WHAT’S NEW IN CONTRACEPTION?

EVELYN KIELTYKA, MSN, MS, FNP
U.S. Medical Eligibility Criteria for Contraceptive Use, 2010
Adapted from the World Health Organization
Medical Eligibility Criteria for Contraceptive Use, 4th edition
### US Medical Eligibility Criteria (MEC)

<table>
<thead>
<tr>
<th>MEC 1</th>
<th>A condition for which there is no restriction for the use of the contraceptive method.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEC 2</td>
<td>A condition for which the advantages of using the method generally outweigh the theoretical or proven risks.</td>
</tr>
<tr>
<td>MEC 3</td>
<td>A condition for which the theoretical or proven risks generally outweigh the advantages of using the method.</td>
</tr>
<tr>
<td>MEC 4</td>
<td>A condition which represents an unacceptable health risk if the contraceptive method is used.</td>
</tr>
</tbody>
</table>
## US MEC for LARC Methods

<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>Cu-IUD</th>
<th>LNG-IUS</th>
<th>Implant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancer (current/no evidence 5 years)</td>
<td>1/1</td>
<td>4/3</td>
<td>4/3</td>
</tr>
<tr>
<td>Multiple risk factors for cardiovascular disease</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>History of hypertension</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Current hypertension</td>
<td>1/1</td>
<td>1/2</td>
<td>1/2</td>
</tr>
<tr>
<td>Stroke</td>
<td>1</td>
<td>2</td>
<td>2/3 (I;C)</td>
</tr>
<tr>
<td>Diabetes with retinopathy, nephropathy</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>History of VTE or DVT</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Migraine (with aura, any age)</td>
<td>1</td>
<td>2/3 (I;C)</td>
<td>2/3 (I;C)</td>
</tr>
<tr>
<td>Smoking</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Endometriosis</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>HIV-infected (on ART, clinically well/ not well)</td>
<td>2/3</td>
<td>2/3</td>
<td>1</td>
</tr>
<tr>
<td>Increased risk for STD (high risk/ very high risk)</td>
<td>2/3</td>
<td>2/3</td>
<td>1</td>
</tr>
<tr>
<td>Current Pelvic Inflammatory Disease (current)</td>
<td>4</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

I = initiation of contraceptive method; C = continuation of contraceptive method
CONTRACEPTIVES FOR TEENS: THE NEW PARADIGM

- **Combined Hormonal Contraceptives**
  - Oral Contraceptives (the pill), Ring

- **Continuous Progestin Contraceptives**
  - Progestin-only pill,
  - Injectable (Depo-Provera—DMPA)
  - Implant (contraceptive implant)

- **Intrauterine Contraception**
  - IUD/IUS—Copper T, Mirena, Skyla

- **Barrier Methods**
### How Well Does Birth Control Work?

<table>
<thead>
<tr>
<th>Method</th>
<th>Efficiency</th>
<th>Duration</th>
<th>Usage Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Implant (Nexplanon)</td>
<td>Really, really well</td>
<td>3 years</td>
<td>Every. Single. Day.</td>
</tr>
<tr>
<td>IUD (Skyla)</td>
<td>O.K.</td>
<td>3 years</td>
<td>Every week</td>
</tr>
<tr>
<td>IUD (Mirena)</td>
<td>O.K.</td>
<td>5 years</td>
<td>Every month</td>
</tr>
<tr>
<td>IUD (ParaGard)</td>
<td>O.K.</td>
<td>12 years</td>
<td>Every 3 months</td>
</tr>
<tr>
<td>Sterilization, for men and women</td>
<td>Not as well</td>
<td>Forever</td>
<td></td>
</tr>
</tbody>
</table>

For each of these methods to work, you or your partner have to use it every single time you have sex.
**WHY LARC* METHODS?**
**LONG ACTING REVERSIBLE CONTRACEPTION**

- They are “forgettable”
  - Single act for insertion
  - Don’t require episodic (daily, weekly, monthly, etc.) user initiative
  - No need for refills or risk of not refilling on time
  - Continuous (24/7/365) contraceptive protection
  - Long term protection (3-10 years)
Why LARC* Methods?

