WHAT'S NEW IN SEXUAL HEALTH?



Vanessa Shields-Hass, FNP



OBJECTIVES:

- Gain knowledge & skills that will empower you to educate students on contraception.
- Understand what's new in 2021 CDC STI Treatment Guidelines.
- Learn about gender affirming care.



About Me

- Pronouns she/her
- Working in sexual & reproductive health for 10 years
- I LOVE THIS WORK.
- Moved to Maine from New Orleans in 2019

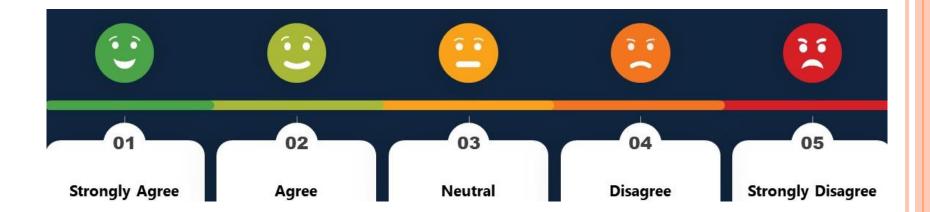


REPRODUCTIVE JUSTICE FRAMEWORK



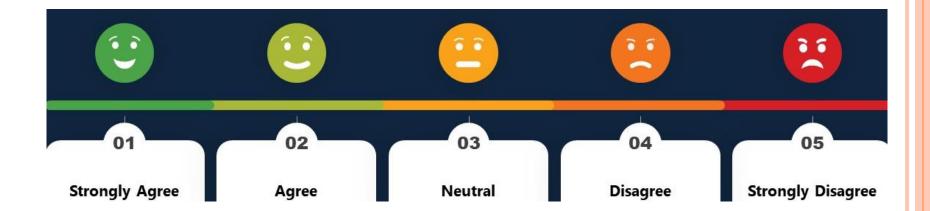
PRE-TEST: QUESTION 1

I am knowledgeable about birth control options.



PRE-TEST: QUESTION 2

I understand the basics on gender affirming care.



WHAT HEALTH SERVICES CAN MINORS CONSENT TO WITHOUT PARENTAL PERMISSION IN MAINE?



MINORS CAN CONSENT TO:

- Pregnancy testing and prevention
- Emergency Contraception
- o STI treatment and testing
- Abortion
- Sexual assault services
- Mental/Substance Abuse counseling & treatment

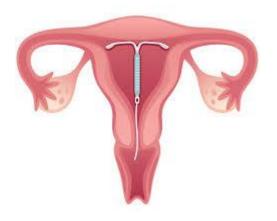
CHAT BOX: BIRTH CONTROL OPTIONS?



Poll

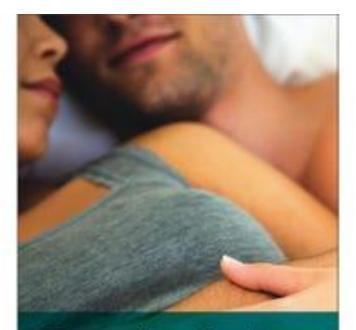
Fact or Fiction?

• Intrauterine devices (IUDs) are not a good contraceptive option for teens.



FICTION!

- IUDs are safe to use in adolescents
- Do not increase adolescent's risk of infertility
- Complications are rare and differ little btw adults and adolescents



Hay más métodos anticonceptivos de los que imaginas.

