Presented at the 142nd American Public Health Association Annual Meeting and Exposition

November 15-19, 2014 New Orleans, LA

Selection and Correct Use of Emergency Contraception by Race and Ethnicity Gina Sucato, MD, MPH¹; Brandon Howard, PhD²; Nancy Ricciotti, MSN³; Jennifer Hsieh, MS⁴ ¹Children's Hospital of Pittsburgh of UPMC, Pittsburgh, PA; ²Teva Global Medical Affairs, Frazer, PA; ³Teva Branded Pharmaceutical Products, R&D, Inc., Frazer, PA;

⁴Teva Branded Pharmaceutical Products, R&D, Inc., West Chester, PA

| | | Figure 1 |
|---|---|---|
| | INIKUDUCIJUN | |
| • | Approximately half of all pregnancies in the US are unintended. ¹ | |
| | Among US adolescents 15 to 17 years of age, the vast majority (91%) of pregnancies are unintended.¹ | |
| • | Emergency contraception (EC) provides an additional effective option for preventing pregnancy in adolescents. ² | |
| • | An over-the-counter (OTC) simulation study demonstrated that approximately 90% of women aged 13 to 17 were able to appropriately self-select and correctly use single-dose 1.5 mg levonorgestrel EC (Plan B One-Step [®]). ² | |
| • | Previous studies have found adolescents' contraceptive use and unintended pregnancies vary by race/ethnicity. ^{1,3} | |
| • | This post-hoc analysis examined appropriate self-selection and correct EC use by race. | Approp |
| | DESIGN AND METHODS | Dispe Dischar serv |
| • | This multicenter, noncomparative case series study was conducted in the US from October 2008 to December 2010. | Follow-u • 4-10 da detern |
| • | Female adolescents 13 to 17 years of age were enrolled from reproductive health clinics in 5 metropolitan areas. ² | • 4 and 8 assess |
| • | Participants completed self-administered participation and baseline questionnaires in which they reported race/ethnicity and reason(s) for requesting EC (Figure 1). ² | *Assessments |
| | After reviewing package information, participants indicated whether they would use EC. | AES, duverse e |
| • | Follow-up was conducted by telephone or during clinic visits at 1, 4, and 8 weeks after EC was dispensed to assess product use (correct or incorrect), health problems, and pregnancy status. ² | RESThe stur |
| | Appropriate self-selection for use was considered to have occurred if the participant recorded in her verbatim statement on the participation questionnaire that she wanted to use the study product for a reason for which the product is indicated, and if she did not indicate on the participation or baseline questionnaires that she had an allergy to levonorgestrel or a positive pregnancy test(s), or check "YES" to the question, "Are you pregnant?" | Table 1. Character Ethnic Lat No Answ Yes No Don't Kn |
| • | Correct use was considered to have occurred if the participant reported at the first follow-up contact that she took the EC within 72 hours following unprotected sexual intercourse. | Latina Asian or African A White |
| • | The study was conducted at clinics where IRB and state law permitted minors to provide consent for confidential reproductive healthcare, including receipt of EC. ² | Multiraci Other |
| • | Statistical analysis for appropriate self-selection and correct use of EC by race was done using the Fisher's Exact test. | ⁺ A total of 34 based on revi |
| | | |



at this visit also included pregnancy status and repeat EC use. events; IC, informed consent; OTC, over-the-counter.

ULTS

Idy population was racially and ethnically diverse (**Table 1**).

| Race and Ethnicity* of Enrolled Participants (N=343 ⁺). | | | |
|---|-------------|--|--|
| ristic | N (%) | | |
| tina/Hispanic | | | |
| ver | 17 (5.0%) | | |
| | 169 (49.3%) | | |
| | 151 (44.0%) | | |
| WO | 6 (1.7%) | | |
| | | | |
| | 147 (42.9) | | |
| Pacific Islander | 68 (19.8) | | |
| American | 48 (14.0) | | |
| | 39 (11.4) | | |
| ial | 23 (6.7) | | |
| | 18 (5.2) | | |

nnicity categories were self-selected by the participants.

5 participants were included in the primary analysis of this study. Two participants were deemed ineligible view of their initial screening responses subsequent to the primary publication.²

- Overall, of the 343 women enrolled, who ranged in age from 13 to 17 years, 309 (90%) appropriately self-selected (Figure 2).
- Of the 297 women who used EC, 263 (88.6%) demonstrated correct use, and 34 (11.4%) reported incorrect use (Figure 2).



*Includes 2 participants who appropriately self-selected, but decided NOT to use the EC, as both realized they had unprotected sexual intercourse >72 hours before requesting EC.



• Appropriate self-selection rates were high in each group, ranging from 81.3% for African-Americans to 97.4% for Whites (Figure 3).

*No differences in appropriate self-selection rates among races were observed (p=0.2521).

• Percentages of participants who correctly used EC following appropriate selfselection and dispensing were also high in each group, ranging from 84.8% for African-Americans to 90.7% for Latinas (Figure 4).



*No differences in correct EC use among races were observed (p=0.8508).

CONCLUSIONS

- Percentages of participants who appropriately self-selected and correctly used EC were high in all racial groups, ranging from 81% to 97%.
- The variations albeit slight in rates of appropriate self-selection and correct use by race seen in this study are consistent with prior research demonstrating variation in contraceptive adherence by race and ethnicity.³
- Although the single-dose 1.5 mg levonorgestrel EC is now available overthe-counter to women of all ages, pharmacists should serve as resources for teens who request guidance on appropriate self-selection and correct use.

REFERENCES

- Finer LB, Zolna MR. Shifts in intended and unintended pregnancies in the United States, 2001-2008. Am J *Public Health.* 2014;104(suppl 1):S43-S48.
- Raine TR, Ricciotti N, Sokoloff A, Brown BA, Hummel A, Harper CC. An over-the-counter simulation study of a single-tablet emergency contraceptive in young females. Obstet Gynecol. 2012;119(4):772-779.
- . Martinez G, Copen CE, Abma JC. Teenagers in the United States: sexual activity, contraceptive use, and childbearing, 2006-2010 National Survey of Family Growth. Vital Health Stat. 2011;23(31):1-35.

ACKNOWLEDGEMENTS

This study was sponsored by Teva Branded Pharmaceutical Products, R&D, Inc. Funding for development, editorial, design, and production support was provided by Teva Women's Health, Inc., to MedVal Scientific Information Services, LLC, Skillman, NJ.

DISCLOSURES

G.S. Sucato received research funding for her role in this study. B. Howard is an employee of Teva Global Medical Affairs. J. Hsieh and N. Ricciotti are employees of Teva Branded Pharmaceutical Products, R&D, Inc.

For a PDF copy of this poster, scan the QR code with your Android™ phone, Blackberry[®], or iPhone[®]. No personal information will be collected. This is not associated with any marketing or promotional activity.

