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Introduction

- ❖ The U.S. adolescent pregnancy rate remains high, with persistent geographic and racial disparities
- ❖ Long-acting reversible contraception (LARC) is highly effective and increasingly used by adolescents
- ❖ The aims of this study are:
 - ❖ (1) to describe statewide rates of North Carolina adolescents' LARC initiation and continuation,
 - ❖ (2) to examine the association of patient and provider factors with LARC initiation and continuation

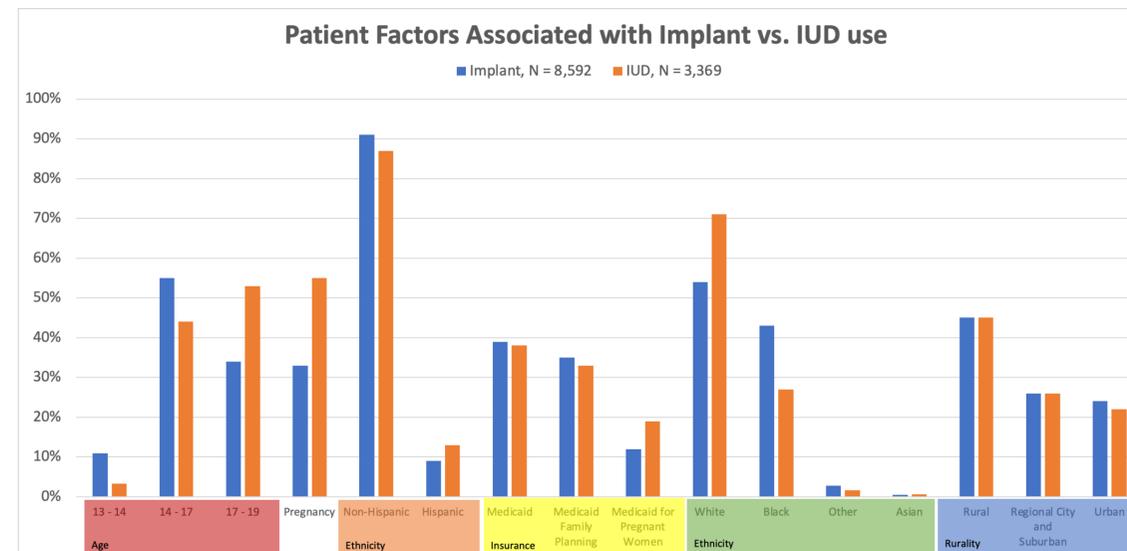
Methods

- ❖ Retrospective cohort study and secondary data analysis
- ❖ North Carolina Medicaid claims data
- ❖ Adolescent women (13-to-19-years-old) who were continuously enrolled in Medicaid (no break in coverage for >6 months) from January 1, 2013 to December 31, 2018
- ❖ Compared those who did vs. did not have a LARC inserted, and those who had IUD vs. implant inserted
 - ❖ Used ICD-9, ICD-10, CPT, HCPCS codes for subdermal implant or etonogestral implant insertion or removal
- ❖ Accrual period: January 1, 2013 to December 31, 2015 in order to have follow-up of 3-6 years
- ❖ Bivariable statistics (using 2-sample t-test for continuous variables, or chi-squared for categorical variable)
- ❖ Kaplan Meier curves to examine discontinuation

