CLINICAL PRACTICE

ALERT

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Family PACT
Planning • Access • Care • Treatment
OFFICE OF FAMILY PLANNING
CALIFORNIA DEPARTMENT OF HEALTH SERVICES

PROVIDING CLINICAL SERVICES TO FEMALE ADOLESCENTS

While most reproductive health care services offered to adolescents are similar to those provided to adult women, there are differences in specific interventions provided to younger women. For the purpose of this Clinical Practice Alert, a "female adolescent" is defined as a woman under 21 years old.

KEY POINTS

- **"Quick Start" regimens for new starters of hormonal contraceptive methods improve the likelihood of successful contraceptive initiation and continuation when compared to conventional "new start" regimens.**
- **Make emergency contraception available to adolescents by advance provision. Doing so does not increase the likelihood of risk-taking behaviors, either for sexually transmitted infections (STIs) or pregnancy risks.**
- **Initiate Pap smear screening *three years* after a women's first episode of vaginal intercourse or by 21 years old when the time of onset of vaginal intercourse is unknown.**
- **Offer a supply of condoms in conjunction with hormonal contraceptives to women at risk for STIs.**
- **It is strongly recommended to screen adolescents for intimate partner (and dating) violence.**

QUESTIONS AND ANSWERS

At what age can an adolescent give consent for Family PACT services?

A minor of any age may receive birth control services without parental consent. A minor must be at least 12 years old to request testing or treatment for sexually transmitted infections. California law requires parental consent for certain surgical procedures and immunizations for those under age 18. (See *Resources for Information on Adolescent Health Care* on the reverse side.)

What is a "Quick Start" regimen and why is it important for adolescents?

Adolescents are more likely to be effective users of hormonal contraception if they can initiate the method right away regardless of time in the menstrual cycle. A woman who starts oral contraceptives, Ortho Evra® patch or NuvaRing® after day six of her menstrual cycle should use condoms for the next seven days and consider emergency contraception if she has had unprotected intercourse beyond day six. A urine pregnancy test also should be done if an early pregnancy is possible and at least 10 days have passed since the earliest day of ovulation.

Can an adolescent use an intrauterine contraceptive (IUC) such as Mirena® or ParaGard®?

Yes, IUCs are excellent methods of contraception for adolescents. Keep in mind that insertion may be more difficult in women who have never been pregnant and that expulsion rates are slightly higher.

How often should asymptomatic adolescents be screened for chlamydia (Ct) and gonorrhea (GC)?

Perform routine screening for Ct annually in all sexually active females 25 years of age and younger. If the prevalence of GC in your client population is *known* to be less than one percent, routine screening for GC is not necessary. Otherwise, targeted screening for Ct and GC in females, and for males of any age, is restricted to those with risk factors.

Should I screen my adolescent clients for oral or anal Ct or GC?

Heterosexual adolescents who engage in oral or anal sex and who are asymptomatic should not be screened routinely for either oropharyngeal or anorectal GC or Ct. In addition, nucleic acid amplification test (NAAT) and DNA probe GC and Ct tests are not Food and Drug Administration-approved for collection from non-genital sources, unless equivalence with culture has been validated by your laboratory.

If an adolescent isn't due for a Pap smear, is a pelvic exam necessary at the time of a check-up visit?

If the client is asymptomatic and Ct (with or without GC) screening can be done with a NAAT using a urine sample or self-administered vaginal swab, there is no reason to perform a pelvic examination.

How should atypical squamous cells of undetermined significance (ASC-US) and low-grade squamous intraepithelial lesions (LSIL) Pap smear results be managed?

Adolescents with ASC-US or LSIL Pap results should receive repeat cytology at 6 and 12 months from the initial result or a human papilloma virus (HPV) DNA test at 12 months, since HPV infections are likely to be transient and will resolve quickly. Therefore, "reflex HPV test for ASC-US" should ***not*** be ordered when submitting the Pap smear request to the laboratory as management is the same whether the HPV test is positive or negative. The lower age for HPV test reimbursement is 15 years.

Is management of biopsy-proven cervical intraepithelial neoplasia (CIN) different for adolescents?

In adolescents, CIN 2 lesions have a high regression rate, and therefore act more like CIN 1 lesions. The American College of Obstetricians and Gynecologists (ACOG) guidelines recommend that adolescents with biopsy proven CIN 2 be observed and treated only if the lesion persists or progresses.

