Adolescents and Contraception: Helping teens find their method

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Family Planning Division
Objectives

• Gain confidence in counseling adolescents

• Understand the importance of confidentiality

• Identify myths about adolescent contraception use
Outline

Counseling deep dive

• Confidentiality
• Efficacy- vs patient-centered
• Key take aways

Methods

• Pills, patch, ring, and depo
• Long-acting reversible (LARC) methods
• Emergency contraception
TEENS HAVE SEX!

By 12th grade, >50% of females report having sex

You can help them be safe and prevent unplanned pregnancy!
Contraception is Key

Teen sexual activity remains steady, while improved contraceptive use is likely driving declines in teen pregnancy

Among U.S. women aged 15-19
- Pregnancy rate (per 1,000 women) (right axis)
- % sexually active in last year
- % using 1+ contraceptive methods at last sex

*2011 is the most recent year available for teen pregnancy rate

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Setting the Stage

Confidentiality
- Insurance claims
- Parental notification laws (more on this soon)

Parental involvement
- Ask about it!
- Encourage involvement as able
- ~50% of teens do involve a parent
Utah Law

Law passed 1983 required parental notification

- Challenged by PPAU
- Unconstitutional

Under Title X, no parental notification

- No Title X clinics in Utah

Federal funds (i.e. FQHC) or private

- No parental notification

State funded clinic

- Parental notification
Without Confidentiality

- Increased teen pregnancy rates
- Decreased use of contraceptives

In one national survey:

**59% would not seek services if parental involvement required**
Sexual History

The 5 Ps

• Partners
• Practices
• Protection from STDs
• Past history of STDs
• Pregnancy prevention
LGBTQ+ Teens

- Need contraception, too!
- Higher unintended pregnancy rates
- 1 in 3 women seeking contraception identified as sexual minority
Efficacy Centered Approach

**HOW WELL DOES BIRTH CONTROL WORK?**

<table>
<thead>
<tr>
<th>Method</th>
<th>Efficacy</th>
<th>Duration</th>
<th>spermicidal properties</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Implant (Nexplanon)</td>
<td>5 stars</td>
<td>3 years</td>
<td>Works, hassle-free, for up to 3 years</td>
</tr>
<tr>
<td>IUD (Skylla)</td>
<td>4 stars</td>
<td>3 years</td>
<td></td>
</tr>
<tr>
<td>IUD (Mirena)</td>
<td>4 stars</td>
<td>5 years</td>
<td></td>
</tr>
<tr>
<td>IUD (Para-Gard)</td>
<td>3 stars</td>
<td>12 years</td>
<td></td>
</tr>
<tr>
<td>Sterilisation, for men and women</td>
<td>1 star</td>
<td>Forever</td>
<td></td>
</tr>
</tbody>
</table>

What is your chance of getting pregnant?

- Less than 1 in 100 women
- 6-9 in 100 women, depending on method
- 12-24 in 100 women, depending on method

For each of these methods to work, you or your partner must use it every single time you have sex.

FYI, without birth control, over 90 in 100 young women get pregnant in a year.
Patient-centered Approach

CDC counseling components:

- Efficacy
- Safety
- Availability
- Acceptability
The **best** method is the one that will be **consistently and correctly used**
Teen-centered Counseling

Account for domains of development

- Physical
- Cognitive
- Social
- Emotional
- Moral
Helping teens find their method

78% know what they want already
Establish expertise, trustworthiness, accessibility
  • Be open and non-judgmental
  • Avoid making assumptions
  • Body language
Lifestyle fit
  • What is important to you about birth control?
Helping teens find their method

- Engage in information processing
  - Avoid information overload
- Review consistent and correct use
- Discuss side effects before they happen
  - Be concrete and specific
  - Encourage them to call or visit
Helping teens find their method

Myth busting
- What have you heard about this method?
- Do you have friends that use this method?

Pre-visit personal acceptability heavily influenced by social contacts' experiences
- Counseling supports these patients
- Counseling informs those without pre-visit acceptability
Helping teens find their method

Flexibility with switching
• This is a reality!
• Don’t be the barrier to switching

Encourage dual use for STI prevention
Most of All.....