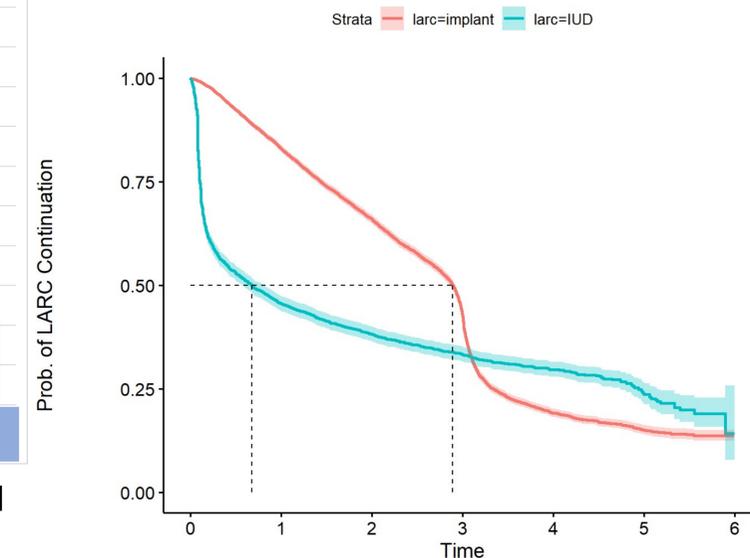
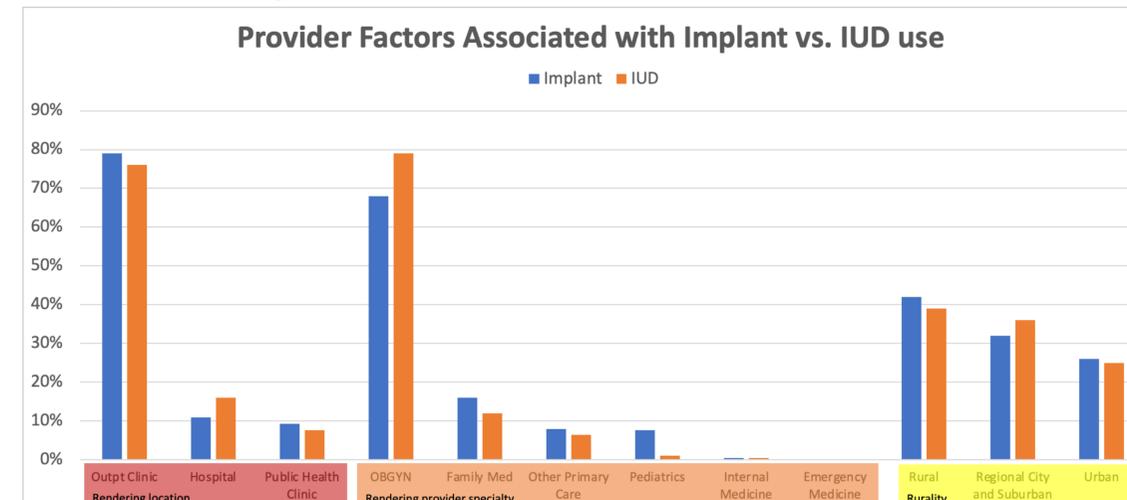
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Results

- ❖ 3% of adolescents initiated LARC. LARC-using adolescents were more often non-Hispanic, non-White, received Medicaid Family Planning or for Pregnant Women (compared to other Medicaid), and lived in rural regions (*results not shown here*)
- ❖ Implant users were younger than IUD users, and more frequently Black than White. IUD users were more likely to have been pregnant.



- ❖ LARCs were frequently placed in outpatient clinics, by OBGYNs, and in rural regions. IUDs were more often placed by OBGYNs and in hospital settings.



- ❖ 50% of implant users continued for the maximum recommended duration of 3 years; while 25% of IUD users continued for the maximum recommended duration of 5 years.
- ❖ 50% of IUD users had their IUD removed within the first year.

Conclusions

- ❖ Older, racial minority, and rural adolescents are more often initiating LARC, and receiving them from rural specialists
- ❖ Discontinuation is often occurring prematurely for both implant and IUD users, with similar rates by age and rurality (*results not shown*) and black adolescents having significantly higher continuation compared to white peers
- ❖ Future research should evaluate how adolescents choose to initiate and discontinue LARC, particularly Black adolescents who may experience reproductive coercion around initiation or continuation or have difficulty accessing removal services