

LIST OF RESEARCH PRIORITIES

Top priorities (in no order)	
<p>1</p> <p>Developing and/or validating measures that can be used to gauge and evaluate patient-centered outcomes in family planning</p>	<ul style="list-style-type: none"> ■ Quality-of-life measures for unintended pregnancy (UIP) and abortion ■ Patient satisfaction measures in reproductive health (e.g., measuring satisfaction with contraceptive methods, abortion experience, miscarriage management, satisfaction with reproductive health care experience)
<p>2</p> <p>Improving patient counseling and provider-patient communication in contraceptive and abortion care</p>	<ul style="list-style-type: none"> ■ Best practices for the provision of quality counseling in family planning (e.g., contraception, pregnancy options, abortion, and miscarriage management) ■ Influence and effectiveness of communication/counseling methods to improve reproductive health (e.g., evaluating patient preferences, patient and provider outcomes, and identifying strategies to improve interactions) ■ Measurement tools to improve the evaluation of counseling quality ■ Issues of patient-provider trust, provider bias in reproductive health recommendations (e.g., genetic testing, contraception, fertility testing) and women's perceptions of provider recommendations
<p>3</p> <p>Characterizing women's preferences for and acceptability and use of abortion and contraceptive methods</p>	<ul style="list-style-type: none"> ■ Contraceptive preferences, use and experiences (e.g., side effects, sexual function, method satisfaction), and their influence on method choice and method use ■ Preferences for medical vs. surgical abortion (including first and second trimester) ■ Management of miscarriage ■ Pain management preferences for abortion ■ Access of abortion outside the healthcare system despite legal access
<p>4</p> <p>Integrating family planning services into primary care, including system changes and provider/workforce training issues</p>	<ul style="list-style-type: none"> ■ Expansion of workforce/providers who are able to provide family planning services ■ Strategies to improve integration of family planning into primary care (e.g., reproductive life plans, preconception care) ■ Effects of integrated care on health and quality outcomes, particularly for women with chronic conditions

<p>5</p> <p>Improving clinical effectiveness, safety, and quality of abortion and contraceptive care</p>	<ul style="list-style-type: none"> ■ Benefits/harms of routine antibiotic prophylaxis with medical abortion ■ Safety of deep sedation/general anesthesia for D&E abortion ■ Cervical preparation for D&E ■ MVA and misoprostol to eliminate sharp curettage in low-resource settings ■ Abortion in women with medical conditions ■ Triage of women who can have abortions in outpatient versus hospital settings ■ Effectiveness of induced abortion/early pregnancy loss with medication methods ■ Postpartum versus interval placement of LARC ■ Bridging emergency contraception (EC) to effective ongoing contraception (especially in pharmacies or other non-clinical settings where EC is provided) ■ Weight/BMI and efficacy of emergency contraception ■ Use of LARCs to delay first birth
<p>6</p> <p>Exploring how institutions and policies marginalize groups and, thus, the impact this has on reproductive health</p>	<ul style="list-style-type: none"> ■ Intersection of reproductive health with the criminal justice system, foster care, public assistance, and child protective services, particularly as they differentially impact communities of color and poor communities ■ Connections between immigration policies, family planning, and economic justice (e.g., reproductive health care needs for women in immigration detention) ■ Impact of abortion and contraception restrictions on communities of color, poor, or rural communities (e.g., families' economic hardships, education continuation) ■ Conscientious objection to family planning care/coverage: prevalence; motivation; effect on individuals and health systems
<p>7</p> <p>Assessing how coercion, autonomy, and power dynamics within the medical establishment have an impact on women's reproductive health</p>	<ul style="list-style-type: none"> ■ Balance between advocacy for safe, effective methods of birth control and coercion (e.g., perception of LARC among communities of color, immigrant communities, and other vulnerable populations) ■ Sterilization barriers versus coercive sterilization ■ Impact of social justice on working to end reproductive-related discrimination

<p>8</p> <p>Broadening reproductive health research models to include a reproductive justice framework.</p>	<ul style="list-style-type: none"> ■ Evaluating reproductive health research through a reproductive justice lens and involving advocates and communities of color in research agenda setting and implementation ■ Research on the prevalence, causes of, and strategies to reduce disparities in reproductive health
<p>9</p> <p>Developing/assessing new opportunities, novel settings, and new ways of delivering FP services (i.e., contraception and abortion) to adolescents</p>	<ul style="list-style-type: none"> ■ Novel settings to reach adolescents (e.g., non-clinic or school-based, could include online, mail, and consider new approaches to information sharing)
<p>10</p> <p>Identifying the factors that influence adolescent and adult males' access to, provision of, and acceptance of their role in FP (their own contraceptive use, pregnancy and abortion decision making, female contraceptive decision making)</p>	<ul style="list-style-type: none"> ■ Baseline data on males and contraception, abortion, abortion decision making ■ Methodological issues for dyadic research (males and females)
<p>11</p> <p>Investigating how adolescents' social and interpersonal relationships positively or negatively affect their family planning decision making and behavior (including abortion and contraception)</p>	<ul style="list-style-type: none"> ■ Novel approaches (e.g., methods of data collection, social networks, dyadic analyses) to expand the knowledge base and inform intervention development or tailoring
<p>12</p> <p>Investigating task-shifting concepts and strategies that support the de-medicalization of abortion and contraceptive care</p>	<ul style="list-style-type: none"> ■ Novel contraceptive methods which respond to concerns over provider-controlled methods (i.e., self-removable IUD) to shift power from health care providers to women ■ Safe, effective, and accessible abortions for women seeking services outside the healthcare setting ■ Safety and risk of self-administered misoprostol versus mifepristone + misoprostol when used outside the healthcare setting ■ Access to medical abortion, especially in resource-poor and legally restricted settings ■ Women's ability to assess their own eligibility for medical abortion

