

resistance — remain. As part of a randomized controlled trial investigating the effect of a contraceptive decision support tool, we examined the experiences of the providers whose patients used the tool to assess acceptability and provider perception of the impact on patient care.

**Methods:** Family planning providers ( $n=28$ ) were recruited in four San Francisco Bay Area safety net clinics in 2014–2016. Providers were randomized to use the tool with study participants ( $n=15$ ) or to give usual care ( $n=13$ ). We conducted  $t$  tests to compare study appointment times ( $n=696$ ) between intervention and control arms. We also conducted post-trial semistructured interviews with providers in the intervention arm on their experience of using the tool and coded them thematically.

**Results:** Mean appointment time did not differ between the intervention and control arms (44.0 and 44.4 min respectively,  $p=.80$ ). Interview analyses indicate that providers perceived patients who interacted with the tool to have increased knowledge about methods, side effects and their own preferences, enabling providers to allocate their counseling time more effectively. All 15 providers found implementation of this intervention to be feasible and indicated that they would like to incorporate it into their practice.

**Conclusions:** Use of the tool did not add burden in terms of appointment length. In addition, qualitative results suggest that intervention providers had a positive experience using the tool.

<http://dx.doi.org/10.1016/j.contraception.2017.07.104>

## P75

### A cluster randomized controlled trial of a contraceptive decision support tool designed to facilitate patient-centered care

*CE Dehlendorf*

*University of California, San Francisco, Department of Family & Community Medicine, San Francisco, CA, USA*

*J Fitzpatrick, E Vittinghoff, E Fox, R Reed, J Steinauer, M Kuppermann*

**Objectives:** Patient-centered counseling can help women make informed, preference-concordant decisions about contraception. We evaluated the impact of a contraceptive decision support tool, *My Birth Control*, on contraceptive continuation and patient experience.

**Methods:** Using a cluster randomized design, providers at four family planning clinics serving low-income populations in San Francisco were assigned to have patients use *My Birth Control* before their visit or receive usual care. Patients completed surveys postvisit and at 7 months. We used mixed-effects logistic regression models to examine the effect of treatment assignment on contraceptive continuation, patient-centered counseling and informed decision making.

**Results:** Some 749 women enrolled, and 83% completed follow-up. We found no difference by provider assignment in method continuation at 7 months (55% vs. 58%; OR, 0.88; 95% CI, 0.65–1.18). However, women with providers assigned to the intervention arm were more likely to report having experienced patient-centered counseling as measured using the validated Interpersonal Quality of Family Planning Care scale (66% intervention vs. 58% control; OR, 1.43; 95% CI, 1.05–1.95). In addition, a greater proportion of women in the intervention arm indicated complete satisfaction with the information given about side effects (83% vs. 76%; OR, 1.59; 95% CI, 1.10–2.29), had high scores on the Informed Decision subscale of the Decisional Conflict Scale (51% vs. 43%; OR, 1.34; 95% CI, 1.00–1.80) and had accurate knowledge about LARC methods (40% vs. 29%; OR, 1.69; 95% CI, 1.24–2.31).

**Conclusions:** *My Birth Control* facilitated patient-centered counseling and enhanced informed decision making. Given the complex and personal nature of contraceptive choice, the documented effect on patient experience is uniquely important in this context.

<http://dx.doi.org/10.1016/j.contraception.2017.07.105>

## P76

### Creating a brief measure for patient experience of contraceptive care: reduction of the interpersonal quality of family planning scale in preparation for testing as a performance measure

*CE Dehlendorf*

*University of California, San Francisco, Department of Family & Community Medicine, San Francisco, CA, USA*

*E Fox, K Ahrens, L Gavin, A Hoffman, D Hessler*

**Objectives:** Patient-centeredness is uniquely crucial in contraceptive care due to the personalized nature of contraceptive decision making. We sought to create a parsimonious version of the existing 11-item Interpersonal Quality of Family Planning (IQFP) scale in preparation for testing its appropriateness as a patient-reported outcome performance measure

**Methods:** To understand item importance and clarity, we conducted interviews in English and Spanish with patients who received contraceptive counseling at three publicly funded California clinics ( $n=33$ ). We also conducted a psychometric analysis of previously collected IQFP data ( $n=1097$ ) to assess validity and reliability of various item combinations. Final item selection was conducted using triangulation of qualitative and quantitative data.

