

Long Acting Reversible Contraception in Adolescents: A Survey of Pediatric Residents

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Introduction: In the United States there are 6.3 million pregnancies per year, almost fifty percent of which are unplanned. This is especially true in the adolescent population. For women ages 15-19 who become pregnant, 82% are unplanned pregnancies. Effective contraception has been shown to decrease unplanned pregnancies. Implantable and intrauterine contraception (long acting reversible contraception or LARC) are two highly effective methods that may be used in adolescent populations. Therefore, physicians who routinely care for teenagers (pediatricians and med/peds physicians) should be knowledgeable in appropriate counseling for these methods.

Objective: Our primary outcome is a self assessment of pediatric residents' experience with LARC in adolescents. A subset of the population studied was offered further didactic and possibly hands-on training about these methods. We hypothesized that the subset studied will have an increased likelihood to discuss LARC with their patients following the additional training session.

Study Design: We used the data from IUD/Implantable contraception initial survey, which was conducted by University of Nebraska Medical Center (UNMC) in year 2010. This survey was a cross sectional stratified online survey of pediatric residents in the United States regarding their experience with LARC, inserting the devices, and a qualitative assessment about their training program. The total sample size was 269 (25% male, 75% female). Data also included information on region, level of training, affiliation with a pediatric or med/peds program, and gender of subjects. SAS 9.2 (SAS Institute Inc., Cary, NC, USA.) was used for all the data analysis. Those subjects at UNMC participated in a one-hour didactic session about LARC in adolescents and were given the option to undergo further training in placing these methods. A follow-up survey was administered after the didactic session.

Results: Preliminary results show that almost 70% of respondents plan to counsel their adolescent patients about hormonal contraception. Among those respondents who plan to see and counsel their adolescent patients about contraception and those who are not sure, 19% reported that they would recommend implantable contraception to their adolescent patients and 38% would recommend intrauterine devices. Almost half of respondents expressed interest in learning to place implantable contraception; forty percent are interested in learning to placing intrauterine devices. Twenty-six UNMC residents attended the didactic session and eight of those participants expressed interest in attending the additional training session. Eight residents responded to the follow-up survey, making the sample size too small to interpret.

Conclusion: Preliminary results suggest that residents do not consistently offer LARC to their patients but a large portion are interested in learning to place these devices. It is this author's conclusion that pediatric residents are in need of further training regarding LARC and are interested in receiving this training.