

STRONG CHILDREN'S RESEARCH CENTER

Summer 2016 Research Scholar

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ABSTRACT

Title: *Overcoming Missed Opportunities for Teen Pregnancy Prevention: Contraceptive Implant Training for Pediatrics Residents*

Background: The US has the highest teen pregnancy rate of any wealthy nation. Adolescent mothers have an increased risk for low birth weight or premature babies and are more likely to drop out of school and face limited economic opportunities. Thus, teen pregnancy prevention is a public health priority. Much progress has been made at reducing teen pregnancy rates, leading the CDC to declare it a "Winnable Battle." One strategy to win is increasing access to long-acting reversible contraception (LARC). LARC methods (intrauterine devices and the contraceptive implant) are safe, highly-effective, and are recommended as first-line contraceptives for teens by the American Academy of Pediatrics and other official organizations. Yet nationwide, only 7% of sexually active teens use LARC. One known barrier is the lack of LARC-trained primary care physicians. We hypothesized that pediatrics residents would accept LARC training and that it would improve their comfort level with counseling teens about contraception.

Objective: To implement a curricular change intervention to train all pediatric residents in contraceptive implant insertion.

Design/Methods: Our program was designed and evaluated using the CDC's Promoting Science-Based Approaches-Getting To Outcomes (GTO) framework. We applied the ten steps of GTO as follows:

- (1) *Focus:* There are several types of LARC available; we focused on the contraceptive implant, which is the simplest to insert.
- (2) *Target:* We chose pediatric residents as the target of our intervention.
- (3) *Adopt,* (4) *Adapt:* We adopted an existing 2-hour contraceptive implant insertion training and adapted the logistics to fit into the residency curriculum.
- (5) *Resources:* We partnered with a local LARC initiative and other available resources.
- (6) *Plan:* To plan the intervention we engaged chief residents, attendings, and administrators.
- (7) *Monitor:* We gathered feedback from stakeholders and surveyed residents to monitor their comfort with contraception counseling, and opinion on LARC training, and its availability without a referral.
- (8) *Evaluate:* We evaluated successful implementation of the project by measuring the percent of residents who received the training.
- (9) *Improve,* (10) *Sustain:* To improve and sustain the program, we established continuing roles for the residency program coordinator and moved the training to pediatric intern orientation.

Results: The first two years of the program increased the percentage of residents trained from 0 to 93. Prior to the training, 22 out of 26 pediatric residents reported wanting implant insertion training during residency and 25 out of 26 residents said pediatric residencies should offer training. Following the training, 100% stated that implants should be offered in their primary care clinics without referral and 13 out of 14 felt that the implant training improved their adolescent contraceptive counseling.

Conclusions: Adding contraceptive implant training to the residency curriculum was a system change intervention that ensured all pediatrics residents will be trained. The intervention increased physician comfort in adolescent contraception counseling. As a result, more patients will be getting accurate information about the safety, effectiveness, and availability of LARC. Also, more residents now want to insert implants in their own practices, thus increasing LARC accessibility for our teen patients. This intervention is one part of the multifaceted approach to reducing teen pregnancy in Rochester. Replicating this program in other pediatrics residencies could extend its impact nationally and enhance progress on this public health priority.