Sources: American College of Obstetricians and Gynecologists' committee on Adolescent Health Care and Long-Acting Reversible Contraception Work Group. (2018). *Adolescents and long-acting reversible contraception: Implants and intrauterine devices.* Committee opinion #735. https://www.acog.org/clinical/clinical-guidance/committeeopinion/articles/2018/05/adolescents-and-long-acting-reversible-contraception-implants-and-intrauterine-devices

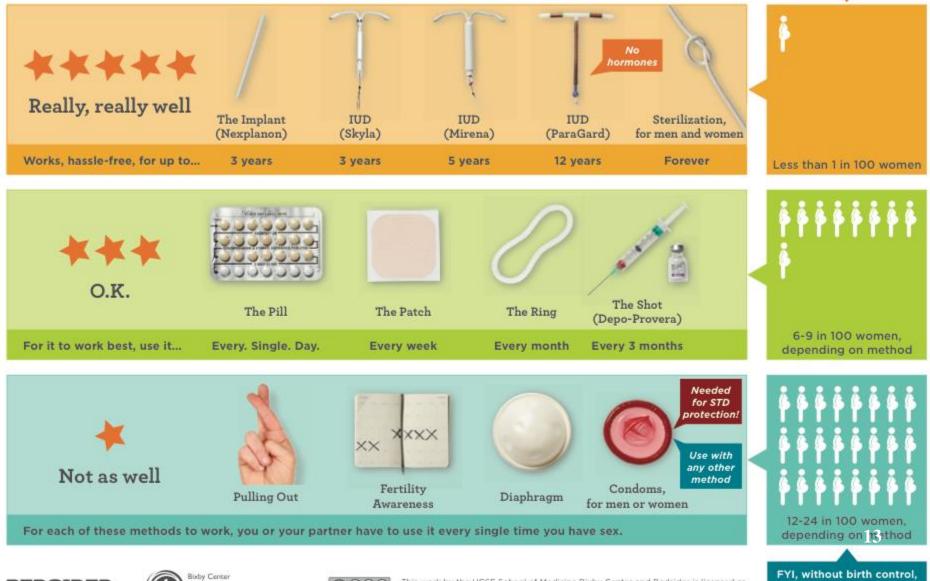
Chat Box Question:

What do you think are the most and least effective forms of contraception?



HOW WELL DOES BIRTH CONTROL WORK?

What is your chance of getting pregnant?



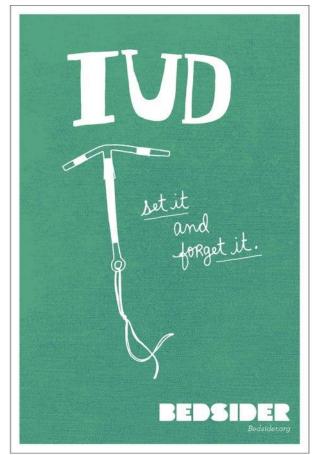
for Global Reproductive Health

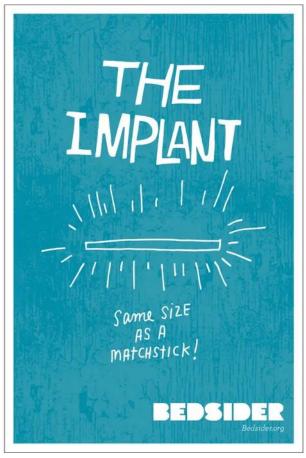
Redsider ore



This work by the UCSF School of Medicine Bixby Center and Bedsider is licensed as a Creative Commons Attribution - NonCommercial - NoDeriv 3.0 Unported License. FYI, without birth control, over 90 in 100 young women get pregnant in a year.

CHAT BOX QUESTION: WHY *LONG ACTING REVERSIBLE CONTRACEPTION (LARC) METHODS?





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LNG* INTRAUTERINE CONTRACEPTION (aka IUD) *LEVONORGESTREL

- Brand name: Mirena[®] Liletta[®]
- Contains: 20 mcg levonorgestrel/day
- Effectiveness: 5-7 years
- jestrel/day
- Effectiveness in preventing pregnancy: 99%

(less than 1 per 100 women become pregnant)

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

Sources: Bayer. (2000). *Mirena prescriber information.* https://tinyurl.com/knrppr22 Odyssea Pharma SPRL. (2015). *Liletta prescriber information.* https://tinyurl.com/2zzxz3m2

LNG* INTRAUTERINE CONTRACEPTION

*LEVONORGESTREL

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



- Contains: 9.8 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: Bayer. (2016). *Kyleena prescribing information.* https://tinyurl.com/3htrd4m4

COPPER-T IUD



- Brand name: Paraguard[®]
- Contains: Copper ions (no hormones)
- Length of effectiveness: 12 years
- How it works: inhibits conception, spermicidal
- 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

Poll

Fact or Fiction?

