

STRONG CHILDREN'S RESEARCH CENTER

Summer 2014 Research Scholar

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ABSTRACT

Title: Pediatric Subspecialist Knowledge and Behaviors Regarding Adolescent Contraception

Background: Although there has been a recent decline in teen pregnancy, over 1/3 of US women still become pregnant at least once before the age of 20. Teen pregnancy can lead to negative medical, educational, and psychosocial outcomes for both mother and child. The American College of Obstetrics and Gynecology, the American Academy of Pediatrics, and the Society of Adolescent Health and Medicine all recommend long-acting reversible contraception (LARC) as the first-line method to prevent pregnancy in teens. However, both teens and providers lack knowledge of LARC. It is unknown how pediatric subspecialists handle issues around contraception, especially LARC, for their adolescent and young adult patients. This is important because many teens with chronic illnesses are at medical risk if they become pregnant due to medication toxicity or exacerbation of their underlying medical condition.

Objective: To describe pediatric subspecialists' self-reported knowledge and comfort with contraception, and practices for prescription of and referral for contraceptives.

Methods: Pediatric subspecialists providing clinical services completed a brief anonymous paper survey. Providers were asked about personal demographics and the percentage of their patients with medical contraindications for pregnancy. They were also asked Likert scale questions about their practices regarding discussion of sexual activity and their knowledge and comfort with contraceptive referral and prescription. Responses were entered into an Access database. Frequencies and bivariate statistics using Chi-square tests were performed using IBM SPSS statistics for Windows version 22.0.

Results: A total of 53 surveys were completed which was 100% of faculty present at subspecialty divisional meetings (approximately 80% of faculty in the divisions represented). Over 60% of the sample was female, >40 years old, or >5 yrs post-fellowship training, and 74% were MD/DOs (vs. NPs). Subspecialists reporting the most patients with medical contraindications for pregnancy were: Rheumatology (100%), Heme/Onc (80%), and Neurology (50%). One quarter of subspecialists never or rarely initiated discussion regarding sexual activity or contraception. 93% of subspecialists reported prescribing a contraceptive <20% of the time, while 64% reported referring for contraceptives <20% of the time. 55% of subspecialists reported little to no knowledge of contraceptive options and 70% reported little to no knowledge of LARC methods. 83% of subspecialists were very or extremely comfortable referring for contraception, but only 4% were equally comfortable prescribing contraception. Female providers were more likely to discuss sexual activity than male providers (85% vs. 60%). Providers ≤40 years old discussed sexual activity more often than those >40 years old (94% vs. 67%). If more than 20% of their patients had medical contraindications for pregnancy, providers were more likely to discuss sexual activity (91% vs. 65%) and refer for contraception (59% vs. 23%). All p-values <0.05.

Conclusion: Even among providers with high numbers of patients who would be put at medical risk due to pregnancy, only 60% reported referring patients >20% of the time for contraception. Provider knowledge of contraceptive options, and especially LARC, is generally poor, but even so, referrals for contraception are not robust. Efforts to increase referrals to primary care or adolescent medicine for contraceptive counselling and prescription of the most effective contraceptive methods appear to be indicated.