Discussion: In Mexico, 40% of pregnancies are unintended. This may reflect decreased access to contraception. In Mexico, abortion is illegal in most circumstances. Per anecdotal report, Mexican women have used misoprostol to induce abortion, but its use has not been studied.

Conclusion: There is both limited availability and knowledge of EC and misoprostol among health-related sites. Public need for EC and misoprostol that exceeds resources may increase adverse health outcomes.

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BREAKTHROUGH BLEEDING AND SPOTTING PROFILES AMONG HORMONAL CONTRACEPTIVE-NAIVE AND HORMONAL CONTRACEPTIVE-EXPERIENCED WOMEN USING AN EXTENDED REGIMEN OF TRANSDERMAL NORELGESTROMIN/ETHINYL ESTRADIOL

LaGuardia KD, Stewart AH, Kaunitz AM, Westhoff CL.

Introduction: A subanalysis of clinical trial participants receiving an extended regimen of transdermal norelgestromin/ethinyl estradiol (NGMN/EE) was conducted to determine whether cycle control differed based on prior hormonal contraceptive experience.

Materials and Methods: Women who had not taken hormonal contraceptives for >60 days before screening were considered naive (“fresh starts”); those who switched from another hormonal contraceptive within 60 days of screening were considered experienced (“switchovers”). The extended regimen consisted of weekly patch applications for 12 weeks, one patch-free week and then three more weekly applications. Subjects recorded bleeding data daily.

Results: In the extended-regimen intent-to-treat population, 86 women were switchovers and 67 were fresh starts. For the primary reference period (Days 1–84), median bleeding days, bleeding episodes, bleeding/spotting days and bleeding/spotting episodes did not differ significantly between switchovers and fresh starts. Only during Days 29–56 was there a statistical difference (p=.028) in median bleeding/spotting days (switchovers, 1.5; fresh starts, 7), with no significant differences reported after Day 56. Time to initial bleeding/spotting (40 vs. 31 days, respectively; p=.20) and that to initial bleeding (63 vs. 52 days, respectively; p=.36) were not significantly different between the switchovers and the fresh starts.

Discussion: With cyclic regimens, women naive to hormonal contraceptives may experience more breakthrough bleeding during initial treatment as compared with women with recent hormonal contraceptive use. The results of this study suggest that significant long-term differences in bleeding and spotting with an extended regimen of transdermal NGMN/EE are not apparent between fresh starts and switchovers.

Conclusion: Extended-regimen transdermal NGMN/EE inhibits bleeding/spotting regardless of prior hormonal contraceptive experience.

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COMPUTER-ASSISTED ADVANCE PROVISION OF EMERGENCY CONTRACEPTION IN AN URGENT CARE SETTING

Schwarz EB, Gonzales R, Gerbert B.

Introduction: Advance provision of emergency contraception (EC) is the most effective means of increasing appropriate use of EC known. However, clinicians rarely counsel women about EC. We explored the acceptability of computer-assisted education about and advance provision of EC to women waiting for urgent care services.

Materials and Methods: Seventy-eight women used a computer-based interactive educational module and evaluated the acceptability and usefulness of this educational program. The educational module used a “video doctor” to simulate a visit to an actual physician and provided information on the safety, efficacy and indications for use of EC.

Results: One hundred percent of the women reported learning something from the computer-based educational program. Seventy-one percent of the women thought that they would use some of the information the video doctor shared with them and 91% would recommend use of this educational program to a friend. Ninety-seven percent of the women were interested in receiving a free sample of EC pills in case of future need.

Discussion: Computer-assisted education about and advance provision of EC is feasible and acceptable to women seeking urgent care. Future work should demonstrate if advance provision of EC in urgent care settings increases appropriate use of EC.

Conclusion: Computer-assisted advance provision of EC has the potential to increase access to EC in a variety of clinical settings.

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CROSSING TO SAFETY: THE EXPERIENCES OF MEXICAN WOMEN WHO ACCESS SAFE, LEGAL ABORTION SERVICES IN SAN DIEGO

Grossman D, Kingston J, Schweikert S, Troncoso E, Falquier S, Billings DL.

Introduction: Abortion is highly restricted in Mexico, and some women come to the US, legally or illegally, to access safe abortion services. Yet very little is known about these women. We sought to better understand the experiences of Mexican women who access abortion services in four large abortion clinics in San Diego.

Materials and Methods: Since October 2004, we have collected data in two stages: first, by anonymous survey in clinics to determine the percentage of clients who are Mexican residents; and second, by in-depth interviews with a subsample of Mexicans.

Results: Through March 2005, 513 women completed the survey (response rate 81%), and 30 (5.8%) reported being Mexican residents. Women came from several Mexican cities and traveled 1 to 7 days to reach the clinic. They came because they believed abortion was safer in the US, were unable to find a provider in Mexico or desired medical abortion. Most planned to return to Mexico immediately after the abortion. If they needed to be contacted afterwards, all but one reported having a reliable telephone number, but five were uncomfortable giving it to the clinic. In interviews, women reported better social support networks in Mexico than San Diego.

Discussion: Despite financial and logistical barriers, some Mexican women access abortion services in San Diego, although they seek ongoing support, both social and medical, in Mexico.

Conclusion: Clinics need to be aware of the special needs of this population and should coordinate follow-up care in Mexico. This also will be useful to add to the debate about liberalizing Mexican abortion law.