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## Matthew Reeves

Medical Director, NAF

Washington D.C. Metro Area

Medical Practice

Current Johns Hopkins Bloomberg School of Public Health,  
National Abortion Federation,  
DuPont Clinic

Education Harvard Medical School

Experience



**Adjunct Associate Professor of Population, Family, and Reproductive Health**

Johns Hopkins Bloomberg School of Public Health

May 2015 – Present (2 years 4 months)

- **Medical Director**

National Abortion Federation

April 2013 – Present (4 years 5 months) Washington D.C. Metro Area



- **Director**

DuPont Clinic

October 2016 – Present (11 months)



**Attending Physician, Obstetrics & Gynecology**

Sibley Memorial Hospital

March 2016 – Present (1 year 6 months)



• **Adjunct Clinical Associate Professor of Obstetrics and Gynecology**

Stanford University School of Medicine

September 2015 – Present (2 years)



• **Attending Physician, Gynecology**

MedStar Washington Hospital Center

October 2011 – Present (5 years 11 months)

Organizations

• **Society of Family Planning**

Fellow

Starting 2008

• **American College of Obstetrics & Gynecology**

Fellow

Starting 2008

Publications

• **Risk of unintended pregnancy based on intended compared to actual contraceptive use**

American Journal of Obstetrics and Gynecology

January 2016

**BACKGROUND:**After initiating a new contraceptive method, the provider has little control of how or whether that method is used.

**OBJECTIVE:**We sought to compare unintended pregnancy rates by the initial chosen contraceptive method after counseling to traditional contraceptive effectiveness in the same study population.

**STUDY DESIGN:**The Contraceptive CHOICE Project provided reversible contraception to 9252 women at no cost during 2-3 years of follow-up. We performed 2 analyses of contraceptive efficacy in this prospective cohort: (1) intent-to-use (ITU), grouping participants based on their chosen method at enrollment; and (2) as-used, categorizing participant time according to the method used. In ITU analysis, switching of methods and method continuation were not considered, as we wanted to assess outcomes based on the method chosen at baseline. We used Cox proportional hazards models to compare rates of unintended pregnancy.

**RESULTS:**During 20,017 person-years, we identified 615 unintended pregnancies. In ITU analysis, pregnancy rates were 5.3, 5.5, 2.0, 1.7, and 1.9 per 100 person-years for women

initiating oral, injectable, implantable, copper, and hormonal IUC at baseline, respectively. The adjusted hazard ratio for injectable contraception compared to hormonal IUC was 2.4 (95%CI 1.8-3.3). Delaying initiation of IUC or implantable contraception increased unintended pregnancies by 60% (adjHR 1.6; 95%CI 1.2-2.0). In as-used analysis, pregnancy rates were 6.7, 1.6, 0.2, 0.6, and 0.2 per 100 person-years for women using oral, injectable, implantable, copper, and hormonal IUC, respectively.

**CONCLUSION:** Although highly effective in the as-used analysis, women initially choosing injectable contraception had pregnancy rates similar to oral contraception and significantly worse than IUC or implantable contraception. Despite switching and discontinuation, women choosing an IUC or implantable contraception at baseline were much less likely to have an unintended pregnancy.

Authors:

- [Matthew Reeves](#),
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- [Secura GM](#),
- [Jeffrey Peipert](#)

Skills

- Family Planning
- Gynecology
- Reproductive Health
- Ultrasound
- Contraception
- Medical Imaging
- Medicine
- Healthcare
- Clinical Research
- Global Health
- Public Health
- Women's Health
- Obstetrics
- HIV prevention
- Program Evaluation
- See 21+

How's this translation?

- [Great](#)
- [Has errors](#)

Education



**Harvard Medical School**

M.D.

1995 – 1999



•  
**University of Pittsburgh**

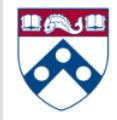
M.P.H

2004 – 2006



•  
**University of California, San Francisco**

2003 – 2004



•  
**University of Pennsylvania**

B.A.

1989 – 1993



•  
**University of Ibadan**

1990 – 1991



•  
**Deerfield Academy**

1986 – 1988

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