*Long acting reversible contraception

- Most effective reversible methods available
- Among the safest contraceptive methods
- Superior continuation rates
- Highest patient satisfaction among methods
- An alternative to surgical sterilization
- Most cost effective and cost saving methods
**Implant**

- **Brand name:** Nexplanon
- **Contains:** Etonogestrel (ENG)/progestin-only
- **Length of Effectiveness:** 3 years
- **Effectiveness in preventing pregnancy:** 99%
  
  (less than 1 per 100 women become pregnant)
- **How it works:** prevents ovulation, thickens cervical mucus, thins uterine lining
- **Inserted:** sub-dermally between biceps & triceps by a trained clinician

*Sources:*
Nexplanon insert. Raymond, E, Contraceptive Technology, 2010
Implant: Who Should Use It

- Women who want continuous pregnancy protection for 2-3 years
- Breastfeeding women and those unable to use combined hormonal contraceptives (with estrogen)
- Accepting of unpredictable vaginal bleeding patterns

Precautions:
- known or suspected pregnancy
- current or past history of blood clots
- liver disease
- known or suspected breast cancer
- hypersensitivity to any component of the implant

Sources:
Nexplanon insert. Raymond, E. Contraceptive Technology, 2010
### Bleeding patterns: Implant users during the first 2 years of use.

<table>
<thead>
<tr>
<th>Bleeding pattern</th>
<th>Definition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amenorrhea</td>
<td>No bleeding and/or spotting in 90 days</td>
<td>22%</td>
</tr>
<tr>
<td>Infrequent</td>
<td>Less than three bleeding and/or spotting episodes in 90 days (excluding amenorrhea)</td>
<td>34%</td>
</tr>
<tr>
<td>Prolonged</td>
<td>Any bleeding and/or spotting episode lasting more than 14 days in 90 days</td>
<td>18%</td>
</tr>
<tr>
<td>Frequent</td>
<td>More than five bleeding and/or spotting episodes in 90 days</td>
<td>7%</td>
</tr>
</tbody>
</table>

*Source: Nexplanon insert*
**LNG* INTRAUTERINE CONTRACEPTION (aka IUD)**

*LEVONORGESTREL*

- **Brand name:** Mirena®
- **Contains:** 20 mcg levonorgestrel/day
- **Effectiveness:** 5 years
- **Effectiveness in preventing pregnancy:** 99%

(less than 1 per 100 women become pregnant)

- **How it works:** inhibits ovulation, increases viscosity of cervical mucus
- **Inserted:** vaginally in uterus by a trained clinician

**Sources:**
COPPER-T IUD

- **Brand name:** Paraguard®
- **Contains:** Copper ions (no hormones)
- **Length of effectiveness:** 10 years
- **How it works:** inhibits conception
- **Effectiveness in preventing pregnancy:** 99%
  (less than 1 per 100 women become pregnant)
- **Inserted:** vaginally in uterus by a trained clinician

*Sources:*
Contraceptive Technology, 2010
LILETTA is a hormone-releasing IUS (otherwise known as an intrauterine device or IUD) placed in your uterus to prevent pregnancy for as long as you want for up to 3 years.
**Characteristics of Intrauterine Contraception**

- Highest patient satisfaction among methods
- Rapid return of fertility
- Safe
- Immediately effective
- Long-term protection
- Highly effective
- Can be used by nulliparous (never been pregnant) women

_Sources:_
IUDs: Safe and Effective for Teens

American College of Obstetricians and Gynecologists said IUDs and contraceptive implants should now be considered one of the best birth control options for teens because they are reliable and reversible.

