

Education may improve hospital prescription rate of emergency contraception to teens

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Many doctors don't offer emergency contraception pills to adolescents who may benefit from them during emergency department visits because of misinformation about how the medicine works, according to a study by The Children's Hospital of Philadelphia.

Improved physician education may increase prescription rates and reduce unintended pregnancy, the study's authors said. Researchers surveyed 291 members of the American Academy of Pediatrics Section of Emergency Medicine and found that while 85 percent had prescribed emergency contraception pills (ECP), more than 80 percent of those doctors had done so fewer than five times in a year. Physicians who were able to correctly answer questions about ECPs were more likely to prescribe them, according to the study.

Forty-three percent of physicians incorrectly answered half of the questions in the internet-based survey. Doctors were also less likely to prescribe the pills if they identified more than five barriers to use, the researchers found. The study, which appears in the March 2009 issue of *Pediatrics*, is the first to look at the prescription patterns of pediatric emergency medicine providers and explore potential barriers to ECP prescriptions.

"Our study offers valuable new insight into ECP knowledge, practice patterns and prescription barriers for adolescents visiting an emergency department," said Monika Goyal, M.D., lead author of the study and an emergency medicine physician at Children's Hospital. "Increasing



prescription options for adolescents is important given the high rate of unintended pregnancies, and is particularly applicable in the emergency department as it often is the gateway to health care access for teens."

Almost one million teenagers become pregnant in the U.S. each year and more than three quarters of those pregnancies are unplanned. ECP, approved by the U.S. Food and Drug Administration almost a decade ago, is a safe and effective form of contraception, which can be used to prevent pregnancy when other forms of contraception (like birth control pills or condoms) have not been used or have failed. ECP can be taken up to five days after unprotected intercourse, and is most effective the sooner it is taken. While the drug is available over-the-counter to adult woman in the U.S., teens younger than 18 are required to have a prescription.

The five biggest concerns cited by the doctors participating in the internet-based survey were lack of patient follow-up after receiving the first dose; time constraints during the hospital visit to properly discuss ECP use; lack of clinical resources; a belief ECP discourages regular contraceptive use, and concerns about birth defects, according to the study.

Almost 20 percent of the doctors surveyed incorrectly answered that ECPs had to be administered within 24 hours of unprotected sex, when in fact the drug is effective for up to five days. This misinformation may lead to fewer prescriptions, the authors said.

Source: Children's Hospital of Philadelphia

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