

## **CA-LEND Leadership Project Abstract and Literature Review**

### **Inter-partum contraception beliefs and practices of Adolescent & Young Adult Low-Income Latino Mothers and the role of Pediatricians as Family Planning Educators**

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Poor ante-natal and neo-natal outcomes have many associated risks. Shortened IPI (inter pregnancy intervals) is associated to increased risk of prematurity (5), Itrauterine growth retardation, very low birth weight infants, neonatal morbidity, assisted ventilation at delivery, and neonatal intensive care admission. (4) Secondary consequences include ROP, NEC, CLD, HIE, IVH contributing to GDD, blindness, hearing loss, chronic disabilities including CP. The objective of this study is to take a preventative approach to decreasing the risk of developmental disabilities while enhancing the quality of life of each neonate and parent, especially adolescent and young adult parent. If addressed at the source, from the point of conception, negative outcomes like neonatal morbidity and adolescent repeat pregnancy can be prevented. Simultaneously, family psychosocial, economic and physical wellness can be maximized.

Adolescents with repeat pregnancies, often with less than a year between pregnancies are at high risk for poor neonatal outcomes. Additionally, Adolescent mothers are at higher risk for lower education and poor socio-economic status. (6) These compounding risk-factors increase the risk for developmental delays and medical complications that can be further exacerbated by multiple social stressors. We know that 58% of Adolescents females are sexually active within three months of delivery. (1) Post partum contraception use is lacking or inconsistent in up to 50% of Adolescents. Multiple studies have shown high early repeat pregnancy rates in adolescents: up to 40% within the first 12 months and about 30-60% within 18 months. While 25% of Oral Contraceptive users (OCP) and 3-12% of Depo Provera users postpartum became pregnant within 12 months. Studies show that about 1 in 4 adolescent mothers will have a repeat birth inside of 24 months. Despite these risks there are few interventions targeting prevention of early repeat pregnancy, especially in adolescents. Of those that exist few have been researched and published. (2) In California, repeat adolescent births are at 19%. The percentage of repeat teen births to Latinos in the US remains higher than the national average. (3)

Research supports that early intervention in post-partum mothers, especially with long term birth control, can decrease the repeat birth rate and extend the inter-partum interval. (10) Despite data supporting use of birth control between pregnancies, our pilot study (n=21) showed us that less than 30% of our mother's last pregnancy was planned, none of them would like to get pregnant in the next year, while only 32% were using a birth control method besides condoms, while 41% were not using any birth control. Many of our mothers do not return to their Women's Health Provider for follow up visits after the 40 day post-partum visit, yet these services are offered within the same Federally Qualified Health Centers.

A short anonymous, prospective survey will be distributed to mother's of children 0-12 months old during the child's well child checkup in AltaMed Clinics with the purpose of studying a larger population's beliefs and practices. This study will not require funding. Only non-specific data will be collected (mother ethnicity, mother age range, number of children and children ages). Our goal is to collect 150 surveys and study demographics, beliefs towards birth control, reasons for not using BC and if they would like the child's Pediatrician to play an active role in Family Planning counseling. This will allow us to start exploring the role of Pediatricians in counseling parents about family planning at 0, 2mo, 4mo, 6mo, 12mo Well Child Checks. We know that this population (Latino, low income) has a high attendance rate for 1<sup>st</sup> year well child checkups and vaccine application.

Clinics were stratified based on FQHC vs. multiple providers in the other clinic sites with the hypothesis that greater continuity influences willingness to receive family planning guidance from a pediatrician. This was reflected in question 11 of the survey.

On a policy level it would be imperative to create practice guidelines for brief, relevant and effective guidance on behalf of the pediatrician. (7) Changing Medical reimbursement for placement of LARC inpatient (implanon), post partum mothers or coverage of Depo Provera inpatient prior to discharge to provide the mother three months to adapt to new infant, get in for 40 day post partum visit where plans for LARC can be arranged would be ideal. (8) Data suggests that it is safe for a breastfeeding mother to start LARC as soon as 10 minutes post delivery and without impacting breast milk production. (9) Additionally Pediatricians providing guidance and support on continued education through the completion of high school and living independently or with a supportive family member compared to a partner can help increase inter-partum spacing, especially in our younger parent populations. (3) Counseling families on the importance of birth spacing in decreasing neonatal morbidity and mortality is an important public health concern (4) and should be integrated in the AAP (American Academy of Pediatrics) Bright Futures Anticipatory Guidelines.

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