- Don’t have to remember to take a pill at the same time daily
- Minimal – if any – complications
- Provide years of worry-free birth control
- Ensure higher levels of privacy: don't require frequent follow-up appointments and can't be "discovered" in a teen's room (as pills might be)
- Cost effective, and in the long run, costs less than other birth control methods
- Fewer menstrual cramps, lighter periods
# Timing of Insertion of IUDs

<table>
<thead>
<tr>
<th>Timing</th>
<th>Cu-IUD</th>
<th>LNG-IUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>Anytime ¹</td>
<td>Anytime ¹</td>
</tr>
<tr>
<td>Back-up required</td>
<td>No</td>
<td>Yes ²</td>
</tr>
<tr>
<td>Amenorrhea (not postpartum)</td>
<td>Anytime ¹</td>
<td>Anytime ¹</td>
</tr>
<tr>
<td>Back-up required</td>
<td>No</td>
<td>Yes ²</td>
</tr>
<tr>
<td>Postpartum</td>
<td>Anytime except in case of puerperal sepsis</td>
<td>Anytime except in case of puerperal sepsis</td>
</tr>
<tr>
<td>Back-up required</td>
<td>No</td>
<td>No: &lt;6 mo pp and fully breastfeeding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ²: ≥21d pp, not fully breastfeeding, and return/no return to menses</td>
</tr>
<tr>
<td>Post-abortion</td>
<td>Anytime, except after septic abortion</td>
<td>Anytime, except after septic abortion</td>
</tr>
<tr>
<td>Back-up required</td>
<td>No</td>
<td>Yes, unless IUD placed at time of surgical abortion ²</td>
</tr>
</tbody>
</table>

1: As long as it is reasonably certain woman is not pregnant.
2: If placed > 7 days since 1st day of last menses, back-up recommended for 7 days.

http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USSPR.htm#a
# Initiation of IUDs - Examinations

<table>
<thead>
<tr>
<th>Examination</th>
<th>Cu-IUD</th>
<th>LNG-IUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bimanual exam and cervical inspection</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Weight/BMI</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>STD</td>
<td>Recent screen negative</td>
<td>IUD can be inserted</td>
</tr>
<tr>
<td></td>
<td>No recent screen</td>
<td>STD screen on day of insertion</td>
</tr>
<tr>
<td>Acute infection</td>
<td>Do not insert IUD, treat STD first</td>
<td>Do not insert IUD, treat STD first</td>
</tr>
<tr>
<td>Breast examination</td>
<td>No</td>
<td>No $^1$</td>
</tr>
<tr>
<td>Cervical cytology</td>
<td>No $^2$</td>
<td>No $^2$</td>
</tr>
</tbody>
</table>

1: LNG-IUS is contraindicated in women with breast cancer (MEC4). Unless there is reason to suspect the woman has breast cancer, no prior screening required.

2: IUDs are contraindicated in women with cervical cancer (MEC4). No screening is required unless woman has not had cervical cytology screen in 3 years prior.

http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USSPR.htm#a
CHOICE Study: Managing Patient Expectations

<table>
<thead>
<tr>
<th>Bleeding Volume</th>
<th>Total (n)</th>
<th>Satisfied, n (%)</th>
<th>Not satisfied, n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No change</td>
<td>178</td>
<td>168 (94%)</td>
<td>10 (6%)</td>
</tr>
<tr>
<td>Lighter</td>
<td>61</td>
<td>50 (82%)</td>
<td>11 (18%)</td>
</tr>
<tr>
<td>Heavier</td>
<td>579</td>
<td>551 (95%)</td>
<td>28 (5%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cramping</th>
<th>Total (n)</th>
<th>Satisfied, n (%)</th>
<th>Not satisfied, n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No change</td>
<td>230</td>
<td>216 (94%)</td>
<td>14 (6%)</td>
</tr>
<tr>
<td>Less</td>
<td>71</td>
<td>64 (90%)</td>
<td>7 (10%)</td>
</tr>
<tr>
<td>More</td>
<td>520</td>
<td>492 (95%)</td>
<td>28 (5%)</td>
</tr>
</tbody>
</table>

Changes in bleeding patterns and satisfaction rates 3 months post-insertion.

