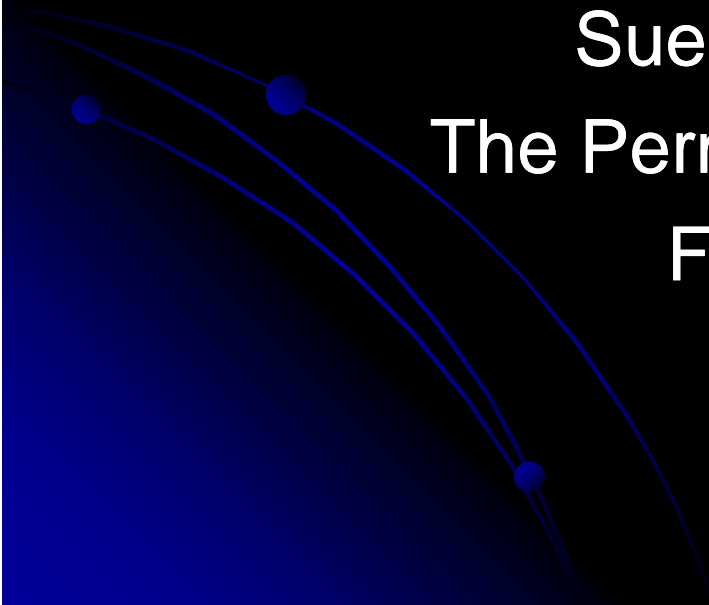


Adolescent Reproductive Health

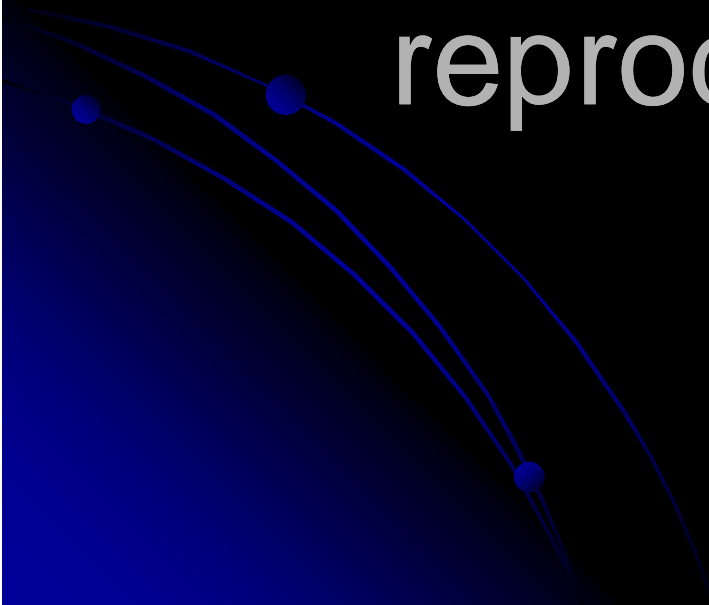


Sue Roberts, DO, MPH
The Permanente Medical Group
Fresno, California
2007

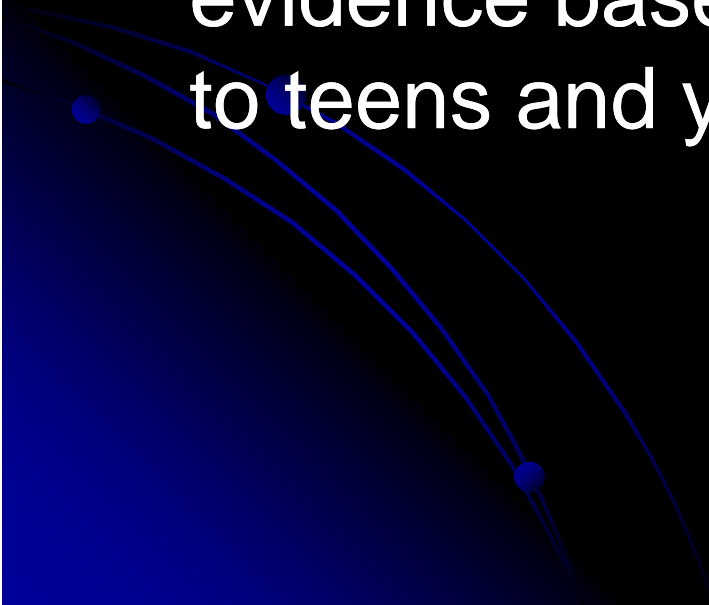
Objectives

- Understand the importance of being able to counsel teens regarding their reproductive health
- Understand general standards for confidential care for teens
- Be aware of skills helpful in establishing rapport with teens and their parents
- Be aware of special considerations for teens regarding reproductive health

Why do we need to be able
to talk to teens about their
reproductive health?