<p>13</p> <p>Investigating abortion access and advocacy, especially in highly restricted environments/regions</p>	<ul style="list-style-type: none"> ■ Harm-reduction strategies through collaborations with ministries of health, private sector, etc. ■ Barriers to decreasing restrictions in abortion-restricted environments and possible strategies to navigate these restrictions ■ Impact of restrictive laws, policies and regulations on access to and use of family planning services, including restrictions on off-label use of medications ■ Barriers to care in newly decriminalized environments ■ Recruitment and retention of abortion providers
<p>14</p> <p>Describing and measuring stigma experiences, impact, and outcomes</p>	<ul style="list-style-type: none"> ■ Relationship between intersecting stigmas and reproductive outcomes ■ Consequences of abortion stigma(s) ■ Gaps in existing abortion stigma measurement tools, including determining which tools work best in diverse settings ■ Impact of abortion stigma on social, psychological, economic, and health outcomes (e.g., educational achievement, delay of marriage for adolescents, maternal morbidity and mortality) ■ Differences in abortion stigma experiences across geographical and institutional settings ■ Relationship between abortion stigma and health care related policy ■ Impact of abortion stigma on public discourse, attitudes, and media representations
<p>15</p> <p>Developing and evaluating interventions to reduce and manage reproductive health stigmas</p>	<ul style="list-style-type: none"> ■ Strategies to manage, cope and/or reduce abortion stigma ■ Abortion care training, health worker training, media campaigns and their impact on abortion provision stigma
<p>16</p> <p>Assessing the impact of government policies, including the ACA, on access to care and subsequent outcomes</p>	<ul style="list-style-type: none"> ■ Best practices for conducting research on new restrictions (timeliness, community collaboration, best methods for rapid response) ■ Barriers to contraceptive access due to insurance policies (i.e., patients needing to order their own methods, inability to bill Medicaid for post-placental IUDs, barriers to provision of refills, etc.) ■ Impact of federal, state, and local sex education policies

<p>17</p> <p>Assessing the impact of non-governmental institutional policies on training and providing family planning services</p>	<ul style="list-style-type: none"> ■ Institutional policies on training family planning providers ■ Hospital and health systems mergers involving faith-based providers ■ Religious exemptions to family planning care and coverage
<p>18</p> <p>Assessing the impact of insurance practices on access to and use of family planning services</p>	<ul style="list-style-type: none"> ■ Restrictions on services and reimbursement (e.g., adequacy of reimbursement, bundling of services postpartum, etc.) ■ Medical management policies (e.g., 12-month supplies, prior authorization, etc.) ■ Scope and adequacy of provider networks (e.g., are abortion providers in network?)
<p>19</p> <p>Investigating biomedical aspects of abortion and contraception</p>	<ul style="list-style-type: none"> ■ Novel approaches to post-fertilization mechanisms (including methods that act on the endometrium) ■ Mechanisms and management of non-contraceptive benefits and side effect for males and females ■ Novel hormonal and non-hormonal contraceptive methods for males and females
<p>20</p> <p>Measuring unintended pregnancy and its impact on health, economic, and policy outcomes</p>	<ul style="list-style-type: none"> ■ Optimal measurement and conceptualization of unintended pregnancy (e.g., one or more dimensions, feelings vs. stated intentions, ambivalence) ■ Disparities in unintended pregnancy across racial/ethnic groups (e.g., factors underlying differences, insights to help with prevention) ■ Impact of unintended pregnancy rates on maternal and child health outcomes (e.g., methodological issues, potential pathways/mechanisms) ■ Relationship of unintended pregnancy to contraceptive desires and use (e.g., difficulty implementing contraceptive plans, male partner contribution and coercion, influence of sexuality/sexual pleasure)

Secondary priorities (in no order)

Adolescent sexual and reproductive health research

- 1 Identifying barriers, facilitators, and effective interventions for delivering LARC to adolescents and determining ways LARC might be over- or underutilized

- 2 Providing high-quality, patient-centered reproductive health care for adolescents, including distinct populations (e.g., people of color, sexual minorities)

- 3 Assessing effective strategies for improving adolescent-specific family planning outcomes (e.g., delaying first birth)

- 4 Utilizing technology to improve family planning services and research approaches for adolescents

- 5 Improving postpartum and post-abortion contraceptive services for adolescents