PROVIDING CLINICAL SERVICES TO FEMALE ADOLESCENTS (CONT.)

How can I improve teen males' participation in STI testing?

Many males avoid STI testing out of embarrassment and fear of painful physical evaluation. Family PACT recommends urine-based NAATs for Ct and GC rather than urethral swabs.

Is parental involvement desirable?

Girls whose mothers are aware and supportive of their clinic visits are more likely to have better contraceptive use. Talk with teens at their initial visit about communication with their families or a trusted adult about sexual health issues. Provide literature about parent-child communication, while carefully protecting adolescents' confidentiality.

Should I assess for sexual abuse and dating violence?

The Society for Adolescent Medicine suggests that clinicians should ask sensitive questions to allow teens the opportunity to discuss sexual abuse. Adolescents also should be counseled about personal safety, risk-taking behaviors, and use of preventive measures. Dating violence should be assessed in both male and female clients.

APPLICATION OF FAMILY PACT STANDARDS

1. **Informed Consent**
   - A minor of any age can consent to medical care related to the prevention and treatment of pregnancy.
   - The consent process shall be provided in a language understood by the client and supplemented with written materials.
2. **Confidentiality**
   - Contraceptive services shall be provided confidentially.
   - Clients shall be advised that California law mandates reporting of human immunodeficiency virus, syphilis, pelvic inflammatory disease, GC, and Ct to the local health jurisdiction for prevention, control, and, in some cases, contact management. Client information shall be reported on the Confidential Morbidity Report within seven days of identification.
3. **Access to Care**
   - Contraceptive and STI services shall be provided without cost to all Family PACT clients.
   - Referral resources for medical and psychosocial services beyond the scope of Family PACT, including domestic violence and substance abuse, shall be made available to clients. Services not listed in the Family PACT *Policy, Procedures, and Billing Instructions* (PPBI) are not reimbursable by the program.
4. **Availability of Covered Services**
   - Family PACT providers must provide access to, or referral for, contraceptives, including oral emergency contraceptives, listed in the PPBI and offer timely, basic STI prevention and management onsite.
   - Screening, testing, and treatment for STIs as listed in the PPBI shall be made available to clients as a condition of delivering services under Family PACT.
5. **Scope of Clinical and Preventive Services**
   - Clinicians delivering services are expected to have professional knowledge and skills about medical practice standards pertaining to contraceptive services and STI prevention and management services.
   - Routine physical examination at periodic health screening visits is not required, unless clinically indicated.
   - Documentation shall record clinical findings and justification for services in medical record.
6. **Education and Counseling Services**
   - Clients shall receive education on protecting their reproductive health and plans for future pregnancy.
   - Client-centered prevention and STI and HIV risk-reduction counseling and education shall be provided.
   - Individual education and counseling shall be provided for all clients as set forth in the PPBI.

PROGRAM POLICY

This Alert provides an interpretation of the Family PACT Standards regarding care of adolescent clients: Providers should refer to the Family PACT PPBI for the complete text of the Family PACT Standards, official administrative practices, and billing information. For the purposes of this and other Family PACT Clinical Practice Alerts, the term "shall" indicates a program requirement; the term "should" is advisory and not required.

RESOURCES FOR INFORMATION ON ADOLESCENT HEALTH CARE

- ACOG Committee Opinion: *Evaluation and Management of Abnormal Cytology in Adolescents*. Obstet Gynecol 2006;107:963-68
- *Making your practice teen-friendly.* Available at http://www.metrokc.gov/health/famplan/tfriendly/tfriendly.htm.
- *Parental involvement and communication.* Available at http://www.talkwithyourkids.org.
- *Youth Friendly Services: A Manual for Services Providers.* Available at http://www.engenderhealth.org/res/offc/qi/yfs/.
- *Sexual Health: An Adolescent Provider Toolkit*; Adolescent Health Working Group. Available at http://ahwg.net/resources/SexualHealthCA-Final1103.pdf.
- *California Minor Consent Laws.* Available at http://www.youthlaw.org/child_welfare/.
- *Protecting Adolescents Ensuring Access to Care and Reporting Sexual Activity and Abuse*; *Reproductive Health Care for Adolescents*; and *Provision of Emergency Contraception to Adolescents*; The Society for Adolescent Medicine. Available at http://www.adolescenthealth.org/PositionPapers.htm.