Remember

- All adolescents are sexual beings whether or not they are sexually active
 - US Preventive Services Task Force recommends health care providers deliver evidence based services and counseling to teens and young adults ages 11-24
- 

Who are the Teens?

- Early adolescence: 10-14 years old
- Middle adolescence: 15-17 years old
- Late adolescence: 18-21 years old
- Psychosocial development does not always correspond to the degree of physical maturity or the age

Are Teens Really Having Sex?

- 46.8% of H.S. students have had “sex”
- The chance a teen is having sex increases with age
 - 34.3% of 9th graders
 - 42.8% of 10th graders
 - 51.4% of 11th graders
 - 63.1% of 12th graders

YRBS 2005

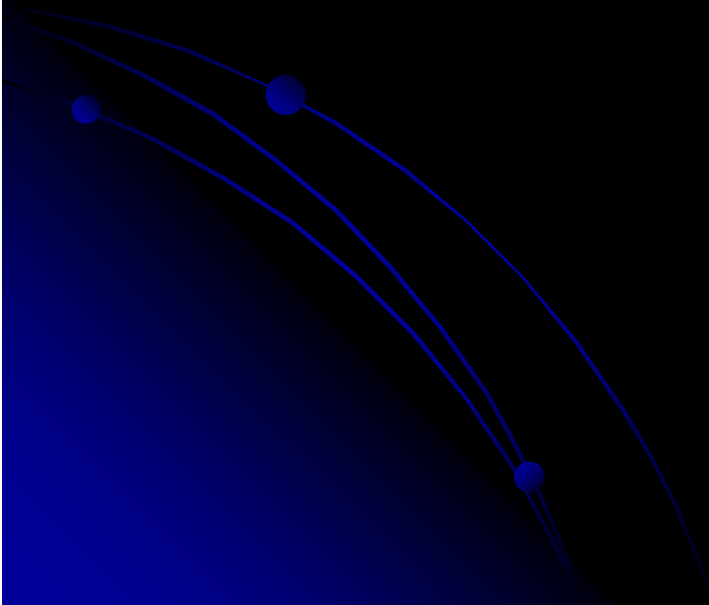


Are Teens Really Getting Pregnant?

- A sexually active teenager not using contraception has a 90% chance of becoming pregnant within one year
- Pregnancy rates per 1000 women by age
 - <15 y.o. 2.6/1000
 - 15-19 y.o. 90.7/1000
 - 15-19 y.o. 88.4/1000 in Oregon

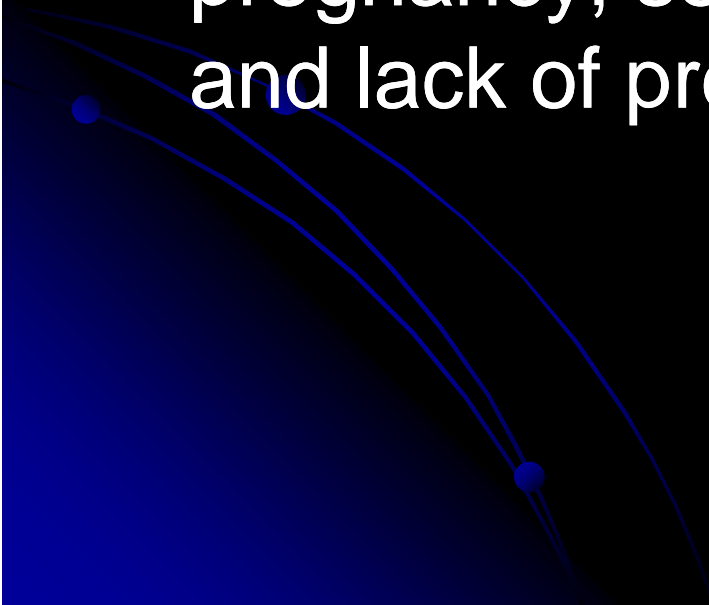
Teens within their social context

Youth report that the increased availability of adult resources is directly proportional to self-reported internal assets of caring, self-esteem, and a positive view of the future



