CDC’s Teen Pregnancy Prevention Project: Integrating Services, Programs, and Strategies through Community-wide Initiatives

Clinical Component

Use of Text Messages to Increase Adolescent Females’ Contraceptive Adherence and Continuation

Tuesday, January 24, 2012
1:30pm – 3:00pm
Call-in Number: 1-866-200-6965
PIN: 73799696#
Webinar Objectives

As a result of this Webinar, participants will:

- Learn about research on the impact of daily text messages on oral contraceptive pill adherence and continuation among teens and young women
- Understand the implications of the research for all interventions aiming to increase contraceptive adherence and continuation among adolescents
- Learn about Besider (www.bedsider.org), a new tool that supports teens and young women with using their chosen contraceptive method consistently and effectively
Use of Text Messages to Increase Adolescent Females’ Contraceptive Adherence and Continuation

Presenters

Paula Castaño, MD, MPH
Assistant Clinical Professor of Obstetrics and Gynecology, Columbia University Medical Center

Larry Swiader
Senior Director Of Digital Media, National Campaign To Prevent Teen And Unintended Pregnancy
Txt Now 2 Decrease Pregnancies L8r

Paula M. Castaño, MD, MPH

January 24, 2012
Disclosures

- Preceptor for Conceptus®, Inc.
- Trainer for Merck Nexplanon®
- Scientific Advisory Panel for Bayer ®

Acknowledgments
Objectives

• Learn about research on the impact of daily text messages on oral contraceptive pill (OCP) adherence and continuation among young women
  • Review the scope of the problem
  • Understand the results of the intervention
  • Identify OCP users at high risk for discontinuation that may benefit most from this intervention

• Understand the implications of the research for all interventions aiming to increase contraceptive adherence and continuation among adolescents
Effect of Daily Text Messages on Oral Contraceptive Continuation
A Randomized Controlled Trial

Paula M. Castaño, MD, MPH, Jillian Y. Bynum, MPH, Raquel Andrés, MA, PhD, Marcos Lara, PharmD, MBA, and Carolyn Westhoff, MD, MSc

Obstetrics and Gynecology
January 2012
BACKGROUND
Teens have sex…

- 46% of teens 15-19 years have had sex (2009 Youth Risk Behavior Survey)
- ~4.6 million teens at risk for pregnancy
- Teens not using birth control have a 90% chance of becoming pregnant in a year
## 2006-2010 National Survey of Family Growth

**Ever use of contraception by sexually experienced 15-19 year-olds**

<table>
<thead>
<tr>
<th>Contraception Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condoms (M + F)</td>
<td>97%</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>57%</td>
</tr>
<tr>
<td>Pill</td>
<td>56%</td>
</tr>
<tr>
<td>Depo</td>
<td>20%</td>
</tr>
<tr>
<td>NFP</td>
<td>15%</td>
</tr>
<tr>
<td>EC</td>
<td>14%</td>
</tr>
<tr>
<td>Patch</td>
<td>10%</td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
</tr>
<tr>
<td>Ring</td>
<td>5%</td>
</tr>
</tbody>
</table>
Contraceptive Effectiveness

**Typical use failure rates**

<table>
<thead>
<tr>
<th>Method</th>
<th>Failure Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condoms (M + F)</td>
<td>15-21%</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>27%</td>
</tr>
<tr>
<td>Pill</td>
<td>8%</td>
</tr>
<tr>
<td>Depo</td>
<td>3%</td>
</tr>
<tr>
<td>NFP</td>
<td>12-25%</td>
</tr>
<tr>
<td>EC</td>
<td>-</td>
</tr>
<tr>
<td>Patch</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
</tr>
<tr>
<td>ParaGard IUD</td>
<td>0.8%</td>
</tr>
<tr>
<td>Mirena IUD</td>
<td>0.2%</td>
</tr>
<tr>
<td>Implanon</td>
<td>0.05%</td>
</tr>
<tr>
<td>Ring</td>
<td>8%</td>
</tr>
</tbody>
</table>

