



THE UNIVERSITY OF
TENNESSEE
HEALTH SCIENCE CENTER.

The Adolescent Gynecology Practice What You Need to Know

Claudette Shephard, MD, MBA

Disclosures

- I have no disclosures related to the content of this presentation
- For purposes of this presentation, the word “female” refers to the sex assignment at birth.

Objectives of the Presentation


- Understand common gynecological concerns.
- Learn effective communication strategies.
- Create a supportive environment.
- Empower adolescent patients.

Introduction


“Obstetrics and gynecology is a discipline dedicated to the broad, integrated medical and surgical care of women’s health throughout their lifespan...”

ACOG

Adolescence: A Time Of...



Increased
independence,
exploration, and
interest in the world



Positive growth with
lots of physical,
cognitive and emotional
development



ACOG COMMITTEE OPINION

Number 811

(Replaces Committee Opinion Number 598, May 2014)

Committee on Adolescent Health Care

This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Adolescent Health Care in collaboration with committee members Rachael L. Polis, DO, MPH and Steph E. Lee, DNP.

The Initial Reproductive Health Visit

21 REASONS

TO SEE A GYNECOLOGIST BEFORE YOU TURN 21

Although most teens don't need to have a Pap test until they are 21 years old, there are at least 21 reasons to see a gynecologist before then.

HEALTH

1. Learn about healthy lifestyles and how to feel good about yourself.
2. Discuss good habits for healthy bones.
3. Learn if you have a urinary tract infection (UTI) and the treatment options.
4. Get treatment for vaginal itching, discharge, or other symptoms.

PERIODS

5. Learn if your periods are normal.
6. Get relief if your periods are painful.
7. Find out why your periods are too heavy.
8. Discuss the timing of your periods and why bleeding may occur in between.
9. Learn ways to deal with premenstrual syndrome (PMS).

SEXUALITY & RELATIONSHIPS

10. Learn how to have healthy romantic relationships.
11. Learn what it means to be in a consensual relationship.
12. Ask questions about what it means to be lesbian, gay, bisexual, transgender, or queer (LGBTQ).
13. Learn about safe sex.
14. Talk about how your reproductive system works.

PREGNANCY

15. Discuss birth control options.
16. Discuss the ideal time to start a family.
17. Get tested for pregnancy.
18. Weigh your options if you get pregnant.

SEXUALLY TRANSMITTED INFECTIONS

19. Learn how to lower your risk of sexually transmitted infections (STIs), including human immunodeficiency virus (HIV).
20. Get tested for STIs and HIV if you are sexually active.
21. Get the human papillomavirus (HPV) vaccine.

PFSS#19: This information is designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. For ACOG's complete disclaimers, visit www.acog.org/WomensHealth-Disclaimers. Copyright May 2020 by the American College of Obstetricians and Gynecologists. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, posted on the internet, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the publisher.



Common Concerns

Is my body normal?

Is masturbation okay?

Are sexual fantasies normal?

Could I be a lesbian?

Can I get pregnant? Can I get AIDS?

How far should I go on a date?

How do I keep my partner?

How do I attract someone sexually?

Responding to Adolescents' Questions



Early opportunity for questions



Answer all questions



Tailor response to age,
development, and culture



Ask questions of them



ACOG COMMITTEE OPINION

Number 803

(Replaces Committee Opinion Number 599, May 2014)

Committee on Adolescent Health Care

This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Adolescent Health Care in collaboration with committee member Kimberly Hoover, MD and liaison member Stephanie Crewe, MD, MHS.

Confidentiality in Adolescent Health Care

- Legal and Ethical Considerations
- Building Trust
- Exceptions
- Communicating Boundaries
- Understanding of rights and limitations.



An Overview of Consent to Reproductive Health Services by Young People

August 30, 2023

Laws and policies on abortion have been changing rapidly across the United States since the US Supreme Court overturned the federal constitutional right to abortion in late June in *Dobbs v. Jackson*. As a result, some information here may be out of date. Our team is working diligently to update this resource. Thank you for your patience.

