

Hormonal Contraception Rates in Under 18s

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Background

The UK has one of the highest teenage pregnancy rates in Europe.¹ In 2012 there were 27,834 conceptions to women aged under 18, with nearly half (49%) leading to an abortion.² Whilst there is a wide selection of available contraceptives, they must be used consistently and correctly to prevent pregnancy. Currently, there is limited data on contraception continuation rates in teenagers in the UK. This audit aims to establish baseline continuation rates of the combined contraceptive pill (COC), progesterone only pill (POP) and depot injection in <18s within a sexual health service.

Method

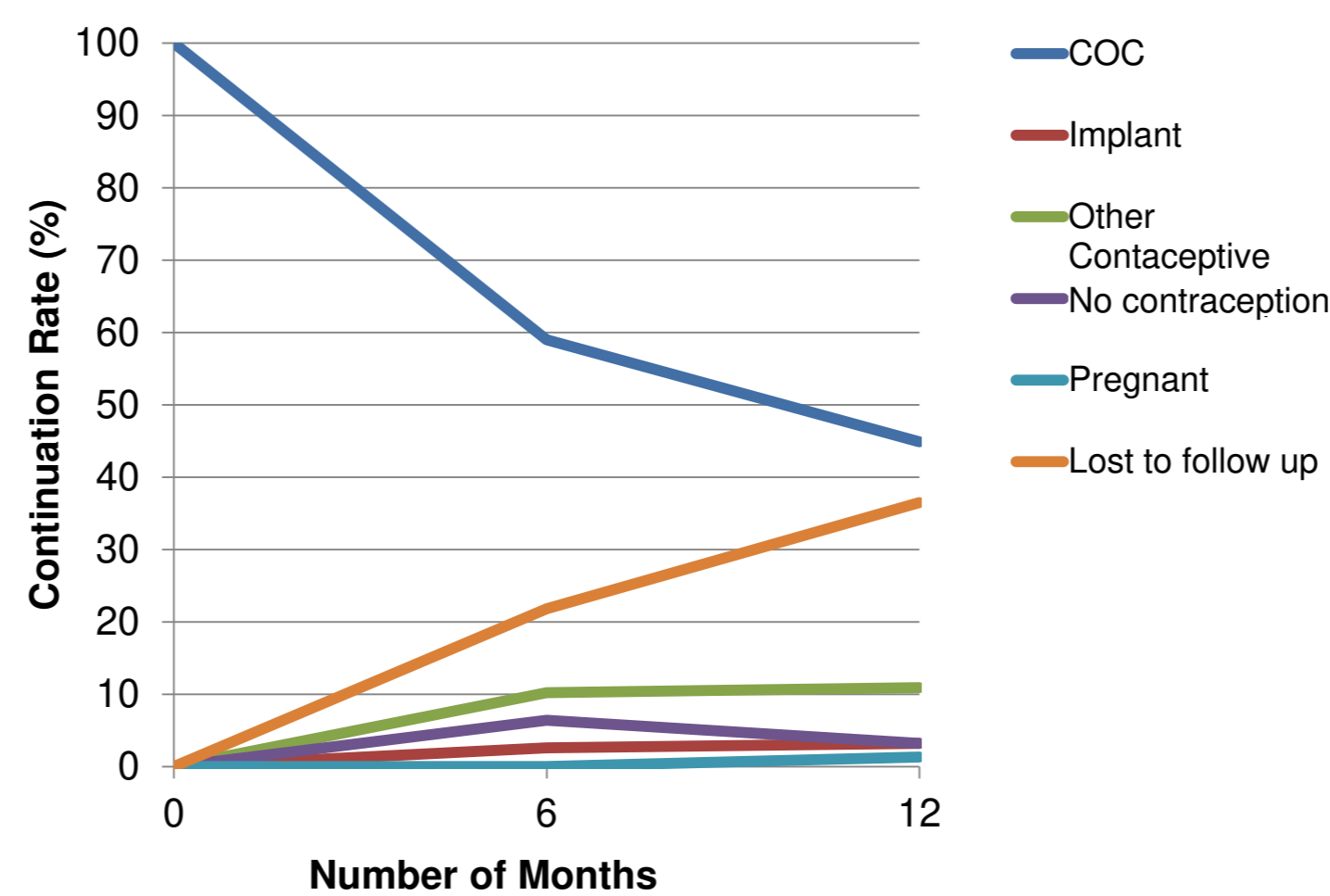
Approval was gained from Stockport Foundation Trust Audit Department. The study was a retrospective audit on all 305 <18s started on the COC, POP or depot by the service between Jan-March 2014. Data was collected and anonymised. Continuation rates at 6 and 12 months were compared to the 2002 National Survey of Family Growth in the United States, which looks at continuation rates of contraceptive methods in all age groups (standards cited by FSRH guidance).³ An age adjusted standard was also utilised.³

