CONTRACEPTIVE CARE FOR TEENS
CHRISTINA THERIAULT, WHNP

main family planning
U.S. Medical Eligibility Criteria for Contraceptive Use, 2010
Adapted from the World Health Organization
Medical Eligibility Criteria for Contraceptive Use, 4th edition
PRE TEST

- On a scale of 1-10, how comfortable are you with your knowledge of birth control?

- On a scale of 1-10, how strong is your knowledge of a teen’s reproductive rights?

- What services does Maine Family Planning provide for teens?
CONTRACEPTIVES FOR TEENS: THE NEW PARADIGM

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

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

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

- **Barrier Methods**
HOW WELL DOES BIRTH CONTROL WORK?

Really, really well
- The Implant (Nexplanon)
  - Works, hassle-free, for up to 3 years
- IUD (Skyla)
  - Works, hassle-free, for up to 3 years
- IUD (Mirena)
  - Works, hassle-free, for up to 5 years
- IUD (ParaGard)
  - Works, hassle-free, for up to 12 years
- Sterilization, for men and women
  - Works, hassle-free, for up to Forever

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

O.K.
- The Pill
  - For it to work best, use it Every. Single. Day.
- The Patch
  - For it to work best, use it Every week
- The Ring
  - For it to work best, use it Every month
- The Shot (Depo-Provera)
  - For it to work best, use it Every 3 months

Less than 6-9 in 100 women, depending on method

Not as well
- Pulling Out
- Fertility Awareness
- Diaphragm
- Condoms, for men or women

Not as well
- For each of these methods to work, you or your partner have to use it every single time you have sex.

FYI, without birth control, over 90 in 100 young women get pregnant in a year.
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
- Highest patient satisfaction among methods
- Superior continuation rates
- An alternative to surgical sterilization
- Most cost effective and cost saving methods
IMPLANT

- **Brand name:** Nexplanon
- **Contains:** Etonogestrel (ENG)/progestin-only
- **Length of Effectiveness:** 3-4 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 3-4 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:**
**LNG* INTRAUTERINE CONTRACEPTION**

*(aka IUD)*

*LEVONORGESTREL*

- **Brand name:** Liletta®
- **Contains:** 15.6 mcg levonorgestrel/day
- **Effectiveness:** 3 years – pending 5
- **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**

(aka IUD) \*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:** 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
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
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
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.  

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

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

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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. ¹²
Majority of 14-17 year olds choose IUD or Implant

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># 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>LARC</td>
<td>21</td>
<td>7655</td>
<td>0.27</td>
</tr>
<tr>
<td>PPR ¹</td>
<td>133</td>
<td>2924</td>
<td>4.55</td>
</tr>
</tbody>
</table>

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

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.
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)
**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®) 84 days on/7 days estrogen Seasonique®</td>
<td>4 menstrual periods per year</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
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
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)
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.
**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
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). 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.
WHAT DO WE WANT TEENS TO KNOW ABOUT BIRTH CONTROL?

• Facts about BC methods (including abstinence, 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

• 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?
“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.
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/](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 goes....

I am being treated for an infection called ________________________ and 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.

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.

The usual treatment for this infection is ________________________.

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 allow 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.
MAINE FAMILY PLANNING IN THE COMMUNITY

- 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.

- Best Practices in STD/HIV and Pregnancy Prevention
  - A comprehensive 10-lesson curriculum designed for students aged 13-18.

- Annual Sexuality Education Conferences like this one!

- [http://www.mainefamilyplanning.org/page/2-741/for-educators](http://www.mainefamilyplanning.org/page/2-741/for-educators)
What’s *Best Practices*?

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

- Over the years, *Best Practices* as 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.

- Originally consisting of 15 lessons and now including 10 one-hour lessons, *Best Practices* is aligned with Maine and national health education standards.
SKILL-BUILDING ACTIVITIES

- You are teaching sexual education class and have to teach them how to use a condom. And....go!
ORDER OF EVENTS:

1. Ask or give consent to have sex.
2. Check expiration date.
3. Carefully open the package and remove the condom.
4. Make sure the condom tip is pointing up so it can easily roll down the penis.
5. Pinch the tip of the condom to squeeze the air out.
6. Place the condom on the erect penis and roll it down all the way.
7. Apply water-based lube to the outside of the condom or on your partner.
8. After ejaculation, hold condom at the base of the penis while pulling out.
9. Carefully take the condom off the penis.
10. Throw the condom away in the garbage.
CASE STUDY

Your 15 year old student confides in you that she thinks she is pregnant. She is scared to tell her parents and wants to know what she should do. How do you counsel her?
Contact Information:
Christina Theriault, WHNP

207-622-7524  ~~  Fax: 207-622-0836
ctheriault@mainefamilyplanning.org

Visit our website:
www.mainefamilyplanning.org