



The European Journal of Contraception & Reproductive Health Care

ISSN: 1362-5187 (Print) 1473-0782 (Online) Journal homepage: <http://www.tandfonline.com/loi/iejc20>

Abstracts of Posters

To cite this article: (2014) Abstracts of Posters, The European Journal of Contraception & Reproductive Health Care, 19:sup1, S91-S240, DOI: [10.3109/13625187.2014.894779.11](https://doi.org/10.3109/13625187.2014.894779.11)

To link to this article: <http://dx.doi.org/10.3109/13625187.2014.894779.11>



Published online: 08 May 2014.



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Reasons for not using emergency contraception when indicated

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Objective: To identify the reasons and analyze the determinants of emergency contraception non-use when indicated.

Method: Cross-sectional, quantitative study conducted with a probabilistic sample of pregnant women from 12 Primary Health Facilities at the Health Supervision of Butantã, São Paulo, Brazil (n = 515), from March to June 2013. We considered an emergency contraception non-use when indicated women who were either in an unplanned or ambivalent pregnancy according to the *London Measure of Unplanned Pregnancy* (n = 366). In Stata 12.0, we used multinomial logistic regression to analyze the data. Women who used the method to prevent the current pregnancy were the reference and were compared to two groups of women: those who did not use emergency contraception, but used another method; and those who used no method at all.

Results: Although there was a high proportion of emergency contraception awareness (96.7%), only 9.8% used it to prevent the current pregnancy. The main reason for non-use was *believing that she would not become pregnant* (47.6%); but *wanting to become pregnant in the future* and *not remembering to use the method* were also largely reported. Associated aspects to emergency contraception non-use among women who used a method were not being aware of pregnancy risk [OR = 3,44; IC95%: 1,48–8,03] and cohabitation with a partner [OR = 3,23; IC95%: 1,43–7,28]. Among women that

did not use any contraception, cohabitation with a partner [OR = 3,19; IC95%: 1,40–7,27], ambivalent pregnancy [OR: 3,40; IC95%: 1,56–8,54] and no previous use of emergency contraception [OR = 3,52; IC95%: 1,38–8,97] were associated with the method non-use.

Conclusions: Living with a partner can make a woman feel less concerned about preventing a pregnancy, which means, less likely to use emergency contraception. Eventually, having skills to recognize pregnancy risk situations, having experience on how to use and when to obtain the pill and a clear pregnancy intention can increase the use of emergency contraception when indicated.

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In-vitro study on the effect of ulipristal acetate on human embryo implantation using a trophoblastic spheroid and endometrial cell co-culture model

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Objectives: Ulipristal acetate (UPA), a selective progesterone receptor modulator, has been introduced for use in emergency contraception. The main mechanism of action is inhibiting or delaying ovulation. Whether UPA can have secondary action by inhibiting implantation is still uncertain. The present study examined the effect of UPA on human embryo implantation using an in-vitro human trophoblastic spheroid and endometrial cell co-culture model.

Method: We studied the effect of UPA on implantation using a trophoblastic spheroids-endometrial cell attachment assay. The JAr (human choriocarcinoma) and Ishikawa (human endometrial adenocarcinoma) cell lines were treated with graded concentrations of UPA (0, 0.04, 0.4 and 4 μ M) for 24 hours. We took the peak serum drug level after oral administration of UPA 30 mg, i.e. 0.4 μ M, as the pharmacological concentration, and our experimental range covered ten-times below and above this. After treatment, the JAr cells were trypsinized and gently shaken at 106rpm overnight to form spheroids of 100–150 μ m size, which were used as the embryo surrogate. A confluent monolayer of the