and ENG pharmacokinetics during 6 weeks of continuous use of a single CVR. Serum samples collected every 3 days±1 day during the study cycle were analyzed for EE and ENG using liquid chromatography tandem mass spectrometry (UPLC-MS/MS). We describe EE and ENG levels using area under the concentration–time curves (AUC) from days 0 to 42 and report their mean concentrations at the end of weeks 1 through 6.

Results: In all, 37 women completed the study cycle. EE and ENG concentrations remained therapeutic among all women during 42 days of continuous ring use. Mean EE levels were consistently higher among normal-weight women than among obese women (week 1: 21.8 vs. 14.8 ng/L, p=.01; and week 6: 15.3 vs. 11.5 ng/L, p=.10); however, the decline in EE levels in the two groups was similar (−0.12 vs. −0.10 ng/L/day, p=.26). ENG levels were similar in the two groups (week 1: 1349 vs. 1190 ng/L, p=.7; and week 6: 1026 vs. 1068 ng/L, p=.7) with a similar decrease over time (−6.4 vs. −8.1 ng/L/day, p=.74).

Conclusions: Six-week continuous CVR use demonstrates predictable serum levels of EE and ENG that remain in the therapeutic range. Women who forget to remove the CVR at day 21 will likely have continued contraceptive protection during the next 3 weeks.

O5

16 AND PREGNANT: A CONTENT ANALYSIS OF A REALITY TELEVISION PROGRAM ABOUT UNPLANNED TEEN PREGNANCY

Lance A
University of Michigan, Ann Arbor, MI, USA

Wallett S, Lorber B, Harris L

Objectives: Approximately 60% of teens have seen the reality show *16 and Pregnant*. We analyzed the content of the show to determine the themes to which viewers are exposed, as well as the reproductive health information conveyed, including messages about sex, safer sex/condoms, contraception and options in the face of unintended pregnancy.

Methods: Three study team members separately watched the first three seasons (35 episodes) of *16 and Pregnant* and collected qualitative and quantitative data about the show's content. We calculated descriptive statistics for each quantitative measure. We used an iterative process to identify major themes. We resolved coding disagreements by consensus.

Results: All pregnancies featured were unplanned teen pregnancies. Three episodes featured a teen who put the baby up for adoption. No episodes featured a teen that chose abortion. Eighty-one percent of episodes mention birth control, although postpartum birth control is rarely mentioned. Only 27% of episodes mention the word "sex." Major themes of the show included lack of support, especially from teen fathers; sacrifice of activities previously enjoyed; difficulty following career/education plans and surprise about the difficulties of parenting.

Conclusions: *16 and Pregnant* realistically portrays many of the struggles faced by pregnant and parenting teens. However, the show presents little information about sex, safer sex/condoms, contraception or pregnancy options other than parenting. It therefore presents viewers with a false sense of disconnection between sex and pregnancy, ignores abortion as a legitimate option and omits a crucial part of a teen parent's life — preventing another unintended pregnancy.

O6

COST-EFFECTIVENESS OF IMMEDIATE POSTPARTUM ETONOGESTREL IMPLANT INSERTION FOR ADOLESCENT MOTHERS

Han L
University of Colorado Anschutz Medical Campus, Aurora, CO, USA

Sheeder J, Teal S, Tocce C

Objectives: To determine cost-effectiveness of a state-funded program offering immediate postpartum implant insertion for adolescent mothers.

Methods: Participants in an adolescent prenatal–postpartum program enrolled in a prospective observational study of immediate postpartum contraceptive implant (IPI) insertion versus other methods. All contraceptives were provided free to participants. Discontinuation, repeat pregnancies and outcomes were recorded.

Using Colorado Medicaid reimbursement estimates, we compared the anticipated public expenditures for IPI recipients and controls at 6, 12 and 24 months. Costs were normalized to 1000 adolescents and included 1 year of well-baby care for delivered pregnancies.

Results: At 6 months postpartum, the additional cost of an IPI program per 1000 adolescent mothers is approximately $700,000, $24,500 more than the Medicaid expenditures for repeat pregnancy management in the controls. However, public savings would exceed $550,000 and $2 million per 1000 adolescents by 12 and 24 months, respectively. Overall, the state would save $1.78 and $4.16 for every dollar spent on a state-funded IPI program at 12 and 24 months, respectively.

Equivalency estimates indicate control group expenditures exceed IPI expenditures and the program achieves cost-effectiveness by 7 months postpartum. Limiting repeat pregnancy in controls to 13.8% by 12 months and 16.7% by 24 months would result in equal expenditures. Actual pregnancy rates in our study were 21.1% and 47.2% respectively.

Conclusions: Teen mothers are at high risk of rapid repeat pregnancy; an IPI program reduces that risk. Immediate postpartum implants for adolescent mothers are cost-effective by 7 months postpartum. Payers that do not currently cover IPI should reconsider their policies.

O7

OPORTUNIDADES CONDITIONAL CASH TRANSFER PROGRAM: IMPACT ON ADOLESCENT PREGNANCY IN RURAL MEXICO

Darney B
University of Washington, Seattle, WA, USA INSP, Cuernavaca, Mexico

Weaver M, Sosa-Rubi S, Walker D, Gakidou E

Objectives: Conditional cash transfer programs are an increasingly popular policy strategy to address health, schooling and poverty. *Oportunidades* is a conditional cash transfer program in Mexico; program requirements are schooling and utilization of primary health care services by female heads of household and infants. This analysis tested the association of household exposure to *Oportunidades* and pregnancy among young women aged 15–19.

Methods: We used the 2006 ENADID population-based survey and restricted the sample to rural women aged 15–19. *Oportunidades* is not randomly assigned; to address selection into the program based on factors that also influence adolescent fertility (e.g., education), we created a matched sample (treated and not-treated groups balanced on covariates) and used multivariable logistic regression models.

Results: Our matched sample includes 1693 women (61.5% *Oportunidades*). A total of 15.9% of the sample (n=269) reported a pregnancy. Exposure to *Oportunidades* was associated with reduced odds of reporting a pregnancy (OR 0.54; 95% CI 0.36–0.81). Education level and household size were also independently associated with reduced odds of pregnancy. Age, number of children under 5 in the household and marriage were associated with increased odds of pregnancy. In an interaction model, those exposed to *Oportunidades* and having a secondary education had lower odds of pregnancy than those not exposed having the same level of education. Results were robust to model specification.

Conclusions: When compared with similar young women, those exposed to *Oportunidades* have reduced odds of an adolescent pregnancy. The effect appears to be above and beyond the effect of education alone.