• IUDs DO NOT require any routine screening tests.



FACT!

 Physical exams and pap smears are not required for ANY birth control method



Sources: Curtis KM, Jatlaoui TC, Tepper NK, Zapata LB, Horton LG, Jamieson DJ, et al. U.S. selected practice recommendations for contraceptive use, 2016. MMWR Recomm Rep 2016;65(RR-4):1–66.

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: Merck. (2018). *Nexplanon prescriber information.* https://tinyurl.com/2p82z7mn Kaunitz, A.M. (2022). *Uptodate: Hormonal contraception for suppressing menstruation.* https://tinyurl.com/4ja7jv8a McNicholas, C., Maddipati, R., Zhao, Q., Swor, E., Peipert, J.F. (2015). Use of the Etonogestrel Implant and Levonorgestrel Intrauterine Device Beyond the U.S. Food and Drug Administration–Approved Duration. *Obstetrics & Gynecology. 125(3*). 599-604, doi: 10.1097/AOG.000000000000690

INJECTABLE DEPO MEDROXYPROGESTERONE ACETATE (DMPA)



- Brand name: Depo-Provera[®]
- Length of effectiveness: 3 months
- How it works: inhibits ovulation, thickens cervical mucus, antiestrogen prevents sperm penetration, alters uterine lining
- Effectiveness in preventing pregnancy: 96-99%
- Disadvantages:
 - Bone mineral density impacted with extended use
 - Weight gain (not consistent for all women)
 - Slow return to fertility

Sources: Dickey, R. (2007). Managing contraceptive pill patients. (13th ed.). EMIS Medical Publishers.

PROGESTIN ONLY PILLS (POPs)

Brand name: Minipill[®]



- How it works: inhibits ovulation, thickens cervical mucus, alters uterine lining
- Disadvantages:
 - 3+ hours late = missed pill
 - Potential increase in ovarian cysts

Sources: Kaunitz, A.M. ((2022). Uptodate: Progestin only pills. https://tinyurl.com/46j2um3m

Poll

Fact or Fiction?

• You have to wait until the first day of menses to start birth control pill.



FICTION!

- Start anytime!
- Protected immediately if started on day 1 of cycle (COCs)
- Abstinence or condoms if starting any other time during cycle
- Protected in two days with POPs



COMBINED HORMONAL CONTRACEPTIVES (PILLS , PATCH, & VAGINAL RING)

o All 3 methods have similar:

- Contraceptive Efficacy: 6-12 pregnancies per 100 women
- Menstrual bleeding patterns
- Side effects
- Contraindications/complications
- Monthly cost

o Major difference: the delivery system

- Daily (combined oral contraceptive pills)
- Weekly (Patch)
- Monthly (NuvaRing)



Poll

Fact or Fiction?

• Antibiotics will reduce the effectiveness of oral contraceptives.



FICTION!

- No evidence that antibiotics will reduce effectiveness in a significant way or increase pregnancy rates
- Rifampin for TB is the only exception to this
- Drugs for seizure disorders, HIV, antiretroviral therapy, and St. John's wort all can impact efficacy of COCs

Sources:

CDC. (2010). U.S. medical eligibility criteria for contraceptive use, 2010: Adapted from World Health Organization medical eligibility criteria for contraceptive use, 4th edition. *Morbidity and Mortality Weekly Report Recommendations, 59* (RR-4), 1-86.

Chat Box Question: Tell me what you know about EMERGENCY CONTRACEPTION.