AVOID COERCION

It’s not about you
Key Take Aways

• Establish confidentiality
• Efficacy-centered is not necessarily best
• Non-judgmental
• Be mindful of coercion/directive counseling

• EASILY ACCESSIBLE
Contraceptive Methods
Method Selection

Use CDC Medical Eligibility Criteria

<table>
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<tr>
<th>Deep venous thrombosis (DVT)/Pulmonary embolism (PE)</th>
<th>a) History of DVT/PE, not on anticoagulant therapy</th>
<th>b) Acute DVT/PE</th>
<th>c) DVT/PE and established on anticoagulant therapy for at least 3 months</th>
<th>d) Family history (first-degree relatives)</th>
<th>e) Major surgery</th>
<th>f) Minor surgery without immobilization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>i) higher risk for recurrent DVT/PE</td>
<td>4</td>
<td>4*</td>
<td>2</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>ii) lower risk for recurrent DVT/PE</td>
<td>3</td>
<td></td>
<td>2</td>
<td></td>
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Timing of Method Initiation

- CDC Selected Practice Recommendations
- Quick Start Methods
Pill, patch, ring, and Depo!

- Pills are the most common method
  - Highest rates of discontinuation
    - 48% continuation at one year
- Strategies for consistent use
Depo Provera

- Myth: not safe for teens
- Decreased bone density
  - FDA black box warning: long-term use beyond 2 years
- Evidence shows
  - Reversible
  - No difference in BMD at 12 months in adolescents
  - No increase in fracture risk
  - No adverse long-term impact on bone health
  - No evidence for estrogen add-back therapy
IUDs and Teens: Myths

• Can’t be used in adolescents
• Can’t be used in nulliparous people
• Must have STD testing resulted prior to insertion
• Have to use a smaller frame IUD (Skyla, Kyleena)
IUDs

- 74% continuation rate at one year
- 95.8% success of first-attempt IUD insertion
- Expulsions, perforations, and infections rare
- Recommended by AAP and ACOG
- Immediate postpartum placement
Which IUD?

**LNG-IUD (Mirena, Liletta)**
- Up to 7 years
- Lighter bleeding, amenorrhea
- Improved dysmenorrhea
- Treats abnormal uterine bleeding

**Copper**
- Up to 12 years
- No hormones
- Temporary increase in bleeding & cramping
- Regular periods
- Emergency contraception
IUD Insertion

- GC/CT at time of insertion
  - Follow CDC screening recommendations
- NSAIDs reduce post-insertion pain
- No evidence for misoprostol
Nexplanon

- Effective up to 5 years
- Less scary than the IUD
- Very “concrete”
- 84% continuation at one year
  - Of those that discontinue:
    - ~50% discontinue for irregular bleeding
- Immediate postpartum placement
### Emergency Contraception: Birth Control That Works After Sex

<table>
<thead>
<tr>
<th>Types of emergency contraception</th>
<th>How well does it work?</th>
<th>How soon do I have to use it?</th>
<th>How do I use it?</th>
<th>Where can I get it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>ParaGard IUD</td>
<td>Almost 100% effective</td>
<td>Within 5 days</td>
<td>It’s placed in the uterus by a doctor or nurse</td>
<td>From a doctor, nurse, or at a clinic</td>
</tr>
<tr>
<td>Ella</td>
<td>Less effective if over 195 pounds. Try an IUD.</td>
<td>ASAP = as soon as you get it</td>
<td>Take the pill as soon as you get it</td>
<td>From a doctor, nurse, or at a clinic</td>
</tr>
<tr>
<td>Plan B One-Step or a generic</td>
<td>Less effective if over 165 pounds. Try ella or an IUD.</td>
<td>ASAP = as soon as you get it</td>
<td>Take the pill as soon as you get it</td>
<td>At a pharmacy, no prescription needed</td>
</tr>
</tbody>
</table>
Key Take Aways

• Establish confidentiality
• Efficacy-centered is not necessarily best
• Non-judgmental
• Be mindful of coercion/directive counseling
• EASILY ACCESSIBLE
• IUDs + adolescents = good to go!
Comments?
Thank you!
Further Resources

- https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/training.htm