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Conclusions: More telemedicine than in-person respondents would recommend services to a friend (87% vs. 76%; p=.014). Age, marital status and prior abortion were not associated with preferring to be in the same room as the provider, of these, 90% were able to see and hear the provider. Although 24% of telemedicine respondents would have preferred to be in the room with the provider, of these, 90% were “somewhat” or “very” satisfied overall. More telemedicine than in-person respondents would recommend services to a friend (87% vs. 76%; p=.014). Age, marital status and prior abortion were not associated with preferring to be in the same room as the provider or recommending the service. Strong desire for medication vs. surgical abortion (72%) and parity were associated with desire to be in the same room as the provider.

Methods: In-person and telemedicine patients seen at health centers in seven states completed an online survey approximately 2 weeks postabortion. \( \chi^2 \) and Kruskal–Wallis tests were used to assess differences between groups.

Results: Of the 205 in-person and 198 telemedicine participants, the average age was 26; 42% were single and never married, 77% were parous, and 45% had had a prior abortion. The vast majority were “very satisfied” with the information received preappointment (80%), the conversation with the abortion provider (86%), follow-up calls (80%), birth control information (86%) and overall care (83%); ratings did not differ by abortion type. More than 98% of telemedicine respondents could easily see and hear the provider. Although 24% of telemedicine respondents would have preferred to be in the room with the provider, of these, 90% were “somewhat” or “very” satisfied overall. More telemedicine than in-person respondents would recommend services to a friend (87% vs. 76%; p=.014). Age, marital status and prior abortion were not associated with preferring to be in the same room as the provider or recommending the service. Strong desire for medication vs. surgical abortion (72%) and parity were associated with desire to be in the same room as the provider.

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Patient-reported acceptability of receiving medication for abortion via telemedicine at Planned Parenthood health centers in seven states

J Seymour

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Pharmacies may be a good place to target education for pharmacy staff and women about safe and effective use of misoprostol for abortion.

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P16

Canadian mothers’ abortion experiences: Results from a large-scale qualitative study
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M El Mowafi, J Cano, J El Haddad, A Chaumont, AM Foster

Objectives: Many women who have abortions are already mothers. However, little research has examined how previous pregnancies and experiences of parenting shape women’s subsequent abortion-related decisions and experiences. No research has explored these dynamics in the Canadian context. Our qualitative study aimed to fill this gap.

Methods: Between 2012 and 2015, we conducted 305 semistructured interviews with Anglophone and Francophone women from across Canada who had recently had an abortion. We audio-recorded and transcribed all interviews and conducted content and thematic analyses using deductive and inductive techniques. We focus here on the 94 interviews with mothers who had a subsequent abortion.

Results: The majority of our participants talked explicitly about how existing children influenced their decision to have an abortion. Several shared that having children, and finding childcare in particular, made the process of obtaining an abortion harder; this was especially true for women who obtained hospital-based abortions that required multiple appointments with different providers over several days. Long wait times affected how effectively women felt that they were able to parent when they were pregnant but waiting for their abortion. Finally, mothers referenced friends, partners and family members who provided childcare during the abortion process as important sources of support.

Conclusions: Mothers discussed compounded challenges in accessing abortion care and continuing to parent. Our findings highlight the importance of streamlining abortion services and suggest that efforts to reduce wait times and expand the number and location of service delivery points could meet a significant need.

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P18

A randomized controlled trial of three prophylactic antibiotic regimens for first-trimester surgical abortion
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P Lotke, P Ye, M Reeves

Objectives: We aimed to assess side effects of prophylactic oral metronidazole, doxycycline and azithromycin vs. placebo among women undergoing surgical abortion. A substudy assessed serum drug levels and utility of endometrial cultures to examine bacterial burden after surgical abortion.

Methods: We randomized 180 subjects undergoing surgical abortion among four groups: metronidazole 500 mg, azithromycin 500 mg, doxycycline 200 mg or placebo (with azithromycin prior to discharge). Outcomes were assessed via questionnaire before and after uterine aspiration. We drew blood from substudy participants and collected endometrial culture swabs immediately following the abortion.

Results: We analyzed complete results for 171 subjects and found no differences in demographic characteristics or baseline nausea or vomiting. Preoperatively, 14–25% reported any nausea, and four vomited. This did not differ by antibiotic. Postoperatively, 14–30% reported nausea, which also did not differ by antibiotic regimen. Nine women vomited, six (15%) of whom received doxycycline and three (7%) of whom received azithromycin. Participants who received doxycycline were more likely to vomit than those who received either placebo or metronidazole (p=.01). No infections were reported at 1-week follow-up. Of the 33 cultures available, 13 showed growth of predominantly gram-positive bacteria, and 20 showed no growth. There was no correlation between group assignment and bacterial growth. Serum antibiotic levels varied, were frequently subtherapeutic and did not affect culture growth.

Conclusions: Women tolerated single-dose prophylactic antibiotics with few side effects. Doxycycline caused slightly more vomiting after

Methods: Using a dataset of abortion-related films, movie reviews and published interviews with content creators, we identified nine films that were both created to promote antiabortion worldviews and received accordingly by the “pro-life” movement. Both authors viewed the films and coded for reproductive decision-making content. We identified emergent themes related to gender, sexuality, relationships, and race and used deductive and inductive code lists to clarify the overarching themes of the antiabortion paradigm.

Results: Antiabortion films used rhetorical frames that endorse misinformation, elevate the fetus and emphasize “natural” gender roles (including motherhood and fatherhood). Notably, the films invoked racial stereotypes (e.g., “Magical Negro,” “mammy” and “white savior” tropes) and relied heavily on themes of Christian persecution and forgiveness.

Conclusions: These movies reveal that newer antiabortion messaging does not reflect an updated antiabortion worldview. “Prowoman” messages are rooted in an understanding of womanhood that requires protection; forgiveness is rooted in religious ideologies of sin and redemption; antiabortion misinformation is rooted in the belief that conservative intuition is a better source of knowledge than scientific consensus. The antiabortion worldview remains consistent even as movement messages shift, and is rooted in conservative ideologies around not only gender, sex, and religion but also race.

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P17

Examining antiabortion worldviews through advocacy films
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S Herold

Objectives: Luker (1984) framed antiabortion beliefs as a political expression of broader conservative worldviews related to gender. Since then, antiabortion rhetoric has shifted: from fetal-centric to “prowoman”; from religious to “evidence” based. This analysis examines both the explicit messages and implicit assumptions of antiabortion films to consider whether new movement messaging reflects evolving antiabortion worldviews.