Results

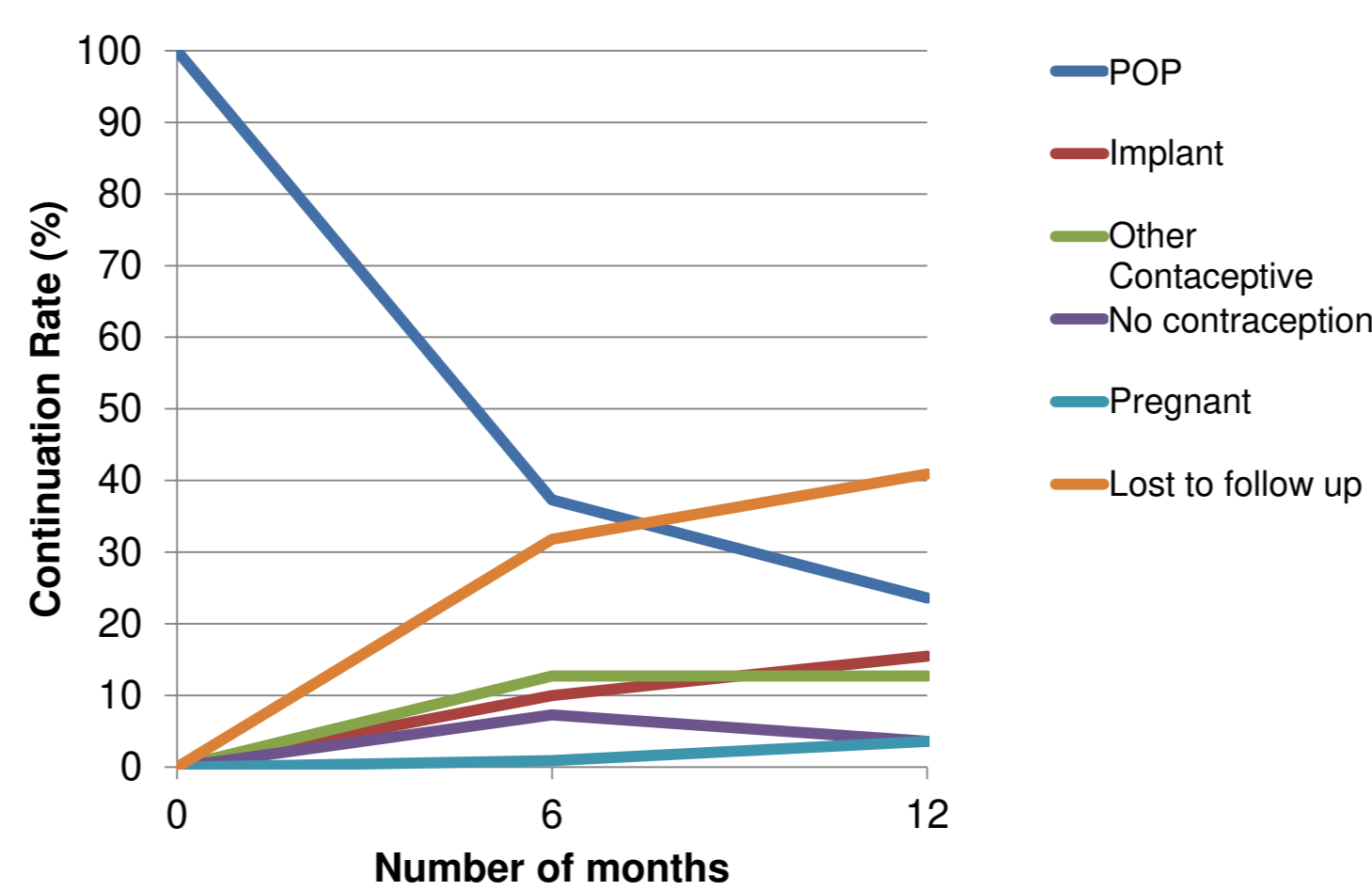
- 156 patients started on COC
- 110 patients started on POP
- 35 patients started on Depot
- Average Age 15.9
- Number of pregnancies 9 (COC 2, POP 5, Depot 2)

The continuation rates of the COC at 6 and 12 months were 59% and 44.9% respectively, the POP rates were 37.3% and 23.6% respectively and the depot rates were 60% and 22.9% respectively.