EMERGENCY CONTRACEPTION

OOPS! EMERGENCY CONTRACEPTION: BIRTH CONTROL THAT WORKS AFTER SEX





Bixby Center for Global Reproductive Health beyondthepill.ucsf.edu



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TAKE HOME POINTS

- Pills/Patch/Ring:
 - Daily, weekly, monthly
 - Can continuously cycle pills & ring
- IUD:
 - No periods, light periods, or no influence on periods

- Nexplanon:
 - Most effective
 - Emergency Contraception:
 - Plan B (3 days)
 - Ella 5 (days)
 - IUD (5 days)

WHAT'S NEW IN CONTRACEPTION?



https://amaze.org/educators/

IUD UPDATE: COPPER IUD AND LNG 52MG

2021 Research:

Planned Parenthood & University of Utah

- Placement at anytime in cycle
- No need for backup method
- Can use LNG 52mg for EC



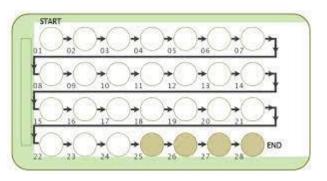
Sources:

Turok, D. K., Gero, A., Simmons, R. G., Kaiser, J. E., Stoddard, G. J., Sexsmith, C. D., Gawron, L. M., & Sanders, J. N. (2021). Levonorgestrel vs. Copper Intrauterine Devices for Emergency Contraception. *New England Journal of Medicine*, *384*(4), 335–344. https://doi-org.frontier.idm.oclc.org/10.1056/NEJMoa2022141

NEW PROGESTIN ONLY PILL (POP)

Meet SLYND

New POP (Drospirenone) with 24-hour missed pill window





Sources: Exeltis USA. (2019). Slynd prescriber information. https://tinyurl.com/5e4j5ux2

WHAT'S NEW?

2021 STI Treatment Guidelines

REGIMENS & RESOURCES

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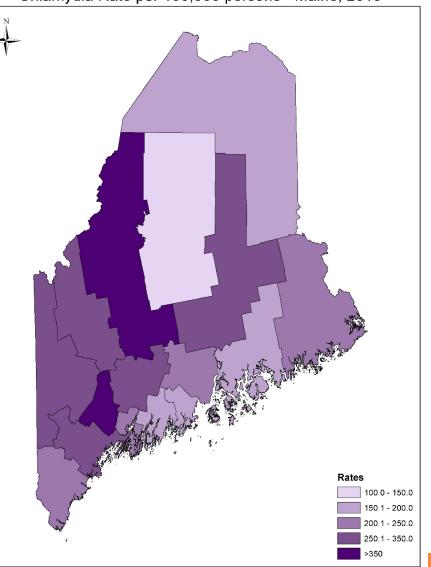
BIG PICTURE UPDATES:

- Updated treatment recommendations for CT/NG, trichomoniasis, and PID
- FDA-cleared diagnostic tests for *Mycoplasma* genitalium and rectal and pharyngeal CT/NG
- Expanded risk factors for syphilis testing pregnant patients
- Two-step serologic testing for genital HSV
- Harmonized recommendations for HPV and HepC

Source: Workowski, K., Bachmann, L.H., Chan, P., Johnston, C., Muzny, C., Park, I., Reno, H., Zenilman, J., & Bolan, G. (2021). *CDC STD Treatment Guidelines.* <u>https://www.cdc.gov/std/treatment-guidelines/toc.htm</u> Chlamydia Rate per 100,000 persons - Maine, 2015

UPDATES: IMPORTANT FOR YOUNG ADULTS

- CDC recommends optout screening for 24 year olds and younger
- 7 day doxycycline new gold standard treatment for chlamydia



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Sources: Maine CDC. (2016). Integrated HIV Prevention and Care Plan 2017-2021. https://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/data/documents/HIV-Prevention-and-Care-Integrated-Plan_Final.pdf Maine CDC. (2015). Case rates by county. https://www.maine.gov/dhhs/mecdc/infectious-disease/hivstd/data/std.shtml

GENDER AFFIRMING CARE

THE CARE YOU NEED. ANYWHERE YOU ARE.

