Changing Roles: Educating Your Students About Birth Control and Beyond

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OBJECTIVES:

- Gain knowledge and skills that will empower you to educate students on birth control methods available to teenagers
- Understand why LARCs are the first choice for teens and translate that information to them
- Learn about the screening process during a clinic visit which identifies emotional, physical, and sexual violence
- Identify resources for teens, educators, and parents.
On a scale of 1-10, how comfortable are you speaking to teenagers about their birth control options?

On a scale of 1-10, how comfortable are you with your knowledge of STDs?
It is NOT your job to decide which birth control is best for the patient. That is our job. But you CAN offer them the vocabulary and awareness of options.
HOW WELL DOES BIRTH CONTROL WORK?

Really, really well

- The Implant (Nexplanon)
- IUD (Skyla)
- IUD (Mirena)
- IUD (ParaGard)
- Sterilization, for men and women

Works, hassle-free, for up to...
- 3 years
- 3 years
- 5 years
- 12 years
- Forever

What is your chance of getting pregnant?
Less than 1 in 100 women

O.K.

- The Pill
- The Patch
- The Ring
- The Shot (Depo-Provera)

For it to work best, use it...
- Every week
- Every month
- Every 3 months

6-9 in 100 women, depending on method

Not as well

- Pulling Out
- Fertility Awareness
- Diaphragm
- Condoms, for men or women

For each of these methods to work, you or your partner have to use it every single time you have sex.

12-24 in 100 women, depending on method

FYI, without birth control, over 90 in 100 young women get pregnant in a year.
WHY LARC* METHODS?

*LONG ACTING REVERSIBLE CONTRACEPTION

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

*L*ong *a*cting *r*eversible *c*ontraception

- 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)
**Implant**

- **Brand name:** Nexplanon
- **Contains:** Etonogestrel (ENG)/progestin-only
- **Length of Effectiveness:** 3-5 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
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
**LNG* INTRAUTERINE CONTRACEPTION (aka IUD)**

*LEVONORGESTREL*

- **Brand name:** Mirena®
- **Contains:** 20 mcg levonorgestrel/day
- **Effectiveness:** 5-7 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:*

**LNG* INTRAUTERINE CONTRACEPTION**

*(aka IUD) * **LEVONORGESTREL**

- **Brand name:** Liletta®
- **Contains:** 15.6 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, thins the lining of the uterus
- **Inserted:** vaginally in uterus by a trained clinician

**Sources:**

**LNG* INTRAUTERINE CONTRACEPTION**

*(aka IUD)*

*LEVONORGESTREL*

- **Brand name:** Skyla®
  - Specially designed for nulliparous women.
- **Contains:** 5 mcg levonorgestrel/day
- **Effectiveness:** 3 years
- **Effectiveness in preventing pregnancy:** 99%
  - (less than 1 per 100 women become pregnant)
- **How it works:** inhibits ovulation, increases viscosity of cervical mucus, thins the lining of the uterus
- **Inserted:** vaginally in uterus by a trained clinician

*Sources:*

Skyla package insert, Bayer Healthcare Pharmaceuticals, 2013
**LNG* INTRAUTERINE CONTRACEPTION**

*LEVONORGESTREL*

- **Brand name:** Kyleena®
  - Specially designed for nulliparous women.

- **Contains:** 7.4 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, thins the lining of the uterus

- **Inserted:** vaginally in uterus by a trained clinician

*Sources:*

Kyleena prescribing information, Bayer Healthcare Pharmaceuticals, 2016
COPPER-T IUD

- **Brand name:** Paraguard®
- **Contains:** Copper ions (no hormones)
- **Length of effectiveness:** 12 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
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:
Pre-IUD Insertion Screening

Evidence supports no routine screening tests

- Physical exams and pap smears are not required for ANY birth control method, however a pelvic exam will be done during the IUD placement.

- Chlamydia & Gonorrhea if high risk sexual behaviors or <26 years old and annual screening Chlamydia has not been done. This testing can be done through the urine that day.

- Pregnancy test: only if pregnancy suspected

- Pap smear: Not indicated
**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
**COMBINED HORMONAL CONTRACEPTIVES**

(Pills, Patch, & 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)
  - Weekly (Patch)
  - Monthly (NuvaRing)
EMERGENCY CONTRACEPTION

- Plan B/One Step & Next Choice: available over-the-counter
- No age restriction
- Cost:
  - $40-$60 at the pharmacy
  - $0-$43 at Family Planning (sliding fee scale based on income)
  - Covered by insurances and Mainecare
- Can be taken up to 3 days after unprotected sex (efficacy greater the sooner you take it and decreases dramatically after 72 hours)
- Will not stop or harm a pregnancy if fertilization and implantation has already occurred
- Can be purchased by a partner or parent
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)
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!
TAKE HOME POINTS FOR THE EDUCATOR

- **Pills/Patch/Ring:**
  - Daily, weekly, monthly

- **IUD:**
  - No periods, light periods, no influence on periods.