[guttmacher.org/](https://www.guttmacher.org/)

Encounters with Adolescents: Communication Principles



TALK WITH RESPECT



USE MULTIPLE
PATHWAYS TO
COMMUNICATE



MAINTAIN ATTENTION



RESPECT
CONFIDENTIALITY

Cultural Competence



UNDERSTANDING
CULTURAL
DIFFERENCES



RESPECTING CULTURAL
PRACTICES AND
BELIEFS



OVERCOMING
LANGUAGE BARRIERS



INTEGRATING
SENSITIVITY INTO
CARE.

Barriers to Care for Adolescents

Lack of information
about health care

Attitudes:
embarrassment,
fears, denial,
rebellion

Inadequate
finances

Barriers to Care: Providers

1

Poor sexual history
or reproductive
health assessment

2

Incomplete
treatment and/or
follow-up

3

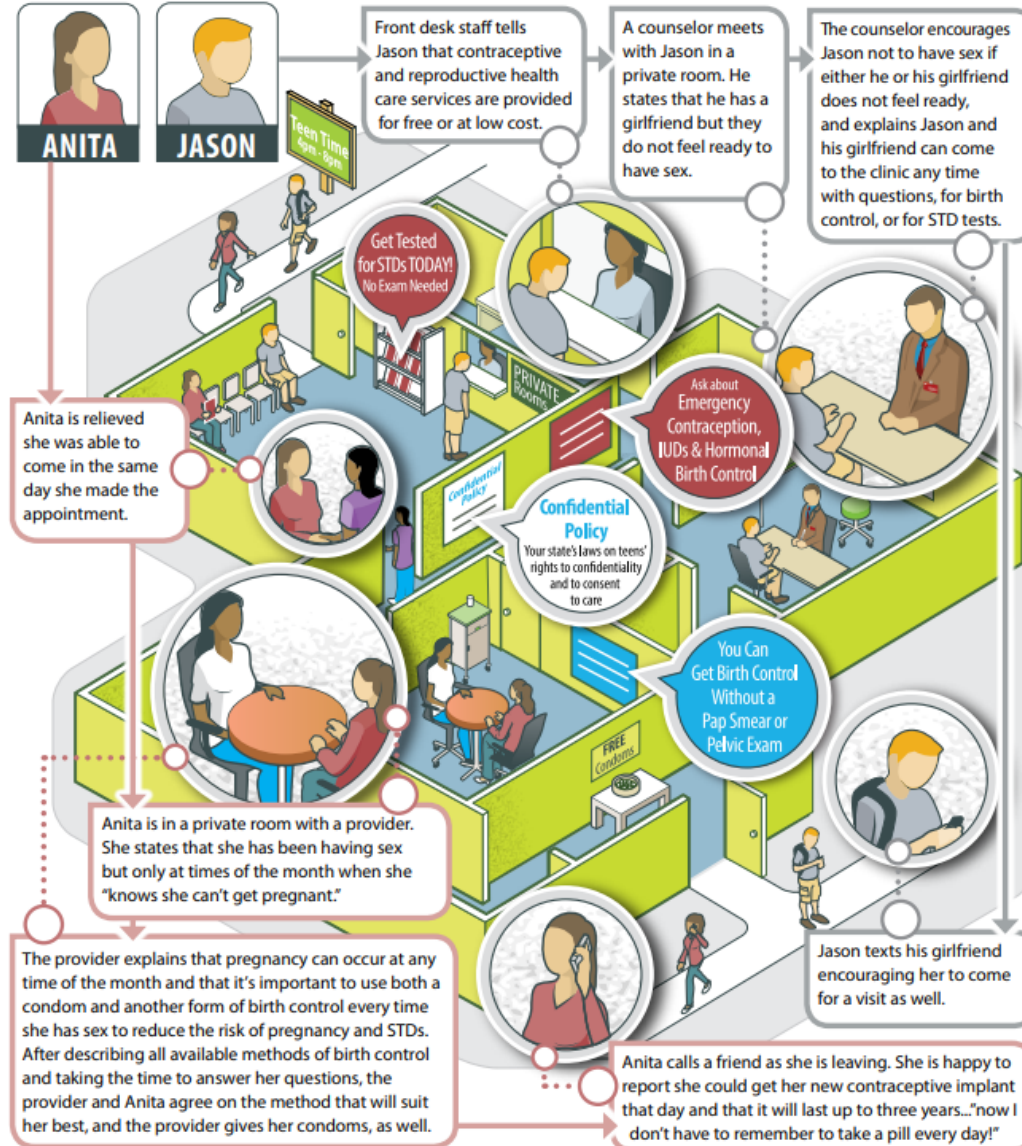
Incomplete health
education

4

Poor
communication

A Teen-Friendly Reproductive Health Visit

Two teen-friendly reproductive health visits: one for a sexually active female, and one for a male not yet having sex.



Learn more at www.cdc.gov/TeenPregnancy/TeenFriendlyHealthVisit.html

Physical Changes of Puberty



- Breast Grow
- Pubic Hair Develops
- The Body Grows
- Menarche Occurs
- Underarm Hair Grows
- Oil/Sweat Glands active

SCREENING



History



Reason for Visit



**Health Status:
medical, surgical,
family**



**Dietary/nutrition
assessment**



Physical activity

SCREENING

History

Use of complementary and alternative medicine

Tobacco, alcohol, other drug use

Abuse/neglect

Sexual practices

Questionnaires

ACOG ADOLESCENT VISIT QUESTIONNAIRE

We strongly encourage you to discuss all issues of your life with your parent(s) or guardian(s). However, unless it is a life threatening issue, the information you give us on this form is CONFIDENTIAL between our doctors and nurses and you. It will not be released without your written consent. If you would like help filling out this form, please let the nurse know. IF YOU DO NOT FEEL COMFORTABLE ANSWERING A QUESTION, LEAVE IT BLANK AND YOUR DOCTOR OR NURSE WILL TALK WITH YOU ABOUT IT.

Name: _____ Age: _____ Today's Date: _____