Gender-affirming health care at 18 clinics and online.

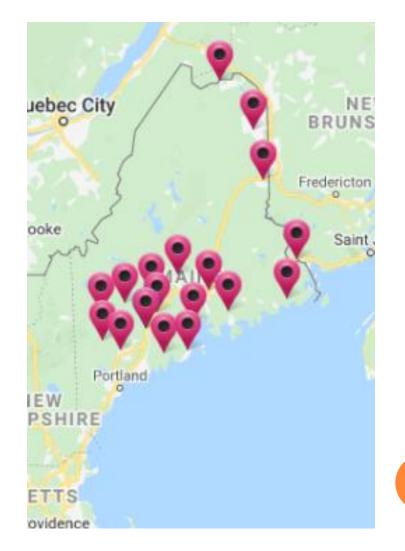
www.MaineFamilyPlanning.org



(207) 922 3222

OPEN DOOR PROGRAM AT MAINE FAMILY PLANNING

- All counties except Cumberland and York
- In person or telehealth
- 715 total unique patients since open door program start with over 1000 patient vists
- 6 trained Nurse Practitioners



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CHAT BOX: WHAT IS GENDER **AFFIRMING CARE?**

DESERVE TO HAVE COMPASSIONATE AND RESPECTEUL HEALTH CARE **REGARDLESS OF YOUR GENDER IDENTITY OR EXPRESSION** TRANS* EQUALITY IS REPRODUCTIVE JUSTICE.

YOU

REPEAL HYDE ART PROJECT

Gender Affirming Care

Gender Care for the Primary Care Pediatrician

Child Developmental Framework:

Gender identity formation is part of normal child development. Pediatricians should ask <u>all kids</u> at developmental nodal points about their gender as part of anticipatory guidance & screening.

Using Affirming Language:

Start by asking any patient how they identify. Their terms, identifications, & descriptions should guide the language providers use. Use of chosen name in more contexts (ie home) is protective against depression.

Modalities of Gender Affirmation

Medical Surgical Social Legal Can include updating Can include changing Commonly used: Can include Birth certificate Pronouns Chest/breast reconstruction. GnRH agonists Social Security Name Estradiol augmentation, removal Card Clothing/style Testosterone Hysterectomy, orchiectomy Medical record Gender expression Vaginoplasty, Phalloplasty Finasteride Driver's license/ Spironolactone Facial feminization Birth control state or city ID Remember: all different kinds of affirmation are completely up to the patient, & providers should support patients in making the changes they want to without making any assumptions. Gender affirmation should be Patient-Centered Consent-Based Care. Take home Kids who are safe & Trauma informed Gender care is loved at home do well. primary care! care is essential. points References 1. Raymond-Kolker R, Forcier M, Chiu C, Berk J. "Gender Affirming Care: Gender Care for the Primary Care Pediatrician." The Cribsiders Pediatric Podcast. https://www.thecribsiders.com/ April 2021.

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GENDER AFFIRMING CARE TRAINING



MEDICAL CARE

Testosterone Therapy

- Multiple forms of testosterone
- Lab work
- Surgical referrals
- Preventative screenings
- Other meds?
- Family planning
- Resources

Estrogen Therapy

- Multiple forms of estrogen
- Lab work
- Testosterone blocker
- Other meds?
- Surgical referrals
- Family planning
- Resources

WHERE TO START GENDER AFFIRMING CARE IN MAINE?

