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5-2021

## Contraception counseling of adolescents seeking care in pediatric emergency departments

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### Recommended Citation

Mollen, Cynthia; Barral, Romina; Ketterer, Tara; Min, Jungwon; Gabler, Laurel; Poole, Lauren; Adams, Amber; Miller, Elizabeth; Akers, Aletha; and Miller, Melissa K., "Contraception counseling of adolescents seeking care in pediatric emergency departments" (2021). *Presentations*. 39.  
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# Contraception Counseling of Adolescents in Pediatric Emergency Departments

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# Disclosure

## Cynthia Mollen

Has documented no financial relationships to disclose or Conflicts of Interest (COIs) to resolve.

Research reported in this presentation was supported by the Eunice Kennedy Shriver National Institute Of Child Health & Human Development of the National Institutes of Health under Award Number R21HD095096

# Unapproved or Off Label

## Disclosures for Cynthia Mollen

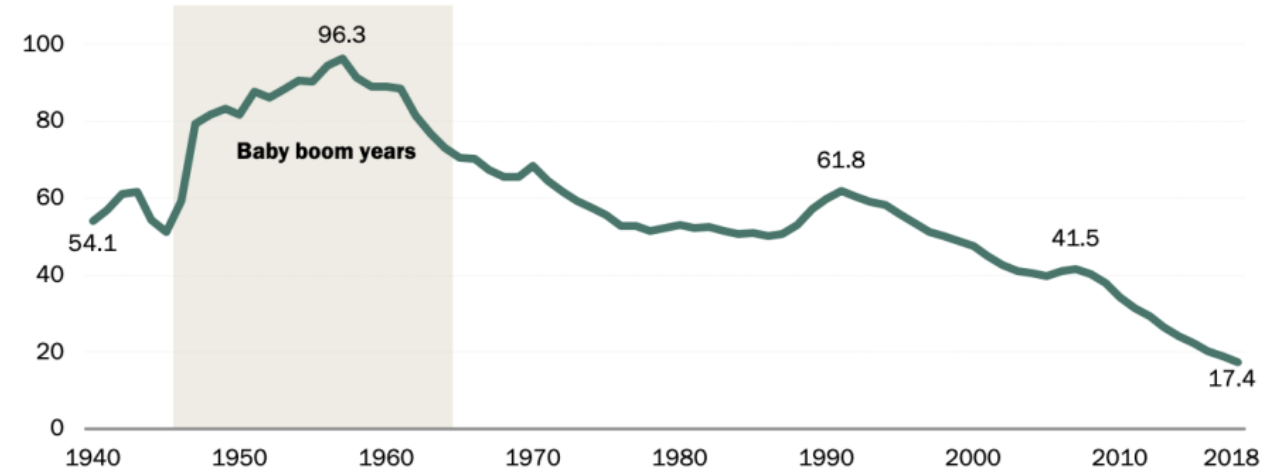
**Presenter:** Cynthia Mollen has documented this presentation ***will not*** involve discussion of unapproved or off-label, experimental or investigational use.

# Background



## U.S. teen birth rate has fallen dramatically over time

*Births per 1,000 females ages 15-19*



Note: Data labels shown are for 1940, 1957, 1991, 2008 and 2018. Teens younger than 15 not included. Data only accounts for live births and does not include miscarriages, stillbirths or abortions.

Source: National Center for Health Statistics published data.

PEW RESEARCH CENTER

<https://www.pewresearch.org/fact-tank/2019/08/02/why-is-the-teen-birth-rate-falling/>

# Background



# Objective

## “Expanding Contraception Access for Teens” – eCAT

- **Primary Objective:** Assess intention to initiate contraception within 8 weeks of an ED visit among those who receive ED-based contraceptive counseling
- **Secondary Objectives:**
  - Assess feasibility and acceptability of counseling
  - Assess completion of a referral for any contraceptive care within 8 weeks after the index ED visit
  - Assess the proportion who ultimately initiate contraception



