

## **IMPACT OF TRUST IN THE HEALTH CARE SYSTEM ON USE OF LONG ACTING REVERSIBLE CONTRACEPTION**

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Women with a recent history of abortion are at high risk for unintended pregnancy and repeat abortion. Several barriers prevent these women from using more highly effective methods of contraception, such as long-acting reversible contraception (implants and intrauterine devices), immediately post-abortion. The role of an individual's trust in the health care system may be an important component in a patient's health care decision-making. The goal of this research is to evaluate the relationship between a woman's trust in her health care system and her willingness to consider the use of highly effective reversible contraception immediately post-abortion.

A structured survey was administered to 162 patients presenting to an abortion-providing facility in the US for pregnancy termination from 2012-2013. The survey was comprised of both previously validated and newly developed questions to measure trust and other potentially related factors in contraceptive decision-making. Participants completed a self-administered questionnaire and assessment of health literacy.

Among women seeking abortion, the mean trust scores did not differ between women who indicated a willingness to use LARC immediately post-abortion and those who did not. Most participants did indicate a plan to use contraception post-abortion, but only 33% indicated a plan to use the most highly effective methods (LARC and sterilization). 28% of participants desired less effective methods such as condoms, barrier methods, and abstinence, and 38% of participants indicated a plan to use moderately effective contraceptive methods such as pills, patch, vaginal ring, and injections. 24% of participants indicated a plan to use post-abortion LARC, however, over 37% of participants reported that they would choose LARC if immediately available at the time of their abortion.

While there appeared to be no difference in trust scores for women desiring placement of an implant or intrauterine device immediately post-abortion compared to those who did not, this vulnerable population demonstrated interest in increasing access to highly effective reversible contraception. More than one-third of participants reported that they would accept a LARC device immediately post-abortion if available, and increasing the availability of contraceptive implants and intrauterine devices to women seeking abortion services may lead to increased use of LARC in this population.