Children's Hospital of Philadelphia PolicyLab

Teens Want Accurate Info About Birth Control—The Emergency Department Can Deliver It

Adolescent Health & Well-Being

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Adolescents seek care in the emergency department (ED) frequently and for a wide array of issues. Sometimes they need a broken bone fixed, or they have a severe migraine that needs treatment, or they have abdominal pain and are wondering if it's something serious, like appendicitis.

I have cared for thousands of adolescents over my career in pediatric emergency medicine and have learned that while the issue for which they need help might be straightforward, they often have other concerns that aren't expressed at the moment of triage. For example, many teenagers are worried they are pregnant or might become pregnant, and the ED visit for their migraine might be the only time they see a physician.

ED clinicians are in a unique position to address pregnancy prevention among adolescents. My team and I developed a novel curriculum to train ED advanced practice providers (APPs; including nurse practitioners and physician assistants) to deliver a brief contraceptive counseling intervention during the ED visit for interested adolescents ages 15-19 years old presenting for any chief complaint. Through this training, these providers were equipped to discuss the effectiveness of different contraception methods while paying attention to the adolescent's own needs and desires.

We found that APPs could deliver the intervention in a succinct, evidence-based, culturally appropriate manner, and that they were satisfied with the training and resource support they were provided to deliver the intervention in real-time. During our study period, almost 100 adolescents were counseled across two sites—in Philadelphia and Kansas City, Missouri—with an average age of 17 years old. The counseling was brief (12 minutes), and after learning more about contraception, most adolescents (61%) reported they intended to start some form of birth control. Ultimately, about one-third of the teens initiated contraception.

What We Learned From Talking to Teens

As part of the project, we wanted to learn more about the intervention and attitudes about contraception by talking with the adolescents themselves. We heard from the teens that they had concerns about the safety of contraception. For example, one participant told us***, "I'm already overweight [so] I don't want to gain more weight and. . . I don't want to feel sick. . . [or] have my period for 20 days."*** Another "heard a lot" that contraception ***"makes you infertile,"*** and another wondered ***"if I'm on it for so long would it kill my eggs so I can't have babies?"***

Attitudes were often based on misinformation they heard through conversations with family or peers, or on social media that painted contraception in a negative light. One teen told us, ***"I watch a lot of YouTube [where people] talk about their experiences about how birth control impacted them."*** Many told us that they learned nothing or very little about contraception prior to their ED visit, reporting that their primary care physicians didn't always discuss this, and that school programs around sexual education tended to focus on condom use and not other forms of pregnancy prevention.

Importantly, the adolescents told us that they appreciated the counseling in the ED for many reasons, including the non-judgmental approach of the APPs, the visual aids that helped them better understand different contraceptive methods, the detailed explanations and the opportunity to ask questions. At the same time, they didn't feel as though their care in the ED was impacted by taking the time to talk to the APP. Even those who were not interested in starting contraception expressed appreciation for learning about something that hadn't been accessible to them previously.

Talking to teens about contraceptives in the ED is feasible and acceptable and allows us to reach youth that may not have access or choose not to access medical care in any other setting. While we should continue with interventions to reach vulnerable teens in the ED, ideally most youth would receive credible, personalized information in other settings where robust conversations can develop and misinformation can be addressed, including the pediatrician's office, health resource centers and school health class.

It is critically important that we work to improve the education youth receive in these settings to ensure it is accurate and comprehensive. We're encouraged by the results of this ED intervention, but not every teen is going to break a bone and find themselves in an ED exam room. That's why delivering comprehensive sexual and reproductive health education in many different settings is important for reaching and supporting all youth.

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