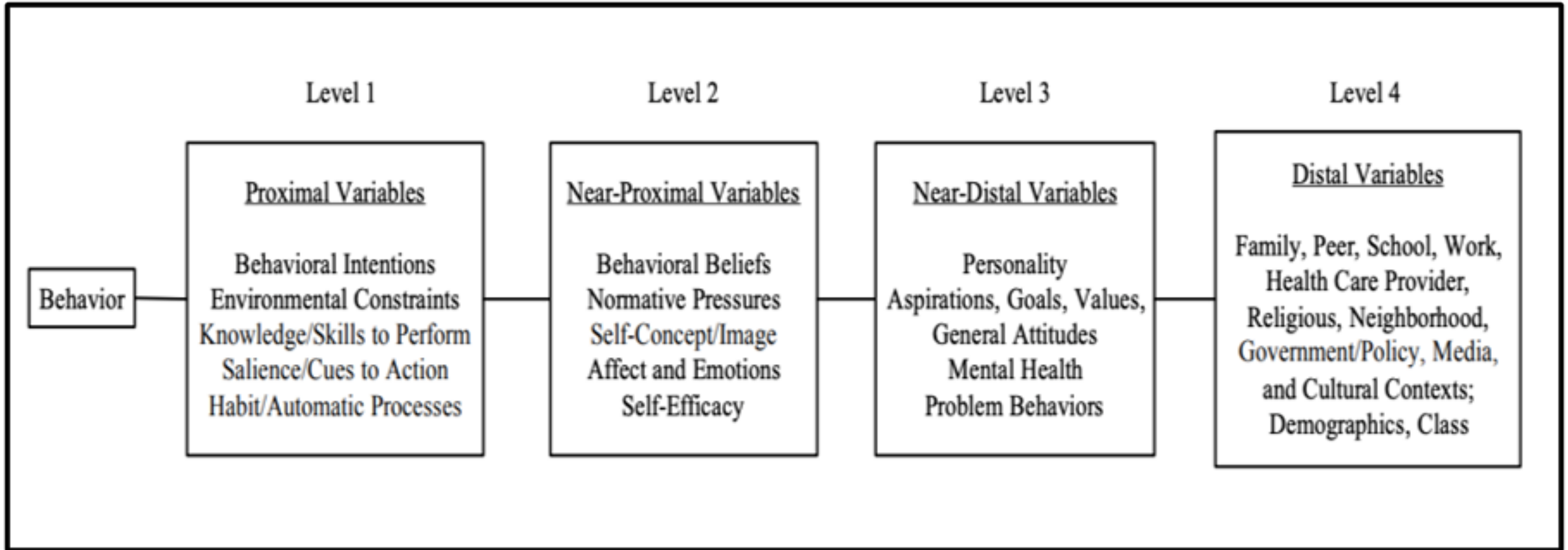
# Design / Methods

## **“Expanding Contraception Access for Teens” – eCAT**

### **Based on prior successful interventions, adapted to ED setting**

- Tiered approach to client-centered contraceptive services
  - Assess patients’ knowledge and preferences about methods
  - Personal motivations
  - Environmental factors that influence contraceptive use
    - Ex: partner preference
- Provide overview of contraceptive options
- Jaccard framework for understanding contraceptive choices

# Jaccard Framework



# Focus on Quality Counseling

## PRINCIPLE 1: Establish and maintain rapport with the client

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- Create a welcoming environment
- Explain privacy and confidentiality
- Help build a climate of safety and trust
- Demonstrate you care

## PRINCIPLE 2: Assess the client's needs and personalize the discussion accordingly

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- Tailor your questions and conversation taking into account clinical needs, personal life and psychological concerns

## PRINCIPLE 3: Work with the client interactively to establish a plan

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- Address your client's personal goals by interactively exploring decision making and readiness for behavior change
- Help establish a plan that will allow the client to achieve personal goals

## PRINCIPLE 4: Provide information that can be understood and retained by the client

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- Provide medically accurate, balanced, nonjudgmental information in accordance with your client's plan at this time

## PRINCIPLE 5: Confirm client understanding

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- Use an interactive teach-back process to give your client an opportunity to discuss in her own words the important information shared during the encounter
- Clarify client misunderstandings

From: The Family Planning National Training Center; [www.fpntc.org](http://www.fpntc.org)

# Design / Methods

## “Expanding Contraception Access for Teens” – eCAT

- **Advanced Practice Providers**
  - Consistent work-force in the ED setting
- **Training**
  - Webinar / In-person training
  - Support materials in ED
  - Booster sessions

