A Review of Adolescent Contraceptive Counseling- Patient Autonomy or Provider LARC Bias?

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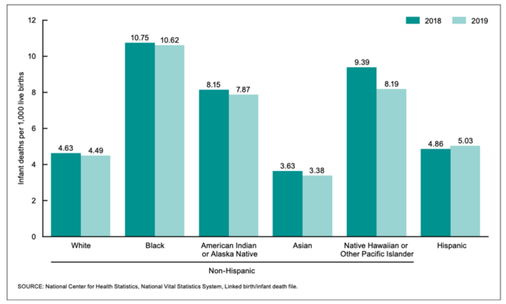
Background

- United States infant mortality rates by race



- CDC found in a review of maternal morbidity and mortality from 2011-2015 that Non-Hispanic Black women saw higher pregnancy-related mortality (PRM) rates (42.8 per 100,000) which on average was 3.2 times higher than the PRM rates of White women during the same period.
- Teens were 3.9 times more likely to experience an infant death following labor and delivery compared to young adults aged 20-24.
- The American College of Obstetricians and Gynecologists (ACOG) in their 2012 recommendation promoted LARCs as first line contraception choices during counseling to adolescents as they had "higher efficacy, higher continuation rates, and higher satisfaction rates compared with short-acting contraceptives among adolescents who choose to use them."
- 2010 CHOICE study, a large prospective cohort study (n= 9,256 women, aged 14-45) showed when barriers to cost, access, and knowledge are removed participants, including adolescents, the majority (75%) chose LARCS over other methods of contraception.

Purpose/Methods

- Comprehensive literature review aims to identify the available research publications that have looked at provider bias in LARC counseling, patient perspective on coercion in contraceptive counseling (especially from an adolescent perspective), and the reviews of this topic.
- MeSH terms used in multiple combinations were "Adolescents" "Coercion" "Long Acting-Reversible Contraception", "Contraceptive Choice", "Choice Behavior" "Racial Bias", and "Autonomy".

Results

- 12 papers identified in total in line with research topic

Reference	Study Type	Main Findings
Dehlendorf et al.[14]	Randomized trial of US providers (N=524) using video patient vignettes	Less likely to recommend an IUD to patients with low SES (57% low SES vs 75% high SES; P=0.01) but providers were more likely to recommend an IUD to Black patients (75% Black vs 57% White; P=0.04
Higgins et al. [15]	Qualitative study of young adults (ages 18-29 years old, N=50)	Participants noted various characteristics that may impact a provider's recommendation of a LARC, including parity status, racial identity, and SES. They also thought providers would be more likely to recommend an IUD to a woman of color with low SES and those perceived less educated
Moniz et al. [16]	Comparative case study of key informants (N=78) of health care workers	Evidence of interviewees both mitigating and perpetuating reproductive injustice. Many aspired to provide compassionate, patient-centered care, avoid paternalism, and foster patient autonomy. Interviewees also demonstrated biases, including implicit subscription to an ideology of stratified reproduction, stereotyping, and "othering.". Many relied on individual-level solutions like long-acting reversible contraception, and not structural-level interventions, to address them
Amico et al. [17]	Qualitative study of physicians of patients who wanted to remove their IUD early	Physicians referred to IUD's as the "best", or their "favorite" often, encouraged not removing early due to certain reasons, though of waste and cost
Berlan et al. [18]	Qualitative study of pediatricians (N=23) in the US	Low acceptance of adolescent IUD use and persistent provider misinformation e.g. adolescents do not tolerate, not mature enough for, at risk for increased rate of complications
Brandi et al. [19]	Qualitative study of contraceptive care at time of an abortion, patients 18 years an older (N=31)	26% of patients reported pressure to choose a specific contraceptive method (most saying IUD) and patients endorsed directive counseling from their provider
Yee et al. [20]	Qualitative survey/interview study of post-partum African American Women and Hispanic women, median age of 26 years old (N=30)	Identified common themes in negative counseling experiences including perceived discrimination, forced discussions, not listening to patient's opinions, and promoting IUD over other methods
Richards et al. [21]	Survey study of young persons 14-24 years old presenting to a family planning clinic (N=332)	Majority (62%) of participants had high LARC acceptability and valued the effectiveness but found that the association between acceptability and attitudes was nuanced, approximately 10% of participants with high LARC acceptability endorsed "Scary" or "Bad for health" attitudes, whereas 54% of those with low LARC acceptability endorsed "Effective" attitudes
Pindar et al. [22]	Survey Study of female participants 14-21 years old presenting for contraception visits (n=89)	92% identified as African American, Only 13.5% like the idea of LARC for themselves, The odds of liking LARC decreased by 30% with each unit increase in the autonomy decision-making subscale score (OR, 0.70; 95% confidence interval, 0.52-0.94; P=0.02)
Bryson et al. [23]	Review paper	3 key findings based on review of the literature – a reproductive framework should be applied to LARC care and policies, provider bias does impact LARC services and creates inequities, LARC promotion is linked to systemic racism and there is a need for anti-racism in healthcare and medical education
Holt et al. [24]	Perspective paper	Defines a framework for policy makers and researchers to use when considering a more equitable access to high-quality, person-centered contraceptive care
Higgins et al. [25]	Published commentary	Identified 3 potential problems of LARC promotion by providers and encourages a reproductive justice approach

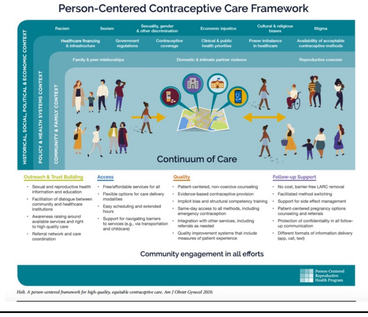
Conclusions

Common themes identified include-

- Provider bias perspective studies, significant chance of bias from providers to favor LARCs in patient encounters, commonly reference balance of patient autonomy with provider preference.
- Patient perspective: regardless of presence of provider bias, young adults and adolescents, especially patients of color, have preconceived notions of prejudice and bias that will be associated with contraception counseling visits.
- United agreement that the rapid expansion and enthusiasm for LARCs leads to a potential space for racism, coercion, and bias to enter family planning counseling.

Implications

- More research needed on this topic, especially from a racial bias lens. Gap in research on adolescent-focused study populations.
- Need for active anti-racism training for contraceptive providers and reproductive justice framework.
- Careful use of tiered contraception models and counseling language that deemphasize "first-line".



Disclosures

- This author has no disclosures or conflicts of interest