Conclusions: Women who have the etonorgestrel contraceptive implant inserted immediately postabortion do not have significantly higher discontinuation rates than women with interval placement. Postabortal subjects who discontinued within the year used the device longer than women with interval placement. This study gives evidence to support providing women with the implant at the time of their abortion.

O19

RESULTS FROM POOLED PHASE III STUDIES OF ULIPRISTAL ACETATE FOR EMERGENCY CONTRACEPTION

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Objective: The objective was to refine our understanding of the efficacy of the emergency contraceptive pill ulipristal acetate (UPA) by time from unprotected intercourse and the effects of other factors on pregnancy rates and the incidence of adverse events.
Methods: Data from two phase III studies were pooled to create a larger analysis population comprising 2625 women treated with UPA. Analyses were performed on the first participation of 2537 women of whom 2375 completed follow-up of adverse events and 2183 women under the age of 36 had known pregnancy status after EC intake.
Results: A total of 41 women became pregnant despite the use of UPA, yielding an overall pregnancy rate of 1.9% (1.3–2.5). Rates were higher among those with further acts of unprotected intercourse after treatment in the same cycle and among obese women. Rates varied from a low of 1.3% (0.9–2.0) among nonobese women who had no further acts of unprotected intercourse (n=1,704) to 8.3% (0.2–38.5) among obese women who had further acts of unprotected intercourse (n=12). The most frequently reported adverse effects possibly related to UPA intake included headaches (10.0%), nausea (9%), dysmenorrhea (5%) and abdominal pain (5%).
Conclusions: Ulipristal acetate is effective and safe in preventing pregnancy after unprotected intercourse. Its effectiveness is lower among women who have subsequent unprotected intercourse and among obese women.

O20

MATCHED-PAIRS ANALYSIS OF OVARIAN SUPPRESSION DURING ORAL VS. VAGINAL HORMONAL CONTRACEPTIVE USE

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Objectives: The objectives were to compare ovarian suppression during oral contraceptive (OC) vs. vaginal hormonal contraceptive use. Secondary aims included comparison of endometrial thickness and bleeding patterns.
Methods: In two open-label trials assessing ovarian suppression, 33 compliant women completed both studies. They first used OCs [randomized to 20 mcg ethinyl estradiol (EE)/100 mcg levonorgestrel (LNG) or 30 mcg EE/150 mcg LNG] and subsequently used vaginal rings (15 mcg EE/120 mcg etonogestrel). Participants had at least one run-in cycle using each contraceptive method prior to evaluation. During one cycle of each method, women underwent biweekly transvaginal sonography to measure ovarian follicular diameters and endometrial thickness. Participants recorded bleeding days on paper calendars. We used matched pairs analyses as appropriate.
Results: During follow-up, we measured at least one ovarian follicle ≥8 mm in 20/33 (61%) OC users and 12/33 (36%) vaginal ring users (p=.02). Similar trends were seen for larger follicles; however, because large follicles were rare in both trials, differences were not statistically significant. Median follicular diameter among OC users was larger than median follicular diameter among vaginal ring users (p=.01). Mean endometrial thickness was similar during OC (4.1±1.4 mm) and vaginal ring (4.1±1.6 mm use, p=.9), as was the mean number of bleeding or spotting days (2.1±2.4 vs. 1.9±2.1, p=.8). Oral contraceptive dose was unrelated to follicle diameter, endometrial thickness or bleeding.
Conclusions: Ovarian follicles ≥8 mm were more common in OC users than in vaginal ring users, indicating that vaginal ring use results in greater ovarian suppression than OC use.

POSTER ABSTRACT PRESENTATIONS

Monday, October 24, 2011

P1

IDIOPATHIC DISSEMINATED INTRAVASCULAR COAGULATIONS WITH DILATION AND EVACUATION

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Objectives: Disseminated intravascular coagulation (DIC) is a serious and relatively uncommon complication of induced abortion. Occasionally, it has been reported in the absence of predisposing conditions (idiopathic DIC). Little literature exists describing idiopathic DIC or the treatment of these patients.
Methods: From 2002 through 2008, 24 cases of idiopathic DIC occurred following dilation and evacuation (D&E) abortion between 13 5/7 and 23 6/7 weeks EGA at a Midwestern ambulatory surgical center. The characteristics of each patient, pregnancies and surgical experiences were examined and compared to a temporally matched control group of D&E patients. We explored whether the cases had a predominance of any historical, clinical or reproductive characteristics compared to controls.
Results: Overall incidence of idiopathic DIC was 180 per 100,000 D&E cases. There was a greater likelihood of DIC with more advanced gestation (p=.009); no case of DIC was under 17 weeks. Increased bleeding occurred at a mean time of 153 min after completion of surgery (range 55–491 min; median 131 min). Nineteen (80%) of 24 cases were successfully treated after receiving up to 6 U of fresh frozen plasma (FFP); five cases were transferred to a hospital for further treatment.
Conclusions: Idiopathic DIC is more likely to occur at 17 weeks and beyond with abnormal bleeding typically presenting within 1 to 2 h after uncomplicated D&E. Our data support the practice of preparing outpatient cases for hospital transfer if they do not respond to 6–8 U of FFP. With rapid diagnosis and treatment, most patients were able to be treated in an outpatient setting.

P2

ENABLERS AND BARRIERS TO ABORTION TRAINING IN NEW YORK CITY

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Objectives: Few obstetrics and gynecology (OB/GYN) programs provide routine abortion training. A 2002 NYC political initiative marked the first time a city government provided leadership and financial support for abortion training. We set out to identify enablers and barriers to OB/GYN