Exploring comfort and perceived role in contraceptive care among pediatric subspecialists

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**Background**

- Although adolescent and young adult (AYA) patients with complex-medical-conditions report similar rates of sexual activity to healthy peers\textsuperscript{2}, they receive less contraceptive counseling and are less likely to use any form of contraception\textsuperscript{3,4}.
- Pediatric subspecialists develop long standing relationships with AYA patients and often provide their preventative and routine care\textsuperscript{1}.
- Pediatric subspecialists agree that sexual and reproductive healthcare is important for their AYA patients but report many barriers to providing it, including lack of comfort\textsuperscript{5}.

**Objective**

To examine differences among pediatric subspecialists by self-reported comfort level discussing contraception with AYAs.

**Methods**

- We used listservs to recruit pediatric subspecialists that care for AYAs (12-24 years-old) at risk for pregnancy who have complex-medical-conditions that pose significant pregnancy health risk, as defined by the WHO, or use teratogenic medications.
- Participants completed an online survey about their contraceptive attitudes and practices and reported their comfort discussing contraception on a 5-point scale later categorized as high-comfort (4-5) and low-comfort (1-3).
- We compared demographics, perceived role in contraceptive care and desired resources to aid contraceptive counseling using appropriate bivariate statistics.

**Results**

- Age, race, ethnicity, years since completing training and percentage of patients at risk for pregnancy were similar between groups but high-comfort participants were more likely to be female (74.6\% vs 57.9\%; p<0.001).
- High-comfort participants more often reported their role includes discussing (p<0.001) and providing (p<0.001) contraception and that they should address reproductive healthcare with all AYAs (p<0.001).
- Both groups believed their role includes referring for contraception (p=0.19).
- High-comfort participants reported more time with patients (p=0.008) would aid contraceptive counseling while low-comfort participants preferred training in sexual history taking (p<0.001), confidentiality and consent laws (p<0.001) and contraceptive options (p<0.001).
- Both groups desired referral resources (p=0.008).

**Conclusion**

Family planning providers should strengthen relationships with pediatric subspecialty clinics to assess and support training and referral needs to reduce barriers to discussing and referring for contraception.

**References**