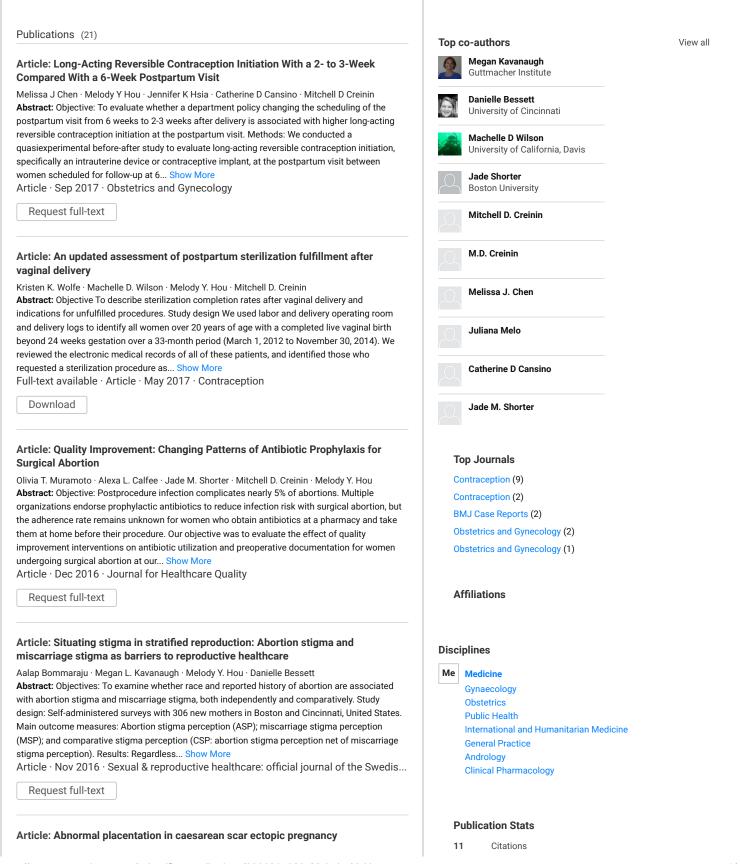
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Melody Y. Hou's scientific contributions while affiliated with University of California, Davis (Davis, United States) and other places



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Kristin Cutler \cdot Mitchell Creinin \cdot Jay Michael Balagtas \cdot Melody Hou

Abstract: Background Reproductive-age women who are undergoing cancer treatment are at risk for heavy menstrual bleeding, unintended pregnancy, and have a contraindication to estrogen-containing products. The incidence of vaginal bleeding and contraception use is not known. Objective To describe clinical practices regarding menstrual suppression, estimate the incidence of vaginal bleeding complaints, and investigate contraceptive counseling and provision in women undergoing chemotherapy. Methods We... Show More

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Melody Y. Hou \cdot Colleen McNicholas \cdot Mitchell D. Creinin

Abstract: Objective: Estimate symptom improvement rate of women with bleeding complaints using the etonogestrel contraceptive implant when started on continuous combined oral contraceptives (COC). Methods: We conducted a double-blinded randomised controlled trial of women reporting troublesome bleeding related to their etonogestrel contraceptive implant and desiring intervention. Participants received continuous COCs or placebo for four weeks to evaluate self-reported bleeding improvement at four... Show More

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Melody Y. Hou

Abstract: Little evidence exists regarding medical abortion for women with inherited bleeding disorders. A 21-year old primigravid hemophilia A carrier desired a medical abortion. After counseling, she chose medical abortion, which occurred without excess bleeding or surgical intervention.

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Melissa J. Chen·Kacie M. Rounds·Mitchell D. Creinin·Catherine Cansino·Melody Y. Hou **Abstract:** Objectives: Compare proportion lost to follow-up, successful abortion, and staff effort in women who choose office or telephone-based follow-up evaluation for medical abortion at a teaching institution. Study design: We performed a chart review of all medical abortions provided in the first three years of service provision. Women receiving mifepristone and misoprostol could choose office follow-up with an ultrasound evaluation one to two weeks after mifepristone or telephone follow-up... Show More

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K. Cutler \cdot J. Balagtas \cdot M.D. Creinin \cdot M.Y. Hou

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Article: LARC utilization based on type of medical abortion follow-up at an academic center

Kathleen A. Rooney · Ashleigh E. Denny · Melody Y. Hou · Mitchell D. Creinin Abstract: Objective: Compare long-acting contraceptive (LARC) utilization 1 month following a medical abortion among women who chose office or telephone follow-up. Materials and methods: We performed a chart review of 79 patients in a new medical abortion service. Women chose a 1-week follow-up in-office or by phone. Contraceptive implants could be placed 1 week and intrauterine contraceptives 4 weeks after mifepristone administration. Results: LARC methods were desired by 38% and 44% of women,... Show More Article · Jan 2015 · Contraception

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In endogenic (type 1) CSP, the deformity seen on ultrasound is less apparent as the implantation grows towards the uterus. The ultrasound image consequently can appear as a viable intrauterine pregnancy [10]. In these types of low implantation endogenic CSP, differentiation from a normal pregnancy can often only be made by ultrasound at earlier gestations [3].

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It is equally noted that not all complications warranted discontinuation of the de-vice. More importantly, most of this side effects especially the relatively common one which is irregular vagina bleeding usually remits within four months in early use and also on medication [26] [27]; meaning that it is a safe means of contra- ception [28] [29]. More than half (56.9%) of the removal of the implant were due to expiration hence reinsertion.

A Decade of Jadelle Subdermal Implant Contraception in a Tertiary Health Institution in Port Harcourt, Southern Nigeria

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