- By 6 months post-placement, the number of women reporting increased cramping and bleeding was reduced (<50%).
- Explaining potential side effects prior to placement and managing patients’ expectations may help to increase patient satisfaction after IUD placement.

Diedrich, et al. 2015 AJOG; 212:50 e1-50 e8.
## Current LARC Methods on US Market

<table>
<thead>
<tr>
<th>LARC type</th>
<th>Active ingredient</th>
<th>Duration effect</th>
<th>Menstrual Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paragard® ¹</td>
<td>IUD 380 mm Cu²</td>
<td>0.6% 0.8%</td>
<td>Up to 10 years 1st 3-6 months possibly longer, heavier periods and intermenstrual spotting; typical menstrual resumes within 6 months</td>
</tr>
<tr>
<td>Mirena® ²</td>
<td>IUD LNG 52mg (20 mcg/d)</td>
<td>0.2% 0.2%</td>
<td>Up to 5 years Irregular bleeding up to 6 months post-placement; amenorrhea in 20% of women by end of year 1</td>
</tr>
<tr>
<td>Skyla® ³</td>
<td>IUD LNG 13.5mg (14 mcg/d)</td>
<td>No data</td>
<td>Up to 3 years Irregular bleeding following placement; amenorrhea in 6% of women by end of year 1</td>
</tr>
<tr>
<td>Nexplanon® ⁴</td>
<td>Implant ENG 68mg</td>
<td>0.05% 0.05%</td>
<td>Up to 3 years Within first 2 years of use: 33.6% infrequent bleeding, 22.2% amenorrhea, 17.7% prolonged bleeding, and 6.7% frequent bleeding.</td>
</tr>
</tbody>
</table>

Please note that Mirena is also approved for treatment of heavy menstrual bleeding.

LARC Effectiveness

Once a LARC method is placed, women do not have to take any extra actions for method effectiveness:

- No monthly re-supply
- No interruption of contraceptive use e.g. forget to take a pill or miss an injection
- Reduced need to access health care
Knowledge of LARC Methods is Low

- In one survey, 55% of women aged 14-27 had not heard of IUDs, yet 32% used no birth control or withdrawal at last intercourse. ¹

- Nearly two-thirds of young women do not know the effectiveness or safety profiles of IUDs. ²

- 47% of family medicine practitioners routinely discuss IUDs with their patients. ³

Contraceptive CHOICE Project: Goals

- To promote the most effective methods of family planning
- To remove financial barriers to contraception
- To reduce the unintended pregnancy rate in the St Louis metro area

Contraceptive Choice Project Web site: http://choiceproject.wustl.edu/studyfindings.html
3/4 of the 9,256 women in the CHOICE project opted for a LARC method upon enrollment.

Initiation of LARC methods was higher than for the other available methods in the absence of financial barriers.\(^{1,2}\)
Majority of 14-17 year olds choose IUD or Implant

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2 Contraceptive Choice Project Web site: http://choiceproject.wustl.edu/studyfindings.htm
**CHOICE Project: Effectiveness of LARCs**

*Effectiveness data collected from 7,486 women enrolled between August 2007 and May 2011 in CHOICE Project.*

*334 unintended pregnancies were identified.*

*178 of 334 unintended pregnancies could be attributed to failure of contraceptive methods other than LARCs, pill, patch, or ring.*

<table>
<thead>
<tr>
<th></th>
<th># Unintended Pregnancies</th>
<th>Total participant years</th>
<th>Incidence (#/100 participant years)</th>
<th>Hazard Ratio (95% CI) adjusted $^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LARC</strong></td>
<td>21</td>
<td>7655</td>
<td>0.27</td>
<td>1.00</td>
</tr>
<tr>
<td><strong>PPR $^1$</strong></td>
<td>133</td>
<td>2924</td>
<td>4.55</td>
<td>21.84 (13.67-34.88)</td>
</tr>
</tbody>
</table>

$^1$: PPR: pills, patch, ring; $^2$: adjusted for age, educational level and # previous unintended pregnancies