# Contraceptive Continuation Rates

<table>
<thead>
<tr>
<th>Method</th>
<th>Rate at 6mo/12mo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condoms (M + F)</td>
<td>-</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>-</td>
</tr>
<tr>
<td>Pill</td>
<td>12-58% at 6mo</td>
</tr>
<tr>
<td>Depo</td>
<td>50% at 12mo</td>
</tr>
<tr>
<td>NFP</td>
<td>-</td>
</tr>
<tr>
<td>EC</td>
<td>-</td>
</tr>
<tr>
<td>Patch</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
</tr>
<tr>
<td>ParaGard IUD</td>
<td>78% at 12mo</td>
</tr>
<tr>
<td>Mirena IUD</td>
<td>80% at 12mo</td>
</tr>
<tr>
<td>Implanon</td>
<td>84% at 12mo</td>
</tr>
<tr>
<td>Ring</td>
<td>-</td>
</tr>
</tbody>
</table>
## 2002 National Survey of Family Growth

### Reasons for discontinuing contraceptive use

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Side effects</td>
<td>53%</td>
</tr>
<tr>
<td>Did not like changes to menstrual cycle</td>
<td>17%</td>
</tr>
<tr>
<td>Decreased sexual pleasure</td>
<td>11%</td>
</tr>
<tr>
<td>Partner dissatisfaction</td>
<td>10%</td>
</tr>
<tr>
<td>The method did fail</td>
<td>8%</td>
</tr>
<tr>
<td>Too difficult to obtain</td>
<td>7%</td>
</tr>
<tr>
<td>Doctor told you not to use the method again</td>
<td>6%</td>
</tr>
<tr>
<td>Worried about side effects</td>
<td>5%</td>
</tr>
<tr>
<td>You were worried the method would fail</td>
<td>4%</td>
</tr>
<tr>
<td>The method did not protect against disease</td>
<td>3%</td>
</tr>
<tr>
<td>Too expensive</td>
<td>2%</td>
</tr>
<tr>
<td>Too difficult to use</td>
<td>2%</td>
</tr>
</tbody>
</table>

Background (continued)

- Another common reason for discontinuation:
  - *Failure to establish a pill-taking routine*
- Feasibility survey (473 adolescents):
  - *1/3 worried about forgetting to take their medications*
- Study using pill-tracking device found 5 pills missed per month

Oral contraceptive pill (OCP) misuse, failure, and discontinuation leads to 1 million unintended pregnancies in the U.S. each year

Consequences of Teen Pregnancy

- Unintended pregnancy → personal and societal repercussions
- More medical complications; ↑ maternal and infant morbidity and mortality
- More than 25% → abortion
- Less likely to finish school, more likely to be single parents, less likely to acquire work experience → ↓ socioeconomic status

Basically…

- Teens have sex
- Sex can result in pregnancy
- Teen pregnancy has consequences
Basically…

We can do something about it!
Improving Continuation

• Most successful pregnancy-prevention programs use innovative, multi-factorial approaches
• We noted increased use of cell phones and text messaging in our adolescent patients
Cell Phones & Text Messaging in the U.S.

• More than 243 million cell phone users in US
  • 92% equipped with text messaging
• 50 billion text messages sent in 6 months
  • 30% of subscribers (vs. 70% in Europe)
• Other uses for cell phones
  • 16.9 million people accessed health information between September and October 2011
    • 60% under age 35
Teens and Txt

- Most U.S. teens with cell phones text
- Urban teen girls text more than boys or adults
  - Longer, more complex, more emotion
  - Boys value functional, practical, instrumental qualities of cell phones
  - Girls value symbolic and expressive aspects
- Women younger than 18 years send and receive 4,050 text messages monthly
Feasibility

- Australian study of 110 16-24 year-olds
  - 96% with cell phones
  - 73% replied to a text message
- Columbia University Medical Center study of 473 teens
  - 77% had cell phone
    - 89% could receive text messages
  - 39% text at least daily
Feasibility (continued)