- People can *self* refer to:
 - Maine Family Planning
 - Planned Parenthood of Northern New England
 - Mabel Wadsworth
 - Some primary care providers
 - Endocrinology practices

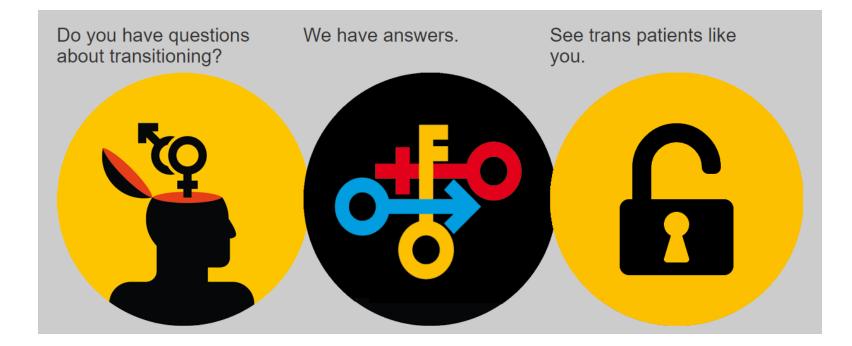


MAINE FAMILY PLANNING'S ON-LINE RESOURCES



https://mainefamilyplanning.org/our-services/lgbtq-healthcare/

TRANSBUCKET



FINDING SAFE PROVIDERS: MAINE QUEER HEALTH

Maine Queer Health

home

contact

submit a provider

mainecare info

V

primary care providers

other categories ~

mental health care

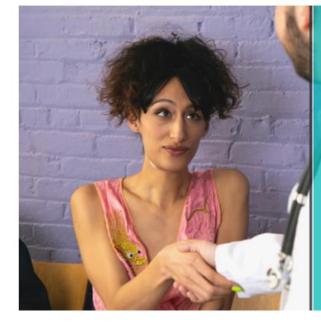
sexual & reproductive health

transgender care

care by region ~

mainetransnet

COVID-19, MTN, & You

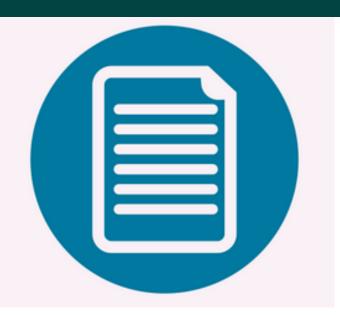


FIND THE RIGHT PROVIDER FOR YOU

GENDER MARKER AND NAME CHANGES



POP-UP Transgender ID Project



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1 in 5 Maine Teens Identify as LGBTQ+



Source: Maine Integrated Youth Health Survey. 2019. https://www.maine.gov/miyhs/

BETTER HEALTHCARE FOR TRANSGENDER MAINERS

MAINECARE NOW COVERS GENDER AFFIRMING CARE

TALK TO YOUR PROVIDER

Make sure your providers know about this change in coverage.



NEW COVERAGE RULES

All medically-necessary healthcare services should be covered. Surgical services will require preauthorization.

GET HELP

If you run into problems or questions, or are denied coverage, contact one of these organizations for help:

hese organizations for

- EqualityMaine.org
- MaineTransNet.org
- GLADAnswers.org
- MaineWomen.org/MWL

Get help signing up for MaineCare at: mejp.org

HELP MAKE THINGS EVEN BETTER

We are working with MaineCare to establish more explicit guidelines on what is and is not covered. Let us know what's working and what's not so we can continue to advocate for the care you need.







Maine Women's Lobby

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WHAT ABOUT MINORS?

The Barbara Bush Children's Hospital

At Maine Medical Center

RESOURCES FOR TEENS: OUT MAINE



RAINBOW BALL WEEKEND 2022 BUILDING COMMUNITIES, SAVING LIVES

GROWN-UPS' QUESTIONS ANSWERED BY QUEER YOUTH

A-K

CHUCK



OUT MAINE BINDER PROGRAM

OUTMAINE.ORG/RESOURCES/BINDERS

OUT Maine provides free chest binders to any transgender, nonbinary, gender-expansive, or any other LGBTQ+ youth, ages 14 – 22 in Maine, who needs one and cannot afford to purchase or safely obtain one.