Benson
All Kids are Our Kids
1997

Teens within their social context

- Health care providers have a unique opportunity to positively impact adolescents thereby potentially reducing negative outcomes such as teen pregnancy, sexually transmitted infections and lack of prenatal care
- 

Talking to Teens

Consent, Confidentiality and
Building Rapport



Consent

- Generally, the law requires that parents or guardians give consent for care of a minor
- Exceptions to this may include
 - The delivery of emergency services
 - Care delivered to an emancipated minor (e.g. married, parent, \$ independent, armed forces)
 - The delivery of care for certain health conditions (i.e. reproductive and mental health services)

Consent for Reproductive Services: State to State

- Contraceptive care: almost $\frac{1}{2}$ of states allow for minors to consent to care
- Treatment of STI: all states allow for testing and treatment of minors
- Prenatal care: $>\frac{1}{2}$ of all states allow for minors to consent to care
- Abortion: 34 states require parental involvement (either notification or consent)

Guttmacher Institute

Consent for Reproductive Services: Oregon

- Contraceptive care: minor is authorized to consent, however, provider may notify parents
- STIs including HIV/AIDS: minor is authorized to consent to testing and treatment including surgery
- Prenatal Care: ≥ 15 yo authorized to consent for care
- Abortion: no law or policy

Consent for Reproductive Services

- State laws authorizing minors to give consent for reproductive services vary widely
- Current state specific policies may be found at www.guttmacher.org

Addressing Confidentiality

- Giving the teen a disclaimer regarding the exceptions to confidential care
 - reassures parents that you will include them should the teen be in danger
 - does not limit the type or amount of disclosure

Kobocow, et. al. Professional Psychology 14(4):435-43. 1983

Addressing Confidentiality

- A survey of 1295 Massachusetts adolescents emphasizes the importance of addressing confidentiality
 - One in four responded they would forego care if parents might find out
 - The subject's regular physician's office was considered the most private setting to obtain care (>63%), as opposed to another physician's office, teen clinic, ED, school health center

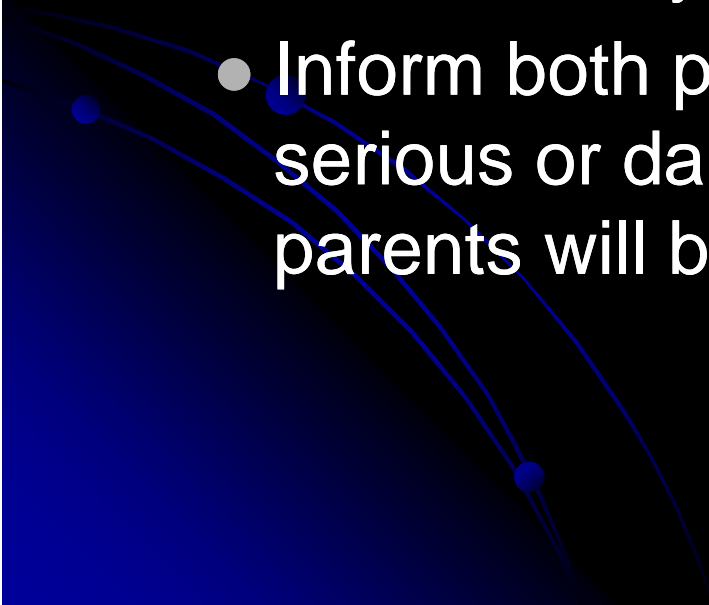
Cheng, et al. JAMA
269(11), 1404-1407.
1993

