

## **Review of contraception use and counselling at a youth sexual health service in Sydney.**

### **Authors**

Robinson L<sup>1</sup>, Gilbert J<sup>1</sup>, Houghton R<sup>1</sup>

<sup>1</sup>Sydney Sexual Health Centre, Nightingale Wing, Sydney Eye Hospital, 8 Macquarie St, Sydney, NSW 2000, Australia

### **Background**

Condoms and oral contraceptive pills remain the most common contraception used by young people in Australia. Their effectiveness relies on user compliance and contributes to unintended pregnancy rates for those aged 18-24. Regular contraceptive counselling is important to review compliance and tailor effective options for young people.

### **Methods**

We conducted a retrospective review of all clients attending an urban youth sexual health service. Data extraction and manual review was used to ascertain current contraception, condom usage and contraceptive counselling for those not using long-acting reversible contraception (LARC) or injectable contraception. We performed descriptive analyses on the proportions of contraceptive use and counselling completed during eligible visits.

### **Results**

Between January - December 2023, 138 clients attended on 174 occasions. 3 were excluded due planned or current pregnancy. Median age was 22, 85% Australian born, and the majority were students. 14% (n=19) were not on any contraception. 47% (n=64) used condoms only, however the majority (82%, n=54) reported imperfect use. 52 (39%) used other primary contraceptive methods - 22 oral pills, 23 intrauterine devices and 7 implants, none used injectables. Counselling was documented on 82 occasions to those 105 clients not using LARC. The majority of those with no contraception (n=14, 73%) or using condoms only (n=50, 78%) received counselling at one or more visits, however for those on oral contraceptive pills (n=22) only 5 (22%) had a documented discussion about compliance or other options.

### **Conclusions**

Contraceptive counselling was successfully offered to those not using LARC, however there were significant opportunities to review compliance and discuss the benefits of LARC in those using short acting methods. Contraceptive choices in this cohort reflect national data. Further analysis is required to determine the outcomes of contraceptive counselling as well as knowledge and understanding of contraceptive choices discussed.

### **Disclosure of Interest Statement**

The authors have no disclosures.