Evaluation of text messages as

- **Behavior modifiers**
  - *Smoking cessation*
- **Lab results services**
  - *Chlamydia trachomatis*
- **Medication reminders**
  - *Liver transplant, vaccinations*
  - **OCP adherence**
    - \( N = 82 \)
    - **No difference after 3 months of daily text messages**

Study Methods and Participant Flow

Assessed for eligibility (n=6,664)
- Excluded (n=5,696)
  - Not meeting inclusion criteria (n=5,177)
  - Declined to participate (n=519)
- Randomized (n=968)
  - Duplicate enrollees (n=6)

Allocation
- Allocated to text message intervention (n=480, 100%)
- Allocated to control (n=482, 100%)

Follow-Up
- Lost to follow-up (n=134, 28%)
  - Service interruptions (n=54)
  - Refusals (n=80)
- Lost to follow-up (n=145, 30%)
  - Service interruptions (n=53)
  - Refusals (n=92)

Analysis
- Analyzed (n=346)
  - Received intervention (n=298)
  - Discontinued intervention (n=42)
  - Did not receive intervention (n=6)
- Analyzed (n=337)
Technical Challenges

Finding a notification provider
  • Too big for internal job
    • Needed programmer
    • Needed short code
  • Conflicting interests
Educational

Positive

- Women on the pill have more regular periods.
- The pill decreases the risk of pelvic inflammatory disease (PID)
- The pill improves anemia.

Negative

- If u have nausea, it will go away with time.
- The pill does not protect you from getting sexually transmitted infections.
Privacy Concerns

• Good news
  • *Not many*

• Consent and assent
  • *Recommended use of password*
  • *Advised participants to contact health care providers with clinical questions*

• Did not address recipient by name and was not a specific reminder to take their OCP
### Baselines Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Text Group (n=480)</th>
<th>Control Group (n=482)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mean age in years ± SD</strong></td>
<td>20.8 ± 2.5</td>
<td>20.4 ± 2.7</td>
</tr>
<tr>
<td><strong>Race/ethnicity, n (%)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>188 (39%)</td>
<td>216 (45%)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>138 (29%)</td>
<td>122 (25%)</td>
</tr>
<tr>
<td>White</td>
<td>131 (27%)</td>
<td>125 (26%)</td>
</tr>
<tr>
<td>Asian</td>
<td>23 (5%)</td>
<td>19 (4%)</td>
</tr>
<tr>
<td><strong>Mean years of school completed ± SD</strong></td>
<td>13 ± 2.0</td>
<td>13 ± 2.2</td>
</tr>
</tbody>
</table>
## Baselines Characteristics (cont.)

<table>
<thead>
<tr>
<th></th>
<th>Text Group (n=480)</th>
<th>Control Group (n=482)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sexual History</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean age at coitarche in years ± SD</td>
<td>16.3 ± 2.1</td>
<td>16.2 ± 2.0</td>
</tr>
<tr>
<td><strong>Nulligravid, n (%)</strong></td>
<td>256 (53%)</td>
<td>266 (55%)</td>
</tr>
<tr>
<td><strong>Contraceptive History, n (%)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever user of OCP</td>
<td>380 (79%)</td>
<td>343 (71%)</td>
</tr>
<tr>
<td>Other, n (%)</td>
<td>66 (14%)</td>
<td>60 (12%)</td>
</tr>
<tr>
<td>Current smoker</td>
<td>66 (14%)</td>
<td>60 (12%)</td>
</tr>
</tbody>
</table>
Main Outcome

- 6-month continuation
  - *Intervention group* 64%
  - *Control group* 54% (*p*=0.04)
- More packs of pills started and finished, fewer interruptions, more use at last intercourse
### Characteristics Associated with OCP Continuation

