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Papers on Current Clinical and Basic Investigation: Poster Sessions: Monday, May 9, 2005: Contraception/Family Planning

Safety With the Use of NuvaRing Immediately Following Surgical or Medical Abortion

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CONTENT NOT FOR REUSE

MONDAY, MAY 9, 2005

CONTRACEPTION/FAMILY PLANNING**Acceptability of Contraceptive-Induced Amenorrhea in American Women**

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OBJECTIVE: To determine American women's preferences about menstrual bleeding patterns and their willingness to manipulate bleeding with contraception.

MATERIALS: Women presenting for routine obstetric and gynecologic care at 4 U.S. sites (3 clinics in Portland, OR, and one in Atlanta, GA) were offered a self-administered, anonymous survey. A validated survey tool was used. Results were analyzed using χ^2 tests for categorical data and analysis of variance for numerical data.

RESULTS: Valid surveys from 292 women were obtained. Mean age was 26.9 years (standard deviation 8.0). Ethnicity differed between sites ($P < .001$): most women in Atlanta were black (87.9%, 58/66), whereas more Portland women were white (82.6%, 142/172). The majority of women did not like their period (69.1%, 190/275), with no differences between sites or race. Overall, women preferred a menstrual frequency of every 3 months (20.3%, 57/281) or never (38.1%, 107/281), with no significant difference between sites in these responses. When asked if they would consider using a birth control method that stopped their periods, 39.9% said yes (111/278), 28.1% said no (78/278), and 32.0% were undecided (89/278). Although there was no difference in negative responses between women in Atlanta and Portland, significantly fewer women in Atlanta said yes (25.3% versus 47.5%), whereas more were undecided (44.2% versus 25.7%).

CONCLUSION: The majority of women disliked their periods and preferred periods spaced every 3 months or not at all. Many women were interested in using a contraceptive method that induces amenorrhea.

Choice of Oral Contraceptives for Breastfeeding Women: A Survey of New Mexico Ob-Gyns and CNMs

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INTRODUCTION: The American College of Obstetricians and Gynecologists (ACOG) recommends against the use of combined oral contraceptives (OCs) as first-line contraceptives for breastfeeding women because estrogen may inhibit milk production. Progestin-only OCs are recommended as first-line. Combined OCs have advantages over progestin-only OCs, however, and evidence documenting a negative impact on breastfeeding by combined OCs is scanty. A recent Cochrane collaboration review concludes that evidence is insufficient to make conclusions about the impact of hormonal contraception on breastfeeding. Despite expert recommendations, we suspected that providers do prescribe combined OCs to breastfeeding women.

OBJECTIVE: The purpose of this study was to evaluate which OCs are prescribed for postpartum breastfeeding women by New Mexico ob-gyns and certified nurse midwives (CNM).

METHODS: A 19-item survey was designed to assess postpartum OC prescribing practices. The survey was mailed to 191 ob-gyns and 114 CNMs in the state of New Mexico.

RESULTS: One hundred thirty-seven questionnaires were completed, for a response rate of 46%. A second mailing has gone out, and we anticipate a final response rate of over 50%. Preliminary results show that 53% of ob-gyns and 16% of CNMs have ever prescribed combined OCs to breastfeeding women within the first 6 weeks postpartum, but only 33% and 7%, respectively, encourage their use during this time period.

CONCLUSION: A sizable minority of providers prescribe combined OCs to postpartum breastfeeding women. A clinical trial to determine advantages and disadvantages of combined OCs for breastfeeding women is urgently needed to assist providers and patients in making decisions about postpartum contraception.





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