the necessity of using abstinence or effective contraceptives consistently to do so. Most respondents were primiparas (71%) and at delivery approximately half lived with a parent (46%) and were enrolled in school (54%). The most common reasons for not using contraception prior to the index pregnancy was the lack of motivation to prevent conception (34%), followed by "I just didn't get around to it" (14.6%), and side effect concerns (11.7%). At each postpartum clinic visit participants completed questionnaires that asked about their interval sexual and contraceptive behavior.

Results: At delivery only a minority of the participants had a live-in or steady boyfriend (33%), yet 19% had sexual intercourse during the first postpartum month. This proportion rose to 21% during the second and 45% during the third postpartum month. Of those who had sexual intercourse during the first postpartum month only 48% had begun to use a reliable, prescription contraceptive and 34% had had at least one unprotected sexual encounter. During the second and third postpartum months the corresponding proportion of contraceptive users rose to 55% while the proportion of respondents who had had unprotected sexual intercourse remained at approximately a third (35%). Postpartum coital activity was not related to the age of either partner, age-difference or relationship between partners, race, parity, living arrangement, or reasons for not using contraception prior to the index pregnancy.

Conclusion: The desire to remain non-pregnant and knowledge about and access to contraceptives are not enough to prevent sexual risk taking even during the puerperium. Clinicians should be aware that young women who are motivated to delay pregnancy and confident in their ability to do so often fail to take the requisite steps proactively. For this reason, it may be may be particularly beneficial to provide them with emergency contraception prior discharge from the labor and delivery ward. In addition, to prevent these new mothers from putting themselves at risk for pregnancies none of them want and all of them could avoid, it may be worthwhile to expand the scope of antenatal counseling to include motives for sexual relations, impulsivity, and the relative importance of remaining non-pregnant within the overall context of their lives.

When "It Only Takes Once" Fails: Perceived Infertility Predicts Condom Use and STI Acquisition

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Background: Adolescents are told not to have unsafe sex because "it only takes once" to get pregnant or to contract a sexually transmitted infection (STI). But experience may undermine the intent of this message. Previous cross-sectional research suggests that young women who doubt their fertility use condoms less frequently than their peers. We use longitudinal data to reveal antecedents and consequences of perceived infertility.

Methods: 300 sexually active adolescent females aged 14–18 in an urban population reported their past sexual behavior, pregnancy tests and outcomes, acquisition of STIs and current perceptions of infertility, at baseline and six months later.

Results: At baseline, girls were more likely to have sought a pregnancy test in the previous 3 months if they reported sex without a condom (OR = 2.15, 95% CI: 1.18–3.92, $p = .013$) or a condom failure (OR = 2.11, 95% CI: 1.12–3.98, $p = .020$), with 59% of the sample getting a test. Most (94%) of the pregnancy tests were negative; 18% of the subjects with a negative pregnancy test reported thinking that they were infertile, compared to only 6% of those who did not seek pregnancy testing (OR = 3.23, 95% CI: 1.14–9.19, $p = .028$). The 10% who believed themselves to be infertile at baseline were more likely to report sex without a condom in the following months, controlling for sex without a condom at baseline (OR = 3.32, 95% CI: 1.21–9.10, $p = .019$), but were no more likely to experience a condom failure in future months, controlling for baseline condom failure (OR = 0.87, 95% CI: 0.31–2.45, $p = .784$). Three of the 25 subjects who believed themselves to be infertile at baseline got pregnant in the following months (12%) compared to only 8% of others, although this difference was not significant (OR = 1.41, 95% CI: 0.28–6.99, $p = .673$). Finally, thinking themselves infertile at baseline predicted future STI acquisition, controlling for baseline STI acquisition (OR = 3.91, 95% CI: 1.36–11.11, $p = .011$).

Conclusions: Having birth control fail may prompt girls to get pregnancy tests; they may then interpret the (common) negative result as an indication that they *can't* get pregnant, although that conclusion appears unwarranted. Their erroneous belief then leads to more unsafe sex and disease. Ironically, telling girls that "it only takes once" to get pregnant may undermine the message that they need to protect themselves every time, as they appear to interpret a failure to get pregnant after unsafe sex as evidence that they cannot get pregnant in the future.