<table>
<thead>
<tr>
<th></th>
<th>Continuers (n=405)</th>
<th>Discontinuers (n=278)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in years ± SD</td>
<td>21.3 ± 2.4</td>
<td>19.9 ± 2.6</td>
</tr>
<tr>
<td>Race/ethnicity, n (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>134 (33%)</td>
<td>144 (52%)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>100 (25%)</td>
<td>78 (28%)</td>
</tr>
<tr>
<td>White</td>
<td>147 (36%)</td>
<td>47 (17%)</td>
</tr>
<tr>
<td>Asian</td>
<td>24 (6%)</td>
<td>9 (3%)</td>
</tr>
<tr>
<td>Years of school completed ± SD</td>
<td>13.9 ± 2.0</td>
<td>12.9 ± 2.1</td>
</tr>
</tbody>
</table>
Characteristics Associated with OCP Continuation (cont.)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Continuers (n=405)</th>
<th>Discontinuers (n=278)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sexual History</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age at coitarche, years ± SD</td>
<td>16.7 ± 2.1</td>
<td>15.9 ± 1.8</td>
</tr>
<tr>
<td>Nulligravid, (%)</td>
<td>262 (65%)</td>
<td>139 (50%)</td>
</tr>
<tr>
<td><strong>Contraceptive History, n (%)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever use of OCP</td>
<td>336 (83%)</td>
<td>188 (68%)</td>
</tr>
</tbody>
</table>
# Predictors of OCP continuation at 6 months

<table>
<thead>
<tr>
<th>Baseline characteristic</th>
<th>Adjusted analysis*</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>OR</td>
<td>95% CI</td>
</tr>
<tr>
<td>Text intervention (n=683)</td>
<td></td>
<td>1.4</td>
<td>1.03-2.0</td>
</tr>
<tr>
<td>Age in years (n=683)</td>
<td></td>
<td>1.1</td>
<td>1.1-1.2</td>
</tr>
<tr>
<td>Race/ethnicity (n=683)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American (n=278)</td>
<td>Ref</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic (n=178)</td>
<td>1.2</td>
<td>0.8-1.8</td>
<td></td>
</tr>
<tr>
<td>White (n=194)</td>
<td>1.9</td>
<td>1.2-3.1</td>
<td></td>
</tr>
<tr>
<td>Asian (n=33)</td>
<td>1.9</td>
<td>0.8-4.4</td>
<td></td>
</tr>
<tr>
<td>Age at coitarche (n=670)</td>
<td>1.1</td>
<td>1.01-1.2</td>
<td></td>
</tr>
<tr>
<td>Never been pregnant (n=683)</td>
<td>1.5</td>
<td>1.03-2.2</td>
<td></td>
</tr>
<tr>
<td>Ever user of OCP (n=683)</td>
<td>1.6</td>
<td>1.1-2.5</td>
<td></td>
</tr>
</tbody>
</table>
Does text message effect vary by subgroups?

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescents (9% improvement)</td>
<td>Age ≥ 20 (8% improvement)</td>
</tr>
<tr>
<td>No OCP use (10%)</td>
<td>Prior OCP use (9%)</td>
</tr>
<tr>
<td>Nulliparous (11%)</td>
<td>Parous (22%)</td>
</tr>
<tr>
<td>Smokers (23%)</td>
<td>Non-smokers (8%)</td>
</tr>
<tr>
<td>Cell phone interruptions during study (n = 189)</td>
<td>No interruptions (6%)</td>
</tr>
</tbody>
</table>
## Cell Phone Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Continuers (n=222)</th>
<th>Discontinuers (n=123)</th>
<th>p-value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never worried about cost of text messaging</td>
<td>187 (84%)</td>
<td>98 (80%)</td>
<td>0.3</td>
</tr>
<tr>
<td>Received more than half of the messages</td>
<td>212 (95%)</td>
<td>99 (80%)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Read most messages</td>
<td>201 (90%)</td>
<td>92 (75%)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Satisfaction with text intervention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfied with message number</td>
<td>212 (95%)</td>
<td>104 (85%)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Satisfied with message content</td>
<td>208 (93%)</td>
<td>105 (85%)</td>
<td>0.02</td>
</tr>
<tr>
<td>Satisfied with message length</td>
<td>207 (93%)</td>
<td>104 (85%)</td>
<td>0.01</td>
</tr>
<tr>
<td>Felt messages helped them remember to take the OC</td>
<td>199 (89%)</td>
<td>94 (76%)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Took OC within 1 hour of message</td>
<td>205 (92%)</td>
<td>93 (76%)</td>
<td>0.04</td>
</tr>
<tr>
<td>Would like to continue receiving messages</td>
<td>146 (66%)</td>
<td>28 (18%)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Blocked messages</td>
<td>6 (3%)</td>
<td>15 (12%)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Cell phone service interrupted in past month</td>
<td>23 (10%)</td>
<td>25 (20%)</td>
<td>0.01</td>
</tr>
<tr>
<td>No access to cell phone in past month</td>
<td>22 (10%)</td>
<td>14 (11%)</td>
<td>0.7</td>
</tr>
<tr>
<td>Phone number changed since enrollment</td>
<td>17 (8%)</td>
<td>19 (15%)</td>
<td>0.02</td>
</tr>
<tr>
<td>Cell phone service provider changed since enrollment</td>
<td>12 (5%)</td>
<td>14 (11%)</td>
<td>0.03</td>
</tr>
</tbody>
</table>
Conclusions

