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Satisfaction with and intention to continue Depo-Provera versus the Mirena IUD among post-partum adolescents through 12 months of follow-up

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Study Objective: No prior study has directly compared satisfaction with Depo-Provera to the Mirena intra-uterine device (IUD) among post-partum parous adolescents. Our aim was to make this comparison among post-partum adolescents at 3, 6 and 12 months of follow-up.

Participants: Post-partum/parous adolescents (aged 20 and younger) choosing either Depo-Provera or the Mirena IUD as their method of contraception.

Design: Prospective longitudinal survey.

Setting: The adolescent clinic at the Truman Medical Center, Kansas City Missouri.

Main Outcome Measure: Satisfaction with and intention to continue the chosen method at 3, 6 and 12 months of follow-up.

Interventions: None.

Results: Sixty-six post-partum/parous adolescents were recruited, 37 choosing the Mirena IUD and 29 choosing Depo-Provera for contraception. The 2 groups had similar baseline characteristics. There was no statistically significant difference in overall satisfaction with Depo-Provera versus the Mirena IUD at 3, 6 or 12 months of follow-up. For both contraceptive methods, unpredictable bleeding was most unacceptable at 6 months of follow-up but the trend was only statistically significant for Depo-Provera. For Depo-Provera, there was a significantly lower proportion of participants actually continuing the method at 12 months (42.9%) relative to the proportion who at 6 months had expressed an intention to continue (80.0%; $P=0.01$). This trend was not seen for the Mirena IUD.

Conclusion: Among post-partum/parous adolescents, overall subjective satisfaction with Depo-Provera and the Mirena IUD is similarly high over 12 months of follow-up. With Depo-Provera, however, there appears to be a disconnection between intention to continue at 6 months and actual continuation at 12 months.

Biography

David Howard completed his MD and PhD at the Johns Hopkins University. He completed a postdoctoral fellowship in Perinatal Epidemiology at the University of North Carolina, Chapel Hill and completed a residency in Obstetrics and Gynecology at the University of Missouri-Kansas City. He is currently an attending physician in the United States Air Force and is an adjunct faculty at the Eastern Virginia Medical School and the Uniformed Services University of the Health Sciences. He has co-authored 19 publications and has served as a reviewer for the Maternal and Child Health Journal and the Journal of Pediatric and Adolescent Gynecology.

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