

Navigating Obstacles: Clinical and Ethical Barriers to Long Acting Reversible Contraception (LARC) in Adolescents

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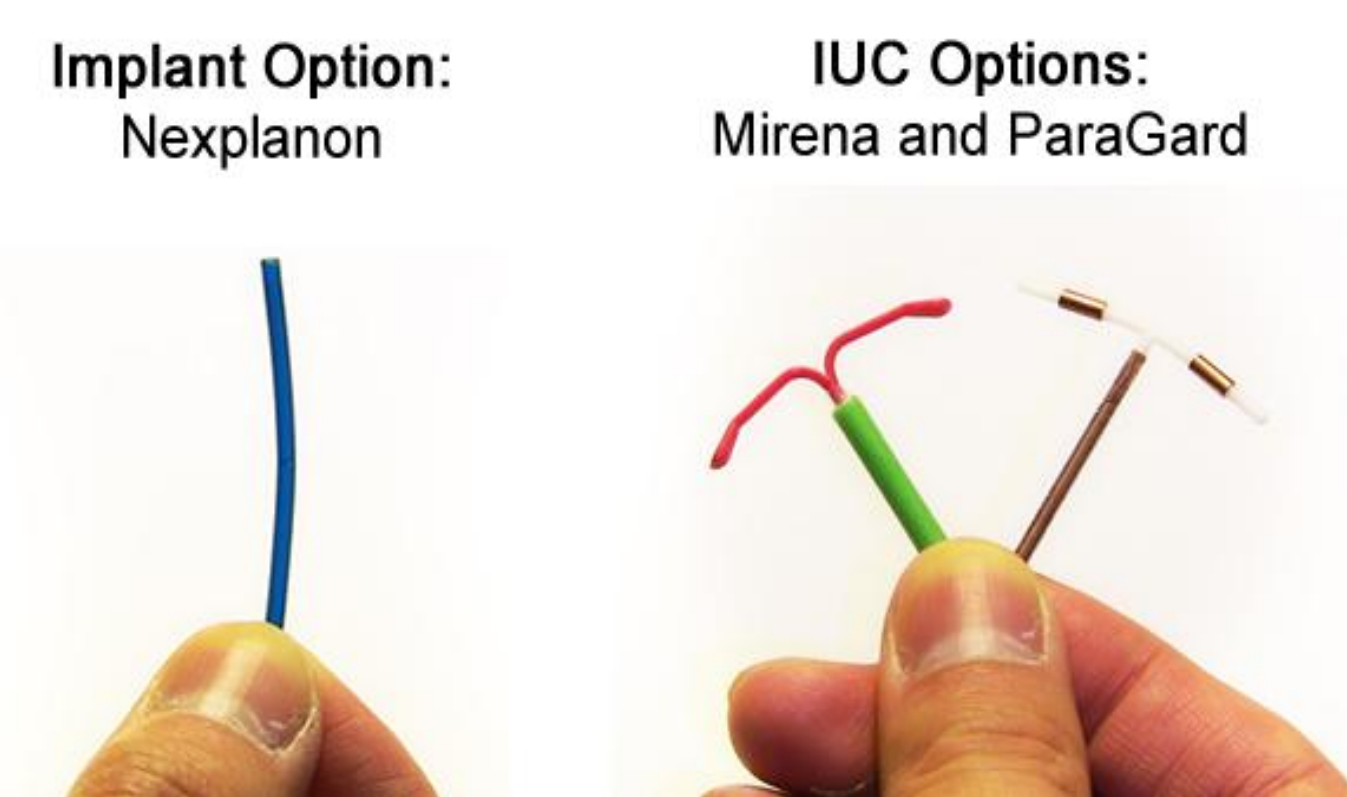
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Background

In the U.S. adolescent pregnancy is a major public health concern. Each year over 700,000 female adolescents ages 15-19 become pregnant and 82% report that their pregnancy was unplanned. Long Acting Reversible Contraception (LARC)-intrauterine devices (IUD) and subdermal implants are safe and effective yet remain underused in this population. LARC failure rate is less than 1% and only 4.5% of adolescents choose LARC methods

Purpose

This quality improvement project aims to evaluate the effectiveness of an evidence based (EB) educational intervention to improve the LARC use in adolescents among providers in an Obstetrical/Gynecology (OB/GYN) practice.



Research Question

In the adolescent population who are seeking birth control, how does provider education in LARC use affect adolescents’ selection of LARC as a viable birth control option?

