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THE ADOLESCENT HANDBOOK A TEENS INTRODUCTION & GUIDE TO REPRODUCTIVE HEALTH & WELL BEING

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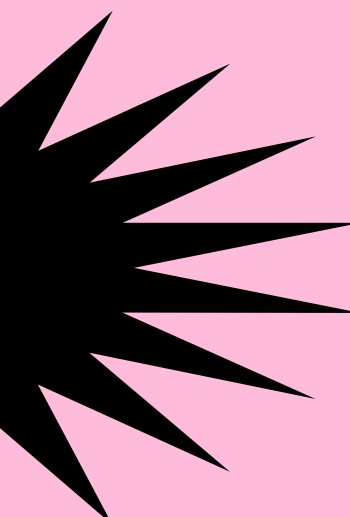
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WHY HAVE AN ADOLESCENT HANDBOOK?



Our office has provided a Prenatal Handbook to pregnant patients for years. Written by Dr Wells, we consider this our go-to guide for the many questions and concerns that arise in pregnancy. Working with so many teens, I began to see a need for a similar guide for adolescence. Similar to pregnancy, adolescence is a time period packed full of physical, emotional, mental and logistical life changes. Questions about all these changes - what's normal, not normal, what to do about X, Y or Z - are expected and so important for navigating this dynamic time period. Unfortunately, the Internet can be an overwhelming source of information and not always the most accurate when it comes to reproductive health. My goal is for this handbook to serve as a reference guide . It's not intended to replace face to face time with a health care provider or to discourage you from asking questions, but to give you a hard copy of information that you can circle back to if you can't remember exactly what we went over or if you just want to show a friend what it means to have a yeast infection. If you have questions that are not answered by this book, **please, please, please** reach out to us! We hear new questions every day and are always thrilled that you've taken the initiative to get the information you need. You are **never** bothering us if you call with a question.

One of the joys of my practice is working with teenagers as they start to become more independent in their health care transitioning from being seen in their pediatrician office to being seen in a gynecology office. I love helping patients navigate challenges with periods, relationships, sex, and all with the goal of supporting our teens so that they may go on to make decisions they feel will keep them safe, happy, and healthy.

Thanks for being the inspiration behind this book and all the wonderful questions and energy you bring to our practice. If there are additions you think we should make, please let us know! We'll a) be stoked to know you read it and b) work in suggestions to the next edition. Thanks for reading! We hope this serves you well!



MEET THE TEAM

WELCOME TO THE PRACTICE

Our office is an obstetrical/gynecology (OB/GYN) practice, meaning we see women from their teenage years until their 90s. The OB portion of the practice focuses on pregnant patients. As a GYN (gynecology) office, we specialize in evaluating, diagnosing and treating issues that arise with the female reproductive system, including the vagina, uterus, ovaries and breasts. We also focus on women's preventive health - helping them to stay healthy throughout their lifespan and screening for certain infections and conditions that may come up along the way. Patients see us for a wide variety of issues and you can never guess what someone is here for just by seeing them in the waiting room.

PROVIDERS

We have 6 providers in our office. We are a mix of doctors, nurse practitioners, and midwives. You can ready everyone's bios on our website: stephenwellmd.com



DR. STEPHEN WELLS

MONICA GARDNER NP

AMANDA WALL CNM

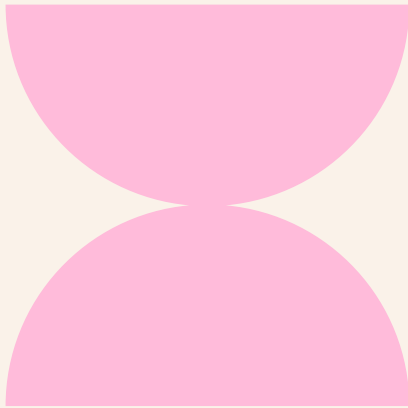
COURTNEY SEPIC NP

NICOLE KNIGHT CNM

GABBIE ESTEBAN CNM, NP



TO MAKE AN APPOINTMENT



simply call the office and talk with one of the wonderful medical assistants who work at the front desk. The more information you give them about why you are coming in the better prepared we can be for your appointment, but you don't need to share more than you're comfortable with