Why did you come into our office today? _____

General Health: Please answer these general health questions. Ignore the last column. Your doctor or nurse will fill that out.

Friends and Family		For doctor/nurse use
Can you talk with your parent(s) or guardian(s) about personal things happening in your life?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	
Is there another adult you trust and can talk to if you have a problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No Who?	
Who do you live with? (Please circle all that apply.)	Mother Father Guardian Brother or Sister Other:	
Do you think your family has lots of fun together?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	
What do you do for fun?		
Do you think your parents care about you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	
Do you have a best friend?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
School and Work		
Do you like school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Not in school	

PARENT QUESTIONNAIRE

Instructions: Thank you for taking the time to complete this questionnaire about your daughter. This information will be used to provide her with the best possible care.

1) Please let us know how to reach you in case we need additional information:

Your name: _____ E-mail: _____

Phone #1: (____) _____ Phone #2: (____) _____

2) Please mark any conditions that run in your family (on the patient's mother's or father's side).

High blood pressure High cholesterol Obesity Diabetes mellitus Heart disease Death of a parent or grandparent from heart attack before age 55 years Stroke Death of a parent or grandparent from stroke before age 55 years Peripheral vascular disease Cerebrovascular disease Asthma Allergies Cancer (breast, colon, ovarian, or uterine) Seizures Eating disorder Anxiety Depression Bipolar disorder or other mental health issues Excessive bleeding or clotting problems Other (infertility, polycystic ovary syndrome, endometriosis, uterine leiomyomas, or genetic diseases)