LIFTING UP MAINE'S QUEER YOUTH

63 Park Street / PO Box 1723 / Rockland, ME 04841 info@outmaine.org / (800) 530-6997 / OUTMaine.org

OUT Maine is a 501(c)(3) tax-exempt charitable organization. EIN: 20-3682307

RESOURCES FOR TEENS: TRANSNET



CRISIS RESOURCES

Trans Lifeline 1-877-565-8860

 trans-led, focused, and staffed crisis line

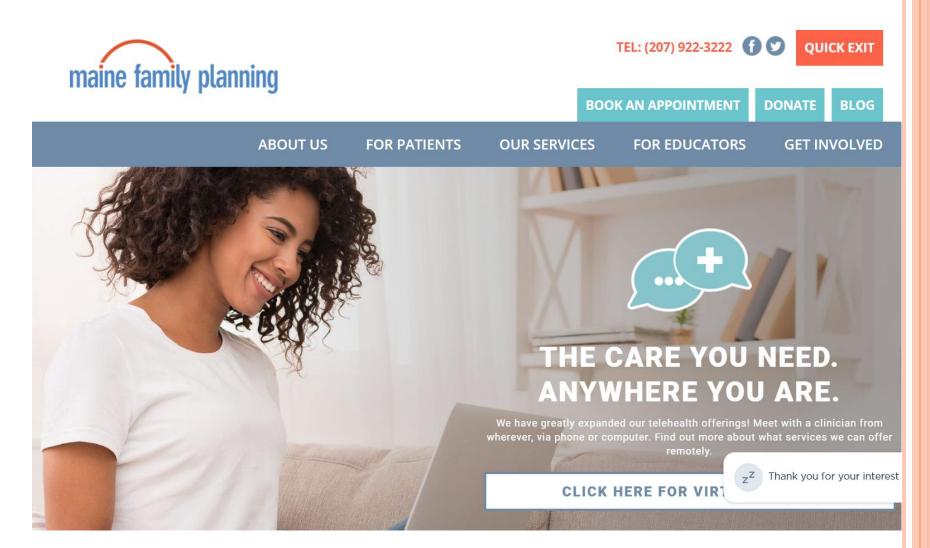
Maine Crisis Line 1-888-568-1112

 711 will take you to a deaf and hard of hearing alternative

Trevor LifeLine 1-866-488-7386

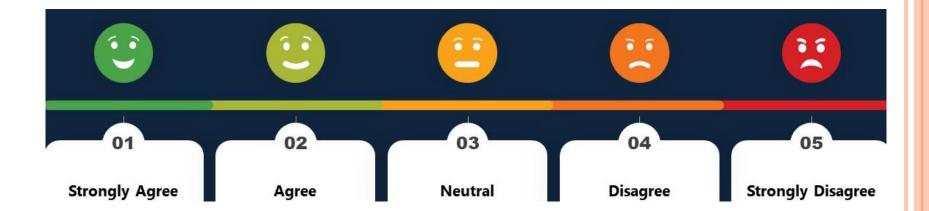
- for LGBTQ+ young people 24 years old and younger
- crisis hotline, text line, online chat

HOW CAN TEENS REACH US?



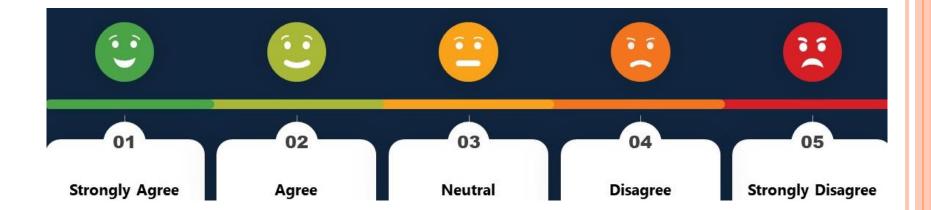
POST-TEST: QUESTION 1

I am knowledgeable about birth control options.



POST-TEST: QUESTION 2

I understand the basics on gender affirming care.



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Visit our website:

www.mainefamilyplanning.org