- **Nexplanon:**
  - Most effective

- **Emergency Contraception:**
  - Plan B (3 days) and Ella 5 (days)
WHAT DO WE WANT TEENS TO KNOW ABOUT BIRTH CONTROL?

- Facts about BC methods (including abstinence, Natural Family Planning, withdrawal, and condoms)
- What they are
- How they work
- Possible Side Effects
- Their effectiveness rates
- How often you need to remember them
- Where to get them—clinical services
- Dual protection is best! Birth control PLUS condoms
ADDRESSING ATTITUDES AND ASSUMPTIONS

Processing Questions with teens

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

- 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?

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

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

- Who is responsible for buying and making sure birth control is used? What can a guy do to help prevent pregnancy?
Maine law allows teens to receive confidential sexual health information and services independent of their parents (starting at age 12). This includes birth control, STD screening and treatment, pregnancy, and abortion care.

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 Maine Family Planning (funded by Maine CDC, Title X funding, Mainecare expansion). We offer a sliding fee based on income. This includes teens who have insurance through their parents, but do not want to use it based on fear of their parents finding out.
So what happens when a teen walks into our clinic?
CONFIDENTIALITY WITH MINORS

- With any visit with a minor, we review our confidentiality agreement.
- Anything she says to me, or any services she obtains, or even the fact that she comes to our clinic, are kept completely confidential. That is: if she desires birth control, if she becomes pregnant, if she chooses to have an abortion … her medical record remains confidential from her parents. Her parents will only know what SHE has told them.
- There are 3 instances in which I am legally obligated to break this confidentiality.
  1. If she confides in me that she is being hurt (physically, sexually, emotionally).
  2. If she has plans to hurt herself.
  3. If she has plans to hurt others.
REPRODUCTIVE LIFE PLANNING

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.
Screening for Abuse

- **History of abuse:** Any history of emotional, physical, or sexual abuse? Do you feel safe currently?

- **Current abuse:** We ask if they feel safe in their relationship, if they’ve ever been forced to have sex when they didn’t want to, if they’ve ever been physically hurt or threatened or made to feel afraid.

- **Reproductive coercion:** “Do you feel like your partner is trying to get you pregnant against your will?”

- We ask if they feel comfortable asking their partner to wear condoms. If they say no, we can discuss how to make that conversation easier.
As part of our clinic visit...

- We encourage them to include a trusted adult/family member in their health care and can offer ways to have that conversation with their family.
- We advise the teenager to trust their feelings when a situation or relationship doesn't feel right.
- If possible, physically leave the situation and talk to a trusted adult.
- We urge them to be aware that using alcohol and other drugs can affect their judgement and make it easier for them to get into unsafe situations.
- We advise the teens that abstinence is the most effective way to prevent pregnancy and STDs.
- Condoms, condoms, condoms. And condoms.
“Can my Partner join me in the room?”
**RELATIONSHIPS ARE IMPORTANT!**

- Teens will often bring their friends as emotional support.
- Sometimes their support is their romantic or sexual partner.
- Practitioners can handle this differently, based on the situation and the patient. We almost always allow a partner to be present if the patient desires.
- If a partner is joining the visit, we will always try to see the patient alone initially.
WE CANNOT ASSESS FOR DOMESTIC VIOLENCE OR SEXUAL COERCION IN THE PRESENCE OF A PARTNER.
IF A PARTNER IS PRESENT...

- We will ensure the patient understands his/her medical record will be discussed and intimate questions will be asked.
- If the patient accepts and we do not suspect coercion, we will see the patient with his/her partner as requested.
Sexually Transmitted Diseases or Infections (STD or STI)
POP QUIZ!

True or False: Most people do not have symptoms of gonorrhea or chlamydia.

True or False: You cannot get an STD if you are having protected sex with condoms.

True or False: You can get gonorrhea and chlamydia through oral sex.

Name as many STD’s as you can: GO!
Before you were sexually active there was:

- Genital touching
- Genital rubbing
- “Outercourse”
- Finger penetration
- Sex toys
- Mutual Masturbation
- Oral Sex
- Anal Sex
In 2017 in the US:
- Gonorrhea cases increased 67 percent.
- Syphilis diagnoses increased 76 percent. Nearly 7 in 10 infections occurred among men who are gay or bisexual.
- Chlamydia remained the most common STD with more than 1.7 million cases diagnosed. About 45 percent of those cases were among women aged 15 to 24.
- More than 4 percent of gonorrhea cases are now resistant to the antibiotic to treat it. (Up from 1%)
- The United States continues to have the highest STD rates in the industrialized world!
Reportable Diseases in Maine, Year to Date and 5 year median through December 2018

- HIV: 33 (5 year median) vs. 28 (2018)
- Syphilis: 23 (5 year median) vs. 128 (2018)
- Hepatitis C (x 10): 96.5 (5 year median) vs. 190.3 (2018)
- Gonorrhea: 180 (5 year median) vs. 686 (2018)
- Chlamydia (x 10): 266.1 (5 year median) vs. 434.3 (2018)
STDs

“THIS IS NOT A MORAL JUDGMENT; THIS IS A PUBLIC HEALTH ISSUE.”

