patient choices in the setting of expected barriers to routine postpartum care.

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## Validation of Chloe SED, a Low-Cost, Reusable Syringe Extension Device for the Provision of Paracervical Analgesia [A21]

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**INTRODUCTION:** Women in Kenya and other low- and middle-income countries often do not receive analgesia during manual vacuum aspiration (MVA). This pilot study evaluated the efficacy of a novel, ultra-low-cost syringe extension device (Chloe-SED) developed by this research team for provision of paracervical block (PCB) during MVA.

**METHODS:** A randomized, single-blinded non-inferiority trial of 61 patients was conducted at two facilities in Kisumu between September 2019 and January 2021 comparing PCB administered with Chloe-SED to a standard spinal needle. The primary outcome was non-inferiority of pain score during uterine evacuation within a non-inferiority margin of 2 points on an 11-point visual assessment scale. Secondary outcomes included non-inferiority of pain score at 4 other time points, patient satisfaction, and provider feedback on Chloe-SED. Institutional review board approval was obtained and written consent was obtained from all participants.

**RESULTS:** Chloe-SED showed non-inferiority of the primary outcome with mean pain score during evacuation of 3.9 (3.2-4.7) compared with spinal needle at 4.1 (3.5-4.7). Non-inferiority was shown at all time points. In one patient the syringe and device were incompatible. In one case, breakage of the finger-pad of the device after completion of PCB was noted with no injury to patient or provider. Most patients and providers expressed desire for continued use of the device to administer PCB for MVA.

**CONCLUSION:** The Chloe SED device appears effective and desirable for administration of PCB during MVA. Further study and development of Chloe SED will allow humane pain control during MVA in regions worldwide where this previously was not possible.

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## Secret Shopper Study Evaluating Long Acting Reversible Contraception Access Barriers in Rural Michigan [A22]

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**INTRODUCTION:** Rural communities are disproportionately affected by unintended pregnancy and access barriers to long-acting reversible contraception (LARC). It is unknown whether differences in patient payer type affect LARC access in rural communities. We evaluated rural access to LARC and same-day insertion, using the Upper Peninsula of Michigan (UP) as a case study for rural access.

**METHODS:** Using a secret shopper study design, we administered a screening telephone survey to UP women's health clinics, excluding those not accepting new patients or not offering LARC. Between September 15 and October 29, 2021, we re-contacted eligible clinics using a telephone script simulating an adult patient with either commercial or Medicaid insurance seeking LARC insertion. Key outcomes were differences in access to LARC and same-day insertion by payer type and LARC access by county, ascertained by merging LARC access findings with 2010 census data.

**RESULTS:** Of 19 eligible clinics, 16 (84.2%) offered LARC to simulated patients, with all 16 offering LARC to both commercial insurance and Medicaid enrollees. Same-day LARC insertion was available at 7 of 19 clinics (36.8%) for commercially insured enrollees and 4 of 19 clinics (21.1%) for Medicaid enrollees. Of 15 counties in the UP, five have zero clinics that currently offer LARC insertion to new patients, representing 12,677 women of childbearing age (24.9% of this population in the UP).

**CONCLUSION:** LARC access is limited in Michigan's UP and may be particularly challenging for Medicaid patients given less opportunity for same-day LARC placement.

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## Patient Perspectives on Web-Based Access to Contraceptive Options [A23]

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**INTRODUCTION:** Online-based applications have provided patients with an additional method of obtaining short-acting hormonal contraception and reduced barriers to contraceptive care. This study aims to assess patient perspectives on online methods of obtaining birth control and to explore barriers to obtaining contraception through traditional means.

**METHODS:** We conducted a single-site cross-sectional survey study to assess the perspectives of reproductive-age females on web-based sources for contraception. Univariate analysis of raw data was performed and frequency distributions for survey items were determined. This study was approved by the institutional review board.

**RESULTS:** We had 96 English-speaking, reproductive-age women recruited from the waiting room of an urban obstetrics and gynecology clinic. Of survey respondents, 34.4% knew that prescriptions for birth control are available online, while only 4.4% have ever obtained birth control online and 3.3% currently get their birth control through online methods. Top barriers to obtaining contraception via doctors' offices included time off from work/school (49.4%), flexible appointment scheduling (33.8%), and finding childcare (27.3%). One-fourth of participants reported that they delayed getting birth control from a doctor's office due to concerns related to COVID-19. Many (85.1%) would return for other obstetrics and gynecology care if they had access to contraception online. After learning about online methods of obtaining short acting contraceptives, 49.26% of respondents agreed or strongly agreed that they would use them instead of getting birth control from an office visit.

**CONCLUSION:** Although patient knowledge and use of online contraceptive methods remain limited, patients are receptive to trying web-based contraceptive options, which may reduce barriers associated with traditional contraceptive care.

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## Postmarketing Safety of a Levonorgestrel/Ethinyl Estradiol Contraceptive Transdermal Delivery System [A24]

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**INTRODUCTION:** TWIRLA is a low-dose contraceptive transdermal delivery system of 120 μg/day levonorgestrel and 30 μg/day ethinyl estradiol (LNG/EE TDS) used in a 28-day cycle. It was