

predictor of favorable attitudes. Increased training and clinical exposure may prove to be crucial in raising awareness of the importance of safe abortion access. The results of this survey will be used to improve the abortion curriculum and training opportunities.

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P13

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

J Seymour

Ibis Reproductive Health, Cambridge, MA, USA

J Snow, T-A Thompson, C Garnsey, J Kohn, D Grossman

Objectives: In a previous evaluation of telemedicine for medication abortion, patients in Iowa found it highly acceptable. We assessed the acceptability of telemedicine for medication abortion when translated to different settings across the United States.

Methods: In-person and telemedicine patients seen at health centers in seven states completed an online survey approximately 2 weeks postabortion. χ^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 recommending services ($p=.003$ and $.004$).

Conclusions: Patients in diverse settings reported that this scaled-up model of telemedicine for medication abortion is highly acceptable. Further work is needed to understand some patients’ desire to be in the same room as the provider.

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P14

Prospective quantification of fetomaternal hemorrhage with dilation and evacuation procedures

JK Hsia

University of California, Davis, Sacramento, CA, USA

NR Schimmoeller, CD Cansino, MJ Chen, MY Hou, MD Creinin

Objectives: We describe fetomaternal hemorrhage during routine second-trimester dilation and evacuation (D&E) procedures.

Methods: We enrolled 325 women seeking D&E abortion between 15-0/7 and 23-6/7 weeks’ gestation. Participants had blood drawn within 120 min before and 30–120 min after the procedure. We excluded women for whom pre- or postsamples could not be obtained or those who required additional procedures due to hemorrhage. Three technicians performed Kleihauer–Betke acid elution testing on all specimens. We calculated fetomaternal hemorrhage in ml and the proportion of such hemorrhage that would require more than 100 mcg and 300 mcg Rh-immune globulin (hemorrhage of 10 ml and 30 ml, respectively).

Results: The 300 participants in the analysis had a mean gestation of $19-6/7 \pm 2-2/7$ weeks. The median preprocedure hemorrhage was 0 ml (range 0–50 ml), and 2 (0.67%) women exceeded 10 ml. The median postprocedure hemorrhage was 1 ml (range 0–60 ml). Almost all ($n=295$, 98.3%) participants had hemorrhage of less than 10 ml, and 298 (99.3%) had hemorrhage of less than 30 ml. Fetomaternal hemorrhage quantity was not significantly associated with other factors including gestational age, Rh status, prior cesarean section, estimated blood loss, procedure time or indication for D&E. All women (100%) who had the procedure before 18 weeks’ gestation had hemorrhage of less than 10 ml.

Conclusions: Fetomaternal hemorrhage occurring with routine second-trimester D&E procedures is minimal and adequately covered by the amount of Rh-immune globulin given as recommended by UK (100 mcg) and US (300 mcg) guidelines. This exploratory study is a first step to reducing the dose and costs related to Rh-immune globulin administration.

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P15

Misoprostol knowledge and distribution in Mexico City: A survey of pharmacy staff

G Weaver

Oregon Health & Science University, Portland, OR, USA

R Schiavon, S Kung, ME Collado, B Darney

Objectives: Abortion is legal and widely available in Mexico City, but practices around the sale of misoprostol in community pharmacies are not well understood. We assessed pharmacy staff sale practices and knowledge about misoprostol in Mexico City.

Methods: We used data collected from 174 pharmacies in 15 neighborhoods in Mexico City. One staff member at each pharmacy was asked about indications for misoprostol, as well as sale practices and social and demographic information. Our primary outcome was availability of misoprostol. We used descriptive and bivariate statistics to compare knowledge and practices by type of pharmacy (chain or small independent) and location.

Results: Of the 174 pharmacies, 65 were chain locations and 109 were small independent locations. Misoprostol was available at 61% of sites. Only 49% of independent pharmacies sold misoprostol, compared with 81.5% of chain pharmacies ($p<.05$). Knowledge of indications for misoprostol use was similar between independent and chain pharmacies, though only 13.8% of chain and 8.2% of independent pharmacy employees correctly identified at least three out of five of the indications. Eighty percent of respondents knew that abortion was legal in Mexico City, and 44% reported requiring a prescription for sale of misoprostol.

Conclusions: Availability, knowledge of indications for use of misoprostol and requirement of a prescription varied widely among pharmacies, resulting in differential access to medication abortion.

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

KJ LaRoche

University of Ottawa, Ottawa, ON, Canada

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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P17

Examining antiabortion worldviews through advocacy films

G Sisson

Advancing New Standards in Reproductive Health/University of California, San Francisco, Oakland, CA, USA

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.

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 "prolife" 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; abortion 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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P18

A randomized controlled trial of three prophylactic antibiotic regimens for first-trimester surgical abortion

D Horvath-Cosper

Medstar Washington Hospital Center, Department of Obstetrics and Gynecology, Washington, DC, USA

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 who 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