

The Hidden Agenda
Contraception

Pedicases

Objectives

- Take an adolescent sexual history.
- Provide contraceptive counseling to adolescents incorporating evidence based guidelines.
- Counsel adolescents in detail about combined oral contraceptive pills (COCs).

Part I: Introduction

Julie, a 17 year old high school senior, comes to your office for a check-up and asks you to fill out her school physical form so that she can play for the soccer team. She has been a patient of yours since she was 11 years old and has been playing soccer for four years.

You ask Julie “*Do you have any questions or concerns today?*”

Julie hesitates, and then responds, “*I think I need something for my cramps.*”

Part I: Introduction

Julie's menses have been regular since she was 13 years old, but over the past two years she has had increasing dysmenorrhea, often missing at least one day of school each month. She gets only partial relief from ibuprofen. Her last menstrual period was three weeks ago.

You ask her if she has ever been sexually active and she tells you that she has been sexually active with one male partner for the past six months and "*a/ways*" uses condoms. She then pauses and recalls one instance in which the condom slipped off as her partner was withdrawing.

Part I: Introduction

She denies ever having been forced to have sex and has never had sex while drunk or high. In fact, she says she only drinks one or two beers a month on weekends, has never used any illicit drugs, and smokes “just” 1-2 cigarettes socially each week. She is a B student and plans to attend a local college.

She expresses interest in starting on birth control. When you ask her if she has thought about specific options, she responds, *“I have several friends on the pill who are fine, but I’m worried I’ll gain weight. Should I use some other method?”*

Part II

You describe the various contraceptive options to Julie as well as other options for pregnancy and sexually transmitted infection (STI) prevention. You carefully describe not only how the options are delivered but also their mechanisms of action, safety profiles, and relative effectiveness. After you complete the history and physical examination, Julie decides that she wants to use combined oral contraceptive pills (COCs) because she is most familiar with this option and is hesitant to pursue options that require injections or insertion.

Part III

After extensive counseling regarding instructions, benefits, and side effects, you obtain consent from Julie and prescribe a COC. You reinforce Julie's need to continue to use condoms, and assist Julie in figuring out a time that is good for her to take the pill during her daily schedule. You ask Julie to make an appointment in two months to check her weight and blood pressure and see how she is doing.

Just before leaving, Julie asks, *What are you going to tell my mother?*

Epilogue

Julie's STI tests are negative, and she returns three months later. Her weight is unchanged and her blood pressure is normal. She has had spotting since starting the pills, with some scattered episodes of heavier breakthrough bleeding as well. She tells you that she thinks she missed some doses early on and wonders whether this may have contributed to the bleeding. She says she has been somewhat more consistent recently although she still finds it difficult to remember to take the pill each day, despite using various memory aids.

Epilogue continued

She wonders whether there may be a better fit for her that wouldn't require daily adherence. You review the various options and she tells you that she would like to consider the IUD at her next visit. After her initial visit, she talked with her friends about the various options and learned that one of her friends has had great success with the IUD due to its long-term effect and its convenience. She now feels more comfortable with the idea of the IUD and would like to information on how she could get one herself. Her friends have also mentioned emergency contraception and Julie is interested in learning more in case she discontinues the pill before having IUD insertion.