Combined Hormonal Contraceptives (Pills & Vaginal Ring)

- **All 3 methods have similar:**
  - Contraceptive Efficacy: 6-12 pregnancies per 100 women
  - Menstrual bleeding patterns
  - Side effects
  - Contraindications/complications
  - Monthly cost

- **Major difference: the delivery system**
  - Daily (combined oral contraceptive pills)
  - Monthly (NuvaRing)
# Oral Contraceptive Pills: Cycle Variations

<table>
<thead>
<tr>
<th>Regimen</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quick Start</td>
<td>Allows for immediate use any time during the cycle</td>
</tr>
<tr>
<td>Shortened hormone free interval (HFI) with 24 days on/4 days off</td>
<td>More forgiving of late pill start and may improve efficacy</td>
</tr>
<tr>
<td>Extended cycle</td>
<td>Fewer menstrual cycles and fewer symptoms* from hormone free days</td>
</tr>
<tr>
<td>84 days on/7 days HFI (Seasonale®)</td>
<td>4 menstrual periods per year</td>
</tr>
<tr>
<td>84 days on/7 days estrogen Seasonique®</td>
<td></td>
</tr>
<tr>
<td>365 days on Lybrel®</td>
<td>No menstrual periods for 1 year</td>
</tr>
</tbody>
</table>

* bloating, breast tenderness, mood swings, monthly menstrual migraine or other headaches, menstrual seizures
EMERGENCY CONTRACEPTION

- Plan B/One Step & Next Choice: available over-the-counter
- No age restriction
- Cost:
  - $40-$50 at the pharmacy
  - $0-$43 at Family Planning (sliding fee scale based on income)
  - Covered by insurances and Mainecare
- Can be taken up to 5 days after unprotected sex (efficacy greater the sooner you take it)
- Will not stop or harm a pregnancy if fertilization and implantation has already occurred
- Can be purchased by a partner or parent
The Knowledge for Health (K4Health) Project is supported by USAID's Office of Population and Reproductive Health, Bureau for Global Health, under Cooperative Agreement with the Johns Hopkins University.
OTHER FORMS OF EMERGENCY CONTRACEPTION

- **Ella®**
  - Recommended for women with BMI > 25 or if more than 3 days after unprotected sex
  - Doesn’t decrease in effectiveness over the 5 days
  - RX required—not available OTC

- **Copper IUD:** inserted within 5 days after unprotected sex reduces risk of pregnancy by more than 99%

- Combined oral contraceptives or progestin-only pills (regimen varies depending on the type)
INJECTABLE
DEPO MEDROXYPROGESTERONE ACETATE (DMPA)

- **Brand name:** Depo-Provera®
- **Length of effectiveness:** 3 months
- **How it works:** inhibits ovulation, thickens cervical mucus, anti-estrogen prevents sperm penetration, alters uterine lining
- **Effectiveness in preventing pregnancy:** 96-99%
- **Disadvantages:**
  - Increase weight gain (not consistent for all women)
  - Menstrual cycle disturbances (70% in first year but as low as 10% after first year)
  - Side effects and return to fertility not immediate after discontinuation of the method
# Body Weight and Contraception

<table>
<thead>
<tr>
<th></th>
<th>OC</th>
<th>Patch</th>
<th>DMPA</th>
<th>Implant</th>
<th>IUD</th>
<th>Tubal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Weight Gain</strong></td>
<td>No</td>
<td>No</td>
<td>Yes*</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Increased failure rate in obese women</strong></td>
<td>No Δ</td>
<td>Yes #</td>
<td>No Δ</td>
<td>No Δ</td>
<td>No Δ</td>
<td>No Δ</td>
</tr>
<tr>
<td><strong>Medical risk in obese women</strong></td>
<td>DVT</td>
<td>No studies</td>
<td>None</td>
<td>None</td>
<td>Difficult insertion</td>
<td>Surgical complications</td>
</tr>
<tr>
<td><strong>WHO-MEC</strong></td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Not rated</td>
</tr>
</tbody>
</table>

