

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.

68.

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 pre-conceptionally, 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 contraception 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%, $p = 0.76$). 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

69.

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