Improving teens’ access to effective contraceptives in Central Ohio:

LARC methods and teen pregnancy prevention efforts at Nationwide Children's Hospital and OhioHealth
Long Acting Reversible Contraceptives (with a focus on adolescents) & Teen Pregnancy Prevention Efforts @ Nationwide Children’s Hospital

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Director, BC4Teens/Young Women’s Contraceptive Services
Ohio State University College of Medicine
Nationwide Children’s Hospital
Objectives

• Review LARC methods
• Review evidence & recommendations
• Describe efficacy-based counseling
• Describe efforts at Nationwide Childrens’
Disclosures

• Merck Clinical Training Faculty
• Off-label use of Mirena® in nulliparous females
Long Acting Reversible Contraception

• = LARC
• = “Low Maintenance Contraception”

• Contraceptive implant
• Intrauterine device (IUD)
  ➢ Hormonal or copper

https://thenationalcampaign.org/resource/whoops-proof-birth-control
Contraceptive Implant (Nexplanon)

- 99.95% effective
- A small, thin, **implantable progestin-only** hormonal contraceptive that is effective for at least 3 years
- **Primary Mechanism:** suppression of ovulation
- Inserted under the skin in the inner arm using local anesthesia
# Intrauterine Devices

<table>
<thead>
<tr>
<th>Hormonal IUDs</th>
<th>Copper IUD</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A small flexible T shaped device</td>
<td>• A small flexible T shaped device</td>
</tr>
<tr>
<td>• Approved duration of use: 3 and 5 years</td>
<td>• Approved duration of use: 10 years</td>
</tr>
<tr>
<td>• &gt;99% effective</td>
<td>• 99.2 % effective</td>
</tr>
<tr>
<td>• Reversible</td>
<td>• Reversible</td>
</tr>
<tr>
<td>• Safe for women who have never had children</td>
<td>• Safe for women who have never had children</td>
</tr>
<tr>
<td>• Mirena is FDA-approved to treat heavy menstrual bleeding</td>
<td>• Emergency contraception</td>
</tr>
</tbody>
</table>

**Emergency contraception**
## IUDs available in US

<table>
<thead>
<tr>
<th>IUD</th>
<th>Levonorgestrel</th>
<th>Length of Use</th>
<th>Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paragard</td>
<td>---</td>
<td>10 years</td>
<td>1984</td>
</tr>
<tr>
<td>Mirena</td>
<td>52 mg</td>
<td>5 years</td>
<td>2000</td>
</tr>
<tr>
<td>Skyla</td>
<td>13.5 mg</td>
<td>3 years</td>
<td>2013</td>
</tr>
<tr>
<td>Liletta</td>
<td>52 mg</td>
<td>3 years*</td>
<td>2015</td>
</tr>
<tr>
<td>Kyleena</td>
<td>19.5 mg</td>
<td>5 years</td>
<td>2016</td>
</tr>
</tbody>
</table>
% women experiencing unintended pregnancy during first year of use

<table>
<thead>
<tr>
<th>Method</th>
<th>Typical Use (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nexplanon®</td>
<td>0.05</td>
</tr>
<tr>
<td>Hormonal IUD</td>
<td>0.2-0.9</td>
</tr>
<tr>
<td>Copper IUD</td>
<td>0.8</td>
</tr>
<tr>
<td>Depo Provera®/(DMPA)</td>
<td>6</td>
</tr>
<tr>
<td>Pill/patch/ring</td>
<td>9</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>12</td>
</tr>
<tr>
<td>Male condom</td>
<td>18</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>22</td>
</tr>
<tr>
<td>Fertility awareness</td>
<td>24</td>
</tr>
</tbody>
</table>

Trussell. Contraception. 2011 May; 83(5): 397–404
Why prioritize LARC counseling/availability?
• Study rationale:
  – Eliminate access and cost barriers
  – Provide brief counseling that focuses on efficacy
  – Trust each woman to pick the best method for her unique needs

http://www.choiceproject.wustl.edu/
What we learned about LARC...

• CHOICE adolescents overwhelmingly picked LARC
  – 69% of 14-17 year olds (63% implant, 37% IUD)
  – 61% of 18-20 year olds (29% implant, 71% IUD)

What we learned about LARC...