Once you are 18, you have the option of signing up for the John Muir portal, which allows you to email your healthcare provider. This sounds great, but there are a few things to be aware of:

If you send send an email to someone in our practice, it comes to a shared inbox. We all take turns responding to emails, so you may receive a response from a different provider than the one you addressed the email to. If you're wanting to discuss something personal and wouldn't want someone else other than your provider reading that information in an email it's better to call us and ask for your provider to call you back.

It may take 24-48 hours to respond to emails. Emails sent after 4pm on Friday may not be seen until Monday. Please also be aware that these emails become a permanent part of your medical record.

If you're having an urgent issue please call us, don't email. Our front desk staff are great at having us take urgent phone calls right away and an email may not be opened until the end of day

For emergent issues when the office is closed (nights, weekends, holidays) you have the option of reaching an on-call provider. To reach the on-call provider, call our office (925) 935-5363 and follow the prompts to reach the answering service. You should talk to a live person, not our voicemail. If you get our voicemail, hang up and try again.

- What do we mean by emergent? Issues that absolutely cannot wait until the following day – bleeding that saturates a large pad every hour for more than 5 hours or excruciating pelvic pain. Basically a situation in which you are wondering whether or not you should go to the emergency room.
- Issues that do not qualify as emergent: long standing issues that are unlikely to be resolved in the middle of the night on the phone, prescription refill requests, calls to schedule an appointment, etc.

DISCLAIMER: THIS IS BY NO MEANS AN EXHAUSTIVE GUIDE AND IS NOT INTENDED TO REPLACE ACTUAL FACE TO FACE INTERACTION WITH YOUR HEALTHCARE PROVIDER.

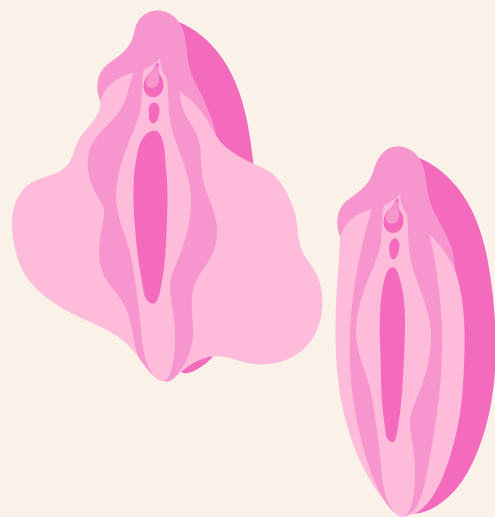
CALIFORNIA LAW HAS SET VERY STRICT GUIDELINES ON CONFIDENTIALITY RELATING TO TEENAGERS SEEKING HEALTHCARE FOR THEIR SEXUAL AND REPRODUCTIVE HEALTH. THESE GUIDELINES ARE DIFFERENT THAN IF YOU WERE TO GO TO YOUR PEDIATRICIAN FOR STREP THROAT, FOR EXAMPLE. IN CALIFORNIA, IF YOU ARE UNDER 18, YOU ARE ABLE TO CONSENT FOR MEDICAL SERVICES RELATED TO THE PREVENTION OF PREGNANCY AND THE DIAGNOSIS AND SCREENING OF SEXUALLY TRANSMITTED INFECTIONS WITHOUT THE CONSENT OF A PARENT. THIS MEANS THAT IF YOU COME TO OUR OFFICE AND REQUEST BIRTH CONTROL, WE CANNOT SHARE THE INFORMATION YOU SHARE WITH US WITH YOUR PARENTS WITHOUT YOUR WRITTEN PERMISSION. WHAT YOU SHARE WITH US DURING A VISIT IS CONFIDENTIAL - IT STAYS JUST BETWEEN US - WE HOPE THAT THIS ENCOURAGES HONEST CONVERSATION. THERE ARE, HOWEVER, LIMITS TO CONFIDENTIALITY. IF YOU SHARE WITH US THAT YOU ARE CONSIDERING HARMING YOURSELF OR OTHERS OR ARE IN A SITUATION IN WHICH YOU MAY BE HARMED, WE ARE LEGALLY REQUIRED TO SHARE THIS WITH YOUR PARENTS.