Methods

- Education and skills building used by providers to reinforce evidence based LARC best practices.
- Sample (N=17) OB/GYN providers
- Pre and Post training surveys used to analyze provider knowledge and skills building
- LARC insertion rates and satisfaction scores measured before and after interventions
- DNP LARC Tool Kit-pamphlets, guidelines, and pre and post LARC educational video and power point presentation
- Likert Scale Pre and Post surveys
- LARC and Adolescent educational video power point presentation to address concerns
- LARC skills training stations with IUD and Nexplanon models

In order to evaluate the effectiveness of Adolescents accessing LARCs, please rate the extent to which you agree with the following statements, where 1 is Strongly Disagree and 5 is Strongly Agree.

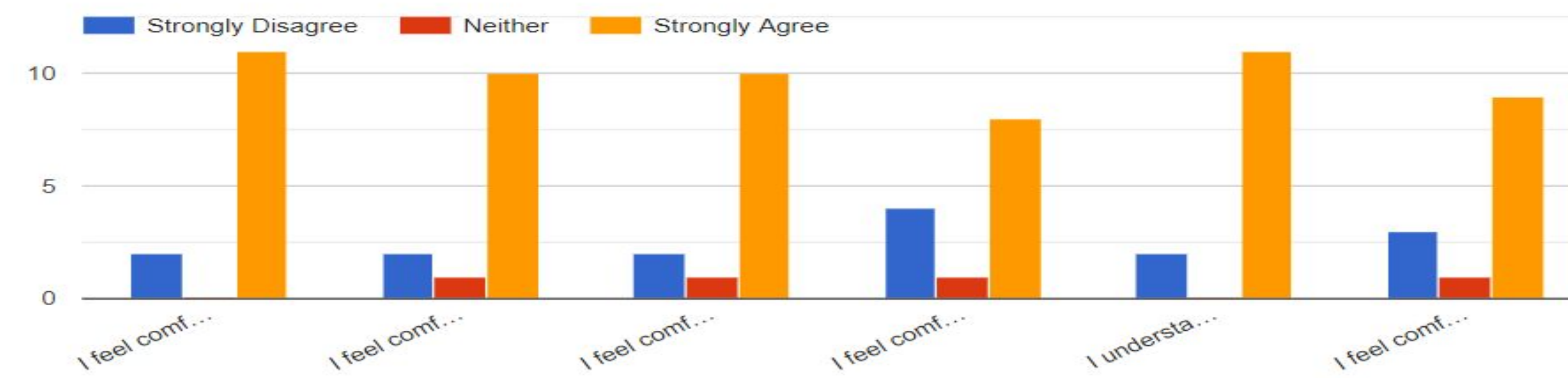


Figure 1. Presurvey and postsurvey scores

Based on the educational video presentation, in order to evaluate the effectiveness of Adolescents accessing LARCs, please rate the extent to which you agree with the following statements, where 1 is Strongly Disagree and 5 is Strongly Agree.