• A daily educational text message improved six-month OCP continuation among young urban women
  • *Satisfaction with the service was high*
  • *Continuers reported more timely intake*
• Certain subgroups with high risk of discontinuation experienced greatest benefit
  • *Effective strategy to improve continuation*
Take-away Messages

Ready for prime time
  • This text message system works to improve OCP continuation
    • Limited to this study
    • Systems exist that allow you to use this with your clients today
Thank you!

Paula M. Castaño, MD, MPH

pc2137@columbia.edu
Bedsider: Re-branding Birth Control

Use of Text Messages to Increase Adolescent Females' Contraceptive Adherence and Continuation

January 24, 2012

The National Campaign to Prevent Teen and Unplanned Pregnancy
What the %$#& is going on out there?
We looked to reduce unplanned pregnancy. We came back deciding to design for desire.
Tone Fail.

Si ha tenido un aborto...
...apoyo y respeto se encuentran a solo una llamada de distancia.

Had unprotected sex?
IT'S NOT TOO LATE!
You can still prevent pregnancy

Get Emergency Contraception

The National Campaign to Prevent Teen and Unplanned Pregnancy
Sex isn't science.
Human centered-design.
A few insights

Education comes at the wrong time, in the wrong context.

(If it happens at all.)
A few insights

In the heat of the moment, all bets are off.
A few insights

Booty trumps Jesus.
A few insights

And then there’s the total lack of feedback.
It had to be a system.
Theoretical models.
Real women.
(And why it’s important to have a theory to test.)
The birth of Bedsider.
What **is** all this stuff?

The explorer is a place to learn about all of the different methods of birth control. Click on any method for more details. Want a more apples-to-apples way to compare? [View a side-by-side](#)
The National Campaign to Prevent Teen and Unplanned Pregnancy

WHERE TO GET IT /

health center locations /

Friendship Place Health Center
4713 Wisconsin Ave NW
Washington, DC, 20016-4509
(202) 364-1419

goto directions » | visit website » | set up a reminder »

HIV Prevention Site
3035 Irving St NW
Washington, DC, 20009
(202) 480-4788

goto directions » | visit website » | set up a reminder »

Unity Mobile Outreach Van
1717 Columbia Rd NW
Washington, DC, 20009-2803
(202) 328-1100

goto directions » | visit website » | set up a reminder »

Christ House 5TH Health Center
1717 Columbia Rd NW
Washington, DC, 20009-2803
(202) 588-8101

goto directions » | visit website » | set up a reminder »

Unity Medical Outreach Van #2
1717 Columbia Rd NW
Washington, DC, 20009-2803
(202) 328-1100

goto directions » | visit website » | set up a reminder »

Are we missing a health center? Let us know »

showing page 1 of 15.
More than a website.

Bedsider is: a website, a YouTube page, social media, TV, UGC, a
loyalty program, contests, print products, Frisky Fridays emails,
health care provider training, and a health care provider sales
force.

