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# Contraception

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## Scientific abstracts

### Featured research at the 2019 Society of Family Planning Annual Meeting

The Society of Family Planning (SFP) is delighted to host its Annual Meeting in Los Angeles, CA, from October 19–21, 2019. This meeting brings together a community of family planning scholars, clinicians, partners and leaders. Participants represent a broad range of disciplinary and specialty backgrounds and are united by a shared commitment to just and equitable abortion and contraception, informed by science. The Annual Meeting features presentations of unpublished research, clinical practice updates, and thought-provoking breakout sessions that increase engagement with the most current evidence and give us the tools to make a difference in the medically, socially, and politically complex sphere of family planning. A total of 336 scientific abstracts were submitted this year by 1163 investigators working around the world. These abstracts were reviewed by a panel of 69 family planning experts and scored according to a rubric that included methodology, originality, significance, and potential impact. The Scientific Abstract Working Group then additionally evaluated the abstracts which scored highly on all these criteria, and chose 20 for oral presentation. An additional 109 abstracts will be presented in the poster sessions.

Four outstanding abstracts will be featured in a plenary session for all attendees. These abstracts represent diverse investigators using a spectrum of study methodologies. They seek to answer important questions about contraception and abortion, ranging from people's contraceptive decision-making to the pharmacophysiology of ovarian follicle suppression and from clinical pain management practices to the association of abortion restrictions with maternal mortality.

In our first featured abstract, Simmons and colleagues use qualitative methods to explore women's decisional aspects around initiation and cessation of contraceptive methods and how method experiences factor into subsequent contraceptive decisions. They chronicled how relationship changes, the novelty of new methods, experiences with methods, changing contraceptive preferences, and other factors influence contraceptive use. The findings help providers contextualize the decision-making process and help users anticipate factors that may disrupt contraceptive protection across the life course.

Next, Schickler and colleagues methodically explore the potential of depot medroxyprogesterone acetate (DMPA) as an emergency contraceptive. They examined disruption of ovulation when DMPA was administered at different stages of the menstrual

cycle gauged by ovarian follicle size and luteinizing hormone (LH) levels. As follicle size increased, the ability of DMPA to suppress ovulation decreased. Cases of ovulation occurred among participants with a wide range of LH levels. They concluded that DMPA may disrupt ovulation when administered in the periovulatory period, prior to the LH surge. The findings have promising implications for use of DMPA as an emergency contraceptive.

The third featured abstract by Nunes de Nadai and colleagues, investigates if lidocaine intracervical block reduces pain with levonorgestrel-releasing intrauterine system (LNG-IUS) placement among nulligravida women. In this gold-standard clinical trial, nulligravida women were randomized to one of three arms before LNG-IUS placement: lidocaine intracervical block, sham (intracervical dry-needling) or no intervention. In contrast to previous research on this topic, they found that the intracervical block before LNG-IUS placement was clearly beneficial and decreased pain, providing important information for managing pain during IUD placement. This well-conducted trial will contribute important results to systematic reviews and meta-analyses.

Finally, Addante and colleagues explore the relationship between maternal mortality and access to abortion in the United States from 1995 to 2017. They compared maternal mortality ratios (deaths per 100,000 live births) in states considered restrictive to states that are protective of abortion rights and access. They found that maternal mortality was not significantly different between restrictive states and protective states in 1995. However, the two groups diverged significantly after 2009. By 2017, restrictive states had significantly worse maternal mortality compared to protective states. Maternal mortality decreased or remained stable for all races in protective states and increased for all races in restrictive states, but particularly for Black and Native American women. This novel use of population-level data exposes the associations between access to abortion, maternal mortality, and race.

This issue of *Contraception* includes the 130 abstracts to be presented. We encourage readers of *Contraception* to join us at the Annual Meeting this year to enjoy the complete presentation of results from these and many other studies, hear late-breaking news, attend a wide variety of workshops, and interact with study investigators and colleagues. We look forward to being together as a community to advance just and equitable abortion and contraception, informed by science.

Stephanie Teal MD, MPH; SFP President,  
Chair of the Scientific Abstract Working Group  
*University of Colorado, Aurora, CO*

Sadia Haider MD, MPH; SFP Chair of the  
Annual Meeting Subcommittee  
*University of Chicago, Chicago, IL*

Lisa Harris MD, PhD; SFP Co-Chair of the  
Research Impact Subcommittee  
*University of Michigan, Ann Arbor, MI*

David Hubacher PhD; SFP at large board member  
*FHI 360, Durham, NC*

Tina Raine-Bennett MD, MPH; SFP Treasurer  
*Kaiser Permanente Northern California, Oakland, CA*

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