If other, please explain _____



Recommendations for Well-Woman Care – A Well-Woman Chart

PREVENTION SERVICES	AGE (Years)						
	13-17*	18-21*	22-39	40-49	50-64	65-75	>75
GENERAL HEALTH							
Alcohol use screening & counseling	●	●	●	●	●	●	●
Anxiety screening		○	○	○	○	○	○
Blood pressure screening	●	●	●	●	●	●	●
CVD & CRC prevention with aspirin [†]					○	○	○
Contraception and contraceptive care	●	●	●	●	●	●	●
Depression screening [‡]		○	○	○	○	○	○
Diabetes screening [‡]		○	○	○	○	○	○
Fall prevention							
Folic acid supplementation [§]	●	●	●	●	●	●	●
Healthy diet & activity counseling [¶]	●	●	●	●	●	●	●
Interpersonal & domestic violence screening		○	○	○	○	○	○
Lipid screening [¶]					○	○	○
Obesity screening & counseling					○	○	○
Obesity screening [¶]					○	○	○
Osteoporosis screening [¶]					○	○	○
Statin use to prevent CVD [¶]					○	○	○
Statin use screening & counseling [¶]					○	○	○
Substance use screening & counseling [¶]					○	○	○
Tobacco incontinence screening [¶]					○	○	○
Urinary incontinence screening [¶]					○	○	○
INFECTIOUS DISEASES							
Gonorrhea & chlamydia screening [¶]					○	○	○
Hepatitis B screening [¶]					○	○	○
Hepatitis C screening (at least once) [¶]					○	○	○
Hepatitis C screening [¶]					○	○	○
HIV preexposure prophylaxis [¶]					○	○	○
HIV risk assessment [¶]					○	○	○
HIV screening (at least once) [¶]					○	○	○
Immunizations [¶]					○	○	○
STI prevention counseling [¶]					○	○	○
STI prevention counseling [¶]					○	○	○
Syphilis screening [¶]					○	○	○
Tuberculosis screening [¶]					○	○	○
CANCER							
Breast cancer screening [¶]					○	○	○
Cervical cancer screening [¶]					○	○	○
Colorectal cancer screening [¶]					○	○	○
Lung cancer screening [¶]					○	○	○
Medications to reduce breast cancer risk [¶]					○	○	○
Risk assessment for BRCA1/2 genetic counseling & testing [¶]					○	○	○
Skin cancer counseling [¶]					○	○	○

SCREENING

Physical
Examination

Height/Weight

Blood pressure

Secondary sexual
characteristics
(Tanner Staging)

Pelvic examination
(when indicated by
the medical
history)

Skin

Breast



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

COMMITTEE OPINION

Number 651 • December 2015

(Replaces Committee Opinion 349, November 2006)

Reaffirmed 2020

Committee on Adolescent Health Care

The American Academy of Pediatrics endorses this document. This document reflects emerging concepts on patient safety and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Menstruation in Girls and Adolescents: Using the Menstrual Cycle as a Vital Sign

