

Contraception for Pediatricians: Quick Guide

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✦ Why It Matters

- **49% of pregnancies in the U.S. are unintended**—pediatricians play a key role in **early contraception counseling**.
- Discuss **contraception at all adolescent visits**, even before sexual activity starts.

✦ Starting the Conversation

- Normalize the topic: *“Have you thought about birth control?”*
 - **Confidentiality matters:** In Alabama, minors **can consent at 14**.
 - **Encourage dual protection** (condoms + another method).
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Contraceptive Options for Teens

1. Long-Acting Reversible Contraception (LARC) – 1st Line

✓ Most effective (99%) ✓ No daily adherence ✓ Well tolerated

- **IUDs (hormonal & copper):** Safe for adolescents, **good for heavy periods**.
- **Implant (Nexplanon):** 3–5 years, **irregular bleeding common** (can treat with NSAIDs).
→ **Pediatrician's Role:** Educate & refer to OB/GYN or Adolescent Medicine for placement.

2. Combined Hormonal Methods (Pill, Patch, Ring)

✓ Regulates cycles ✓ Improves acne ✓ Flexible use (can skip periods)

- **Pill:** Daily, **most preferred by teens**.
- **Patch:** Weekly, **avoid in BMI >30**.
- **Ring:** Monthly, **patient-inserted**.
Ⓜ **Avoid in:** Migraine w/ aura, DVT history, uncontrolled HTN.
→ **Pediatrician's Role:** Start if no contraindications; **monitor adherence**.

3. Progestin-Only Methods (For estrogen contraindications)

- **Depo-Provera Shot:** Every 3 months, **watch for weight gain**.

- **Mini-Pill:** Must take **same time daily**.
→ **Pediatrician's Role:** Offer Depo if estrogen is contraindicated; **manage bleeding w/ NSAIDs.**

4. Emergency Contraception (EC) – Offer Proactively!

🚫 **Not an abortion pill.** Works by delaying ovulation.

- **Plan B (OTC):** Best within **72 hrs**, effective up to **5 days**.
- **Ella (Rx-only):** More effective if **BMI >26**.
- **Copper IUD: Most effective EC** (insert within 5 days, requires referral).
→ **Pediatrician's Role: Stock EC in clinic or prescribe without pregnancy test.**

Common Contraception Issues & Solutions

💡 **Breakthrough Bleeding?** Common in first 3 months. ✓ **Solution:** NSAIDs, reassurance, or switching method.

💡 **Missed Pills?** ✓ **Solution:** Take ASAP, use backup for **7 days** if 2+ missed.

💡 **Worried About Weight Gain? Only Depo-Provera has significant risk**—other methods are weight neutral.

Key Resources for Pediatricians

📌 **CDC U.S. Medical Eligibility Criteria for Contraceptive Use** (Quick guide on safe prescribing)

📌 **ACOG Guidelines on Adolescent Contraception**

📌 **Bedsider.org** (Easy-to-understand patient education)

Final Takeaways:

✓ **Normalize** contraception talks.

✓ **Confidentiality is key** (Minors can consent at 14 in Alabama).

✓ **Use quick-start methods**—no need to wait for next period.

→ **Questions? Contact OB/GYN or Adolescent Medicine for guidance.**