A PARENT OR GUARDIAN OFTEN JOINS THEIR TEEN IN THE EXAM ROOM DURING VISITS, ESPECIALLY THE FIRST VISIT. WE ARE PERFECTLY COMFORTABLE WITH THIS IF YOU ARE, BUT MAY ALSO ASK THEM TO STEP OUT AT THE END OF THE VISIT. THIS IS SO THAT WE CAN HAVE A FOLLOW-UP CONVERSATION WITH YOU AND COVER ANY TOPICS YOU MAY NOT HAVE FELT COMFORTABLE DISCUSSING IN FRONT OF YOUR PARENT. WE ASSURE YOU WE DON'T DO THIS TO SINGLE YOU OUT OR IMPLY THAT THERE IS SOMETHING YOU'RE HIDING - THIS IS A STANDARD APPROACH WITH ADOLESCENT HEALTH CARE VISITS AND WE DO THIS WITH EVERYONE.

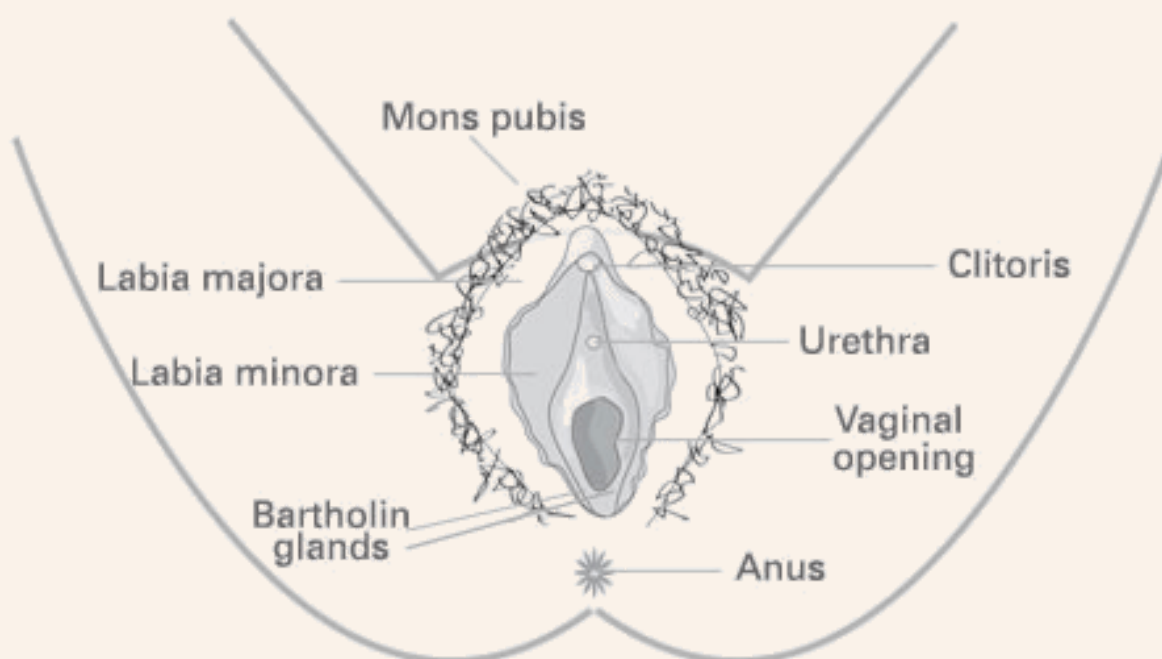
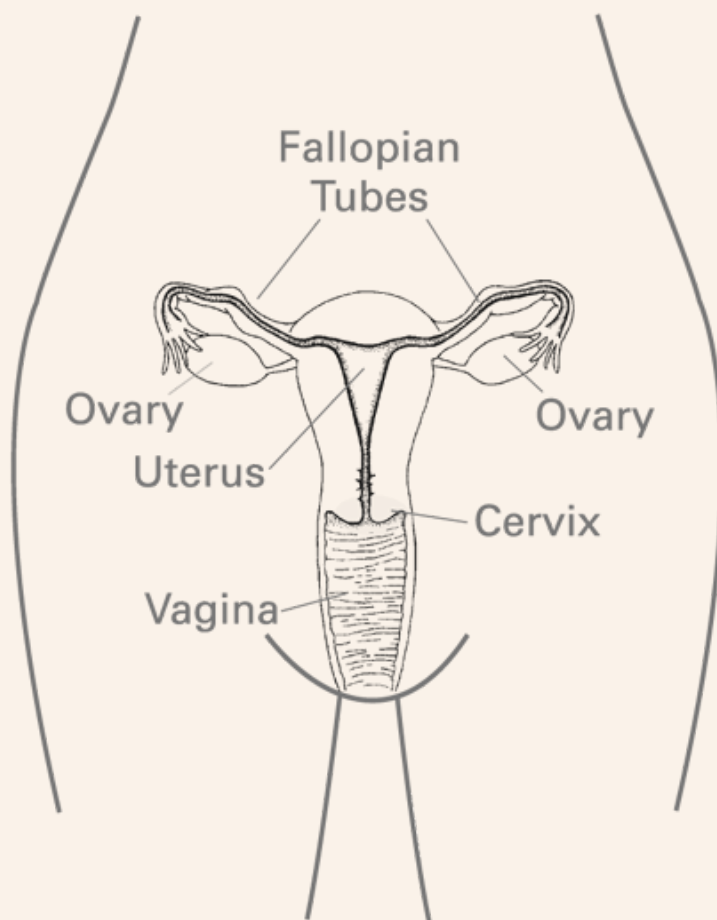
CONFIDENTIALITY LAWS DON'T MEAN THAT WE DISCOURAGE YOU FROM HAVING OPEN COMMUNICATION WITH YOUR PARENTS. WE FULLY SUPPORT AND ENCOURAGE YOU TO TALK WITH YOUR PARENTS ABOUT YOUR HEALTH CONCERNS, DECISION MAKING ABOUT RELATIONSHIPS, AND QUESTIONS ABOUT HOW TO BEST TAKE CARE OF YOURSELF. WE FULLY ACKNOWLEDGE THAT THESE CAN BE DIFFICULT CONVERSATIONS FOR BOTH TEENS AND PARENTS, AND IN THE IDEAL SCENARIO, WE HOPE THAT THEY CAN BE POSITIVE ONES. WE HOPE IN THESE CONVERSATIONS WITH YOUR PARENTS YOU ARE ABLE TO SHARE YOUR THOUGHTS AND CONCERNS, AND THAT YOUR PARENT OR GUARDIAN IS ABLE TO OFFER YOU SUPPORT AND GUIDANCE IN AN EFFORT TO AID YOU IN BECOMING AN INFORMED, HEALTHY, HAPPY, AND RESPONSIBLE ADULT. IF YOU NEED SOME SUPPORT OR TIPS ON HOW TO TALK TO YOUR PARENTS ABOUT SENSITIVE TOPICS WE ARE HAPPY TO HELP!

GETTING DOWN TO BASICS: ANATOMY

understanding your anatomy is the first step to understanding the way your body works and trouble shooting issues that might come up



Female Reproductive Organs



VULVA

The vulva is an umbrella term for the external female genitalia including the labia minora and majora. Have you been calling your vulva your vagina? You're not alone! Now you know the technical term.

