

Erratum

Erratum for Reproductive Health 2014 Oral and Poster Abstracts

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Erratum to REPRODUCTIVE HEALTH NEEDS ASSESSMENT IN THE EMERGENCY DEPARTMENT

Reason for Erratum: Revision in primary author list and affiliations

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Erratum to PACS: POST-ABORTION CONTRACEPTION STUDY

Reason for Erratum: Error in data analysis

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Objective: To elucidate the demographic, educational and psychosocial factors that impact a woman's decision for choosing LARC as a contraceptive method at the time of induced abortion.

Methods: Pilot descriptive study using a convenience sample of 125 women presenting for first- and second-trimester abortion care at a university clinic from October 2013 to February 2014. Women were approached at the end of the preoperative visit, after they had chosen a postabortion contraception method. Women were counseled by the same three providers using evidence-based counseling. Women were excluded for fetal anomalies, being under 18 years and not speaking English. After obtaining consent, a 21-question survey was administered via in-person interview. Subjects were included in the LARC group if they chose an IUD or implant. All other methods were included in the non-LARC group.

Results: Of the 125 women who enrolled in our study, 83.2% chose a LARC method, and 16.8% chose a non-LARC method, including 1 woman who chose no method of contraception. When comparing women who chose LARC vs. non-LARC, while not statistically significant, women presenting for second-trimester termination were more likely to choose LARC [OR 2.2 (95% CI 0.8–5.6)]. Although not significant, univariate analysis demonstrated that women who had previously used OCPs were more likely to choose LARC (86.3% vs. 13.7%, $p=.16$). In women who chose LARC, the three most common reasons cited were duration of efficacy (47.2%), no need to remember method (45.6%) and low failure rates (43.2%). In this population, education and socioeconomic status were not significantly different between LARC versus non-LARC choosers.

Conclusions: Women frequently receive contraceptive counseling when they present for abortion care. Our study showed a difference, though not significant, between women presenting for first- and second-trimester abortions and contraceptive choice. There are obvious differences between these two populations such as delay in accessing care and difficulty in decision making. Future studies can elucidate these differences so that we can more effectively address the contraceptive concerns of women presenting for abortion.