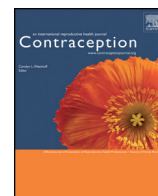




Contents lists available at ScienceDirect

Contraception

journal homepage: www.elsevier.com/locate/con

Original research article

The intrauterine device as emergency contraception: how much do young women know? ☆☆☆

Suzan R. Goodman^{a,*}, Alison M. El Ayadi^a, Corinne H. Rocca^a, Julia E. Kohn^b, Courtney E. Benedict^b, Jessica R. Dieseldorff^c, Cynthia C. Harper^a

^a UCSF Bixby Center for Global Reproductive Health, 3333 California Street, UCSF Box 0744, San Francisco, CA 94143-0744, USA

^b Planned Parenthood Federation of America, 123 William Street, New York, NY 10038, USA

^c Planned Parenthood MarMonte, 1691 The Alameda, San Jose, CA 95126, USA

ARTICLE INFO

Article history:

Received 6 February 2018

Received in revised form 10 April 2018

Accepted 11 April 2018

Available online xxx

Keywords:

Intrauterine device as emergency contraception
IUD

Emergency contraceptive

Contraceptive

Long-acting reversible contraception

Contraceptive knowledge

ABSTRACT

Background: Unprotected intercourse is common, especially among teens and young women. Access to intrauterine device (IUD) as emergency contraception (EC) can help interested patients more effectively prevent unintended pregnancy and can also offer ongoing contraception. This study evaluated young women's awareness of IUD as EC and interest in case of need.

Study design: We conducted a secondary analysis of data from young women aged 18–25 years, not desiring pregnancy within 12 months, and receiving contraceptive counseling within a cluster-randomized trial in 40 US Planned Parenthood health centers in 2011–2013 ($n=1500$). Health centers were randomized to receive enhanced training on contraceptive counseling and IUD placement, or to provide standard care. The intervention did not focus specifically on IUD as EC. We assessed awareness of IUD as EC, desire to learn more about EC and most trusted source of information of EC among women in both intervention and control groups completing baseline and 3- or 6-month follow-up questionnaires ($n=1138$).

Results: At follow-up, very few young women overall (7.5%) visiting health centers had heard of IUD as EC. However, if they needed EC, most (68%) reported that they would want to learn about IUDs in addition to EC pills, especially those who would be very unhappy to become pregnant (adjusted odds ratio [aOR], 1.3; 95% confidence interval, 1.0–1.6, $p<.05$). Most (91%) reported a doctor or nurse as their most trusted source of EC information, over Internet (6%) or friends (2%), highlighting providers' essential role.

Conclusion: Most young women at risk of unintended pregnancy are not aware of IUD as EC and look to their providers for trusted information. Contraceptive education should explicitly address IUD as EC.

Implications: Few young women know that the IUD can be used for EC or about its effectiveness. However, if they needed EC, most reported that they would want to learn about IUDs in addition to EC pills, especially those very unhappy to become pregnant. Contraceptive education should explicitly address IUD as EC.

© 2018 Elsevier Inc. All rights reserved.

1. Background

Unprotected intercourse is common in the United States, as is unintended pregnancy, especially among young women (18–25 years)

☆ Disclosure: Julia Kohn and Courtney Benedict declare that their institution, Planned Parenthood Federation of America, participates in studies sponsored by HRA Pharma that are unrelated to this study. All other authors report no conflict of interest.

☆☆ Funding: This study was funded by the William and Flora Hewlett Foundation. Support was also received from the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), Office of Research on Women's Health, Building Interdisciplinary Research Careers in Women's Health (Grant K12 HD052163 and the NICHD (Grant K99HD086232). These entities had no role in study design, interpretation, decision to submit or writing.

* Corresponding author.

E-mail address: suzan Goodman@gmail.com (S.R. Goodman).

[1]. Requests for emergency contraception (EC) provide a unique and time-sensitive opportunity to prevent an unwanted pregnancy, as well as to offer ongoing contraception [2]. However, EC remains underutilized, with 23% of sexually experienced teen females reporting ever use [3]. The limited research about EC knowledge among teens and young women suggests that many are poorly informed [4,5]. One study of uninsured teens and young women showed that many were under the false impression that EC had to be taken within 1 day of unprotected sex (44%) and incorrectly identified EC pills (ECPs) as regular birth control (40%), or an abortion pill (40%) [5].

The provider visit is an important time to offer counseling on the full range of contraceptive methods, including the intrauterine device (IUD), which is unfamiliar to many young women [6,7]. For patients to access the IUD, including for EC, a visit with a clinician trained in placement is required, and clinic flow must allow for adequate

appointment time. Thus, accessing the IUD as EC is more challenging than oral ECPs with prescription or over-the-counter availability. However, the copper IUD (Cu-IUD) as EC has significantly higher efficacy than ECPs while offering ongoing contraceptive protection [8,9]. In addition, its efficacy remains high in circumstances where ECPs may be less effective, including among obese patients [10], those in the fertile window [2,10] and those with repeat episodes of unprotected intercourse within the five-day window [8].

Nevertheless, provider awareness and provision of IUD as EC remains low, restricting women's access. Among contraceptive providers in a state family planning program where Food and Drug Administration-approved contraceptives were available at no cost to low-income women, most providers (85%) had never recommended the IUD for EC to patients [11]. Similarly, only 16% of obstetrician-gynecologists nationally reported ever providing the IUD for EC [12]. A multispecialty survey showed that knowledge of IUD as EC is far lower among providers who see, but do not focus on, reproductive-aged women; for example, 84% of reproductive health providers had heard of IUD as EC compared to only 32% of pediatricians and 22% of emergency room providers [13]. Clinic-level access to IUD as EC is also limited; a mystery caller study in 9 US cities found that 49% of family planning clinics offered the IUD as EC, while only 14% of obstetrician-gynecologists and 3% of primary care clinics did so [14].