Parental Notification

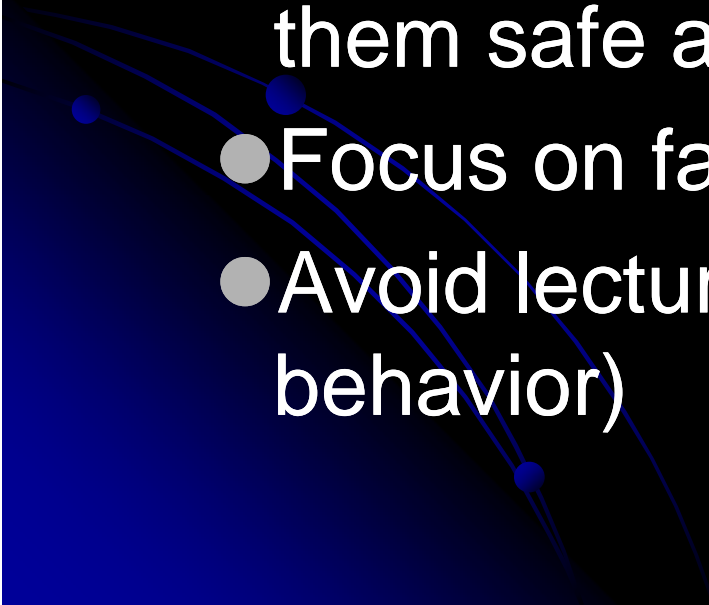
- A survey of 1526 young women less than 18 years of age seeking reproductive health services was conducted across the country
 - Teens reported they would continue to be sexually active and use the clinics, but would increase risky or unsafe sexual behavior if parental notification for prescription contraception was mandatory

Jones, et al. JAMA
293(3); 340-8. 2005

Developing Rapport

- Parental involvement is crucial to success of the care plan
 - With parents present, explain that there will be some time to talk to the teen privately and confidentially
 - Inform both parties that if in the event of a serious or dangerous circumstance, the parents will be informed
- 

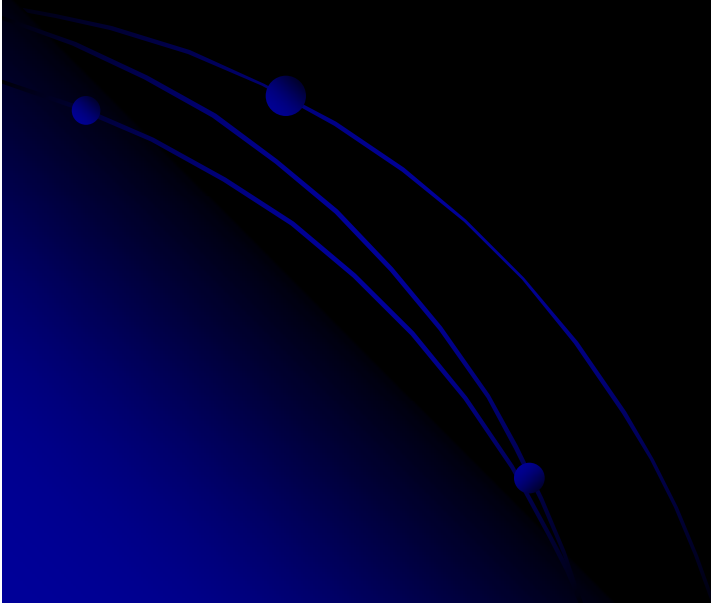
Talking to Teens: Developing Rapport

- Engage the teen as an individual
 - Project comfort and clarity with the topics
 - Normalize
 - Explain why you need to know (to keep them safe and healthy)
 - Focus on facts (to educate them)
 - Avoid lecturing (does not change behavior)
- 

Framework for eliciting pertinent information during the interview

- HEADSS: an acronym that captures the adolescent's social context
 - Home
 - Education
 - Activities
 - Drug use
 - Sex
 - Suicide

Special Considerations Regarding the Reproductive Health of Adolescents



Remain Sensitive to Sexual Preference

- Approach the subject of sex by asking whether the patient is in a relationship
- Remain gender neutral
- Do not necessarily conclude they need birth control if they are sexually active
- Higher rate of depression and suicide in teens with same sex attractions

Remain Sensitive to Sexual Abuse and Trauma

- Rates of abuse/assault vary depending on definitions and ages surveyed
 - 9.2% of teens attending high school reported dating violence defined as being hit, slapped or hurt on purpose (9.3%F, 9.0%M)
 - 7.3% of teens attending high school reported forced intercourse (10.8%F, 4.2%M)

