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## **Post-abortion long-acting reversible contraceptive uptake among opioid-dependent patients**

### **Abstract**

#### *Objectives*

To assess the rate of post-abortion intrauterine device (IUD) and contraceptive implant uptake among abortion patients on opioid maintenance therapy (OMT) and identify if OMT is a predictor of IUD and implant uptake among abortion patients.

#### *Study design*

This is a secondary analysis of data from a retrospective observational cohort study of long-acting reversible contraception (LARC) uptake by patients presenting for surgical abortion up to 21 0/7 weeks gestation at Planned Parenthood League of Massachusetts (PPLM) between October 2012 and April 2017.

#### *Results*

During the study period, 26,858 patients had an abortion procedure and 768 were on OMT (2.9%). Of the patients on OMT, 30.1% (95%CI 26.9% to 33.5%) received a LARC method, with 22.7% (174/768) receiving an IUD and 7.4% (57/768) receiving an implant. In univariate analyses, patients on OMT were more likely to choose an IUD (22.7 % vs. 18.3%, OR 1.31 95%CI 1.10-1.56, p=0.003) and had a similar rate of implant uptake (7.4 vs. 7.0%, OR 1.11 95%CI 0.84-1.46, p=0.47) compared to all patients undergoing abortion. In multivariable analyses use of OMT was not associated with either IUD or implant uptake. Among patients on OMT, older age, earlier gestation, and having public insurance (compared with private or self pay) predicted LARC uptake at time of abortion.

#### *Conclusion*

Post-abortion LARC uptake is high among patients on OMT in a setting with easy access to post-abortion LARC. Public insurance coverage for abortion is correlated with increased uptake of LARC among patients on OMT.

#### *Implications*

Insurance coverage for abortion may increase post-abortion LARC use in this population at risk for pregnancy complications and poorer access to healthcare.