However, studies suggest that women would be interested in using the IUD as EC, were they to have the knowledge and access [15–17]. A study in Utah family planning clinics found that over one-third of women seeking EC would be interested in a contraceptive method that was long term, highly effective and reversible, and 13% would be interested in the IUD as EC [16]. A study in Pittsburgh showed that 15% of women seeking EC or pregnancy testing (12%) were interested in same-day IUD placement [17].

There is a gap in the scientific literature, however, showing nationally whether young women at risk of pregnancy are aware of the IUD as EC and how much they learn in contraceptive counseling. In this analysis of a national trial of young women at clinic visits, we investigated their knowledge and interest in the IUD as EC.

2. Methods

We conducted a post hoc secondary analysis of data from a cluster-randomized trial in 40 Planned Parenthood health centers across the United States in 2011–2013. Health centers were randomly assigned to receive a 4-h evidence-based training intervention ($N=20$) on patient-centered contraceptive counseling skills, long-acting reversible contraception (LARC) and IUD placement, described in full elsewhere [18], or to provide standard care ($N=20$). In brief, the training intervention emphasized patient-centered counseling with shared decision making, LARC-specific ethical issues, integration of same-day LARC access into clinical practice and technical assistance for LARC reimbursement. Importantly, the intervention did not focus specifically on the IUD as EC. Standard care varied but was guided by a shared set of evidence-based contraceptive protocols.

Eligible health centers had 400 or more annual contraceptive patients, <20% IUD and implant use among eligible patients, no current LARC-specific intervention program and no staff shared with another study site. The health centers served young and low-income women from diverse racial/ethnic groups. These 40 study sites were distributed across 15 states covering all four Census Bureau-defined regions, and women were recruited at general reproductive health and abortion visits. All clinicians and staff at intervention sites underwent training (over 250 staff). The study was registered at [ClinicalTrials.gov](https://clinicaltrials.gov/ct2/show/study/NCT01360216) (NCT01360216).

The trial enrolled 1500 women (intervention $n=802$, control $n=698$) who met the following criteria at presentation to a study site: aged 18–25 years, at risk of pregnancy (sexually active within the 3 previous months and not pregnant), receiving contraceptive counseling

and not desiring pregnancy within 12 months. Patient clinic visit included contraceptive counseling, in the context of gynecologic or abortion care. Participants completed a baseline survey assessing sociodemographics, prior contraceptive use (coded as any use and most effective method used within 3 months prior to baseline) and awareness of contraceptive methods. Participants were followed for 1 year, completing surveys quarterly by phone or online. This study was approved by both University of California, San Francisco, Committee on Human Research and Allendale Investigational Review Board.

2.1. Measures

We evaluated two primary outcomes for IUD as EC: awareness of the IUD as a form of EC and interest in learning about IUD as EC if needed. Our surveys defined emergency contraceptive pill as “morning after pill or Plan B.” The measure of participant awareness of IUD as an EC method was based on the survey item, “Have you ever heard of using an IUD after unprotected sex for emergency contraception?” (yes/no). Interest in learning about IUD as EC was measured with the item “If you needed emergency contraception, would you want to learn about the IUD in addition to the morning after pill?” (yes/no). Three-month surveys asked about having heard of IUD as a form of EC, desire to learn more about IUD as EC and the participants' most trusted source of information regarding EC; for those missing the 3-month survey, these questions were administered at 6 months. We also asked participants about the effectiveness of the IUD compared to emergency contraceptive pills (more, less, equal, don't know), as well as their most trusted sources of information about EC at follow-up (a doctor or nurse, friends, the Internet or other source).

Baseline covariates were selected based on association with contraceptive knowledge in prior research [18]. They included age, race/ethnicity (self-identified white, Latina, black or other), insurance type (private, Medicaid/state, none, don't know), history of pregnancy, currently has primary partner (yes vs. casual/no partner), pregnancy attitudes (very unhappy if became pregnant within 12 months vs. unhappy, happy, or very happy), unprotected intercourse in the last 3 months and practice setting (contraceptive vs. abortion). We also included study arm to examine and account for possible differences in outcomes between patients at intervention vs. control clinics.

2.2. Analyses

Our analysis population comprised participants completing the 3-month survey, or 6-month survey if they had not responded to the 3-month survey and were not missing responses to either of two outcome variables ($n=1138$). We described overall prevalence of two IUD as EC outcomes: whether they had heard of IUD as EC, and if they needed EC, whether they would want to learn about the IUD. We assessed differences in participant knowledge and perceptions of IUD as EC by each baseline covariable using logistic regression with generalized estimating equations (GEE) to account for the clustered study design, reporting robust standard errors. We repeated analyses using multivariable logistic regression with GEE to assess adjusted effects [18]. To examine the effect that attrition might have had on results, we compared the baseline characteristics of the full sample of participants who were included vs. not included in analyses. All analyses were conducted in Stata v14 (StataCorp, College Station, TX, USA). Differences were considered statistically significant at $p<.05$.

3. Results

Of the 1500 trial participants at baseline, 915 completed the items of interest as part of the 3-month survey and an additional 263 completed the items of interest as part of the 6-month survey (those who had not completed the 3-month survey), for a total of 1178. Of these 1178, 40 were missing responses to either of the outcome variables, leaving

Download English Version:

<https://daneshyari.com/en/article/8777373>

Download Persian Version:

<https://daneshyari.com/article/8777373>

[Daneshyari.com](https://daneshyari.com)