**Results:** Among 859 HIV-1 negative pregnant women who have completed the study, median age was 22 years: 388 (45.2%) were adolescents 14-21 years and 320 (37.3%) were adults 25-42 years. Adolescents and adults had similar education (median 8 years), socioeconomic indicators (24% resided in single rooms) and similar proportions of orphanhood (21% had both parents deceased). They differed in prevalence of stable partnerships: adolescents were less likely to be married (64% vs. 94%; p < 0.001) or to be in a stable partnership (1 year vs. 7 years duration; p < 0.001). Gestational age at enrollment was 27 weeks and did not differ significantly between groups. Rates of facility delivery were 63% vs. 61%, between adolescent vs. adult mothers, respectively, and similar between groups (p = 0.82). Vaccination coverage by study termination for OPV and DPT vaccines through 14 weeks was 77% in the cohort overall, and coverage did not differ significantly between the two groups (p = 0.23).

**Conclusions:** A large proportion of study participants were adolescents. Both adolescent and adult mothers presented late for antenatal care and rates of facility delivery were low for the entire exited cohort, however higher than the Kenya average. Gestational age at antenatal enrollment and facility delivery prevalence did not differ significantly between adolescent and adult mothers. Our findings suggest that adolescents do not significantly differ in their patterns of MCH service use in a controlled research setting.

**Sources of Support:** N/A.

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**COMPARING PRECONCEPTION CARE RECEIPT BETWEEN ADOLESCENT AND OLDER MOTHERS: RELATIONSHIP TO PREGNANCY INTENTIONS AND POST PREGNANCY CONTRACEPTIVE USE**

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**Purpose:** With growing scientific recognition that the early antecedents of child and adult health start prenatally and even preconceptionally, women’s health before and between pregnancies is paramount. One important aspect of preconception care (PCC) is encouraging pregnancy planning. Unintended pregnancy has been linked to inadequate and/or delayed initiation of prenatal care, smoking and drinking during pregnancy, premature birth, and lower rates of breastfeeding as well as negative physical and mental health effects on children. Prior studies have suggested that most women do not receive PCC however no studies have specifically compared PCC receipt between adolescents and older mothers. The objectives of this study were to evaluate receipt of PCC prior to most recent pregnancy, intendedness of pregnancy and current use of highly effective contraceptive in adolescent compared with older mothers. We hypothesized that adolescents would be less likely to have received PCC and would be more likely to use a hormonal method or IUD after pregnancy.

**Methods:** Mothers of young children (< 3 years) presenting for well child care were recruited from four pediatric practices: two primary care clinics serving primarily urban, African American patients; an academic clinic serving primarily Hispanic immigrants; and a suburban private practice serving a diverse population including many low income patients during January-July 2013.

A detailed needs assessment interview was conducted gathering information about receipt of PCC in addition to intendedness of most recent pregnancy and current contraceptive use. Receipt of PCC was assessed using a question from the Pregnancy Risk Assessment Monitoring Survey (PRAMS) asking whether a healthcare provider had advised her on how to have a health pregnancy prior to becoming pregnant. Descriptive statistics were calculated. Chi Squared test was used to determine statistical significance of frequency differences comparing adolescent vs. older mothers. The study was approved by the Johns Hopkins IRB.

**Results:** A total of 252 women were interviewed (Range 15-45), 35 women ages 21 and under were interviewed. Mothers were predominantly African American (71.4%) and 9.9% were Hispanic. Adolescents were significantly more likely to report that their most recent pregnancy was unintended (mistimed or unwanted) than older mothers (74% vs. 52%, p = .01). There was no difference in report of PCC receipt between adolescent and older mothers (54% vs. 59%, p = .76). Adolescents were more likely to report use of a hormonal contraceptive method or IUD after pregnancy than older mothers (74% vs. 48%, p < 0.01).

**Conclusions:** While there was no significant difference in reported receipt of PCC between adolescent and older mothers, the overall rates are low and suggest the importance of implementing systematic preconception screening and intervention programs. The fact that adolescents reported significantly higher rates of unintended pregnancy along with higher rates of effective contraceptive use after their pregnancy suggests a need and opportunity for interventions targeted to primary prevention of adolescent pregnancy, including earlier promotion of highly effective contraceptives, in order to help adolescents’ to achieve their reproductive goals.

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**TRANSITION TO ADULT CARE**

**YOU’RE IN CHARGE: AN EARLY INTERVENTION, FAMILY FOCUSED TRANSITION PREPARATION PROGRAM IN CANADA**

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**Purpose:** Families and youth frequently experience the transition from pediatric to adult health services with chronic illness as stressful, poorly planned and lacking in preparation. Many literature reviews and empirical studies have been conducted to enhance health care providers understanding of best practice in the area of transitions, and yet the perceptions of youth and families continue to indicate improvements are needed. This purpose of this study was to describe the development of an innovative, early preparation program for young adolescents with chronic illnesses and their families in Canada. Current theoretical and empirical evidence in transition and chronic disease self-management have informed the design and implementation of this program. Findings from the first year and future directions for research and practice are also presented.