• Highest rates of satisfaction and continuation of all reversible methods!!!
  – 81% continuation rate at 1 year vs. 47% continue non-LARC method
  – Same rate of continuation as older women at 1 year

Pregnancy Rates among Sexually Experienced U.S. Teenage Girls and Women, as Compared with CHOICE Participants, Stratified According to Age and Race.

Population level impact

Colorado Family Planning Initiative:

• % LARC use aged 15-24 increased
  (4.5%→19%)

• In CFPI counties fertility rate decreased, abortion rate decreased

• Higher % LARC use was significantly associated with lower preterm birth (2008-2012)

Goldthwaite et al. AJPH 2015
Rickets et al. Perspectives on Sexual and Reproductive Health 2014
Why include LARC?

- Highly effective
- High satisfaction
- High continuation

- Allows for choosing among all available options

Snapshot
Teen Birth Characteristics (<18 years)

US 2000-2005

• 79% pregnancy is unintended
• Of those not trying to become pregnant
  • 48% were not using contraceptives at time of conception
  • 52% were using contraceptives

Coles et al. Contraception 2011
National Survey of Family Growth
At last sex... adolescents report

• **43%** NO condom
• **73%** NO birth control pills, patch, shot, ring, implant or IUD
• **91%** NO dual method

CDC. Youth Risk Behavior Surveillance Survey, Table 71—United States, 2015
LARC use among contraceptive U.S. females ages 15-19

4.3%
LARC Endorsements/Recommendations

LARC are recommended as first line options for teens

Adolescent women should be considered candidates for IUDs

LARC are safe and appropriate contraceptive methods for most women and adolescents
How counsel?

• Of course...patient centered, and
• Include all methods
• Efficacy-based or tiered counseling
Comparing Effectiveness of Family Planning Methods

**More effective**
Less than 1 pregnancy per 100 women in 1 year

- Implants
- IUD
- Female sterilization
- Vasectomy

**How to make your method more effective**

- **Implants, IUD, female sterilization:** After procedure, little or nothing to do or remember
- **Vasectomy:** Use another method for first 3 months
- **Injectables:** Get repeat injections on time
- **Lactational amenorrhea method, LAM (for 6 months):** Breastfeed often, day and night
- **Pills:** Take a pill each day
- **Patch, ring:** Keep in place, change on time
- **Condoms, diaphragm:** Use correctly every time you have sex
- **Fertility awareness methods:** Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be easier to use.

**Less effective**
About 30 pregnancies per 100 women in 1 year

- Withdrawal
- Spermicides

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**Sources:**
Menu of Contraceptive Choice

Adolescent Medicine

Menu of Contraceptive Options

IMPLANT (Nexplanon)®
It is inserted into your arm by a health care provider and lasts up to three years. You can have it removed sooner. Periods are usually lighter and less painful. It does not protect against STDs.

HORMONAL IUD (Mirena)®
It is inserted into the uterus by a health care provider and lasts up to five years. You can have it removed sooner. Periods are generally lighter and less painful. It does not protect against STDs.

COPPER IUD (ParaGard)®
It is inserted into the uterus by a health care provider and lasts up to 10 years. You can have it removed sooner. It does not protect against STDs.

BIRTH CONTROL SHOT (Depo-Provera)®
The shot is given by a health care professional every three months. Periods are generally lighter and less painful. The shot does not protect against STDs.

ORAL CONTRACEPTIVES (Pills)
The pill must be taken at about the same time every day. Periods may become generally lighter and less painful. The pill does not protect against STDs.

PATCH (Ortho Evra)®
The patch is applied to the skin one time per week for three weeks and then is removed for one week allowing for a period. Periods are generally lighter and less painful. The Patch does not protect against STDs.

VAGINAL RING (Nuvaring)®
The vaginal ring is inserted into the vagina for three weeks. After that, it is removed for one week allowing for a period. Periods are generally lighter and less painful. The vaginal ring does not protect against STDs.

EMERGENCY CONTRACEPTION
Emergency contraception can help prevent pregnancy after unprotected sex or contraception failure. It comes in the form of a pill or copper IUD. Both methods can be used up to five days after unprotected sex. It does not replace the consistent use of contraception. It does not protect against STDs.

CONDOMS
The male condom is applied to the penis just before sexual intercourse. A new condom must be used for every sexual encounter to provide protection against pregnancy and STDs. Condoms should be used at each sexual encounter to provide protection against STDs and pregnancy. Using a condom along with a long acting contraception you are best protected against pregnancy and STDs.

