

REPRODUCTIVE OUTCOMES OF WOMEN WHO OBTAIN EMERGENCY CONTRACEPTION WITHOUT A CLINIC VISIT IN AN INTEGRATED HEALTH CARE SYSTEM

PI: TINA RAINE-BENNETT, MD, MPH

Women have several timely options to obtain EC by prescription to increase their chances of preventing pregnancy. Little is known about population-based EC utilization and reproductive health outcomes. We conducted a retrospective cohort study of women members of KPNC, age 15-44 with an EC prescription between January 1, 2010 and December 31, 2011. Data was abstracted from electronic health records to compare characteristics and reproductive health outcomes of 24,547 women age 15-44 who obtained at least one prescription for EC in 2010-2011 through the 24-hour call center (AACC) and other clinical routes (in-person or telephone visits or email) at Kaiser Permanente Northern California, an integrated health care delivery system.

The regional advice-and-appointment call centers (AACC) at KPNC was the route which EC was most commonly accessed through. Fifty-six percent of prescriptions were accessed through the AACC. The full range of primary care specialties including OBGYN, Internal Medicine, Family Medicine, Pediatrics and Adolescent Medicine provided EC access through in-person clinic encounters and a range of other non- in-person encounters. The mean age of women was 26; adolescents were less likely than older women to access EC through the AACC than other clinical routes. Hispanic and African-American women were more likely than Asian and White women to access EC and to access EC through the AACC. Disproportionate use of the AACC and routes that do not require an in-person visit may be an indicator of access barriers, suggesting greater unmet need for contraception among minority women despite being health plan members.

Women however appeared to appropriately self-select routes of accessing EC; women who accessed EC through clinic visits were less likely to have had birth control dispensed and STD screening in the year before accessing EC. STD rates were modest at 8% both in the 12 months before and after accessing EC. Nine percent of women adopted IUD or Implants in the 12 months after accessing EC; women who accessed EC through the AACC were more likely to adopt IUDs than women who accessed EC through an in-person visit. 1,357 pregnancies (5.5%) occurred within 3 months of accessing EC; 45% of those pregnancies ended in abortion and 39.8% a live birth of which 68.5% were reported as not wanted at the time of conception or at all. 1106 pregnancies (4.5%) occurred between 4-6 months of accessing EC; 40.5% of those pregnancies ended in abortion and 35.5% a live birth of which 61% were reported as not wanted.

Women who accessed EC in this integrated health care delivery system, though having good access to care and effective methods of hormonal contraception before accessing EC, are high risk. They appear to benefit from having several options to access EC as well as follow-up care; they do not appear to be compromised by accessing EC without an in-person visit.