

STRONG CHILDREN'S RESEARCH CENTER

Summer 2014 Research Scholar

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ABSTRACT

still become pregnant at least once before the age of 20. Teen pregnancy has significant medical, educational, and psychosocial outcomes for both mother and child. The College of Obstetrics and Gynecology, the American Academy of Pediatrics, and the CDC are the first-line method to prevent pregnancy in teens. However, both pediatric subspecialists have limited knowledge of LARC. It is unknown how pediatric subspecialists handle contraceptive counseling, especially LARC, for their adolescent and young adult patients.

Results: A total of 53 surveys were completed which was 100% of faculty present at subspecialty divisional meetings (approximately 80% of faculty in the divisions represented). Over 60% of the sample was female, >40 years old, or >5 yrs post-fellowship training, and 74% were MD/DOs (vs. NPs). Subspecialists reporting the most patients with medical contraindications for pregnancy were: Rheumatology (100%), Heme/Onc (80%), and Neurology (50%). One quarter of subspecialists never or rarely initiated discussion regarding sexual activity or contraception. 93% of subspecialists reported prescribing a contraceptive <20% of the time, while 64% reported referring for contraceptives <20% of the time. 55% of subspecialists reported little to no knowledge of contraceptive options and 70% reported little

Conclusion: Even among providers with high numbers of patients who would be put at medical risk due to pregnancy, only 60% reported referring patients >20% of the time for contraception. Provider knowledge of contraceptive options, and especially LARC, is generally poor, but even so, referrals for contraception are not robust. Efforts to increase referrals to primary care or adolescent medicine for contraceptive counselling and prescription of the most effective