The National Campaign to Prevent Teen and Unplanned Pregnancy
Pillow talk: How to ask him to share the cost of contraception

Flowers. A mocha latte with extra foam. Tampons that time you were running low and he was already at the store. Your guy may treat you to some really nice things, but does he chip in toward your birth control? Do you want him to?

Sometimes you need to share the cost of contraception and sometimes you just want to feel like you’re both carrying equal weight. Either way, here are a couple ideas on how to approach the subject:

50/50 split. If you want him to pay for half, explain how much it costs and tell him that you’re cool with covering your own medical expenses, but would really appreciate it if he helped with the cost of your birth control. Helping him understand that it benefits both of you is a good thing.
Free birth control?
You might qualify.
Just tell us a little about you.
(Nothing too private.)
Mobile.

Every day 200 million couples have sex. Are you one of them? Take

62% of drivers have flirted with someone in a different car. Hands on the wheel! And take your pill.

62% of drivers have flirted with someone in a different car. Hands on the wheel! And take your pill.

The National Campaign to Prevent Teen and Unplanned Pregnancy
Real Stories.

Hear real women and men share their very real experiences with different methods of birth control.

kyesha, 29, implant

There's nothing to think about.
Fact or Fiction.

The National Campaign to Prevent Teen and Unplanned Pregnancy
Rewards.

ADD A LITTLE BEDSIDER TO EVERYDAY LIFE.
Complete a feat. Earn a point. Grab your reward.

ROMANCE *

COMPLETE THIS FEAT:
10 * points

Write your heart out

Why? Love letters are meaningful, expressive, and hot.

How? Grab pen and paper and just go with it. Long or short, serious or playful, it’s all good. You simply want to share your thoughts, a compliment, some gratitude...

new feat, please

did it »

BIRTH CONTROL *

COMPLETE THIS FEAT:
15 * points

Upgrade your birth control

Why? Getting pregnant is too easy. For real.

How? Explore newer, longer lasting, more effective methods that fit your lifestyle and work with your body. Select the best one. Use

new feat, please

did it »

Get handsomely rewarded for your commitment to using birth control.

Visit the Bedsider Insider tab as often as you want to see a list of feats. We refresh them all the time.

Choose one. Take action. Click the did it » button.

You’ll earn points that you can redeem at hundreds of local businesses, from coffee shops to museums to movie theaters to clothing stores.

The more feats you complete, the more points you’ll earn for bigger rewards.

To redeem them, simply click the use points button and sign up with our amazing partner DailyFeats. They'll add your Bedsider Insider points to your DailyFeats account and you'll be good to go.
Does It Work?

The National Campaign to Prevent Teen and Unplanned Pregnancy

Sunday, January 22, 12
Pilot Test.

The National Campaign to Prevent Teen and Unplanned Pregnancy
Pilot Test.

Which parts of Bedsider did you use?

- Birth control methods: 56%
- Real stories: 30%
- Questions: 24%
- Birth Control Basics or other articles: 22%
- Reminders: 21%
- Fact or fiction: 20%
- Comparison tools: 20%
- Where to get it/Provider/EC search: 5%

Beliefs about Bedsider

- Bedsider is a useful site: 99%
- I would recommend Bedsider to a friend or family member: 98%
- My personal information is safe on Bedsider: 96%
- Bedsider helps lessen my fears about birth control side effects: 92%
- Bedsider helps me use contraception more accurately: 89%
- Bedsider helps me avoid gaps in contraceptive use: 88%
So what’s next?

- 3-year Ad Council campaign launched November 10
- Research on components and total system
- Expansion and refinement
What can you do?

SHOW YOUR LOVE FOR BEDSIDER:

• Join us. At partners.bedsider.org you’ll find all kinds of support.
• Use our free materials and share Bedsider with your patients, colleagues, & friends.
• Embed our videos and PSAs on your website. Find them at youtube.com/Bedsider
Thank you.

Lawrence Swiader
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Use of Text Messages to Increase Adolescent Females’ Contraceptive Adherence and Continuation

Questions and Answer Period

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Larry Swiader
Senior Director Of Digital Media, National Campaign To Prevent Teen And Unintended Pregnancy
Thank You!

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