

Exploring emergency contraception knowledge, prescription practices, and barriers to prescription for adolescents in the emergency department

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OBJECTIVE: The objective of this study was to assess the proportion of emergency medicine physicians who had prescribed emergency contraception pills to adolescents, to identify potential barriers to emergency contraception pill prescription for adolescents, and to assess physician knowledge of emergency contraception pills.

PARTICIPANTS AND METHODS: A cross-sectional, anonymous, Internet-based survey of members of the American Academy of Pediatrics Section of Emergency Medicine was conducted. Providers were included in analysis if they were attending physicians caring for children (<22 years of age) in the emergency department setting >30% of the time. Survey questions included demographics, emergency contraception pill prescription rates for adolescents, attitudes toward emergency contraception pills for adolescents, and emergency contraception pill knowledge questions.

RESULTS: A total of 1005 Section of Emergency Medicine members were contacted; 424 (42%) responded, and 133 did not meet inclusion criteria. Of the 291 eligible respondents, 282 had complete surveys. Eighty-five percent of the respondents stated that they had prescribed emergency contraception pills to adolescents, 71% within the previous year. Of those, 81% prescribed emergency contraception pills <5 times. The 5 most frequently cited barriers were concern for lack of follow-up (72%), time constraints (40%), lack of clinical resources (33%), discouraging regular contraceptive use (29%), and concern about birth defects (27%). Thirty-nine percent of respondents identified ≥5 barriers to emergency contraception pill prescriptions for adolescents. Forty-three percent incorrectly answered >50% of the questions. Physicians were more likely to report prescribing emergency contraception pills if they had answered >3 of the knowledge-based questions correctly and were less likely to report prescribing if they identified >5 barriers.

CONCLUSIONS: Although a large proportion of emergency department physicians reported prescribing emergency contraception pills to adolescents, the pills were prescribed infrequently. Factors associated with nonprescription were decreased knowledge of emergency contraception pills and identifying >5 barriers. Identification of these potential barriers and education regarding emergency contraception pills may ultimately improve adolescent access to emergency contraception pills in the emergency department.

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