ALL PHOTOS: BEDSIDER.ORG

Young Women's Contraceptive Services/BCATeens
The Section of Adolescent Medicine at Nationwide Children's Hospital offers comprehensive, outpatient contraceptive services for adolescent girls and young women through our program BCATeens. This program provides a full spectrum of family planning services including contraception counseling and access to a wide range of contraceptives provided to patients in a teen-friendly environment. We also test and treat sexually transmitted infections.

Learn more or make an appointment at NationwideChildrens.org/Contraceptive-Services.

Location:
Close To Home® Center
495 E. Main Street, Suite B
Columbus, Ohio 43215
Phone: (614) 772-6200
Teen Pregnancy Prevention Program at Nationwide Children’s Hospital
Interventions

**Aim**

To increase LARC insertions by 25% across NCH service lines from 822 in 2015 to 1028 in 2016.

**Provider Education**

- Access to LARC
- Increase the show rate in BC4Teens clinics
- Maintain services at BC4Teens and move 2 sessions to Linden
- Implement comprehensive marketing and social marketing plan to promote LARC use and BC4Teens services

**Community Education**

- Increase contraceptive counseling and contraception available at School Based Health Centers
- Increase capacity of the Teens Clinics to offer LARC
- Remove additional LARC consent requirement
- Develop interventions to Increase Referrals to BC4Teens from:
  - Emergency Department
  - School Based Health Services
- Create a quick start tool kit for contraception
- Create and Disseminate outreach and education to schools and community agencies that serve high risk teens
- Implement comprehensive marketing and social marketing plan to promote LARC use and BC4Teens services

**Global Aim**

To reduce the birth rate in females ages 15 – 19 in the HNHF zone by 20% from a baseline of 58.5/1,000 females in 2012 to 46.8/1,000 females in 2017.
BC4Teens Clinical Services

- BC4Teen opened in June 2014
- BC4Teens Linden opens December 2016
- Outpatient teen-centered contraceptive services
- **Efficacy-based contraceptive counseling**
- Contraceptive of choice if medically eligible
- **Same day LARC insertions**
- Same day appointments available
- STI testing and treatment
- Parent required at first visit
Emergency Department Initiative

- Joint initiative with Community Wellness, Emergency Department and Quality Improvement services
- All females empirically treated for STIs view contraceptive counseling video
- EPIC orders changed to add video and referral to BC4Teens for those expressing interest in pregnancy prevention
- Discharge papers to include Helping Hands about LARC and BC4Teens
- Expansion to urgent care centers in 2017
Provider Training

- Quick Start Tool Kit for contraception
- Disposable LARC insertion materials
- Nexplanon certification training
- Contraceptive counseling training
- Develop and implement an intervention to assist community practices in transition to adolescent LARC providers
- Provide Lunch and Learn sessions for community providers to educate about LARC use in adolescents and BC4Teens services
- Presentations on the local, state and national level
- TA to local, state and national programs
School Based Health Centers

• Provide education to all school based health centers located in high schools
• Provide system for direct referrals and appointments to be made directly into BC4Teens
• All school based health services nurse practitioners trained in evidence based counseling
• All school based health services nurse practitioners trained in Nexplanon insertions
Classroom Services

What we do:
• School events
• Classroom presentations
• Staff presentations

Objectives:
• Teens awareness of LARC
• Teens learn where to access services
• School personnel knowledge of available services and referral process
• Teens learn how to talk to parents/guardians about birth control
Marketing

INTERNAL COMMUNICATIONS
ANCHOR-1,000 LARCS
DIGITAL SIGNAGE (STAFF)
EMPLOYEE NEWS UPDATE

PATIENT COMMUNICATION
LETTER TO PARENTS OF FORMER PCC
LETTER TO FORMER PCC PATIENT
DIGITAL SIGNAGE (EXTERNAL)
HEALTH E-HINTS
ON HOLD MESSAGING
AD IN BUSINESS FIRST

SOCIAL
FACEBOOK ADVERTISING
700 CHILDREN’S BLOG POST
PEDICAST
PANDORA
INSTAGRAM
TWITTER

PHYSICIAN COMMUNICATION
FOR PHYSICIAN WEBPAGE
LARC WEBPAGE
MEDSTAT
REGIONAL MAILING
REGIONAL MAILING FOLLOW UP
PEDS ONLINE FOLLOW UP
ASK A SPECIALIST
PEDS ONLINE CTA
NCHIDOC
PEDIATRICS NATIONWIDE
GRAND ROUNDS
RESEARCH NOW

MEDIA
NATIONAL MEDIA PITCH

“Does birth control have long term effects for my daughter?”

