



16th ESC CONGRESS

25-28 MAY 2022, GHENT, BELGIUM

Challenging times, are we ready?
Novel approaches to sexual and reproductive health

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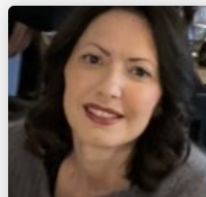
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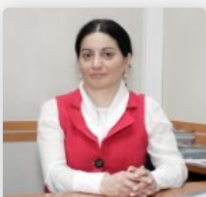
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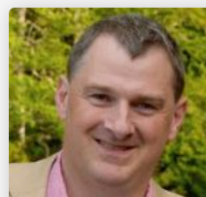
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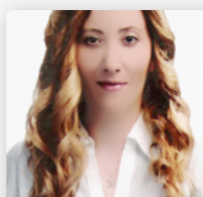
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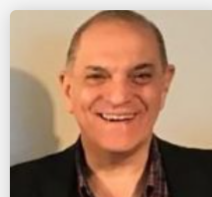
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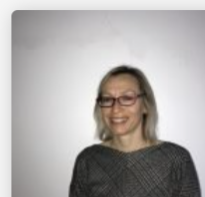
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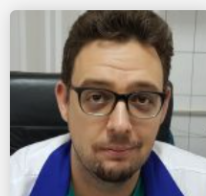
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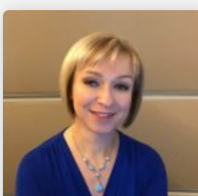
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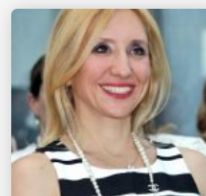
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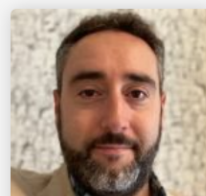
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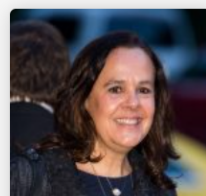
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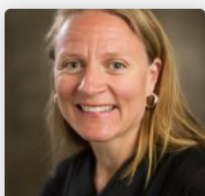
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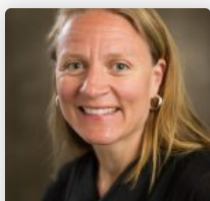
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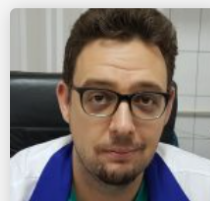
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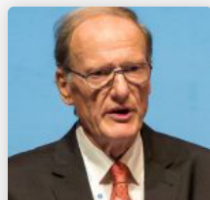
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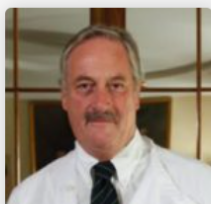
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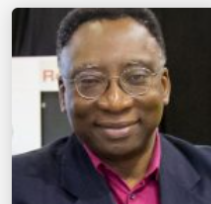
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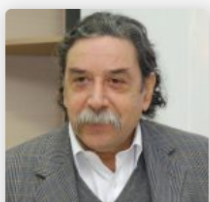
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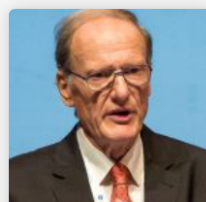
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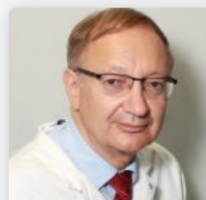
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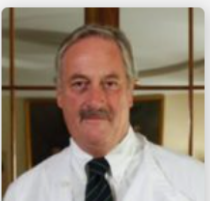
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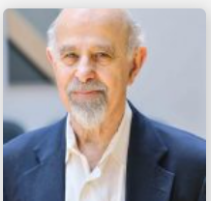
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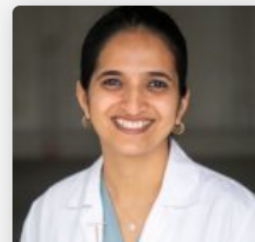
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The new service will also protect the termination process from disruptions in mailing services and supply chains. After this first exploratory study, we hope to share more results in a follow-up study.

FC26

Transfer to breast milk of drospirenone

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Objective: The primary objective of this trial was to assess the transfer of drospirenone to breast milk after daily administration of an oral test preparation containing 4 mg of drospirenone at the steady state.

The secondary objective of the trial was to assess safety based on clinical and laboratory measurements and reporting of adverse events and/or adverse drug reactions.

Patients and Methods: This was an open label, non-comparative single center study. Drospirenone 4mg per day was the first postpartum contraceptive for the study participants who were no longer breastfeeding yet were still lactating. It was administered for 7 (seven) days to achieve steady-state concentration. All participants were volunteers who planned to use oral contraceptives as their family planning method in the future.

Results: Twelve volunteers completed the trial according to the protocol and the samples of all 12 study completers were analyzed. The average concentration-time curve of drospirenone in plasma 24 h after the administration of the last dose (AUC(0-24h)) was 635.33 ng*h/mL and 120 h after the single repeat dose administration (AUC(0-120h)) was 1180.57 ng*h/mL, respectively. The average C_{max} was 48.64 ng/mL. The average concentration-time curve of drospirenone in milk 24 h after the administration of the last dose (AUC(0-24h)) was 134.35 ng*h/mL and 120 h after the single repeat dose administration (AUC(0-120h)) was 227.17 ng*h/mL respectively. The average C_{max} was 10.34 ng/mL.

Conclusion: On average 18.13% of plasma drospirenone made it to breast milk and the highest concentration of drospirenone in breast milk was 17.55% of that in plasma. The total quantity of drospirenone passing to breast milk is on average 4478 ng during a 24 h period representing 0.11% of the maternal daily dose. Thus, at the recommended doses, no effects on breastfed newborns/infants are anticipated with drospirenone 4 mg.

FC27

DOES THE TIMING OF IUD INSERTION MAKE A DIFFERENCE IN REDUCING PAIN?

andriana Dewi, yinvill yinvill, Julia Herdman

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Objectives: The prevalence of IUD use among women in Indonesia is only 7.35%, comparatively low to the worldwide use which is around 17%. Concern about pain during insertion might be a barrier to IUD use. Many women pursue IUD insertion during their menstrual period to reduce pain. Although it gives the advantage for providers as reassurance that the woman is not pregnant, it is still unclear if the IUD insertion during menstruation will reduce the pain significantly. The study aims to find out whether timing IUD insertion was related to the reduction in pain at insertion.

Method: This was a cross-sectional study. We enrolled 184 participants who came for IUD insertion during 2018 in our outpatient clinic. The primary outcome was pain during IUD insertion, measured on a 0-10 Visual Analog Score (VAS). We compared the VAS between groups of IUD insertion during and outside the menstrual period. T-test with bootstrap 2000x and multivariate linear regression analysis was used in this study.

Results: The average age and parity of the participants were 32.07 years old and 1.72. Almost all participants reported mild pain at insertion, regardless of menstrual period, mode of previous delivery, the position of the uterus, and type of users (new or had history of using IUD). Only 7.6% of the participants needed analgetic drugs after IUD insertion. The mean VAS was 2.44±1.23 for IUD insertion at the time of menstruation group compared with 2.91±1.36 for outside menstruation group with p=0.017. Multivariate linear regression analysis showed that type of delivery (previous vaginal delivery) and IUD insertion during menstruation reduced pain level at insertion with p=0.000 and p=0.041.

Conclusion: IUD insertion during menstruation is associated with lower pain scoring. This data can be used in contraceptive counseling for women who have willing to use IUD.