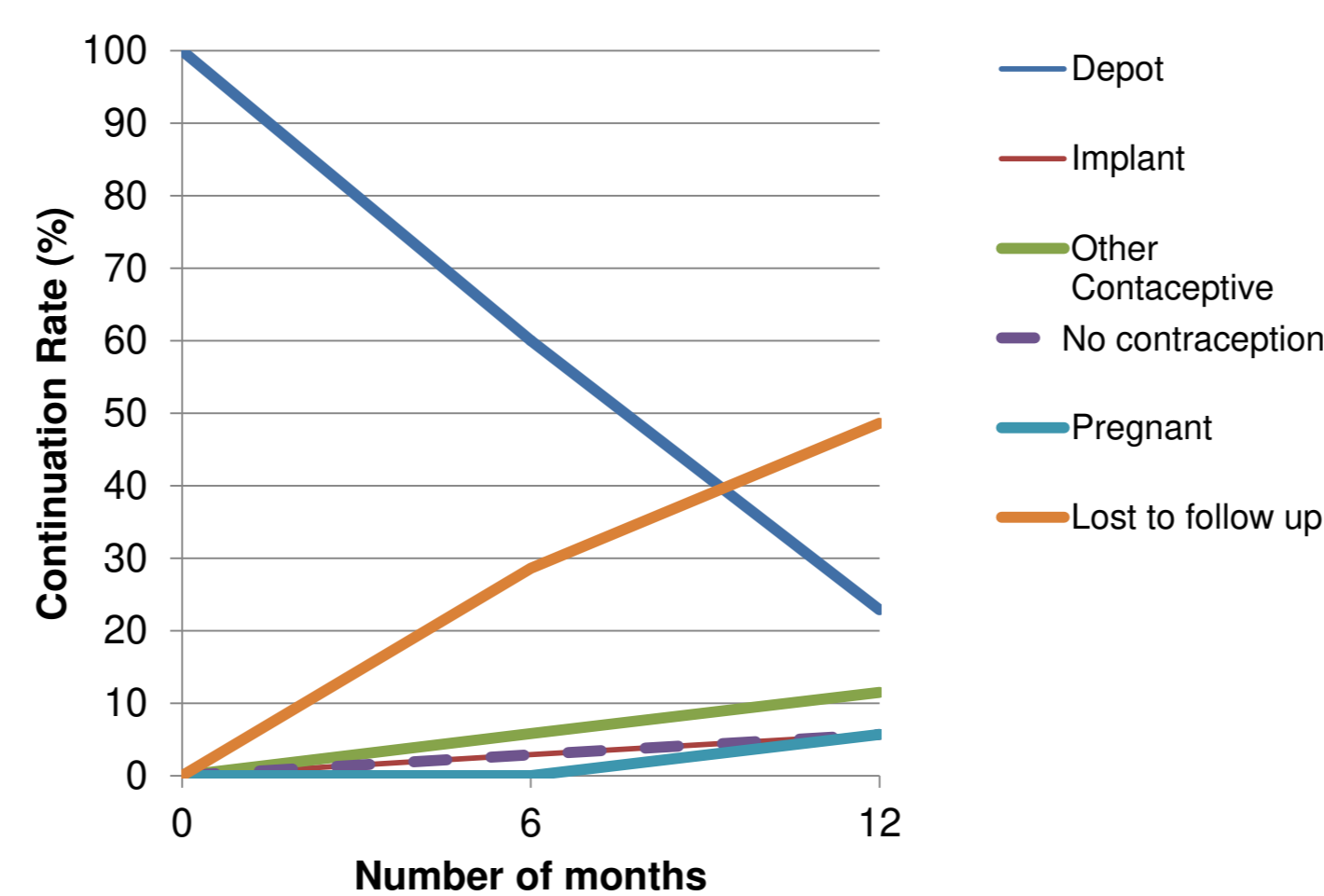
Outcomes of patients started on COC



Outcomes of patients started on POP



Outcomes of patients started on Depot



Discussion

The continuation rates of all contraceptives were lower than the standard when compared to women of all ages, suggesting that contraceptive use is more erratic in the under 18s. However, after using age-adjusted rates, the COC continuation rate exceeded the standard by 3%, and the POP and depot rates were closer to the standard. Continuation rates dropped off more sharply in the first 6 months, suggesting this is the crucial time to

Discussion continued

remind, educate and engage with teenagers. Stockport services have introduced a text service aiming to remind and engage patients during this time period.

Continuation rates were higher in the section of the service with a dedicated vulnerable young persons' worker, highlighting their valuable input. A percentage of the patients were switched to contraceptive implants, with the highest transfer rate being from the POP (15%).

The COC had the highest continuation rate and the lowest pregnancy rate. This suggests that the COC should be used in preference to the POP in those <18s without contraindications and who are not suited to a LARC. Of the 9 patients who became pregnant there were several recurring themes- identified vulnerabilities, irregular bleeding on the POP, concomitant STIs and erratic pill taking. This further supports the need for a vulnerable young persons worker. It was interesting to note that two of the pregnant patients started on the POP had experienced erratic bleeding and had no contra-indications to the COC. Thus one recommendation is to consider a further audit to identify <18s taking the POP with no contra-indications to COC, and offer to switch them to COC.

Limitations

- Contraception may have been sourced elsewhere, i.e. from the GP, unknown to our services, and thus erroneously coded as "lost to follow up". Therefore it is likely the rates are actually higher than this audit found.
- The number of patients in some sub categories was very small, so further statistical analyses of these cannot be fully relied upon.
- The audit only analysed a 3 month period, potentially introducing a sampling bias.

References

1. New NICE public health guidance to reduce unwanted pregnancies. Nice Press Release 2014: <http://www.nice.org.uk/news/press-and-media/new-nice-public-health-guidance-to-reduce-unwanted-pregnancies>
2. Office of National statistics. Statistical bulletin: Conceptions in England and Wales, 2012.
3. Discontinuation and resumption of contraceptive use: Results from the 2002 National Survey of Family Growth. Vaughan et al. Contraception journal, 2008.