



## **Adolescents and Contraception: Helping teens find their method**

*Jen Kaiser, MD, MA, MSCI*

*Assistant Professor  
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



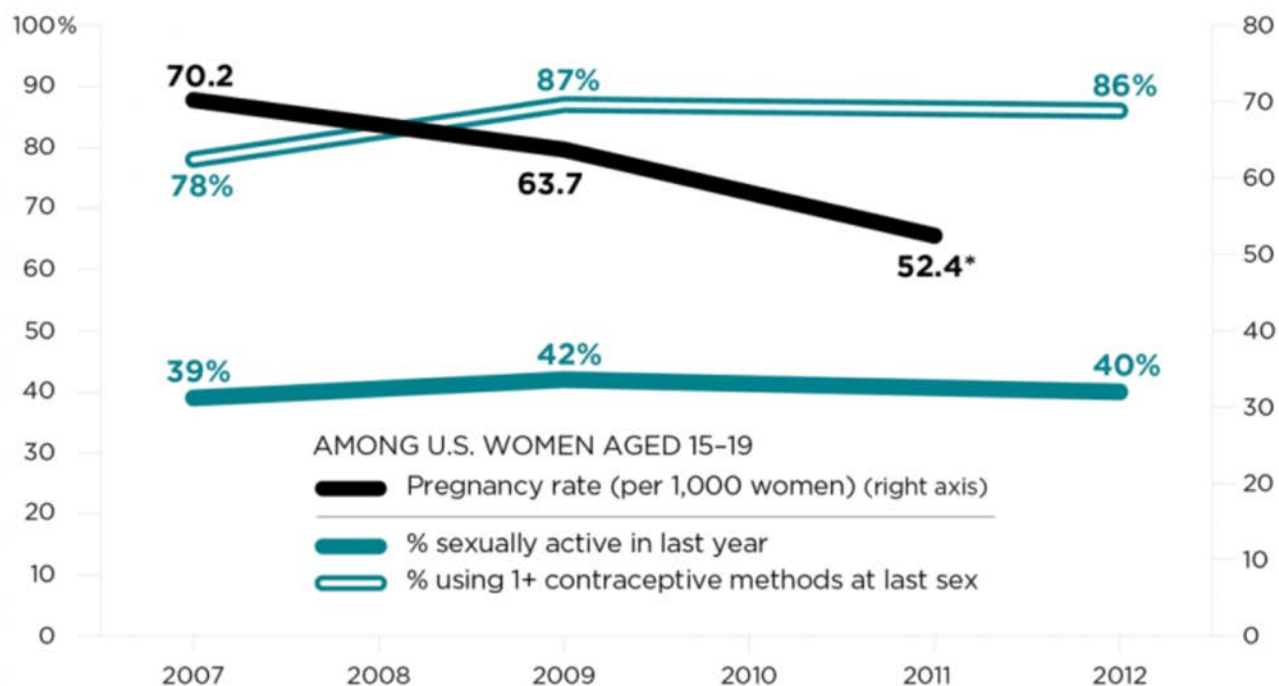
# TEENS HAVE SEX!

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



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

A photograph of two young women sitting on a swing set in a park. The woman on the left has blonde hair in a ponytail, is wearing a white tank top and blue jeans, and is smiling towards the other woman. The woman on the right has long dark hair, is wearing a green long-sleeved shirt and black pants, and is also smiling. They are sitting on wooden swings with metal chains. The background shows a park with trees and a paved path.

# Counseling Deep Dive

# 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

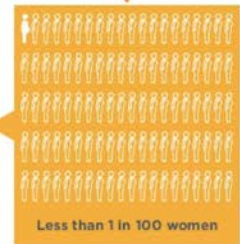
## HOW WELL DOES BIRTH CONTROL WORK?

**Really, really well**

Works, hassle-free, for up to...

The Implant (Nexplanon)	IUD (Skyla)	IUD (Mirena)	IUD (ParaGard) <i>No hormones</i>	Sterilization, for men and women
3 years	3 years	5 years	12 years	Forever

What is your chance of getting pregnant?



**Okay**

For it to work best, use it...

The Pill	The Patch	The Ring	The Shot (Depo-Provera)
Every. Single. Day.	Every week	Every month	Every 3 months

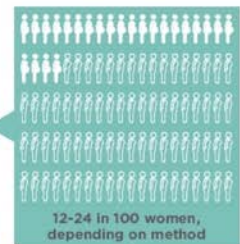


**Not so well**

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

Withdrawal	Diaphragm	Fertility Awareness	Condoms, for men and women

*Needed for STI protection*  
*Use with any other method*



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



This work by the UCSF School of Medicine Bixby Center and Bedsider is licensed as a Creative Commons Attribution - NonCommercial - NoDeriv 3.0 Unported License.