“Is the pill the safest form of birth control?”
#BC4Teens.
Find the right birth control.

Patient Education

Tips for Talking with Your Parents about Birth Control

When the time is right to talk to your parents about birth control, there are a few small things you can do to help the conversation go smoothly.

1. Plan ahead. Schedule a time where there will be no rush, no distractions and you both can give undivided attention.
2. Be prepared. Make a list of topics and questions you don’t want to forget to talk about. Let them know why you want to go on birth control.
3. Learn about all of the different birth control options available today. There are many new options available such as the IUD and implant. Take a moment to learn about which birth control method may suit your lifestyle best.
4. Use a prop. Use a magazine article, TV show or movie scenes to jumpstart the conversation.
5. Be honest. Tell the truth if your child is embarrassed or confused. Let your parent know how you are feeling.
6. Listen to what your parent has to say.
7. Stay calm and listen. It is ok to be nervous and chances are they are just as nervous as you. Just remember, they were teens once, too!

For more information, visit NationwideChildrens.org/BC4Teens.

The 4-1-1 on Low Maintenance Birth Control

Implant
- This type of birth control is a small rod placed into your upper arm by your healthcare professional.
- It lasts up to 3 years.
- Birth control can be stopped and then started again.

What do you need to know?
- More birth control options
- Less frequent visits

"I can't get pregnant if he pulls out."

Withdrawals are not reliable. If you pull out, some sperm can remain in the vagina and make you pregnant.

"I can't get pregnant if I'm on my period."

Everyone's cycle is different and can change by month. You can get pregnant before, during and after your period.

"I can't get pregnant the first time I have sex."

You can get pregnant every time you have sex. Even if you're a virgin. You need to use birth control and a condom each time you have sex to protect against pregnancy and STIs.

"There's no way I will get pregnant."

There is always a chance you will get pregnant if you have sex, even if you've had unprotected sex before and have not become pregnant.

"Being on birth control will make people think I'm easy."

Being on birth control means you're smart. You're planning for the future. And a baby is just not what you need in your life right now.
Additional Resources

http://www.nationwidechildrens.org/bc4teens

CDC MEC and Selected Practice Recommendations for Contraceptive Use

Association of Reproductive Health Professionals “You Decide Toolkit”
• http://www.arhp.org/Publications-and-Resources/Clinical-Practice-Tools/You-Decide

Reproductive Health Access Project
• http://www.reproductiveaccess.org/

The Contraceptive Choice Project
• http://choiceproject.wustl.edu/

The National Campaign to Prevent Teen and Unplanned Pregnancy
• http://www.whoopsproof.org/
• https://bedsider.org/
• http://www.thenationalcampaign.org/

American Academy of Pediatrics Policy Statement on Contraception

American Congress of Obstetricians and Gynecologists (ACOG) LARC Program

Adolescent Health Working Group (CA) – Sexual Health Toolkit
• www.ahwg.net/resources/toolkit.htm
FROM TOPP - INSIGHTS GAINED

December 5, 6, 2016

Ngozi Osuagwu MD FACOG, ABIHM, NCMP, CS

Robyn Lutz BSN RN
Objectives

• Provide a summary of the Teen Options to Prevent Pregnancy (TOPP) research
• Discuss lessons learned to improve on reproductive health care
BACKGROUND
Teen pregnancy

- The United States has one of the highest teen pregnancy rates in the western industrialized world
- One in six adolescent women will give birth before age 20
- One in four adolescent mothers will go on to have a second child as a teenager
- More than one in three recently pregnant teens experience a repeat pregnancy within two years of a previous birth or abortion
- Roughly 79 percent of pregnancies among teenagers are unintended
- Less than 5 percent of women ages 15 – 19 are using a long-acting reversible contraceptive
## Consequences

