sought to examine the factors associated with receipt of PPTL at our institution, a university hospital primarily serving a middle-class insured population.
Materials and Methods: We performed a retrospective cohort study of all deliveries from July 2000 to December 2003. Entries for 1327 women requesting PPTL at the time of admission for delivery were evaluated to compare the demographic, antepartum, intrapartum and neonatal characteristics related to PPTL prior to discharge. Bivariate and multivariable analyses were performed.
Results: Seventy percent of women who requested PPTL on admission underwent PPTL. There were no significant differences between women who received and women who did not receive PPTL in terms of demographic, obstetric or antepartum characteristics. In the logistic regression model, cesarean delivery [odds ratio (OR)=7.0; 95% confidence interval (CI)=4.0, 12.2], regional anesthesia (OR=1.5; 95% CI=1.05, 2.3) and Apgar score (OR=6.5; 95% CI=1.5, 27.4) were significantly associated with undergoing PPTL prior to hospital discharge.
Conclusions: The rate of achieving desired PPTL was higher than previously published and was not related to patient characteristics, but rather to factors related to delivery, such as mode of delivery, use of regional anesthesia and neonatal well-being. System issues that impede access to postpartum contraception, such as availability of anesthesia services and operating rooms, should be addressed to improve PPTL services.

7

MEDICAID-TITLE XIX STERILIZATION CONSENT FORM: IS IT READABLE?

Zite NB, Wallace LS.

Introduction: Over 10 million women depend on female sterilization for their contraception. Sterilization is commonly utilized among women on Medicaid and those without a high school diploma. All women requesting federally funded sterilizations must sign a Medicaid XIX Sterilization Consent Form (XIX-SCF) prior to their procedure. We sought to assess the readability characteristics of XIX-SCF.
Materials and Methods: The current XIX-SCF was evaluated using the Readability and Processability Form (RPF). The RPF is based on reading research and includes the Fry scale, which yields an approximate grade reading level. The RPF, designed to assess the format of informed consent documents, assigns points to each of 20 areas of comprehension analysis according to strict scoring criteria. Finally, a revised XIX-SCF was developed and evaluated using the RPF.
Results: The overall RPF score for the current XIX-SCF was in the "poor" range (total=37), while the Fry reading level was at the ninth grade. The revised XIX-SCF was scored in the "excellent" range (total=93), while the Fry reading level was at the sixth grade.
Conclusions: The readability and processability of the current XIX-SCF exceed recommended guidelines for patient education and informed consent materials. Given the prevalence of limited literacy skills in the Medicaid population and the complexity of the current XIX-SCF, it is unlikely that informed consent is being accomplished. XIX-SCF should be rewritten in order to serve the purpose for which it was created: to ensure that women understand, desire and consent to permanent sterilization.

8

MINIMIZING BARRIERS TO IUD USE: THE IMPACT OF POST-ABORTAL IUD, SIMPLIFIED SCREENING CRITERIA AND STAFF RE-INTRODUCTION

Goodman SR, Benedict C, Reeves MF, Pera-Floyd M, Dela Cruz M, Foster-Rosales A.

Introduction: Despite the proven safety and efficacy of intrauterine device (IUD), its usage remains low in the United States. We hypothesize that barriers to insertion are central to low usage. This study evaluates methods to minimize barriers to IUD use. Eight clinics within one California Planned Parenthood agency initiated interventions to increase IUD availability, including immediate postabortal insertion, simplified screening criteria, allowed insertion on initial visit and reintroduction to staff.
Materials and Methods: Eight clinics' data on IUD utilization during three periods (an 18-month control period, a 12-month period after initiation of postabortal insertion and a 6-month period with all three interventions) were obtained. An analysis of changes in IUD utilization, relative use of copper T380a (CuT380a) versus levonorgestrel-releasing IUD (LNG-IUD) and associated complications was undertaken.
Results: During the 3-year study, 2182 IUDs were inserted, including 1501 interval insertions and 681 postabortal insertions. In the control period, 31 IUDs were inserted per month, on average, compared to 74 per month during the postabortal insertion period (rate ratio=2.4) and 123 per month in the period with all interventions (rate ratio=3.9). LNG-IUD insertions increased more than CuT380a insertions ($p<.05$). Complications remained low.
Conclusions: Increasing access to IUDs, including postabortal insertion, can be undertaken without significant risks of complications to women. Such interventions hold considerable potential to improve the use of highly effective contraception, to decrease patients' waiting times and to minimize unintended pregnancies.

9

ORAL CONTRACEPTIVES: QUICK START VERSUS CONVENTIONAL START

Westhoff C, Heartwell S, Edwards S, Zieman M, Cushman L, Kalmuss D.

Introduction: Following conventional protocols, patients do not begin oral contraceptives (OCs) until the onset of the next menstruation. This delay may leave women at risk for pregnancy. We investigated whether immediate initiation at the clinic at the time of initial prescription [quick start (QS)] improves continuation rates or decreases pregnancy rates.
Materials and Methods: We conducted a randomized trial of QS versus conventional start (CS) among women aged <25 years who initiated OCs at family planning clinics in Dallas, Atlanta and New York. We randomly assigned women to QS or CS and assessed continuation and pregnancy at 3 and 6 months by telephone interviews.
Results: A total of 1716 women enrolled. We had follow-up data on 89% at 3 months and on 84% at 6 months. Only 6% of subjects had no follow-up data. Eighty-nine percent of subjects completed at least one pack of pills, 60% completed 3 months of OCs and 40% were current and continuous users at their final 6-month interview. QS was associated with completing at least one pack of pills (adjusted odds ratio=1.5; 95% confidence interval=1.1–2.1).