LABIA

The labia are folds of skin or "lips" that cover the vaginal opening. Think of the labia as the doors to the vagina. There are two sets of labia: the majora, or outer labia, and the minora, or inner labia and they serve to protect the internal structures of the vagina.

INTROITUS

The vaginal introitus is the entrance into the vagina. When we talk about this area medically, we're referring to the oval opening at the base of the labia minora

CLITORIS

The clitoris is a pea sized gland under the top of the labia minora, where the two sides meet. It is often covered by the labia minora, which is called the clitoral hood. Clitoral tissue is jam packed with nerve endings, earning it the reputation as the pleasure center of vagina. The clitoris is bigger than you think! The spongy gland divides into 2 "legs" and extends 4-5 inches under the skin.

URETHRA

The urethra is the opening that goes from the bladder to the outside of the body. It allows your body to empty the bladder of urine. It is located just inside of the vagina and can look like a small hole at the upper entrance to the vagina.

VAGINA

The vagina is a muscular canal. There are glands inside and around the vagina that produce fluid (known as vaginal discharge). They keep the vaginal tissue clean and lubricated. The vaginal canal has ridges within it which allow for it to stretch when sexually aroused. These ridges are called rugae.

CERVIX

Think of the cervix as the gateway between the vagina and the uterus. It's a cylinder shaped piece of muscle that has the ability to stretch and open or stay sealed shut. When pregnant, the cervix stays closed to hold the baby in the uterus, then opens when it is time to give birth. When you have a Pap smear, we're looking at the cells of the cervix. More on that later.

UTERUS

sometimes called a womb, the uterus is a pear shaped muscular organ above the cervix. During the menstrual cycle, the lining of the uterus builds up and sheds if there is no pregnancy, producing a period. When pregnant, the uterus can stretch from the size of a pear to the size of a watermelon then contract to deliver a baby. Amazing! There's not another muscle in the body quite like it!

FALLOPIAN TUBES

A fallopian tube connects each ovary to the uterus. After ovulation, the egg travels down the fallopian tube to the uterus.

OVARIES

You were born with around 1 million eggs and they are stored in 1 of 2 ovaries. For someone with regular periods, the ovaries release 1 egg each month which travels through the fallopian tubes to the uterus. The ovaries also produce the hormones estrogen and progesterone.