### Infant
- Prematurity
- Infant mortality
- Abuse
- Future teen pregnancy

### Teen Mom
- Low educational attainment
- Unemployment
- Poverty
- Risk of teen pregnancy

### Society
- $9.4 billion in 2010

Klein, JD and the Committee on Adolescence, 2006
Birth spacing

• Birth to conception intervals shorter than 18 months and longer than 59 months are significantly associated with increased risk of several adverse perinatal outcomes

• Adverse perinatal outcomes include:
  – Preterm birth
  – Low birth weight
  – Small for gestational age

TOPP
Unmet needs of teenagers

• Adolescents had knowledge gaps about birth control, particularly long acting reversible birth control methods
• Transportation is a barrier to care for teens
TOPP - Goals

- Reduce rapid subsequent pregnancies (within 18 months) in pregnant and parenting women age 10 – 19 in Central Ohio
- Increased use of long-acting reversible contraceptive methods
TOMPP

- Randomized controlled trial – 298(intervention)/301(control)
- Grant funding from the Personal Responsibility Education Innovation Strategies Grant within the Family and Youth Service Bureau within the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (HHS)
- Selected to participate in the Evaluation of Adolescent Pregnancy Prevention Approaches (PPA)
  - Mathematical Policy Research
  - Child Trends and Twin Peaks Partners
  - OhioHealth Research and Innovation Institute
  - Nationwide Children’s Hospital
TOPP Study Design

• Telephone and home – based care coordination
  – One-on-one motivational interviewing sessions with a trained nurse educator

• Facilitated access to contraceptive services
  – Provided transportation using a van to and from clinic appointments
  – Stationary clinic staffed by the nurses and an obstetrician/gynecologist

• Risk assessment and referrals by a social worker
  – Screened for depression and domestic violence
  – Provided referrals to support services
Eligibility

- Pregnant adolescents - ages 10 – 19 years
- 28 weeks gestation to 8 weeks postpartum
- Insurance – Medicaid or Medicaid plans
- Fluent in English language
  - Guardian did not have to be fluent – an interpreter was available
<table>
<thead>
<tr>
<th>Variable</th>
<th>Treatment group mean</th>
<th>Control group mean</th>
<th>Difference</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at random assignment (years)</td>
<td>18.43</td>
<td>18.36</td>
<td>0.08</td>
<td>0.20</td>
</tr>
<tr>
<td><strong>Highest level of education completed (%)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No high school</td>
<td>4.1</td>
<td>7.1</td>
<td>-3.0</td>
<td>0.17</td>
</tr>
<tr>
<td>Some high school</td>
<td>48.8</td>
<td>47.6</td>
<td>1.2</td>
<td>0.78</td>
</tr>
<tr>
<td>High school graduate or GED</td>
<td>37.9</td>
<td>37.4</td>
<td>0.5</td>
<td>0.90</td>
</tr>
<tr>
<td>Any postsecondary education</td>
<td>7.0</td>
<td>7.6</td>
<td>-0.6</td>
<td>0.81</td>
</tr>
<tr>
<td>Other</td>
<td>2.2</td>
<td>0.4</td>
<td>1.9</td>
<td>0.11</td>
</tr>
<tr>
<td><strong>Economic situation (%)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household received SNAP or WIC in past 30 days</td>
<td>91.4</td>
<td>89.7</td>
<td>1.8</td>
<td>0.60</td>
</tr>
<tr>
<td>Household received TANF in past 30 days</td>
<td>25.2</td>
<td>26.0</td>
<td>-0.8</td>
<td>0.86</td>
</tr>
<tr>
<td>Household received other assistance in past 30 days</td>
<td>24.5</td>
<td>25.7</td>
<td>-1.2</td>
<td>0.81</td>
</tr>
<tr>
<td><strong>Race/ethnicity (%)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>47.5</td>
<td>46.5</td>
<td>1.0</td>
<td>0.83</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>35.2</td>
<td>37.3</td>
<td>-2.1</td>
<td>0.62</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6.8</td>
<td>7.5</td>
<td>-0.7</td>
<td>0.78</td>
</tr>
<tr>
<td>Other race/ethnicity or multiracial</td>
<td>10.5</td>
<td>8.7</td>
<td>1.8</td>
<td>0.55</td>
</tr>
<tr>
<td><strong>Pregnancy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant at time of baseline survey (%)</td>
<td>26.7</td>
<td>23.9</td>
<td>2.8</td>
<td>0.39</td>
</tr>
<tr>
<td>Has been pregnant multiple times (%)</td>
<td>37.4</td>
<td>35.8</td>
<td>1.6</td>
<td>0.73</td>
</tr>
<tr>
<td>Number of times pregnant (including most recent)</td>
<td>1.47</td>
<td>1.44</td>
<td>0.03</td>
<td>0.73</td>
</tr>
<tr>
<td><strong>Current relationship with baby’s father (%)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married or engaged</td>
<td>25.5</td>
<td>20.3</td>
<td>5.2</td>
<td>0.21</td>
</tr>
<tr>
<td>Dating (seriously or casually)</td>
<td>50.6</td>
<td>44.9</td>
<td>5.6</td>
<td>0.29</td>
</tr>
<tr>
<td>Other (no contact, have contact but not romantically involved, or other relationship specified)</td>
<td>23.9</td>
<td>34.8</td>
<td>-10.8*</td>
<td>0.03</td>
</tr>
<tr>
<td><strong>Family structure (%)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lives with both biological parents</td>
<td>9.9</td>
<td>12.2</td>
<td>-2.3</td>
<td>0.42</td>
</tr>
<tr>
<td>Lives with one biological parent</td>
<td>37.5</td>
<td>41.3</td>
<td>-3.8</td>
<td>0.40</td>
</tr>
<tr>
<td>Lives with neither biological parent</td>
<td>52.6</td>
<td>46.5</td>
<td>6.1</td>
<td>0.16</td>
</tr>
</tbody>
</table>
# Impacts on repeat pregnancy and related outcomes

