

Age-appropriate contraception counseling helps health care providers educate teens

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Preventing unplanned pregnancies in adolescents with effective and easy-to-use contraception is key to ensuring that adolescents do not become parents before they are ready. Adolescents view their health care providers as trusted sources of medical information. Thus, providers are tasked with providing adolescent patients with comprehensive, age-appropriate and nonjudgmental contraception counseling.

Nexplanon, the newest version of the etonogestrel (ENG) [implant](#), is an increasingly popular contraceptive method. Inserted subdermally over the triceps muscle, this long-acting reversible contraceptive (LARC) is safe and highly effective at preventing pregnancy, among several other benefits.

"The ENG implant has become more acceptable to [adolescent patients](#) and their parents," said Elise Berlan, MD, MPH, a faculty physician in the division of Adolescent Medicine at Nationwide Children's Hospital.

Dr. Berlan and her co-authors recently published a

review in the *Journal of Pediatric and Adolescent Gynecology* on [best practices](#) for [counseling](#) adolescents on contraception and the ENG implant.

Contraception counseling with adolescents should be patient-centered, Dr. Berlan explains. Patient-centered counseling involves assessing the patient's pregnancy intentions and addressing her contraception concerns using clear and simple language. Common contraception concerns among adolescents include autonomy in choosing to remove a LARC, the effect on future fertility and changes in vaginal bleeding. These concerns can arise after conversations with friends and family about a particular contraceptive method or after receiving poorly-explained or inaccurate contraception information from a [health care provider](#).

"Contraception counseling works well when providers directly address the concerns that adolescents commonly have about contraception," said Dr. Berlan.

When counseling adolescents on the ENG implant specifically, providers should explain the implant's main features, such as effectiveness, reversibility and changes in vaginal bleeding.

Pregnancy while on the ENG implant is exceedingly rare. The implant is also immediately reversible with no adverse effect on future fertility. Dr. Berlan advises providers to explain that the 3-year ENG implant can be removed at any time, allowing for the desired autonomy to have the implant removed.

Unfavorable changes in vaginal bleeding, such as frequent or prolonged bleeding, are a common reason why adolescents choose to have the ENG implant removed early. To address adolescents' concerns about the bleeding, health care providers should explain that implant-associated [vaginal bleeding](#) can be unpredictable and describe how the bleeding can look.

When providing contraception counseling on the ENG implant or other contraceptive methods, Dr. Berlan cautions health care providers against advancing their agenda and unduly influencing a patient's decision on contraception. Asking questions like "How do you feel about being pregnant in the next year?" and "Are you interested in learning about birth control options today?" keeps the focus on the patient and fosters a comfortable, shared decision-making environment.

If an [adolescent](#) patient is uncomfortable discussing contraception, however, Dr. Berlan recommends that providers not force the issue. Instead, the provider should respect the patient's comfort level and maintain an open line of communication for future [contraception](#) counseling.

With the ENG implant's many benefits, health care providers can feel comfortable recommending it among other options to adolescent patients.

"The more that adolescents hear about LARC options, the more that they will be interested in and educated about choosing what is right for them," said Dr. Berlan.

More information: Elise D. Berlan et al. Best Practices for Counseling Adolescents about the Etonogestrel Implant, *Journal of Pediatric and Adolescent Gynecology* (2020). [DOI: 10.1016/j.jpag.2020.06.022](#)

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