Adolescent Pregnancy and Contraception



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KEYWORDS

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KEY POINTS

- Screening for sexual activity and pregnancy risk should be a routine part of all adolescent visits.
- Emphasize confidentiality with adolescent patients. Lack of access to confidential care has been shown to dissuade adolescents from seeking care.
- At current rates of unintended adolescent pregnancy, 1 in 10 US women will have an abortion by age 20.
- Proven reductions in unintended pregnancy in teens are attained by providing access to contraception at no cost and promoting the most effective methods.
- Long-acting reversible contraceptive methods should be considered first-line options in adolescents.
- Counsel teens on the importance of dual-method use: barrier protection against sexually transmitted infections combined with highly effective contraception.

CASE STUDY

An 18-year-old girl presents for evaluation of vaginal spotting. Her last menstrual period was 8 weeks ago. Today in clinic, a urine pregnancy test is positive. This is a surprise to her. She has been with her 21-year-old boyfriend for 3 months and is using condoms intermittently. You review her options with her and she says that she can't imagine having a child at this time. You review the process of having an abortion and she makes an appointment with you later in the week for an office-based uterine aspiration procedure. When she returns for the abortion, you counsel her on contraceptive options and she decides to have an intrauterine device (IUD) placed. You place the IUD immediately after the abortion procedure.

INTRODUCTION

The United States faces high rates of teen pregnancy. Seven percent of US teen women became pregnant in 2008, totaling 750,000 pregnancies nationwide. 1 For

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women ages 15 to 19, 82% of pregnancies are unintended.² This is in contrast to 43% for adult women ages 20 and older. One-third of teen pregnancies ended in abortion. At current rates, 1 in 10 US women will have an abortion by age 20.³

Substantial differences exist between states and demographics for teen pregnancy rates and outcomes. Teen pregnancy rates are the highest in the south and southwest United States and lowest in the upper midwest and New England, with a range of 33 to 93 per 1000 women ages 15 to 19. Rates are also much higher among black and Hispanic teens compared with whites. Births, miscarriages, and abortions vary widely by state as a result of local access to reproductive health care choices and sociocultural influences. For example, in New York, more than half of teen pregnancies end in abortion, whereas in Kentucky, only 14% of teen pregnancies end in abortion.

US teen pregnancy rates have declined over the past 20 years. In 2008, the pregnancy rate for women in the United States ages 15 to 19 was 68 per 1000, down from 117 per 1000 in 1990. Teens ages 18 to 19 account for most of these pregnancies, making up 64% to 76% of all teen pregnancies while accounting for only 40% of women 15 to 19 years old.

Data indicate that increased contraceptive use and decreased sexual activity accounts for most of this decline. Use of contraception by adolescent girls at first intercourse has increased in the United States from 48% in 1982 to 78% in 2006 to 2010.⁴ Decreased rates of teen pregnancy among those 18 to 19 years old appears to be almost entirely attributable to increased use of contraception.⁵ Among those 15 to 17 years old, increased contraceptive use likely accounts for about three-quarters of the declining pregnancy rate, with one-quarter of the decline related to decreased sexual activity.⁵

Large percentages of adolescents in the United States (32.9% of 9th graders, 43.8% of 10th graders, 53.2% of 11th graders, and 63.1% of 12th graders) have already had sexual intercourse. Nevertheless, over the past 20 years, fewer high school students report ever having sex, from 51% in 1988 to 43% in 2006 to 2010.

Despite these trends, teen pregnancy in the United States outpaces rates in other developed countries. In 2009, the teen birth rate in the United States reached a historic low of 39 per 1000 women ages 15 to 19.⁴ Meanwhile, in Canada, the teen birth rate was 65% lower at 14 per 1000.⁴

Lower use of highly effective contraception is a major factor in the disparity between teen pregnancy rates in the United States compared with other developed countries.

Less effective methods, condoms, and withdrawal are the most commonly used birth control strategies among US teens. Data from the 2011 national Youth Risk Behavior Surveillance System reveal that among all sexually active US high school students, 40% did not use a condom with last sexual intercourse and 77% were not using hormonal birth control.

Preventing unintended and adolescent pregnancies are key public health objectives set forth by the US Department of Health and Human Services in the national campaign, Healthy People 2020 (healthypeople.gov). Each year, publicly funded family planning services prevent 1.94 million unintended pregnancies, including 400,000 teen pregnancies. These services are cost-effective, saving nearly \$4 for every \$1 spent in Medicaid expenditures for pregnancy-related care. Proven reductions in unintended pregnancy in teens have been attained by providing access to contraception at no cost and promoting the most effective methods. We will therefore review best practices in the contraceptive management of teens and discuss providing care to the pregnant adolescent.

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