

need for information on risks as well as “non-risks” when prescribing COC pills. The large sample size means that it is unlikely that the results is caused by chance.

Limitations, reasons for caution: There is a risk for recall bias regarding contraceptive and reproductive history. It cannot be excluded that questions on potential harmful effects of COC use could induce these concerns. However, comments from respondents suggest that many had pre-existing concerns.

Wider implications of the findings: Health care professionals prescribing contraception must be aware of concerns and myths on future fertility from COC usage to perform better counselling of these women, especially since this is one of the most widely used contraceptive methods in the Western world.

Trial registration number: Not applicable.

O-083 Does watching an educational video increase Fertility Awareness (FA)? Results from a randomised controlled trial with partnered people desiring to become parents

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Study question: What are the short and long-term effects of a video aiming to increase fertility awareness (FA) among partnered people desiring to become parents?

Summary answer: The video intervention increased FA levels 1-month later and the effects were maintained 1-year later for almost all variables.

What is known already: FA interventions have been shown to be effective on increasing FA in short-term. However, these studies had been using heterogeneous samples regardless of their age, marital status, parity, and desire to have children. Less is known about the long-term effectiveness of these educational interventions on childless and presumably fertile people who are already committed in a heterosexual relationship and who express the desire to have children in a near future.

Study design, size, duration: A double-blind randomised controlled trial was initiated in October of 2016. Participants were randomly allocated into the intervention group (IG) and control group (CG) and answered to an online questionnaire before (T0), 1-month (T1), 6-months (T2) and 1-year (T3) after the intervention. Seven questions assessed FA about infertility definition, risk factors, chance of pregnancy if the woman is 25-30, 35-40 years old and the chance of pregnancy with fertility treatment if the woman is 35, 40, 45 years old.

Participants/materials, setting, methods: 369 participants (243 women) were invited in gynaecology/fertility clinics, religious pre-marital courses and through social media. IG participants (n=189) were exposed to a 5-min video delivering information on age-related fertility decline, infertility risk factors and pregnancy chances according to women's age and conception mode after answered the T0 questionnaire; participants in CG (n=180) received no stimulus. Mixed Anovas using conservative F-tests were performed to test the interaction between time and group on FA variables.

Main results and the role of chance: Participants were aged 29 years old and were partnered for 6 years, on average. Attrition analyses didn't reveal significant differences between those who had answered and those lost to follow-up in T1 (n=217) regarding age, gender, relationship length, education, reproductive status (being trying to conceive or not) and belonging to IG or CG. Participants at T2 (n=111) and T3 (n=102) were older and T3 participants desired to have children in a shorter time. Significant interaction between group and time were found for infertility definition, lifestyle risk factors, chance of spontaneous pregnancy (if the woman is 25-30 and 35-40 years old) and treatment pregnancy if the woman is 35 and 40 years old (p<.005), demonstrating an increase in six of the seven FA variables in IG participants from T0 to T1. When looking at follow-ups times (T2,T3), significant interaction effects between group and time were found for the chance of spontaneous pregnancy if the woman is 25-30 and 35-40 years old and treatment pregnancy

if the woman is 35 and 40 years old (p<.005). No significant interaction effects were found for intentions to adopt fertility-optimizing behaviours, intended time to start trying to conceive and desired age of first and last child.

Limitations, reasons for caution: Although we had randomly allocated people to CG and IG, the high attrition rate may limit the generalization of our results. Future studies should include larger samples to account for this. Some bias might have occurred due to high education level and volunteer participation since younger participants withdrawer more often.

Wider implications of the findings: This video might be a cost-effective and easy to access tool to raise FA among reproductive-age people in short and long-term. Information regarding fertility should be more easily spread (using videos, text messages, online tools) and presented in different contexts (health services, personalized appointments) in order to improve FA levels.

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O-084 Women's perceptions of fertility assessment and counselling six years after attending the Fertility Assessment and Counselling clinic

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Study question: What are women's perceptions of fertility assessment and counselling six years after attending the Fertility Assessment and Counselling (FAC) clinic?

Summary answer: Personalized fertility knowledge and advice were viewed as important aids to decision-making but the findings emphasize the need for guidance related to desired family size.

What is known already: Many young people wish to become parents in the future and desire an average of two children. There is a need for fertility awareness in women and men to increase fertility knowledge and support informed fertility decision-making to achieve parenthood and family size goals. The FAC clinic in Copenhagen, Denmark is a personalized fertility awareness intervention based on clinical examination and evaluation of individual risk factors (Hvidman et al., 2015). It opened at the end of 2011. Available qualitative research showed that attending the FAC clinic increased fertility awareness and served as a catalyst for change in women one-year post-consultation.

Study design, size, duration: A six-year follow-up qualitative study of 24 women who attended the FAC clinic between January and June 2012. All women were interviewed during a two-month period from February to March 2018 at Rigshospitalet, Copenhagen, Denmark. Interviews were held in English and ranged between 60 and 94 minutes (average 73 minutes).

Participants/materials, setting, methods: Invitations to participate in an interview-based follow-up study were sent to 120 women who attended the FAC clinic in 2012. In total 95 women read the invitation, 35 confirmed interest in participating and 16 declined to participate. Twenty-five interviews were booked and 24 interviews held. Interviews followed a semi-structured format regarding reasons for attending the FAC clinic, if/how their needs were met, and perceptions of fertility assessment and counselling. Data was analyzed using thematic analysis.

Main results and the role of chance: At the present interview, women were on average 38 years old. In total, 10 were currently single or dating and 14 were married/common-law. All were childless when they attended the FAC clinic. At the interview, 21 women were parents (14 women with 1 child; 6 with 2; 1 with 3) and 3 women intended to have children in the future. The most common reason for originally attending the FAC clinic was to determine how long they could delay childbearing. The majority of women now believed their needs had been met by attending the FAC clinic. Those who were