**Results:** The 11-item IQFP scale was reduced to a four-item scale (IQFP-R), which includes rating providers on respect for patients, information provision, and eliciting and honoring patient preferences for birth control. Interview participants deemed the items included in IQFP-R important and clear in both English and Spanish. The IQFP-R retained the 11-item IQFP's psychometric properties, including internal consistency (Cronbach's alpha = 0.92 vs. 0.97 for the IQFP-R and IQFP, respectively) and a consistent single factor analysis solution (factor loadings = 0.86–0.92 and 0.81–0.91). It also retained the IQFP's concurrent, convergent and predictive validity.

**Conclusions:** The IQFP-R is valid and reliable as a measure of patient-centered contraceptive counseling. We are evaluating this measure as a patient-reported outcome performance measure in 10 clinics across the United States and plan to submit it in collaboration with the Office of Population Affairs for endorsement by the National Quality Forum (NQF), if it meets NQF criteria.

<http://dx.doi.org/10.1016/j.contraception.2017.07.106>

## P77

### Birth control connections: the effect of online social communication on contraceptive attitudes

*E Fox*

*University of California, San Francisco, Department of Family & Community Medicine, San Francisco, CA, USA*

*S Yang, J Zhang, D Centola, CE Dehlendorf*

**Objectives:** Peers are valued sources of contraceptive information. It is not known whether this influence extends to virtual peers and therefore whether online peer-to-peer platforms could affect contraceptive attitudes, knowledge and behavior. To explore the impact of online social communication, we conducted a randomized trial on the effect on non-IUD users of web-based communication with IUD users.

**Methods:** Female non-IUD user participants aged 18–45 ( $n=490$ ) were recruited online and randomized to groups with or without IUD users in an online platform, “Birth Control Connect.” In each arm, we hosted 35 nine-member, 2-week discussion groups. Experimental groups included five participants and four IUD users; control groups included nine non-IUD-user participants. We conducted  $t$  tests and mixed-effects linear analysis on pre- and postsurvey data to examine relationships between condition and IUD knowledge, attitudes and behavior.

**Results:** At follow-up, we found a significant difference between arms in participants' change from baseline in ratings of the hormonal IUD on a 10-point attitude scale (0.61 point for the experimental arm vs. 0.06 for the control,  $p=.04$ ;  $p=.03$  in mixed-effects analysis accounting for clustering). Attitudes toward the nonhormonal IUD followed a similar trend (0.48 vs. 0.01,  $p=.09$  in individual and cluster analyses). Knowledge and behavior did not differ between arms.

**Conclusions:** Participants assigned to experimental groups reported greater attitude change about IUDs, indicating that online exposure to IUD users could influence perspectives about this highly effective method. More generally, results suggest that online peers may influence contraceptive attitudes, providing evidence for online social interventions.

<http://dx.doi.org/10.1016/j.contraception.2017.07.107>

## P78

### “Counting calories and hooking up”: examining body image and sex without birth control among college women

*EW Altaj*

*University of Chicago Medicine, Chicago, IL, USA*

*LE Hebert, SL Newton, M Gilliam*

**Objectives:** This study explores the relationship between body image and contraceptive use among college women.

**Methods:** In this sequential mixed-methods study, focus group discussions and surveys were conducted with students from six universities in Chicago. Focus groups identified salient themes related to body image, sexuality and contraception. Survey domains included body image (body concern and body shame scores) and reasons contraceptives were or were not used.

**Results:** Twenty-three women participated in focus groups, and 1442 women completed the survey. Focus groups revealed that body image influenced the decision to have sex without birth control. For example, women weighed fear of weight gain from contraceptives vs. fear of pregnancy.