## 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

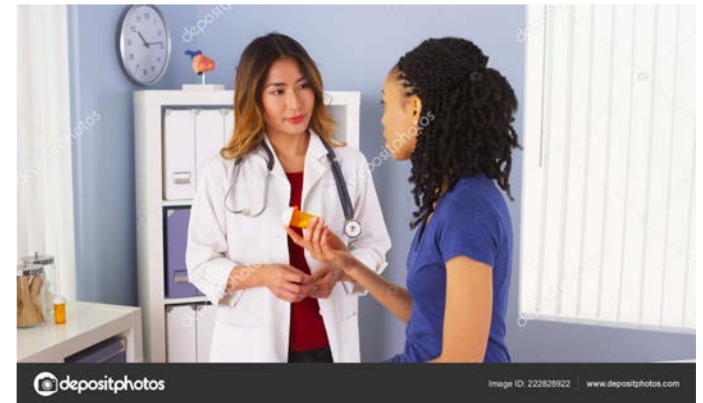
- What is important to you about birth control?





## 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

The background of the slide is a collage of various contraceptive methods including birth control pills in blister packs, condoms, a diaphragm, and a cervical cap, all set against a blue background.

## 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

The background of the slide is a collage of various contraceptive methods. It includes a white condom, a purple diaphragm, a clear syringe with yellow liquid, a green blister pack of pills numbered 1-21, a silver blister pack with a pink pill, a red condom, and a yellow condom. The items are arranged on a yellow and pink background.

# Contraceptive Methods



# Method Selection

Use CDC Medical Eligibility Criteria



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



## Timing of Method Initiation

- CDC Selected Practice Recommendations
- Quick Start Methods



MENU CDC Contraception 2016

SPR: LNG-IUD

- Initiation >
- Exams and Tests >
- Provision of Medications to Ease IUD Insertion >
- Provision of Prophylactic Antibiotics at the Time of IUD Insertion >
- Routine Follow-Up >
- Bleeding Irregularities >
- Management of the IUD When a Cu-IUD or an LNG-IUD User is Found to Have PID >
- Management of the IUD When a Cu-IUD or an LNG-IUD User is Found to be Pregnant >

< HISTORY >





## 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



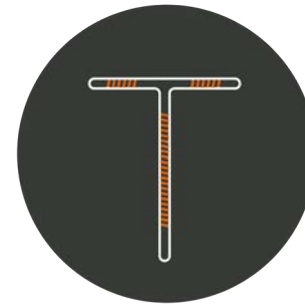


## Which IUD?



### 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

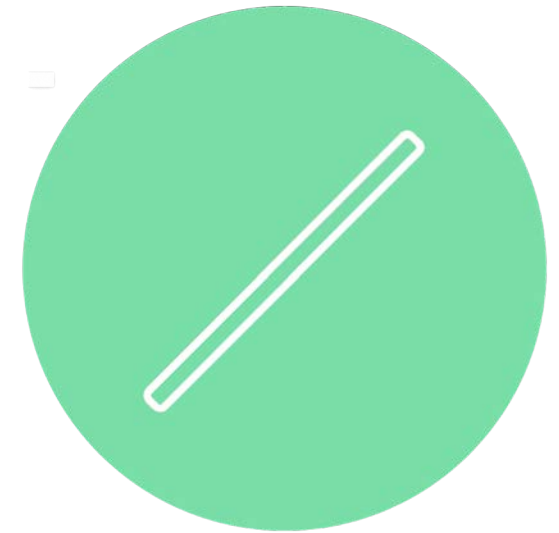
- GC/CT at time of insertion
  - Follow CDC screening recommendations
- NSAIDs reduce post-insertion pain
- No evidence for misoprostol





## 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





# OOPS! EMERGENCY CONTRACEPTION: BIRTH CONTROL THAT WORKS AFTER SEX

Types of emergency contraception	How well does it work?	How soon do I have to use it?	How do I use it?	Where can I get it?
 <p><b>ParaGard IUD</b></p>	<p>Almost <b>100%</b> effective</p> 	<p>Within <b>5</b> days</p> 	<p>It's placed in the uterus by a doctor or nurse</p>  Keeps working as super effective birth control.	<p>From a doctor, nurse, or at a clinic</p>  Say it's for EC so you are scheduled quickly.
 <p><b>Ella</b></p>	  Less effective if over 195 pounds. Try an IUD.	<p><b>ASAP</b></p>  Works better the sooner you take it, up to 5 days.	<p>Take the pill as soon as you get it</p>  Remember to use it every time you have unprotected sex.	<p>From a doctor, nurse, or at a clinic</p>  Get an extra pack for future emergencies.
 <p><b>Plan B One-Step or a generic</b></p>	  Less effective if over 165 pounds. Try ella or an IUD.	<p><b>ASAP</b></p>  Works better the sooner you take it, up to 3 days.	<p>Take the pill as soon as you get it</p>  Remember to use it every time you have unprotected sex.	<p><b>At a pharmacy, no prescription needed</b></p>  Get an extra pack for future emergencies.





## 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>
- Robbins, C. L., & Ott, M. A. (2017). Contraception options and provision to adolescents. *Minerva Pediatrica*, 69(5), 403–414. <https://doi.org/10.23736/S0026-4946.17.05026-5>