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designed. Finally, a participatory process to develop a summary document to inform future programming across the humanitarian-development nexus was developed. A mobile based application allowed participants to anonymously identify priorities and key considerations and the document was jointly developed and published. **Results:** The IBP format enabled participants to actively share resources and learn from each other's experiences. Local evidence and experience was given a global platform and used to inform global activities. In the research session for example, local participants shared that in many settings pregnancy is perceived as "protective" against rape so research efforts and counseling on the expanded use of contraceptives requires addressing underlying issues around gender-based violence. This perspective was new for global researchers and was subsequently considered during the prioritization exercises. Another outcome was the inclusion of local partners for global consultations. For example, through the IBP workshop, WHO connected with several local experts who were subsequently included as part of WHO consultation meetings on SRHR guidelines. Several local partners have since joined the IBP Network where they continue to engage directly with global partners on various SRHR topics. The Interactive Share Fair enabled partners to exchange resources and foster collaboration and partnership. One tool developed by a small partner organization is now being explored by larger International NGOs in larger scale up programming. Finally, the participatory online exercise allowed the outcome document to highlight the true consensus of the group on key considerations rather than the reflections of a select few. **Conclusions:** The IBP workshop demonstrated the value of interactive, locally focused sessions to support the dissemination and use of evidence-based practices. By engaging local partners, the meeting provided a space for local experience to inform global agendas. Future conference and meeting opportunities should consider adoption of more interactive knowledge management strategies to better foster learning and collaboration among partners. In addition, prioritizing local participation and perspectives can provide rich and valuable information to broader guideline and research development processes.

PP-10 • Understanding cycle dynamics of women who are trying to conceive: a real-world data approach

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Objectives: Women have long sought to understand their own menstrual cycle dynamics and the variables influencing fertility, often relying on advice from doctors, published literature, and the Internet when trying to conceive (TTC). Recent advances in technology and artificial intelligence have rendered it possible to reexamine what we know about menstrual cycle dynamics, considering for the first time intracycle and population-level differences. Through a retrospective study, we aim to further define the cycle characteristics of women TTC using real-world data collected nightly via a wearable sensor device. **Methods:** We conducted a retrospective longitudinal study of women who relied on the "Ava fertility tracker" and the complementary smartphone application when TTC between December 2016 and September 2019. Worn on the wrist while asleep, the wearable device measures physiological parameters including pulse rate, respiratory rate, skin perfusion, heart rate variability and skin temperature. An algorithm then predicts the user's fertile window based on these physiological inputs. A descriptive analysis of user and cycle characteristics was performed, with results presented as mean (SD) unless

otherwise stated. **Results:** Data from 483,881 menstrual cycles across 74,671 European and American women, median age 33.54 years old (SD=4.29); of relatively normal weight (BMI=25.96 kg/m²; SD=6.57) and were typically TTC for their first child (median number of children=0, range 0-6). Women stopped hormonal contraception more than one year (median 397.57, range=-1095 days to 399 days) prior to TTC. On average, users tracked 11.77 cycles (SD=5.47) using the wearable device; their cycles lasted 28.98 days (SD=3.19) and menses typically lasted 4.91 days (SD=1.19). Cycles varied by 9.08 days per user (SD=6.46), luteal lengths were 13.94 days (SD=15.52) and peak fertility occurred on day 16.45 (SD=7.90). **Conclusions:** This descriptive analysis is the first real-world dataset evaluating cycle characteristics of women who are TTC. Despite the typical cycle (28.98 days) and luteal lengths (13.94 days), an atypical variation in cycle length per user (9 days) was observed. The long period between stopping hormonal contraception and starting using the fertility tracker, along with a high number of cycles tracked (11.77) suggests that many women may already be dealing with fertility issues prior to using the tracker. Further analysis of the physiological parameters collected with the fertility tracker may provide insights into the cycle characteristics associated with age, BMI and fertility of women who are TTC.

PP-11 • Men's experiences with and outlook on male hormonal contraception: a qualitative analysis of interviews with former clinical trial participants

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Objectives: Men report high willingness to use novel male hormonal contraceptives (MHCs) in population surveys. However, until MHCs are approved for use, men will lack the lived, hormonal contraceptive experience needed to more accurately estimate the potential users and the market for MHCs. We conducted interviews with former MHC clinical trial participants whose experiences will inform development efforts. **Methods:** We asked healthy, reproductive-age prior participants from MHC active or placebo oral pill, topical gel, and injectable trials about their willingness to use MHCs and to participate in hour-long, compensated and structured interviews examining their trial experiences and experiences with the study drug(s), as well as their outlook on MHCs. Interviews were conducted in Los Angeles, California (October 2017-May 2018); transcripts were analyzed using coding based on field guides and emergent *en vivo* codes. **Results:** Participants (n=30) were primarily White (35%), Christian/Catholic (43%), had not completed college (51%), were single/dating (54%), and had no children (72%); average age was 35 years. Nearly a quarter (24%) identified as Latino. Participants described the trials as a new experience with discomforts (e.g., semen analysis, prostate exams, scheduled abstinence, dietary restrictions) that were mitigated by the professionalism and transparency of research staff. Reported, salient side effects included irritability, decreased libido, and weight gain. None of the reported side effects led to early discontinuation from the trial among the men who were interviewed. Several participants admitted uncertainty about the relationship of the drug to symptoms, acknowledging possible observer bias. Advantages and disadvantages of assorted formulations were described, emphasizing the need for convenient, painless, long-acting