YRBS 2005

Abstinence

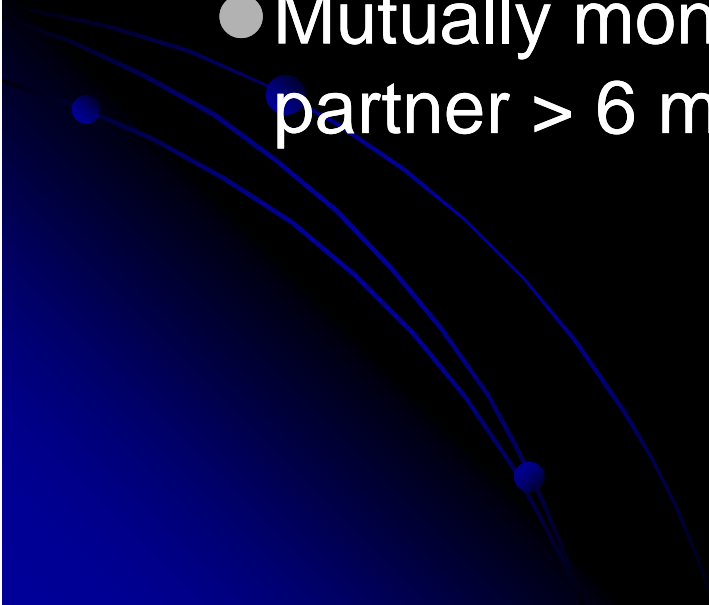
- Definitions

- to avoid STDs: avoiding vaginal, anal, and oral sex
- to avoid pregnancy: avoiding vaginal intercourse

- Indications

- Personal decision or conviction
- Avoid pregnancy, avoid STD
- Existing genital or urinary tract infection

Safe sex

- Not the same as birth control
 - Includes
 - Abstinence
 - Condoms, saran wrap, flavored condoms
 - Mutually monogamous with tested negative partner > 6 months
- 

Personal Choices, Concrete Recommendations

- Instructions for your patients
 - Decide about sex in advance when you are clear-headed, sober, and feel good
 - Decide what you feel comfortable with
 - Tell your partner in advance when you feel close, but are not being sexual
 - Avoid high-pressure sexual situations, stay sober, and say no clearly
 - Be clear with your patients about alternatives

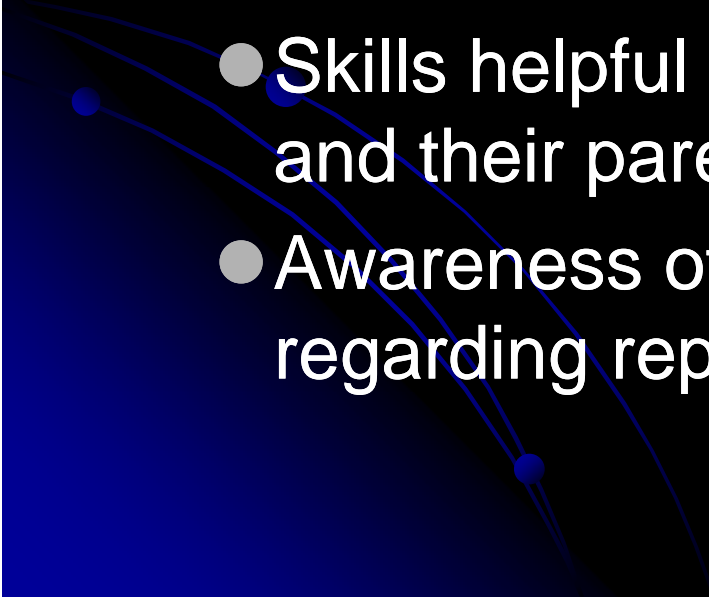
Good Choices for Teens

- Contraception needs to be very effective and very user friendly (counsel them on what to expect)
 - Estrogen/progesterone methods are very reliable (pill, patch, ring)
 - Depo effective, but high rate of irregular bleeding a major cause for discontinuation
 - Add contraceptive foam or film to condom to increase effectiveness
 - Consider IUD for older, mature teens in monogamous relationship

Patient education

- Concrete recommendations
 - Missed pills, new pill packs
 - Problem solving skills for inconsistencies of use
- Anticipate side effects and long term concerns with patient (e.g. irregular bleeding)
- Do not assume that knowledge translates into behavior
- Early follow-up

To Summarize

- Today, we have discussed
 - the importance of being able to counsel teens regarding their reproductive health
 - General standards for confidential care for teens
 - Skills helpful in establishing rapport with teens and their parents
 - Awareness of special considerations for teens regarding reproductive health
- 

The End

