Characterization of Gynecologic Care Practices among General Pediatric Caregivers

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Background

The American Academy of Pediatrics’ (AAP) Committee on Adolescence states that all pediatricians who choose to see teenagers should be able to provide counseling about sexual behavior, education on contraceptive methods and prevention of sexually transmitted infections (STIs), as well as assist with access to family planning services. In addition, they are expected to provide routine reproductive health care including pelvic examinations, diagnosis of pregnancy, diagnosis and treatment of sexually transmitted diseases, and prescriptions of contraceptives.

A 1993 survey by the AAP Committee on Youth found that 1,633 of its members, 76% accepted new patients ≥ 16 years of age, 63% continued to see patients ≥ 19 years of age, and although between one-third and two-thirds of respondents reported having equipment for gynecologic examinations, most indicated they are “not entirely comfortable” treating adolescent issues and therefore referred them to others for management. (Fisher).

Compared to 20-30 years ago, an increasing amount of sexually active adolescents has placed the onus of comprehensive gynecologic care and counseling on the shoulders of Pediatricians (menstrual disorders; vaginitis and vulvar disorders; breast disorders; STIs; and adolescent pregnancy and contraception) and the paucity of research in this field is becoming increasingly evident (Acquavella). A recent study of 100 general practice pediatricians revealed that although 79% of responding pediatricians counseled on STIs, 39% counseled on family planning, and 62% almost always took a sexual history, 38% admitted to never doing pelvic examinations on their sexually active adolescent patients, suggesting inadequate gynecologic care (Beaty).

The Intervention

An anonymous online survey was distributed via email to pediatric residents and general pediatrics faculty at NorthShore University HealthSystem and University of Chicago Medical Center who are responsible for providing preventive and routine gynecologic care to their female patients to identify system-wide practice methods of clinical pediatric gynecology.

Aims

Given that an increasing number of pediatricians are responsible for gynecologic care, the goal was to evaluate current practices of the UCMC and NorthShore providers and determine whether or not they are compliant with current recommendations as well as identify a possible relationship between current practice and provider level of comfort. Following a 1993 survey by the AAP, 50% of pediatricians reported being “very interested” in learning more about adolescent issues and thus this was interpreted as our window to determine if education is needed to address this paradigm shift in pediatric practice. (Fisher)

Results

Of all 64 respondents, 55% were residents, 72% practiced in an academic setting, 45% were between 25-30 years of age and 12% reported 50+ years of age, 75% were Caucasian, and 57% had 0.5 years of practice and a near equal distribution of 15-16, 16-25 years, and 25+ years of practice. By self report 18% were not comfortable with gynecologic care, 12% were not comfortable prescribing short acting contraceptives, 44% were not comfortable prescribing long acting contraceptives. 28% only offered contraceptives of the patient requested it where as 67% offered it to all patients. The pill was the most commonly prescribed overall contraceptive (56%) and in the short-acting category (95%); depot provera was the most common long acting contraceptive (51%) with IUD the least common(14%). Pediatricians referred their patients to gynecologists for long active contraceptives (82%), STI (3%), dysmenorrhea(29%), oligomenorrhea (37%), primary amenorrhea (42%), secondary amenorrhea(60%), menorrhagia(48%), pelvic pain (60%), 64% routinely discussed emergency contraception and 52% provided it. 64% provided barrier methods. Annually for sexually active girls, 79% do external genital exams, 74% urine gonorrhea Chlamydia testing, and 6% did pap smears versus only 66% external exam, 16% GC Chlamydia testing, and 0% pap smears for non sexually active patients. Only 45% did internal speculum exams for sexually active patients complaining of discharge whereas 26% did so for non sexually active patients. Only 1% performed routine pap smears for patients less than 21 years old. For sexually active patients Urine tests for Gonorrhea Chlamydia was more commonly used than the affirm swab. 95% of providers were asking about safe sex among their female adolescent patients.

Lessons Learned

Overall, general pediatric residents and faculty are largely compliant with current recommendations for pediatric and adolescent gynecologic care; however, only a very small percentage, 12% were very comfortable tending to the gynecologic needs of their patients, only 20% were very comfortable prescribing short acting contraceptives, and upwards of43% were uncomfortable providing long active contraceptives. It is obvious that educational initiatives need to be instigated to improve the level of comfort of general practitioners in embracing pediatric gynecologic care especially in the face of constantly evolving clinical practice recommendations.

Next Steps

We recommend designing an educational module for faculty that describes the official recommendations of ACOG and the AAP surrounding practice guidelines for pediatric gynecologic care. This will ultimately improve the quality of pediatric clinical gynecologic care delivered not only the NorthShore University HealthSystem but the wider medical community as well.