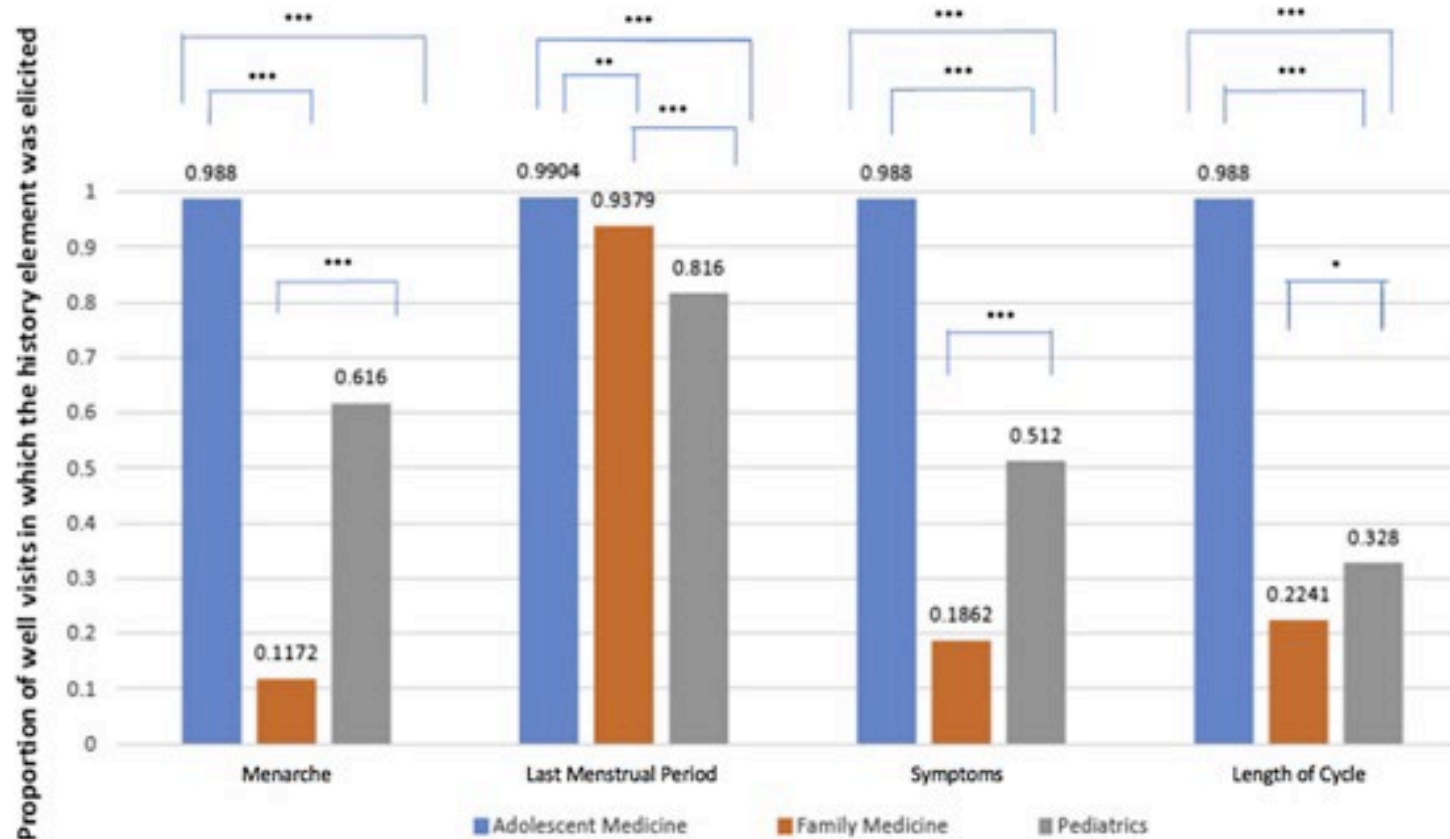


Fig. 1. Proportions of menstrual history-taking elements among departments. Each vertical bar represents the proportion of well visit notes in which that particular aspect of menstrual history was documented. Comparative odds ratios with the corresponding level of statistical significance for each aspect are represented by asterisks above horizontal brackets. Statistical significance for each odds ratio is represented as: * $P < .05$; ** $P < .01$; *** $P < .001$.

Normal Menstrual Cycle

- Menarche - median age: 12.43 years
- Mean cycle interval: 32.2 days in first gynecologic year
- Menstrual cycle interval: Typically 21 – 45 days
- Menstrual flow length: 7 days or less
- Menstrual product use: 3-6 pads or tampons/day

Common Indications for Pelvic Examination in the Adolescent

Delayed puberty

Precocious puberty

Abnormal vaginal bleeding

Abdominal/Pelvic pain

History of sexual activity

Pathologic vaginal discharge

Suspicion of intra-abdominal pathology

SCREENING

Periodic Laboratory Testing

Chlamydia

Gonorrhea

Hepatitis B

Hepatitis C

HIV

RPR

Immunizations



ACOG COMMITTEE OPINION

Number 809

(Replaces Committee Opinion Number 704, June 2017)

**Committee on Adolescent Health Care
Immunization, Infectious Disease, and Public Health Preparedness Expert Work Group**

This Committee Opinion was developed by the Immunization, Infectious Disease, and Public Health Preparedness Expert Work Group and the Committee on Adolescent Health Care, with the assistance of Linda O'Neal Eckert, MD.

Human Papillomavirus Vaccination

Human Papilloma Virus

Hepatitis B*

Influenza

Tdap

Meningococcal*

Varicella

GYNECOLOGIC CONDITIONS

Vaginal
infections/STDs

Menstrual
Irregularities

Dysmenorrhea

Pregnancy

Sexual Abuse

Breasts

Menstrual Abnormalities that may require evaluation

not started within 3 years of thelarche

not started by 14 years of age with signs of hirsutism

not started by 14 years of age with a history/exam suggestive of excessive exercise or eating disorder

not started by 15 years of age

occur more frequently than every 21 days or less frequently than every 45 days

Menstrual Abnormalities that may require evaluation

Occur 90 days apart even for one cycle

Last more than 7 days

Require frequent pad or tampon changes

Are heavy and are associated with a history of excessive bruising or bleeding or a family history of a bleeding disorder

Causes of Abnormal Uterine Bleeding in Adolescent Girls

Pregnancy

Immaturity of the HPO Axis

Hyperandrogenic anovulation (PCOS, CAH, etc.)

