All Adolescents Deserve Routine Conversations About Sexual Activity and Pregnancy Prevention

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It is essential that physicians who take care of adolescents, whether in specialty practice or primary care, learn to routinely address adolescent sexuality and reproductive health care. According to our most recent Youth Risk Behavior Survey, 64.1% of 12th graders have had sexual intercourse ≥1 time, and 49.3% of 12th graders have had sexual intercourse with at least ≥1 person in the last 3 months. Unfortunately, only 53% of those 12th graders had used a condom during their last sexual encounter, and only 32.2% of those 12th graders had used a birth control pill, intrauterine device, implant, shot, patch, or ring during their last sexual encounter.¹

Despite these high levels of sexual activity and unprotected sex, we have not yet reached the point where all providers of primary and specialty adolescent health care provide consistent and thorough sexual and reproductive health care. The reasons for this failure are complex and multifactorial, and they include both individual and systemic challenges and barriers.

Unfortunately, we know that many practitioners are not comfortable and do not feel as competent talking about sexual and reproductive health issues as they do talking about other preventive health issues with their adolescent patients. Others struggle with finding an adequate amount of time in busy clinics to provide this kind of care. But we also know that there is a general discomfort in our US culture in acknowledging that adolescent sexuality and sexual activity is a normal part of human development.² As a result, we have limited ability to help young people and their families approach these sensitive topics in the first place, let alone in the setting of complex medical conditions.

In their article in Pediatrics this month Stancil et al³ address sexual activity history taking and contraceptive counseling for young people placed on teratogenic medications by pediatric specialists and how infrequently this history taking and counseling occur. Specialty providers are not alone in this behavior; we have data indicating that primary care providers in all disciplines also have room to improve their approach (or lack of approach) to adolescent sexuality.⁴–⁷ However, several professional medical organizations have long provided specific recommendations for addressing adolescent relationships and sexual activity, including the American Academy of Pediatrics, the Society for Adolescent Health and Medicine, American Academy of Family Physicians, and the American Congress of Obstetricians and Gynecologists.⁸–¹⁰

Even if a provider does not think it is within his or her scope of care to provide a contraceptive method, asking the questions to assess whether a contraceptive method might be needed from another provider is essential. In addition, all providers should be aware of the newer recommendation that all adolescents should be offered the option of a long-acting reversible contraceptive method to prevent

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pregnancy.9,11 The fact that the Affordable Care Act allows us to provide 18 different contraceptive methods without any cost sharing to the patient should also make adolescent pregnancy prevention easier than ever.12

Adolescence is a complicated time for young people when they are healthy and well, let alone when they are dealing with the complications of a chronic illness and medications with numerous side effects and interactions. As medical providers we have a responsibility to address not only medical diagnoses and treatments but also any other psychosocial issues that might affect the physical and psychological well-being of our patients, including sexual and reproductive health.

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