**Methods:** This intervention study used a pre and post measure design to determine if the intervention resulted in shift towards increased readiness for transition in both youth and parent participants. The specific outcome of interest is readiness for behavioral change related to healthcare transitions. The You’re in Charge
Program is an early intervention, family focused, transition preparation program for families with young adolescents with chronic illness or childhood onset disability. The multidisciplinary approach in this program includes youth engagement and leadership, parent education, goal setting and action plan development. Implemented in a camp setting, this program is designed to help families initiate the discussions and actions that will prepare them to navigate the transition from pediatric to adult health care.

**Results:** Both youth (n = 12) and parent (n = 14) participants showed changes in their scores after participating in the program. Youth participants had statistically significant improvements in the behavioral domain items (p = .009) while parent participants had statistically significant improvements in the knowledge domain items (p = .001). Both groups had improvements in the other domains although these changes were not statistically significant. These results indicated a shift from the preparation to action phase of the readiness continuum.

**Conclusions:** The early findings from the first year of the You’re in Charge program indicate that participants shift in their perceived readiness for behavioral change in preparation for the transition from pediatric to adult health care. It is not known if these behavioral changes are maintained after participation in the program. The need for additional exposures to the intervention is not known. It is also not known if participation in the program affects the actual transition experience later in the adolescents’ lives. Qualitative feedback from participants collected in the four-week period following program participation indicates that the goal setting and action planning are particularly effective elements of the intervention. Further investigation of the long-term effects and determination of the potency of program elements is needed to refine the intervention.

**Sources of Support:** The You’re in Charge program is funded in whole by the Nova Scotia Department of Health and Wellness.

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**PATIENTS’ PERCEPTION OF TRANSITION IMPORTANCE, READINESS AND THE LIKELIHOOD OF FUTURE SUCCESS: THE ROLE OF ANTICIPATORY GUIDANCE**

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**Purpose:** The Maternal and Child Health Bureau has identified transition to adult health care as a core outcome of the community-based system of services required for all children with special health care needs under Title V. This core outcome is measured using 4 items included in the National Survey for Children with Special Health Care Needs (NS CSHCN). These items assess whether the youths’ doctors usually or always encourage adolescents to take increasing responsibility for their care, and whether doctors had provided anticipatory guidance about transition to adult health care (i.e. the child’s provider had discussed health insurance; the shift to adult health care providers, and the child’s changing health care needs as he or she approaches adulthood). While these items represent expert consensus, the relationship to the actual transition process has never been established. Thus, it is unclear whether encouraging responsibility for care or transition anticipatory guidance has an impact on how patients perceive the transition process.

**Methods:** All participants (n = 191, mean age 19.0 (17)) were enrolled in an urban SSI Medicaid health plan for youth with special health care needs and cared for in a large academic adolescent health center. Participants answered the 4 NS CSHCN transition items and reported their perception of transition importance, readiness and likelihood of future success. Linear regression was used to assess the relationship between a report of provider encouraging responsibility for one’s own health and transition anticipatory guidance with patient perception of transition importance, readiness and likely future success. We further evaluated the impact of age and level of care coordination needs on these perceptions.

**Results:** While the majority of participants (n = 151) perceived that transition was important, there was no relationship with provider encouragement of responsibility for health care or transition anticipatory guidance. Participants reporting receipt of transition anticipatory transition guidance, either discussing health insurance, the shift to adult health care providers, or the child’s changing health care needs as he or she approaches adulthood, were all independently associated with the perception of readiness (p < 0.01) and that transition would be successful (p = 0.002). For participants ages 19-22yo (n = 97), reporting a discussion with their provider about transition predicted a higher perception of readiness (p = 0.005) but not perception of likely success. Among participants with high care coordination needs (n = 41), discussion of transition and changing health care needs predicted perceived readiness (p = 0.001) and likely future success (p = 0.004). Reported provider encouragement for increasing responsibility did not predict perception of the transition process.

**Conclusions:** Receipt of transition anticipatory guidance does seem to relate to perception of transition readiness and likelihood of success. For some youth with higher care coordination needs, this anticipatory guidance has the largest impact. Self-management encouragement does not seem to impact transition process perceptions. Future studies need to measure health outcomes, not just perceptions, of transition anticipatory guidance and self-management encouragement.

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**MENTAL HEALTH PREDICTORS OF SUCCESSFUL TRANSITION FROM PEDIATRIC TO ADULT DIABETES CARE**

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**Purpose:** It has been observed that adolescents with T1DM may not be ready for the independence necessary to transition successfully to adult care, as evidenced by their struggles with diabetes self-care following transition, as indicated by low diabetes self-efficacy. There is some evidence to suggest that mental health may predict successful transition to adult care. Specifically, adolescents struggling with T1DM who have also been referred for mental health services are less likely to successfully transition to adult care. The current study aimed to: 1) determine whether a number of mental health related factors predict successful