While 92% of surveyed women wanted to avoid pregnancy, 55% had had sex without birth control. Women with high scores were more likely than those with low body concern scores to have had sex without contraception (33% vs. 21%;  $p<.01$ ) due to fear of side effects (49% vs. 23%,  $p<.01$ ) or because they did not expect to have sex (33% vs. 25%,  $p<.01$ ). Women who scored high on body shame, compared with women who had low scores, were more likely to have had sex without contraception for fear of their partner's opinion (19% vs. 12%,  $p<.05$ ). Of women who had had sex without contraception, 13% were too embarrassed to obtain it. Of those who were embarrassed, 62% specified that they were too embarrassed about their body appearance to see a doctor.

**Conclusions:** Body image concerns may contribute to college women's risk of unintended pregnancy.

<http://dx.doi.org/10.1016/j.contraception.2017.07.108>

## P79

### Antenatal contraceptive counseling practices influence contraceptive choice postpartum

*G Wolpert*

*Medical University of South Carolina, Charleston, SC, USA*

*D Wilson, A Dempsey*

**Objectives:** We aimed to explore the association between antenatal contraceptive counseling practices and choice of postpartum contraceptive method.

**Methods:** In this cross-sectional study, participants completed surveys before 20 weeks and at the postpartum visit. The primary outcome was final postpartum contraceptive choice, categorized as LARC, sterilization, moderately effective methods or less effective/no methods. Independent variables included timing and frequency of counseling, types of information shared, information source and participant counseling preferences. Statistical analysis was completed using  $\chi^2$  analysis with statistical significance considered  $p<.0125$  (adjusted for multiple comparisons).

**Results:** Participants ( $n=205$ ) reported that providers were the most common and most influential information source. Eighty percent reported counseling at multiple visits; increased counseling frequency was associated with choosing more effective methods ( $p=.008$ ). Thirty-nine percent reported that contraception was addressed at the first prenatal visit, which was associated with choosing highly effective methods ( $p=.009$ ). Provider opinion that a given LARC method was “best” was associated with choice of that method ( $p=.012$ ). Patients whose providers informed them that LARC methods were the most effective reversible methods were more likely to choose them over other methods ( $p=.011$ ). Discussion of mechanism of action, advantages, disadvantages and use instructions were associated with participants' choice of more effective methods (all  $p<.005$ ). Source and mode of information were not associated with contraceptive choice.

**Conclusions:** Addressing contraception early, at multiple visits and in detail is associated with choice of more effective methods postpartum. Directed, patient-specific recommendations, including information on the effectiveness of LARC options, also contributed to choice of more effective methods.

<http://dx.doi.org/10.1016/j.contraception.2017.07.109>

## P80

### Should prenatal contraceptive counseling focus on improving patient knowledge?

*J MacLennan*

*Medical University of South Carolina, Charleston, SC, USA*

*D Wilson, A Dempsey*

**Objectives:** Provision of medically accurate information during prenatal visits is a strategy used to encourage postpartum use of highly effective contraceptives. We investigated whether contraceptive knowledge is associated with choice of a highly effective method postpartum.

**Methods:** In this observational study, we administered surveys assessing knowledge about the contraceptive implant, IUDs and sterilization. The primary outcome was postpartum contraceptive choice (LARC, sterilization, moderately effective method, less effective/no method) as documented at the postpartum visit. Bivariate analysis compared knowledge by contraceptive choice with statistical significance set at  $p<.0125$  (adjusted for multiple comparisons).

**Results:** Most women in our study ( $n=205$ ) had heard of IUDs (85%) and sterilization (98%), but only 38% knew of the implant. The mean implant knowledge score was 2.7 (out of 7), and the mean IUD knowledge score was 5.2 (out of 9). The mean total knowledge score was 9.5 (out of 20). The proportion correctly answering at least 70% of items was 23%, 35% and 13% for the implant, IUD and all questions, respectively. There was no association between knowledge of implants, IUDs or sterilization and postpartum method choice, with one exception: More women who chose a less effective method or no method knew that IUDs do not migrate around the body ( $p=.01$ ).

**Conclusions:** Overall knowledge about highly effective contraception was low. The lack of association between knowledge and choice of highly effective methods postpartum suggests that time available for counseling may be better