Start the dialogue
Physicians urged to counsel teens, ensure they have access to contraceptive services
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An important part of caring for adolescents is addressing their sexual health needs, including pregnancy prevention and contraception.

While the Academy recommends that adolescents be encouraged to delay sexual activity until they are ready, data show that perfect adherence to abstinence is low. Therefore, pediatricians should have a working knowledge of a range of contraceptive methods, according to Contraception for Adolescents, an updated AAP policy statement (Pediatrics. 2014;134:e1244-e1256) and technical report (Pediatrics. 2014;134:e1257-e1281). The reports provide the latest guidance for best practices in counseling and prescribing contraception for adolescents.

Nearly half of U.S. high school students report having had sexual intercourse. Additionally, about 750,000 adolescents become pregnant each year, with more than 80% of these pregnancies unplanned.

“One reason is lack of access to comprehensive sexual health information and to contraceptives themselves,” said Mary A. Ott, M.D., M.A., FAAP, lead author of the policy statement and technical report. “Nationwide, there is frequently a gap of up to a year from when teens first have sex and when they see a doctor for more effective hormonal contraceptives. This gap year represents a very high-risk period for unintended pregnancy. Pediatricians are well-positioned to fill that gap.”

‘LARCs’ most effective

One important update in the statement is that it recommends counseling patients about contraception starting with the most effective methods — long-acting reversible contraception (LARC) — and proceeding to the least effective methods.

“In the past, we generally recommended starting with combination oral contraceptive pills or injectable contraceptives,” Dr. Ott said. “However, the past decade has documented the safety and efficacy of LARCs.”

LARCs include intrauterine devices and contraceptive implants. These methods are highly effective for adolescents because they provide long-lasting protection and do not require regularly scheduled adherence. The statement recommends that pediatricians place LARCs in their offices or identify referring physicians.

An updated AAP policy statement recommends that pediatricians counsel patients about contraception starting with the most effective methods — long-acting reversible contraception (LARC) — and proceeding to the least effective methods.

Ensure confidential care

Additionally, the statement emphasizes that confidential care remains important to providing contraception to adolescents effectively. Limits on confidential care are linked to lower use of contraceptives and higher pregnancy rates, according to the statement.

In addition to providing confidential care in accordance with state
and federal laws, lead author Gina S. Sucato, M.D., M.P.H., FAAP, stressed creating an environment where teens know they can comfortably discuss sexual health care needs. “Start the dialogue!” Dr. Sucato said. “Adolescents are not likely to ask about contraception unless their pediatrician brings up sexual activity, more than once. Give information before patients need it, and let them know the pediatric office is a safe place to discuss these issues. …Many adolescents only see their pediatrician yearly, and a lot changes in a year for adolescents.”

Guidance for pediatricians

The Academy recommends the following to provide comprehensive sexual health care services to adolescents:

• Counsel about and ensure access to a range of contraceptive services. Describe the most effective methods first.
• Educate patients about LARC methods as the first-line contraceptive choices. Acquire skills to provide these methods or identify health care providers to whom patients can be referred.
• Continue to make depot medroxyprogesterone acetate, also known as Depo-Provera, and the contraceptive patch available to patients, as they are highly effective.
• Allow adolescents to consent to contraceptive care and to control the disclosure of this information within the limits of state and federal laws.
• Be aware that it is appropriate to prescribe contraceptives or refer for IUD placement without first conducting a pelvic examination.

Screening for sexually transmitted infections (STIs), especially chlamydia, can be performed without a pelvic examination and should not be delayed.
• Encourage the consistent and correct use of condoms with every act of sexual intercourse.
• Have a working knowledge of combined hormonal methods and regimens.
• Remember that adolescents with chronic illness and disabilities have similar sexual health and contraceptive needs as healthy adolescents, while recognizing that medical illness may complicate contraceptive choices.
• Regularly update adolescents’ sexual histories. Provide a confidential setting in which to address needs for contraception, STI screening and sexual risk reduction counseling for patients who choose not to be abstinent.
• Allow time with adolescents to address contraceptive needs using a patient-centered approach, such as motivational interviewing.
• Be aware of state or federally subsidized insurance programs and clinics that provide confidential and free or low-cost reproductive health care services.

RESOURCES

• Information on contraceptive needs of young women with medical conditions, overview of minor consent laws, www.guttmacher.org/statecenter/spibs/spib_OMCL.pdf.
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