Awards Selection

• Criteria
  – High quality methods
  – Excellent presentation of results
  – A good understanding of the impact of the article relative to other literature and (when relevant) clinical practice
  – High impact in the field of family planning

• Selection Committee of Associate Editors

• Appropriate recusal
Selection Committee

- Paul Blumenthal
- Mitchell Creinin
- Philip Darney
- Alison Edelman
- Melissa Gilliam
- David Grimes
- Jeffrey Jensen
- Andrew Kaunitz
- Robert Rebar
- Lee Shulman
- James Trussell
Awardees

• Lisa Perriera, MD, MPH
  – Department of Obstetrics, Gynecology, and Reproductive Sciences, University of Pittsburgh

• Zeev Harel, MD
  – Department of Pediatrics, Brown University

• Maria Rodriguez, MD, MPH
  – Department of Obstetrics, Gynecology, and Reproductive Sciences, University of California, San Francisco
Awardees

• Perriera LK, Reeves MF, Chen BA, Hohmann HL, Hayes J, Creinin MD. Feasibility of telephone follow-up after medical abortion. *February 2010*


• Rodriguez MI, Caughey AB, Edelman A, Darney PD, Foster DG. Cost-benefit analysis of state- and hospital-funded postpartum intrauterine contraception at a university hospital for recent immigrants to the United States. *April 2010*
Feasibility of telephone follow-up after medical abortion


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Abstract

Background: This study was conducted to assess the feasibility of using telephone calls combined with high-sensitivity urine pregnancy testing as a primary method of follow-up after medical abortion.

Methods: We enrolled 139 women up to 63 days of gestation to receive mifepristone 200 mg orally and misoprostol 800 mcg vaginally or buccally, per their choice. Participants were contacted by phone one week after mifepristone administration and interviewed using standardized questions. If the subject or clinician thought the pregnancy was not expelled, the subject returned for an ultrasound examination. Otherwise, subjects performed high-sensitivity home urine pregnancy testing 30 days after the mifepristone and were called within 3 days of the test. Those with positive pregnancy tests returned for an ultrasound examination. Those with negative tests required no further follow-up.

Results: Six of the 139 (4.3%, 95% CI 1.6–9.1%) subjects presented prior to Phone Call 1 for an in-person visit. All 133 (100%, 95% CI 97.8–100%) subjects eligible for their first telephone follow-up were contacted. Eight of the 133 (6.1%, 95% CI 2.6–11.5%) women were asked to return for evaluation and all did so (100%, 95% CI 63.1–100%). Eight of the 133 women eligible for the 30 day phone call presented
Recovery of bone mineral density in adolescents following the use of depot medroxyprogesterone acetate contraceptive injections

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Cost–benefit analysis of state- and hospital-funded postpartum intrauterine contraception at a university hospital for recent immigrants to the United States

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Abstract

**Objective:** To examine the hospital and state costs of offering the option of a postpartum intrauterine device (IUD) to an uninsured population of recent immigrants to the United States with Emergency Medicaid (EM) insurance coverage only.

**Study Design:** This study is a retrospective cohort study comparing the costs of offering a reversible long-acting method of contraception (IUD) postpartum to women with EM and the current policy of covering the obstetrical delivery only. A cost–benefit analysis from the perspective of both the hospital and the state was conducted. A database of EM obstetrical patients from 2002 to 2006 was created from hospital billing records to calculate mean pregnancy costs and revenue, as well as the probability of repeat pregnancy and pregnancy outcome. Probability of IUD uptake and continuation was obtained from hospital records and the literature.

**Results:** A postpartum IUD program is not cost beneficial from the hospital’s perspective, losing 70 cents per dollar spent on the program. However, the state government would save $2.94 for every dollar spent on a state-financed IUD program.

**Conclusion:** Considering only the direct costs associated with a repeat pregnancy, a program offering the option of postpartum IUD placement to underinsured women would significantly reduce state expenditures on subsequent pregnancies.

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Congratulations

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