- 6 Identifying factors that influence trends (e.g., community-level, state-level, country-level) in adolescent sexual and reproductive health outcomes (e.g., pregnancy, birth, abortion)

- 7 Identifying the factors that influence uptake, continuation, and discontinuation of contraception among adolescents (particularly postpartum, post-abortion, and parenting adolescents)

- 8 Investigating understudied factors (e.g., knowledge, access, cost) that influence abortion (e.g., choice, procedure preferences, timing, service location) among adolescents

- 9 Identifying the counseling methods most effective for adolescents to improve family planning, contraception, and pregnancy outcomes

- 10 Assessing the safety, efficacy, side effects and non-contraceptive benefit profile of hormonal contraception in specific adolescent populations

- 11 Investigating the pharmacokinetic and physiologic effects of contraceptives on specific adolescent populations

- 12 Identifying the factors that influence the interrelationship between STI and pregnancy prevention behaviors among adolescents and how this body of knowledge can inform integrated services, interventions, and research approaches

Biomedical research

- 13** Developing approaches that extend/enhance the effectiveness of existing methods of contraception and abortion
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- 14** Investigating contraception related to breastfeeding women
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- 15** Addressing research gaps identified in the United States Medical Eligibility Criteria (US MEC)

Equity in reproductive health research

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| 16 Investigating the reproductive health needs of underrepresented communities | <ul style="list-style-type: none"> ■ Disparities, access, and experiences of contraception, abortion, prenatal care, and ART on historically underrepresented communities (i.e., Asian American, broken out further by ethnicity; Pacific Islander; LGBT; Native American; people living with disabilities; rural) |
| 17 Developing strategic alliances to further equity in reproductive health | <ul style="list-style-type: none"> ■ Connections between environmental justice and the impact on women's fertility, ability to raise families in a safe environment ■ Strategies to ally FP advocacy and clinical practice with other related reproductive justice efforts |

Global family planning research

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| 18 Improving access to contraceptive services | <ul style="list-style-type: none"> ■ Integration of contraceptive services with postpartum care, particularly immediate postpartum provision of IUDs and implants ■ Impact of current LARC-focused efforts (safety, acceptability, effectiveness) to ensure women have choices ■ Sterilization—demand, barriers to access, service delivery models in resource-poor settings ■ Integration of FP services in emergency settings |
| 19 Improving access to later abortion, especially in resource-poor settings | <ul style="list-style-type: none"> ■ Use of mifepristone in second trimester induction in legally restricted settings for legal indications ■ Relative safety, effectiveness, acceptability and cost-effectiveness of surgical vs. induction services in restricted and permissive environments ■ Public health impact of increased access to high-quality later abortion services |

Health services research	
20 Defining and developing metrics for quality assessment in contraception and abortion care	<ul style="list-style-type: none"> ■ Interpersonal and technical quality of contraceptive counseling ■ Interpersonal and technical quality of abortion care ■ Performance targets (e.g., contraceptive protection index) ■ Performance measures and targets in family planning to improve the quality of care across different health systems ■ Capturing abortion data in health information systems ■ Delays in access to desired services ■ Effects of incentives for quality services (e.g., meaningful use of Electronic Medical Records EMR, pay for performance)
Innovation-driven research	
21 Identifying and assessing innovative mechanisms for the provision of contraception	<ul style="list-style-type: none"> ■ Over-the-counter (OTC) access to hormonal methods (measure change in uptake and continuation) ■ Community-based distribution of contraception in the United States
22 Identifying and assessing innovative mechanisms in the provision of abortion care	<ul style="list-style-type: none"> ■ Access to mifepristone/misoprostol OTC and at non-medical sites
23 Evaluating the effectiveness of innovative abortion methods	<ul style="list-style-type: none"> ■ Use of plant-based abortifacients (such as rue or pennyroyal) ■ Use of copper IUD insertion for abortion at <35 days
24 Determining innovations in abortion training	<ul style="list-style-type: none"> ■ Simulators to increase skills in later abortion care
Patient-centered outcomes research (PCOR)	
25 Identifying strategies for creating meaningful stakeholder/patient engagement in family planning research	
26 Identifying strategies to improve women's experience with FP procedures (e.g., for pain management with IUD insertion, medication and surgical abortion)	
27 Evaluating the effectiveness of family planning interventions (e.g., counseling strategies, contraceptive methods)	

Public/institutional policy research

28 Investigating how family planning issues are framed or communicated and how this influences public opinion

29 Assessing the impact of availability of services on access to and use of care

- Scope of practice policies
- Geographic parity of abortion providers and services available
- Effective referral and transportation networks
- Waiting times, other aspects of the provision of services

30 Assessing the impact of minors' consent/confidentiality policies on access/use of care

31 Assessing the impact of policies on use of contraception and abortion among the underserved and ways to improve access

32 Translating research into practice

- Translation of research findings into policies
- Communication with policymakers to inform a research agenda
- Dissemination of best practices and implementation science

33 Increasing male access to use of and involvement in family planning

- Access to and use of vasectomy
- Access to and use of condoms
- Male involvement in care and decision making