- JODY PEARCE GLOVER
CURRENT STD RECOMMENDATIONS

- Teenagers aged 15 through age 24 should be screened for gonorrhea and chlamydia YEARLY or with any partner change.

- They can get this for free through the state as often as they need. We do this for those that are uninsured, or if they do not want to use their parents’ insurance.

- We screen males and females through urine.
I have an STD. Now what?

- Gonorrhea and Chlamydia are reportable diseases, which means they must be reported to the state. The patient and their partner(s) must be notified and treated as soon as possible.

- Partner notification:
  - We encourage the patient to tell their recent partners in the last 2 months.
  - However if they do not feel comfortable or safe telling their partners, the clinic or the public health department can contact the partner(s) anonymously.
  - There are also websites such as https://www.dontspreadit.com/ that will anonymously send a text or email alerting them that a partner tested positive for _____ and they should be treated.
Well, this is awkward but here it goes...

I am being treated for sexually transmitted infection called ________________.
The usual treatment for partners of people with this infection is ________________.

☐ I have been told that any sexual partners that I have had in the last 2 months should be tested and treated for this kind of infection with the above treatment without waiting for positive test results.
  ○ **Why not just wait for the results?** You could still have an infection and have a negative chlamydia and gonorrhea test. This can happen either because:
    ▪ the cause of this infection may not show up on routine STI tests (like a urethritis) or
    ▪ sometimes with urine STI tests, it doesn’t show up because the person urinated just before being tested.

☐ They suggested that any female partners I have also have their vaginal discharge checked under the microscope to help identify the cause of the infection.

*Other things to remember*

1. It is not unusual for people with this infection to have no symptoms so you should be checked and treated for this infection even if you have no symptoms. If you have other partners, they may need testing and treatment as well.

2. **Guys**: You will have this testing done with a urine test. **It is REALLY IMPORTANT THAT YOU HOLD YOUR URINE (don’t pee) FOR AT LEAST AN HOUR before giving us a sample for testing (2hrs is even better).**
   a. Every time you pee, it washes out signs of the infection. We don’t just need urine, we need urine that has had a chance to collect signs of an infection. (This applies to women who get tested through urine testing as well).

3. When one partner in a sexual relationship has this kind of infection, it is important that there be no sexual intercourse until a week after all current partners have finished treatment.

Please take care of yourself by getting tested and treated. You can get this checked out at any Maine Family Planning site or at your primary care provider. **If you bring this in with you, that will help them know what you should be checked and treated for.**

To schedule with Maine Family Planning, you can call 207-922-3222 to schedule an appointment at any site or schedule on line at mainefamilyplanning.org
TREATING A PARTNER

- Expedited Partner Therapy (EPT) is the treatment of the partner for gonorrhea or chlamydia with prescription medications without a visit to the clinic. (They don’t have to be our patient!) The legality of this varies per state.

- Best practice is to have the partner come to clinic to be seen as a patient, but this may not always be possible.
EXPEDITED PARTNER THERAPY
As of July 2017. Map from the CDC.
HOW CAN TEENS REACH US?

- They can call us at any of our 18 clinics, which can be located on our website.
- They can walk in for an appointment.
- They can make an appointment through an online app called “DocASAP.”
- They can chat with us on our website, MaineFamilyPlanning.org
- They can find us on Facebook.
Support Resources in Our Clinics

- Besides the NP’s ability to call the police or the DA’s office, we have a number of small cards or coins that the patient can choose to confidentially take from our bathroom, waiting room, or exam room.
- Hope & Justice wooden coins and tear-offs for patients in domestic abuse situations.
- MECASA (Maine Coalition Against Sexual Assault) tear-offs for sexual assault crisis and support.
- 2 different cards (one geared toward teens) from Futures Without Violence. The cards allows you to assess your own relationship by asking a number of questions about red-flag behaviors. The cards offer phone numbers and websites for a number of potential issues, such as Maine Family Planning clinics, MECASA, and Maine Domestic Violence and Crisis Helpline. Additionally for teens, they offer LoveIsRespect.org, and ThatsNotCool.com to help deal with uncomfortable situations.
HOW CAN I LEARN MORE?

- **Teen Pregnancy Prevention program**
  - Originally designed to go directly into the classrooms to teach age-appropriate sexual health classes, it is now designed to provide training, resources, and assistance to the teachers, guidance counselors, school nurses, and others that may be teaching sexual health classes.

- **Puberty Happens**
  - Designed for 4th-6th grades, it discusses puberty, gender roles, HIV, and identifies health resources in a 3-hour curriculum.

- **Middle School Sexual Health Scope and Sequence**
  - Designed for 6th-8th grades, discusses relationships, boundaries and consent, puberty, gender roles and identity, sexual orientation, STD/HIV and pregnancy prevention.

- **Best Practices in STD/HIV and Pregnancy Prevention**
  - A comprehensive 10-lesson curriculum designed for high school students.

- **Annual Sexuality Education Conferences like this one!**

- [https://mainefamilyplanning.org/for-educators/](https://mainefamilyplanning.org/for-educators/)
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