Teens and Telehealth: Contraception

Telehealth presents new challenges and opportunities for providers caring for teenagers and young adults. How does clinical management change for urgent, typically confidential concerns when social distancing is a necessary barrier to in-person care?

1. **Teenagers often present with sexual health concerns. If a teen or young adult presents with concerns about contraception or pregnancy, can their concerns be addressed by telehealth?**

   Many reproductive health concerns can be initially addressed by telehealth. A video visit provides an opportunity to determine if an in-person visit is needed, and to minimize in-person visit time by performing history-taking and treatment planning in advance of an in-person visit. A clinic visit may still be indicated for medical evaluation, testing, or treatment that is urgent or time-sensitive and can only be conducted in person.

2. **What contraception services can be offered via telehealth?**

   Contraception counseling can performed via telehealth and augmented by sharing relevant pictures, videos and resources with the patient on the telehealth platform. More comprehensive and specific educational resources can be sent electronically. Prescriptions for combined hormone methods such as the pill, patch, and ring can be sent to the teen's pharmacy with extended 3 or 6 month supplies to minimize trips to the pharmacy during strict social distancing.

   For providers comfortable prescribing subcutaneous medroxyprogesterone via home injection, DEPO-subQ PROVERA 104® can be prescribed for the patient to self-administer, following evaluation and counseling by video visit. Video training is available for home depo injections, and can also be offered by video visit with a nurse educator or provider. This is another good option that precludes traveling to clinic for an in-person visit.

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In addition, most contraception follow-up or evaluation of side effects related to contraception can be conducted by video visit.

3. **If a teenager is interested in starting hormonal contraception for pregnancy prevention or another indication, is a video assessment sufficient to start her on a new medication?**

   Providers will vary in their comfort level assessing risk factors for complications due to hormonal contraception via video visit, or assessing pregnancy status without the benefit of a confirmatory lab test. For new patients or patients with certain chronic health conditions, a limited in-person visit for brief medical evaluation or lab testing (e.g., for pregnancy and STI testing) is an option once history and treatment planning are conducted by video. Some providers may feel comfortable initiating hormonal contraception for established patients, without a lab-only visit.

   The CDC resource, "U.S. Medical Eligibility Criteria for Contraceptive Use" provides a comprehensive guide to the risks, benefits and contraindications to any contraceptive medication, to aid providers in their telehealth counseling. The "U.S. Selected Practice Recommendations for Contraceptive Use" outlines history elements providers can use to ascertain pregnancy status with a high degree of probability (last menstrual period and last unprotected sexual encounter). In most situations, with careful counseling and shared decision making, teens can be prescribed contraception without the need of a confirmatory pregnancy test or in-person care. The benefits of avoiding unplanned pregnancy through contraceptive use may outweigh the risks of contraceptive medication, or delaying pregnancy diagnosis.

4. **For patients already using Long Acting Reversible Contraception (LARC) who wish to continue use, what options are available if they cannot present for in-person care for reinsertion before their device's expiration date?**

   Studies show that patients continue to benefit from these methods for up to 4-5 years with Nexplanon®, up to 7 years with Mirena® IUD and up to 12 years with the Copper IUD. In Europe, these methods are used for these longer time frames without increased pregnancy risk. US studies also confirm these longer efficacies allowing us to confidently assure patients their method will remain effective past the conservative time recommendations of the FDA. It is a good idea to continue to recommend condom use for STI and back up pregnancy prevention.

5. **If a teen or young adult is concerned about a new pregnancy diagnosis, do they need in-person care?**

   We offer pregnancy options counseling and resource mapping through video visits, and follow up visits in 1-2 weeks to check on resource access and to address

additional concerns. For pregnancy diagnosis, patients may perform home pregnancy tests with kits purchased at a community pharmacy and share the result with their telehealth provider, or perform the test in real-time with a provider during their video visit. Some providers may prefer visual confirmation of a positive pregnancy test, e.g., to initiate referral to WIC or other services requiring medical documentation of pregnancy status. Prescription of prenatal vitamins and medication counseling can be performed by video visit. Referrals and resources for prenatal care and abortion services can be shared with the patient electronically.

6. If a teen or young adult is interested in Emergency Contraception (EC) after a recent unprotected sexual encounter, can her concern be addressed by telehealth?

