had discontinued the method were more varied in their satisfaction. This study found similar rates of expulsion to existing literature.

CONCLUSIONS: Our results can help inform healthcare systems and policies with IPP LARC access regarding access to follow up and IUD removal postpartum. Our findings are reassuring that within our large healthcare system women who received an IPP IUD do have ready access to IUD removal when desired.

Table 1:

Demographics of participants who completed the survey	
	N = 202
Age at time of IUD placement, n (%)	
<18	4 (2)
18-29	109 (54)
30-49	89 (44)
50-64	0 (0)
65+	0 (0)
Race, n (%)	
Black or African American	74 (37)
White	10 (5)
Asian	3 (1)
Other	98 (49)
Declined/not applicable/unknown	17 (8)
Ethnicity, n (%)	
Spanish/Hispanic/Latino	98 (49)
Not Spanish/Hispanic/Latino	93 (46)
Declined/not applicable/unknown	11 (5)
Type of delivery, n (%)	
Vaginal	94 (47)
C Section	108 (53)
Type of IUD, n (%)	
Hormonal	152 (75)
Copper	50 (25)
Parity at the time of IUD placement, n (%)	
0	39 (19)
1	36 (18)
2 to 5	51 (25)
5+	0 (0)
Unknown	76 (38)

Table 2

Experience with and reason for removal of IUD (of those who discontinued)	**N (%) or Median (IQR)**
Ease of removal- 1=very hard, 5= easy, n (%)	
1	4 (5)
2	2 (3)
3	6 (8)
4	1 (1)
5	61 (82)
Barriers to removal, n (%)	
Didn't know where to schedule appointment	1 (1)

Transportation to appointment difficulties	1 (1)
Childcare	2 (3)
Language barrier	0 (0)
Financial (cost too much, my insurance didn't cover it)	1 (1)
Couldn't get off work	2 (3)
Couldn't see the strings in clinic	11 (14)
The provider I saw couldn't remove the IUD	5 (6)
How many weeks did it take to schedule, median (IQR)	1 (1-2)
How many visits did it take to get IUD removed, median (IQR)	1 (1-1)
Reason for IUD discontinuation, n (%)	
Heavy bleeding	8 (7)
Light bleeding	6 (5)
Bleeding too often	11 (10)
Bleeding stopped	3 (3)
Bleeding too irregular	15 (13)
Did not like the cramping	33 (29)
Partner didn't like it	7 (6)
Became pregnant	4 (4)
Wanted to get pregnant	23 (20)
Health care provider recommended removal	5 (4)
Worried she might get a problem from the IUD	11 (10)
Infection (like PID, GC/CT)	5 (4)
It fell out/expelled	26 (23)
It was expired	1 (1)
Mal-positioned	17 (15)
Other	26 (23)