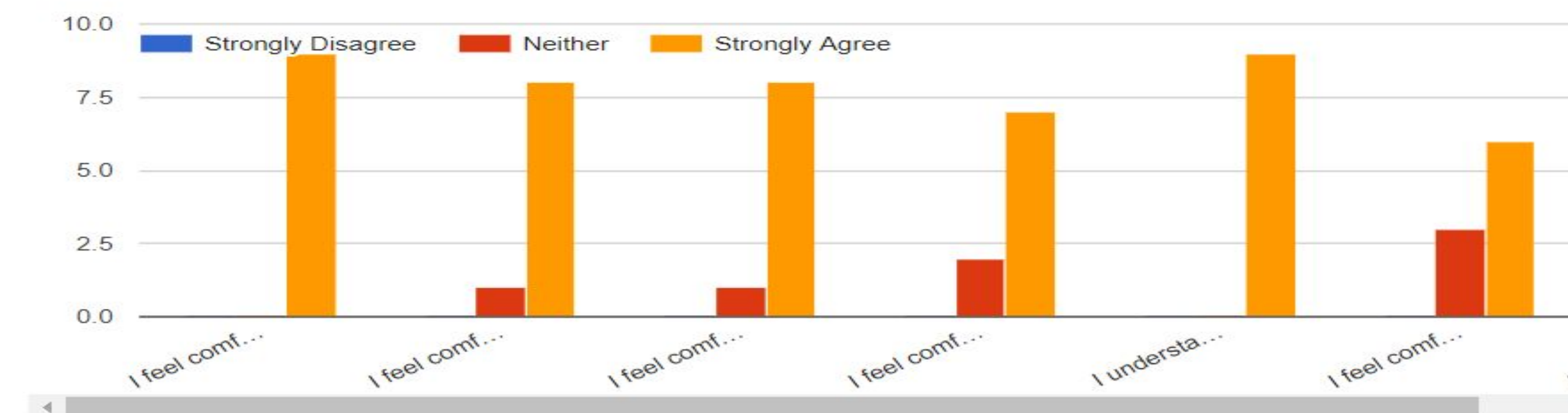


Figure 2. Presurvey and postsurvey scores

	2018	2019
Total Nexplanon	48	75
IUD	25	28
	23	47

Total Adolescent LARC Insertions for Office Wide Visits in 2018 and 2019

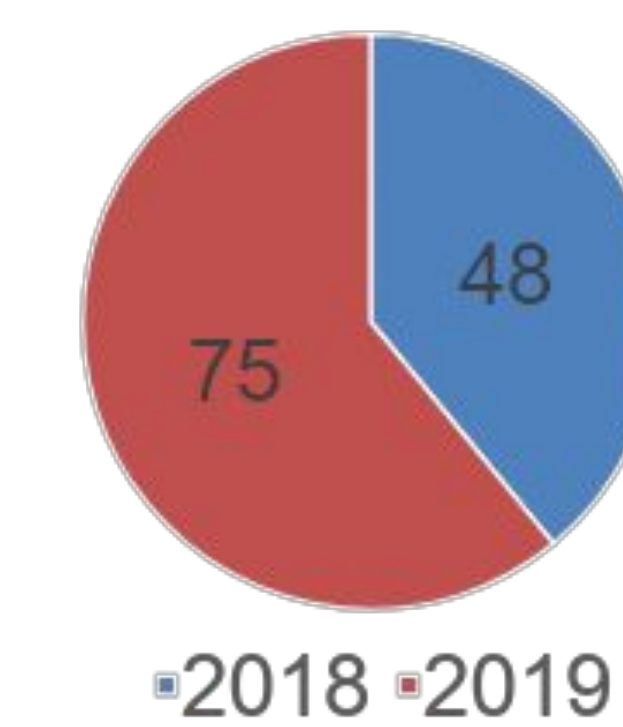


Figure 3. Adolescent LARC Insertions Office Wide Visits 2018 and 2019

Individual Provider LARC Insertion Rates Before and After the Educational Intervention

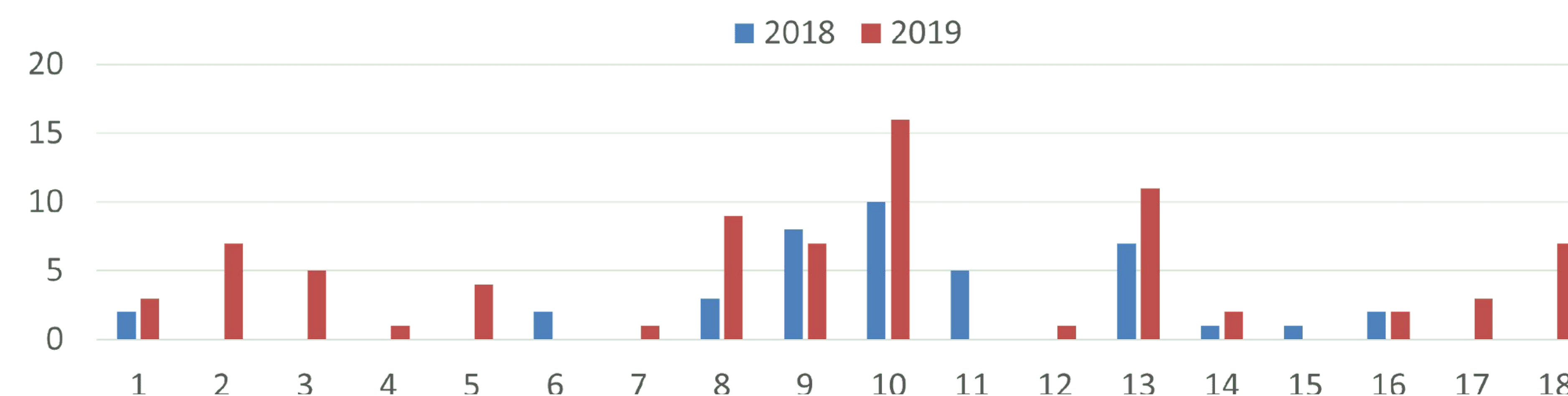


Figure 4. Individual provider LARC insertion rates before and after intervention

Conclusion

- This project demonstrated that educating providers on LARC best practices enhanced the provision of LARC methods in adolescents.
- Project Dissemination is encouraged to educate providers on LARC best practices, thereby decreasing adolescent unintended pregnancy rate.

Limitations

- Limitations surround the small sample size and scant qualitative data.

Next Steps

- Applying evidenced based LARC methods best practices to the clinical area is paramount in the provision of LARCs in adolescents.
- Continue research on provider education on the evidence for translation into clinical practice is warranted.

QR Code



Acknowledgements

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