Yes! She can be counseled on Emergency Contraception and this can be prescribed to her preferred pharmacy. We perform comprehensive contraception counseling by video visit including counseling about efficacy of EC related to timing after exposure, medication administration and side effects of EC. EC can be purchased without a prescription but is covered by many insurance plans when prescribed. If a teen or young adult presents requesting EC for an unprotected encounter, this is a good opportunity to recommend a pregnancy test, offer contraception counseling, and screen for safety issues including non-consensual sexual experiences.

7. Since many health care organizations have placed limits on medical procedures during the COVID-19 pandemic, are clinics still providing abortions or procedural contraception services?

Injectable medroxyprogesterone and LARC methods (Nexplanon® and IUDs) may be deferred by some practices as non-essential procedures. However, in some cases, risks of deferring placement may outweigh benefit, and patients may be referred to organizations still offering these services.

At this time, our clinic continues to provide medroxyprogesterone injectable contraception for patients already on this form of contraception, for pregnancy prevention or for other medical indications, who decline or are not eligible for alternative medications. We consider continuation of this medication essential medical care, as unexpectedly discontinuing it for contraception or other medical indications without providing alternative therapy would present unnecessary medical risk.

We also continue to provide implantable and IUD contraception placement procedures after initial evaluation by video visit to determine, on an individual basis, that this treatment option is of sufficient medical urgency to merit in-person care. Many community-based clinics providing abortion services continue to provide this time-sensitive health service during the COVID-19 pandemic. In our pregnancy options counseling, we recommend that patients confirm any changes in hours or services with community clinics at the time they request services.

Peer-to peer-consultation is always available and currently recommended before scheduling new patient consults. During weekday business hours, call 202-476-4880 and ask to speak to the Adolescent Medicine physician on call.

Resources for further reading

Curtis KM, Tepper NK, Jatlaoui TC, et al. U.S. Medical Eligibility Criteria for ContraceptiveUse, 2016. MMWR Recomm Rep 2016;65(No. RR-3):1–104.
DOI: http://dx.doi.org/10.15585/mmwr.rr6503a1
https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria_508tagged.pdf

Curtis KM, Jatlaoui TC, Tepper NK, et al. U.S. Selected Practice Recommendations for Contraceptive Use, 2016. MMWR Recomm Rep 2016;65(No. RR-4):1–66.
DOI: http://dx.doi.org/10.15585/mmwr.rr6504a1

Birth control QuickStart Algorithm
https://www.reproductiveaccess.org/wp-content/uploads/2014/12/QuickstartAlgorithm.pdf

Birth control options counseling
https://www.reproductiveaccess.org/wp-content/uploads/2014/06/contra_choices.pdf

https://beyondthepill.ucsf.edu/sites/beyondthepill.ucsf.edu/files/Tiers%20of%20Effectiveness_English-043019.pdf

https://www.bedsider.org/methods

https://www.plannedparenthood.org/learn/birth-control?_ga=2.81109780.266435102.1576825164-1170002930.1568192699

Extended efficacy of LARCs
Ali M, Bahamondes L, Bent Landoulsi S. Extended effectiveness of the etonogestrel-releasing contraceptive implant and the 20 mg
levonorgestrel-releasing intrauterine system for 2 years beyond U.S. Food and Drug Administration product labeling. Glob Health Sci Pract. 2017;5(4):534-539.
https://doi.org/10.9745/GHSP-D-17-00296

Emergency Contraception
https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/emergency.html

Locating Family Planning Clinics

https://www.bedsider.org/where_to_get_it

https://www.plannedparenthood.org/

https://powertodecide.org/sexual-health/your-sexual-health/find-clinic

Pregnancy options counseling
Hornberger LL and AAP COMMITTEE ON ADOLESCENCE. Options Counseling for the Pregnant Adolescent Patient. *Pediatrics.* 2017;140(3):e20172274

https://www.fpntc.org/sites/default/files/resources/2017-10/fpntc_expl_all_options2016.pdf

https://www.fpntc.org/resources/exploring-all-options-pregnancy-counseling-without-bias-video

Subcutaneous Depo Provera
Keith, BM. *Home-based Administration of depo-subQ provera 104™ in the Uniject™ Injection System: A Literature Review*. Seattle: PATH; 2011.
https://path.azureedge.net/media/documents/RH_depo_subq_home_deliv_lit.pdf

https://path.org/resources/dmpa-sc-training-videos/

https://www.bedsider.org/features/789-depo-subq-the-do-it-yourself-birth-control-shot