

Preventing Adolescent Pregnancy in Pennsylvania through Long-Acting Reversible Contraception

Statement of Problem

Unintended pregnancy and abortion rates are higher in the United States than in most other developed countries. The problem of unintended pregnancy disproportionately affects adolescent women. Almost half (49 percent) of all pregnancies in the United States, and 80-90 percent among adolescent and young women ages 15–24, are unintended. Compared to the national average, Pennsylvania teens experience greater disparity in birth rates based on race and ethnicity.

Unintended pregnancy can have a negative impact not only on the lives of teens and young women, but also on their parents, their children and society. The national public costs of births resulting from unintended pregnancy among adolescents have totaled U.S. taxpayers at least \$9.4 billion each year. Teen pregnancies and births cost Pennsylvania taxpayers an estimated \$409 million in 2010, the most recent year for which data is available.

The direct cause of teen pregnancy is the lack of consistent and correct use of effective contraception. Adolescents most commonly use methods with relatively high discontinuation and typical use failure rates, such as withdrawal, condoms and oral contraceptive pills. They rarely select the most effective methods, such as long-acting reversible contraception (LARC). LARCs are small devices that are placed inside a woman's uterus or under the skin on the inner arm that work for three to 10 years to provide excellent birth control. An overwhelming amount of evidence demonstrates the safety and efficacy of LARC methods, yet they are rarely a provider's or patient's first choice contraceptive.

Description

This portfolio focuses on improving access to LARC methods for adolescents in Pennsylvania. Currently, key institutional and systemic barriers exist that prevent the widespread use of LARCs. For example, many providers who routinely care for adolescents feel they lack sufficient knowledge about LARC methods. For those who provide LARC services, many feel inadequately trained to deliver developmentally-appropriate contraceptive counseling services. Additionally, financial barriers exist on many levels, such as the large upfront costs of LARC devices and poor reimbursement methods between insurers and providers.

Although LARCs have a higher upfront cost than other contraceptive methods, the return on investment in preventing unwanted pregnancy mitigates the price of investment, as evidenced by several initiatives and studies done across the country that demonstrate LARC cost-effectiveness.

Next Steps

To address the public health problem of adolescent pregnancy in Pennsylvania, PolicyLab is working with the Philadelphia Department of Public Health, the Pennsylvania Department of Human Services and other experts to develop policy recommendations for improving access to LARCs. From our research thus far, we recommend the following:

1. **Expand education for clinicians, parents and adolescents about the safety and efficacy of LARCs:** Device manufacturers and major medical institutions, such as medical and nursing schools and residency programs, can expand access to LARCs by providing training opportunities for health care providers and including questions about LARCs in licensing exams for health professionals.
2. **Clarify the scope of reimbursement for LARC methods in the Pennsylvania Medicaid Program:** The program should reaffirm that Pennsylvania's Medicaid program covers all forms of contraception, including LARC methods, and does not require prior authorizations or copayments.
3. **All hospitals that care for reproductive-age women, whether adult or pediatric, should negotiate for broad coverage of LARC services in their contracts with public and private payers:** If the Pennsylvania Medicaid program acts pursuant to the above recommendation, this may be unnecessary. However, in the interim, providers should ensure that their Medicaid Managed Care Organization (MCO) contracts allow access to LARCs without barriers. Coverage should also not be restricted based on a provider's credentials or medical specialty, as a broad range of clinicians can deliver LARC services.

This research can inform programs and policy changes at the health system, local, state and federal levels that ensure all adolescents can receive care to meet their unique needs and, ultimately, transition to healthy, productive adults.

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PolicyLab Leads

Aletha Y. Akers **MD, MPH, FACOG**

Faculty Scholar

Aletha Y. Akers is a faculty scholar and a former faculty member at PolicyLab at Children's Hospital of Philadelphia (CHOP). In June 2020, Dr. Akers began her new position as the vice president for research at Gutmacher Institute. In this role, she leads the Institute's team of scientists as they carry out research to advance sexual and reproductive health and rights both nationally and globally.

During her time at PolicyLab, Dr. Akers' research focused on improving reproductive health outcomes among young women by reducing teen pregnancy and sexually transmitted infection rates. Her projects included an examination on how sexual risk behaviors varied among adolescents of different weight profiles; a clinical trial of a health coaching intervention to improve contraceptive continuation among adolescent women in the U.S. and in the Dominican Republic; a clinical trial examining the effect of paracervical nerve blocks on pain experienced during insertion of intrauterine contraceptive devices among adolescent and young adult women; an assessment of young women's attitudes towards long-acting reversible contraceptive devices among in Botswana; online strategies for improving parental-child communication about sex; and clinical quality improvement initiatives to increase contraceptive use among adolescents using teratogenic medications. Dr. Akers also served as the faculty lead of PolicyLab's Adolescent Health & Well-being portfolio and for PolicyLab's Diversity Taskforce.

At CHOP, Dr. Akers served as the inaugural medical director of Adolescent Gynecology Consultative Services in the Craig-Dalsimer Division of Adolescent Medicine. She founded and directed a complex family planning clinic at CHOP that provides comprehensive contraceptive services, including the placement and removal of contraceptive devices, for young women, particularly those with chronic medical problems.

Dr. Akers received bachelor's degrees in chemistry and biology, with honors, from Bryn Mawr College, her medical degree from Johns Hopkins School of Medicine and her Master of Public Health from the University of North Carolina (UNC) at Chapel Hill. She completed a residency in obstetrics and gynecology at the University of Michigan. While at UNC-Chapel Hill, Dr. Akers completed the Robert Wood Johnson Foundation Clinical Scholars Program, a health services research fellowship.



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Related Tools & Publications

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[Racial and Ethnic Differences in Young Men's Sex and Contraceptive Education Article](#)
Apr 2015

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[If You Do Not Ask, They Will Not Tell: Evaluating Pregnancy Risk in Young Women in Pediatric Hospitals](#)
[Article](#)

Mar 2016

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[Preventing Adolescent Pregnancy in Pennsylvania through Long-Acting Reversible Contraceptives](#)
[Tools and Memos](#)

Mar 2016

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[Low Acceptability of Certain Contraceptive Methods Among Young Women](#)
[Article](#)

Dec 2017

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[Satisfaction With the Intrauterine Device Insertion Procedure Among Adolescent and Young Adult Women](#)
[Article](#)

Jun 2018

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[Intrauterine Device Insertion Procedure Duration in Adolescent and Young Adult Women](#)
[Article](#)

Jan 2019

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[Insurance Plan Adherence to Mandate for Long-acting Reversible Contraceptives in a Large Pediatric Hospital Network](#)
[Article](#)

Aug 2019

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[Follow-up Care and 6-month Continuation Rates for Long-acting Reversible Contraceptives in Adolescents and Young Adults: A Retrospective Chart Review](#)
[Article](#)

Sep 2019

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[Anticipated Pain During Intrauterine Device Insertion](#)
[Article](#)

Sep 2019

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[Feasibility Study of a Health Coaching Intervention to Improve Contraceptive Continuation in Adolescent and Young Adult Women in Philadelphia, Pennsylvania](#)
[Article](#)

Sep 2021

Related Projects

[Barriers to Emergency Contraception Use among Adolescents](#)

