

Same-day long-acting reversible contraception (LARC) is cost-effective and convenient. We aimed to determine the patient- and provider-level factors associated with same-day LARC placement for adolescents 12 months before and after COVID-19 protocols began.

This retrospective cohort study analyzed electronic health records from UNC Health. Adolescents included (N=954) were 10-19 years old and received outpatient LARC from 3/15/2019 to 3/14/2021. A logistic regression model determined the relationship of multiple variables on receipt of same day LARC before and during COVID-19. An interrupted time series examined changes in same-day LARC initiation during the 12 months before and after 3/15/2020. Our institutional IRB approved the study.

There was no significant change in average monthly same-day LARC insertions before and after 3/15/2020 ( $p > 0.05$ ). County concordance was associated with same-day LARC both before and during the pandemic (aOR=2.31 and 1.83 respectively, both  $p < 0.05$ ). During the pandemic, a few factors reduced the odds of same-day LARC :1) public insurance (aOR=0.52,  $p < 0.01$ , vs. private insurance), 2) non-OBGYN providers (pediatrics [aOR=0.34,  $p < 0.01$ ], family medicine [aOR=0.53,  $p < 0.01$ ] or internal medicine [aOR=0.13,  $p < 0.05$ ], vs. OBGYN), and 3) advanced practice practitioners (aOR=0.46,  $p < 0.001$ , vs. physicians).

We identified differences in adolescent same-day LARC initiation during the pandemic by county concordance, insurance status, provider specialty, and provider type. Some potential explanations include barriers to accessing clinical care (i.e. appointment availability, transportation), and non-LARC concerns taking priority at in-person primary care visits during the pandemic. Findings from this study may guide policy and programmatic interventions to improve access to same-day LARC for all adolescents.