

Dear Colleague:

With the generous support of CareFirst Blue Cross Blue Shield, Advocates for Youth is pleased to offer CDC Contraceptive Guidance for Health Provider materials to help improve the delivery of family planning services for teens in the District of Columbia.

Free hard copies of all materials; including *The U.S. Medical Eligibility Criteria for Contraceptive Use, 2010* and *The U.S. Selected Practice Recommendations for Contraceptive Use 2013* manuals are available upon request. Please contact Ebony Ross at ebony@advocatesforyouth.org.

Although DC's teen pregnancy rate has been cut by more than 64 percent since the 1990s, to an all-time low of 54.4 pregnancies per thousand girls 15 to 19 years old, these rates continue to be higher than other major cities and states across the country. In Wards 7 and 8, for example, the teen pregnancy rate is nearly double the national rate. In 2013, the DC Campaign commissioned a series of focus groups to learn about the facts which contribute to persistently high rates. *15 Years Later: Re-examining Teen Pregnancy in D.C. What's the Real Story?* revealed that:

- Teens in the District of Columbia feel a lot of pressure when it comes to sex;
- Teen pregnancy is very present in their schools and neighborhoods;
- Every single teenager in the focus groups knew at least one other teen who was pregnant or already a parent;
- Conversations about sex between parents and their children are sporadic, difficult and incomplete; and
- Teens don't know as much as they need to about contraception and sexually active teens use birth control and condoms inconsistently.

As a health care provider, you play a critical role in helping DC teens reduce their risk for early pregnancy. By encouraging sexually active teens to use contraception effectively and consistently; providing education on different methods, and offering youth-friendly, confidential, and affordable family planning services, you can make a tremendous difference in ensuring that teens have the motivation, information, skills, and services they need to prevent an unintended pregnancy.

We are delighted to share with you the long-awaited ***“Providing Quality Family Planning Services - Recommendations of CDC and the U.S. Office of Population Affairs”*** released in April 2014 by the U.S. Department of Health and Human Services' (HHS) Office of Population Affairs and the Centers for Disease Control and Prevention (CDC):

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm?s_cid=rr6304a1_w.

The recommendations define what services should be offered in a family planning visit and gives providers the information they need to improve the quality of family planning services. The recommendations were developed collaboratively by CDC and OPA based on a rigorous systematic review of the available evidence and extensive input from a

broad range of clinical experts. An online version of the recommendations is also available as an *MMWR Recommendations and Reports* on the CDC website:

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm?s_cid=rr6304a1_w

The recommendations:

- describe *what* services should be offered in a family planning visit: contraceptive services, pregnancy testing and counseling, advice for achieving pregnancy, basic infertility, preconception health, and STD services. They also describe *how* these services should be provided.
- address the needs of both female and male clients; describe how to provide services to special populations such as adolescents; provide detailed guidance on how to provide contraceptive services; and encourage providers to discuss contraceptive effectiveness with clients seeking to prevent pregnancy.
- encourage using the family planning visit to provide other essential preventive health services such as blood pressure screening and breast and cervical cancer screening.

In addition, enclosed are two other CDC publications. The *U.S. Medical Eligibility Criteria for Contraceptive Use, 2010* (U.S. MEC), focuses on who can safely use specific methods of contraception. It provides recommendations for the safety of contraceptive methods for women with various medical conditions (e.g., hypertension and diabetes) and characteristics:

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5904a1.htm?s_cid=rr5904a1_e.

A companion document, *The U.S. Selected Practice Recommendations for Contraceptive Use 2013* (U.S. SPR), which comprises recommendations that address a select group of common, yet sometimes controversial or complex, issues regarding initiation and use of specific contraceptive methods:

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6205a1.htm?s_cid=rr6205a1_w. U.S. MEC describes who can use various methods of contraception, whereas the US SPR guidelines describe how contraceptive methods can be used. The WHO/CDC Medical Eligibility Criteria Wheel contains the specific criteria for initiating six common types of contraceptive methods, including: combined pills (low dose combined oral contraceptives, progestogen-only pills; progestogen-only injectables, contraceptive implants, and IUDs.

Finally, additional CDC Contraceptive Guidance for Health Care Providers' resources are available on the CDC Reproductive Health page:

http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/Contraception_Guidance.htm.

We hope you'll find these resources helpful when counseling patients about contraceptive choice. We encourage you to share these materials with your colleagues. Please don't hesitate to contact Ebony Ross, Associate Director, Adolescent Sexual Health Services Division by email at ebony@advocatesforyouth.org.