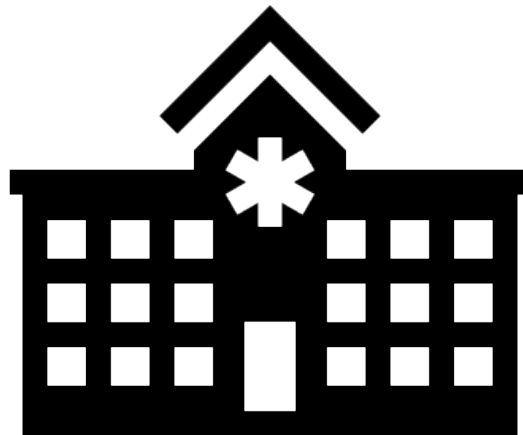
# Design / Methods

## Prospective Cohort Study

- 2 urban pediatric emergency departments; 15- to 18-year old females
- Seeking care for any chief complaint, noted to be high-risk for pregnancy

## Participants

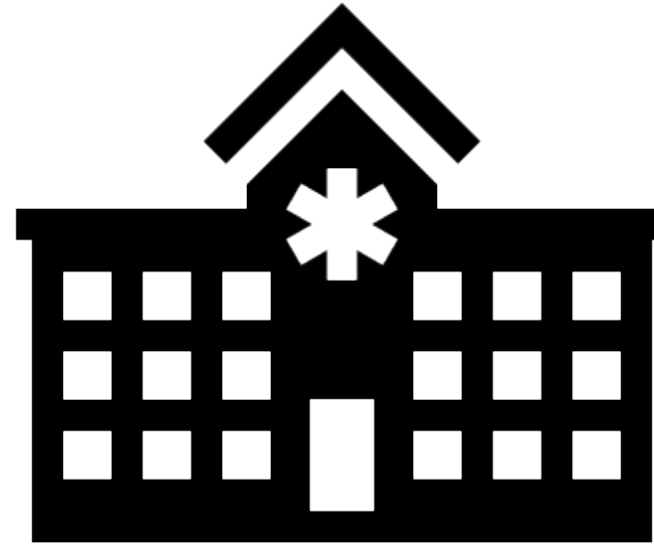
- 15- to 18-year old females, any chief complaint
- Not currently pregnant and high-risk for pregnancy



# Design / Methods

## Study Procedures

- Eligibility review
- Consent
- Pre-counseling surveys
- Delivery of counseling session
- 8-week post-ED follow-up



# Design / Methods

## Data Collected

- Demographics
- Intention to initiate contraception within 8 weeks of ED visit
- Feasibility of counseling – participant and APP; duration of counseling
- Acceptability of counseling – participant
- Follow-up and contraception initiation 8 weeks after ED visit

# Results

- **27 APPs trained**
- **100 participants enrolled** (55 CHOP, 45 CMH)
- 91 have passed the 8-week time period post-ED visit
- Mean age 16.7 years
- 64% Black, 24% White; 18% Hispanic
- 73% history of sexual activity; 4% of those with history of pregnancy
- Previous birth control use was common
  - 19% had used emergency contraception in the past





# Results – Primary Outcome

**60% of adolescents reported high intention of starting contraception**

- **Age**

- Older participants were more likely to report high intention
- 38% of 15-year-olds v. 70% of 18-year-olds

- **Sexual History – relationship to high intention**

- 50% of those without prior sexual activity and 64% with prior sexual activity
- 75% of those with:
  - Prior EC use; prior oral contraception use; or prior use Depo-provera



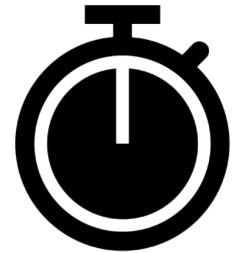
# Results – Secondary Outcomes

## Feasibility and Acceptability

- **Counseling lasted a mean of 12 minutes**
- **APPs reported:**
  - Sessions were easy to deliver (90%) and had sufficient time to complete
  - Felt competent to provide counseling (86%)
  - Confidence improved during study (84%)

## Adolescents reported:

- Satisfaction with counseling (90%)



# Results – Secondary Outcomes

## Contraception Initiation and Follow-up

- **5% received contraception (Depo-provera) during the ED visit**
- **22% (20/91) completed a follow-up visit specifically for contraception**
  - 19/20 reported using contraception at 8-week follow-up

# Conclusion and Future Directions

- Emergency Department APPs can be trained to provide contraception counseling, and a counseling session is feasible and acceptable during a pediatric ED visit
- The majority of those counseled expressed high intention to initiate contraception
  - Including those without a prior history of sexual activity
- While few followed-up after the ED visit, those that did follow-up initiated contraception
- Future directions include consideration of contraception initiation during the ED visit and improved linkage to follow-up care

# Acknowledgements

## **The Advanced Practice Providers at CHOP and CMH**

Thank you for your time and dedication to this project!