*Mainly in obese adolescents and those who experience a ≥ 5% body weight increase within 6 months of DMPA initiation

# In women who weigh ≥ 90 kg, increase of 2-4 failures/100 couples/year
Hormonal contraception & interaction with other medications

- No evidence that antibiotics will reduce effectiveness in a significant way or increase pregnancy rates

Recommendations:
- No need to recommend back up method if a hormonal contraceptive user is on short or long term antibiotics
- However, drugs can react in other ways, so you should always tell a medical provider all of the medications you are taking!
NEW GUIDELINES FOR IMPROVING CONTRACEPTIVE CARE

- Pelvic Exams no longer required before prescribing most methods
- Provide more, not less: 6-12 months at office visits
- Make the case for long-acting reversible contraceptives (implant and IUDs)
- Use quick start to encourage continuation
- Move away from every-day regimens
- Prescribe EC in advance
- Screen for STDs
- Encourage dual use: birth control + condoms
At the beginning of a visit, practitioners are approaching contraceptive counseling of *all* potentially fertile women by asking a simple question: “Are you hoping to become pregnant in the next year?”

This approach encourages the patient to look long-term and to create a reproductive life plan. It’s very efficient, because the woman’s response will focus the practitioner’s focus when figuring out which birth control methods would be most effective for her particular reproductive life plan.
WHAT DO WE WANT STUDENTS TO KNOW ABOUT BIRTH CONTROL?

• Facts about BC methods (including abstinence, withdrawal, and condoms)
• What they are
• How they work
• Their effectiveness rates
• How often you need to remember them
• Where to get them—clinical services
PROCESSING QUESTIONS

1. What do you think are the best methods of birth control? Why?

2. Are there any myths you’ve heard about certain methods? Do you need to get more information about what’s true or what’s a myth?

3. What are the factors you need to consider when choosing a birth control method?

4. What do you think is the best way to prevent pregnancy and STDs?

5. Who is responsible for buying and making sure birth control is used? What can a guy do to help prevent pregnancy?
GOALS AND ASPIRATIONS

- Reproductive Life Planning
  “Are you hoping to become pregnant in the next year?”

- Create a Timeline of Goals—how pregnancy/parenting might challenge those goals?
Impacts of parenting

<table>
<thead>
<tr>
<th>Education and Career</th>
<th>Friends and Social Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Changes</td>
<td>Positive Changes</td>
</tr>
<tr>
<td>Negative Changes</td>
<td>Negative Changes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Finances and Money</th>
<th>Daily Routine and Leisure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Changes</td>
<td>Positive Changes</td>
</tr>
<tr>
<td>Negative Changes</td>
<td>Negative Changes</td>
</tr>
</tbody>
</table>
SKILL-BUILDING ACTIVITIES

- How to find and make an appointment at a Family Planning Clinic
- How to choose a birth control method
- Communication with partners
Online Lesson Plans

FLASH Lesson Plans
Comprehensive sexuality education curriculum

teachingsexualhealth.ca
comprehensive, accessible, innovative
TEACHER PORTAL

BIG DECISIONS
Making Healthy, Informed Choices about Sex
What's *Best Practices*?

- An HIV Prevention curriculum originally developed in 2002 by the Maine Department of Education.

- Over the years, *Best Practices* has been used in hundreds of health classes across Maine to teach teens about healthy sexuality.

- *Best Practices* contains a variety of interactive methods that give teens the knowledge, attitudes and skills they need to make sexually responsible decisions.
Maine law allows teens to receive confidential sexual health information and services.

With the passage of the ACA, preventive health services are available with no copay or coinsurance to the patient, including birth control, HIV/STD screening and prevention counseling.

Un- or under-insured at-risk youth may qualify for no- or low-cost sexual health services and testing at Family Planning and other health sites (funded by Maine CDC).
Got Questions? We’ve Got Answers.

latest news
Want a birth control method you don’t have to think about?
Visit one of Maine’s family planning clinics and ask about long-lasting, reversible birth control implants.
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