Emergency, implantable & intrauterine contraception use among under 18s in an integrated sexual health service

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Introduction

In England and Wales teenage pregnancy rates have declined by 55% since 1998 but remain among the highest in the European Union.¹ In 2015, the Office for National Statistics reported 21 conceptions for every 1,000 girls under 18.¹ One of the reasons given for the decline in teenage conceptions was timely access to contraception including emergency contraception (EC). The Faculty of Sexual & Reproductive Healthcare (FSRH) advise that clinicians should offer all methods of contraception including long-acting reversible contraception (LARC) to those under 18.² Sexual & reproductive healthcare (SRH) professionals are concerned that teenage conception rates may rise following budget cuts to public health and SRH services, reduction in outreach programmes and reconfiguration of services. The Advisory Group on Contraception found that in 2015–2016 more than one in six local authorities decreased their spending on contraception services.

In this review, we looked at a cohort of under 18s attending our integrated SRH service where routine practice is to offer all under 18s all contraceptive methods, emergency intrauterine contraception and quick-starting where appropriate.

Methods

In the financial year 2015-16 there were 1975 attendances of 998 individuals aged under 18 at our SRH service. A risk assessment proforma was used in 98.8% (n=505/511) of those 16 or under and 72.9% (n=355/487) of those aged 17. These were collated from electronic reports via GUMCAD and customized Lillie Crystal reports, and analysed using pivot tables.

Results

- 82.6% (824) were female
- 52.7% (526) were White British
- 69.2% (691) of under 18s & 79% (153) of under 16s lived in the local authority area
- 10% (86) of first attendances were to request EC
 - Under 16s accounted for 20.9% (18) of these
 - 67% (12) of these were quick-started on hormonal contraception

Rates of LARC uptake in under 18s attending SRH

As a proportion of all fittings undertaken by the SRH service under 18s accounted for 8.6% (54/627) of all implants and 0.85% (9/1065) of all intrauterine contraception fitted.

Conclusion

The majority were local residents, highlighting the importance of maintaining local SRH services for those under 18 when carrying out redesign of services. Intrauterine contraception as an emergency and ongoing method is routinely offered as standard; despite this, fittings in under 18s accounted for a small proportion of the total undertaken. Further work should include an audit of the offer and reason for declining an intrauterine method. We also suggest a review of those not quick-started after having EC.

In the current climate of reduced budgets we recommend that SRH services prioritise under 18s for LARC fittings and quick-start contraception. Clinic staffing and skill mix should enable professionals to opportunistically offer and deliver these highly effective methods.

1. Office for National Statistics. Conceptions in England and Wales: 2015. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2015>. [Accessed on 8th June 2017.]

2. FSRH Clinical Guidance: Contraceptive Choices for Young People. 2010.

3. Teenage pregnancy rates at record low, but continued cuts could see them spiral. 2017. <http://www.fpa.org.uk/news/teenage-pregnancy-record-low-cuts-could-spiral> [Accessed on 8th June 2017.]