<table>
<thead>
<tr>
<th>Measure</th>
<th>Treatment group</th>
<th>Control group</th>
<th>Difference</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of respondents reporting a repeat pregnancy in the past 18 months</td>
<td>21.4</td>
<td>39.2</td>
<td>-17.8**</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Percentage of respondents who reported the following in the past 18 months:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintended repeat pregnancy</td>
<td>17.1</td>
<td>36.1</td>
<td>-19.0**</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Repeat pregnancy resulting in a live birth</td>
<td>11.8</td>
<td>21.9</td>
<td>-10.2*</td>
<td>0.02</td>
</tr>
<tr>
<td>Total lifetime number of pregnancies</td>
<td>1.6</td>
<td>1.9</td>
<td>-0.3**</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>
## Impacts on contraceptive use and unprotected sex

<table>
<thead>
<tr>
<th>Measure</th>
<th>Treatment group</th>
<th>Control group</th>
<th>Difference</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of respondents reporting use of the following birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>control methods in the past 3 months:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LARC method</td>
<td>44.0</td>
<td>27.3</td>
<td>16.7**</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Any hormonal method or IUD&lt;sup&gt;a&lt;/sup&gt;</td>
<td>71.1</td>
<td>58.2</td>
<td>12.9**</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Any effective method of birth control&lt;sup&gt;b&lt;/sup&gt;</td>
<td>82.9</td>
<td>72.4</td>
<td>10.5*</td>
<td>0.03</td>
</tr>
<tr>
<td>Percentage of respondents who reported having had unprotected sex in</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the past 3 months&lt;sup&gt;c&lt;/sup&gt;</td>
<td>23.1</td>
<td>34.6</td>
<td>-11.5**</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>
• The focus on increasing LARC use and decreasing barriers to LARC use had no unintended consequences
• Participants in the treatment group were no more likely than those in the control group to report having sexual intercourse nor a greater number of sexual partners than those in the control group.
Insights gained, what next?

- Make an effort to learn motivational interviewing
  - Goals of the patients
  - Asking for permission
  - Avoid the “righting reflex”
- One Key Question® Would you like to become pregnant in the next year?
- Provide all forms of contraception – counsel on most effective first, discuss abstinence
- Contraceptive bag
- Transportation
Insights gained, what next?

• Remember to discuss sexually transmitted infections – provide condoms
• Redefining timing of the postpartum visit – 4 weeks vs. 6 weeks
• In-home contraceptive
• Same day LARC placement
• Establishing a medical home
• Educating patients on the use of the ED
• Postpartum Nurses are essential team members and may have knowledge gaps regarding LARC’s.
WHAT NEXT?
Questions?
Thank you!

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