Coagulopathy

Hypothalamic dysfunction

Hyperprolactinemia

Thyroid disease



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACOG COMMITTEE OPINION

Number 785

Committee on Adolescent Health Care

This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Adolescent Health Care in collaboration with committee members Oluyemisi Adeyemi-Fowode, MD and Judith Simms-Cendan, MD.

Screening and Management of Bleeding Disorders in Adolescents With Heavy Menstrual Bleeding

Causes of Abnormal Uterine Bleeding in Adolescent Girls

Primary pituitary disease

Primary ovarian insufficiency

Iatrogenic

Medications

Sexually transmitted infections

Malignancy

Uterine lesions



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACOG COMMITTEE OPINION

Number 758

Committee on Adolescent Health Care

This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Adolescent Health Care in collaboration with committee members Oluyemisi A. Adeyemi-Fowode, MD and Karen R. Gerancher, MD.

Promoting Healthy Relationships in Adolescents



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACOG COMMITTEE

Number 710 • August 2017

Committee on Adolescent Health Care

This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Collaboration with committee member Karen R. Gerancher, MD.



COMMITTEE STATEMENT

NUMBER 1

February 2022

Counseling Adolescents About Contraception: Patient-Centered Contraceptive Counseling

Committee on Health Care for Underserved Women and Committee on Ethics. This Committee Statement was developed by the American College of Obstetricians and Gynecologists' Committee on Health Care for Underserved Women, Contraceptive Equity Expert Work Group, and Committee on Ethics in collaboration with Melissa Kottke, MD, MPH, MBA; Lisa Goldthwaite, MD, MPH; Kavita Arora, MD, MBE, MS; and Jennifer Villavicencio, MD, MPP.

ACOG COMMITTEE OPINION

Number 735 • May 2018

(Replaces Committee Opinion Number 539, October 2012)

Committee on Adolescent Health Care Long-Acting Reversible Contraception Work Group

This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Adolescent Health Care and the Long-Acting Reversible Contraception Work Group in collaboration with Committee member Ashlyn H. Savage, MD and Sarah F. Lindsay, MD, on behalf of the Long-Acting Reversible Contraception Work Group.

Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices

Reaffirmed 2021

CONTRACEPTION

OCPs

Implants

IUDs

Injectables

Transdermal

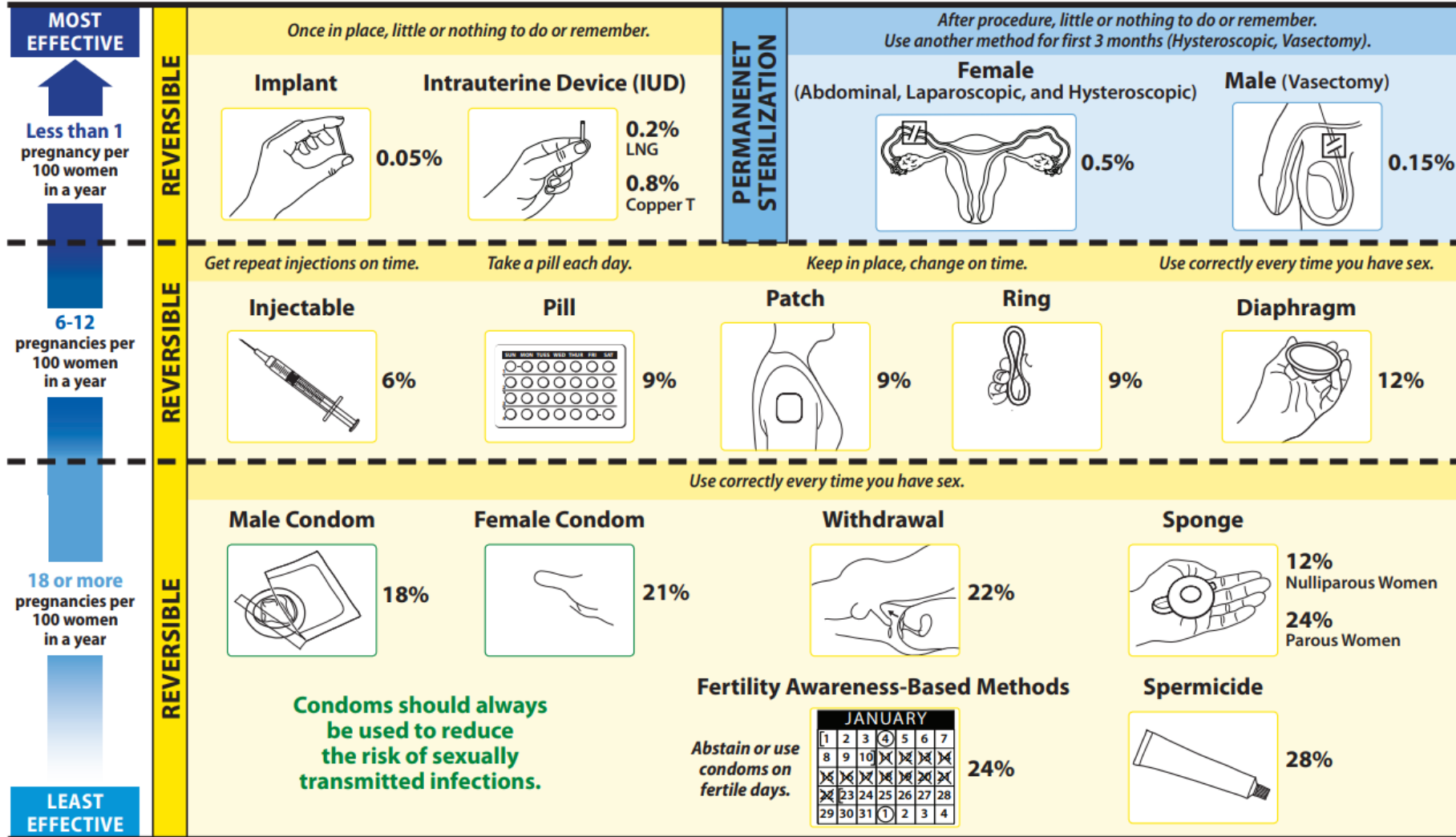
Intravaginal ring

Condoms

Emergency contraception

EFFECTIVENESS OF FAMILY PLANNING METHODS*

*The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method.

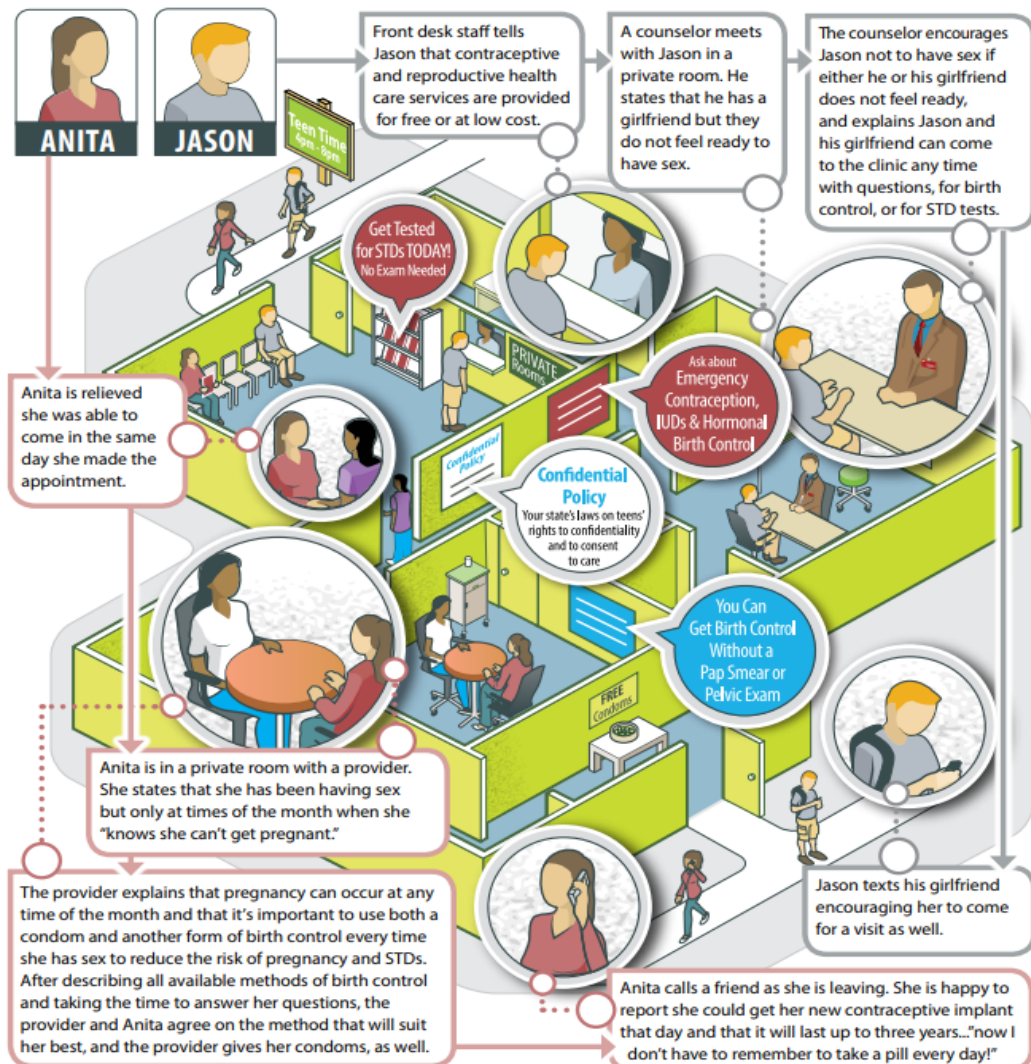


Other Methods of Contraception: (1) Lactational Amenorrhea Method (LAM): is a highly effective, temporary method of contraception; and (2) Emergency Contraception: emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy. Adapted from World Health Organization (WHO) Department of Reproductive Health and Research, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP). Knowledge for health project. Family planning: a global handbook for providers (2011 update). Baltimore, MD; Geneva, Switzerland: CCP and WHO; 2011; and Trussell J. Contraceptive failure in the United States. *Contraception* 2011;83:397-404.



A Teen-Friendly Reproductive Health Visit

Two teen-friendly reproductive health visits: one for a sexually active female, and one for a male not yet having sex.



Learn more at www.cdc.gov/TeenPregnancy/TeenFriendlyHealthVisit.html

CS246240

National Center for Chronic Disease Prevention and Health Promotion
Division of Reproductive Health



Websites of Interest

www.youngwomenshealth.org

www.naspag.org

www.bedsider.org

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- **Promoting healthy relationships in adolescents.** ACOG Committee Opinion No. 758. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;132:e213–20.
- **Confidentiality in adolescent health care.** ACOG Committee Opinion No. 803. American College of Obstetricians and Gynecologists. Obstet Gynecol 2020;135:e171–7.
- **Adolescents and long-acting reversible contraception: implants and intrauterine devices.** ACOG Committee Opinion No. 735. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018; 131:e130–9.
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- **Screening and management of bleeding disorders in adolescents with heavy menstrual bleeding.** ACOG Committee Opinion No. 785. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2019;134:e71–83.
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- <https://www.guttmacher.org/print/state-policy/explore/overview-minors-consent-law>
- **Menstrual History-Taking at Annual Well Visits for Adolescent Girls.** J Pediatr Adolesc Gynecol 31 (2018) 566e570
- <https://www.cdc.gov/teenpregnancy/health-care-providers/teen-friendly-health-visit.htm>
- <https://www.tes.com/lessons/tjKayabWHWghfQ/girl-puberty>

Q&A to follow