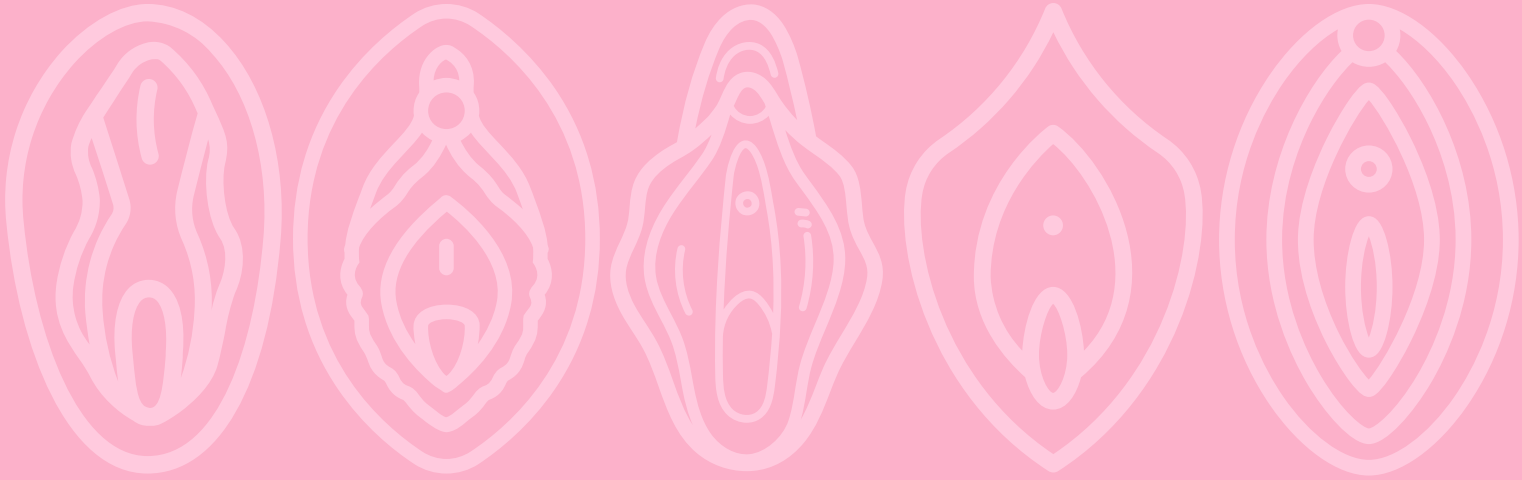
BARTHOLIN GLANDS

located on either side of the vaginal opening at about 4 and 8 o'clock. They secrete mucus during sexual arousal

SKENE'S GLANDS

located on either side of the urethra, they secrete mucus during sexual arousal

A word about diversity



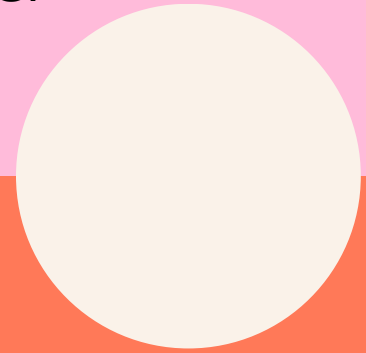
No two bodies are alike and the same applies to vulvas and vaginas. Labia in particular come in a wide array of shapes, sizes, textures, and colors. Do your labia minora extend past your labir majora or "stick out?" That is 100% normal. Bodies are not answers on a multiple choice test: they are not right or wrong, they're just different.

Occasionally we'll hear from patients that their partners or friends have told them that there is something "wrong" with their body. This can feel extremely devastating and cause them to feel self-conscious or even ashamed. If you've been or find yourself in this situation, I assure you, the problem is with the other person's thinking, knowledge base, and poor social boundaries, not your body. If you have questions about how your body looks or is working, please don't hesitate to talk to a medical provider. I assure you, we've seen it all!

The Menstrual Cycle

What, Why, & How

DURING PUBERTY, THE PITUITARY GLAND IN THE BRAIN SIGNALS THE OVARIES TO START PRODUCING ESTROGEN. ESTROGEN HAS A LAUNDRY LIST OF RESPONSIBILITIES IN THE BODY, AMONG THEM CAUSING THE BREASTS TO GROW, PUBIC HAIR TO APPEAR, MAINTAINING STRONG BONES AND HELPING THE REPRODUCTIVE ORGANS (THE OVARIES, FALLOPIAN TUBES AND UTERUS) TO MATURE. WHAT GETS THE MOST PRESS WHEN IT COMES TO PUBERTY IS THE START OF MENSTRUATION, AKA YOUR PERIOD.



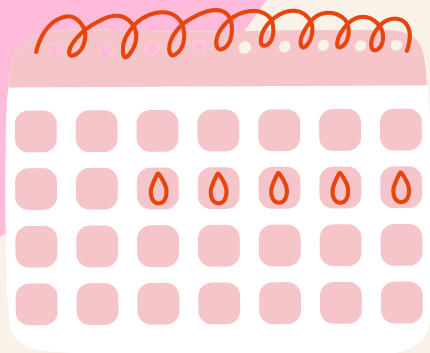
HOW DOES A PERIOD START?

Over the course of a month, the lining of the uterus (called the endometrium) thickens as one of the ovaries prepares and then releases an egg, a process called ovulation. The egg travels through the fallopian tube and into the uterus. If there is not implantation (fertilized egg attaches to the uterus) the hormones shift and the lining of the uterus sheds as it prepares for the next cycle, producing what you see and feel as a period.

The amount, color and type of blood that you experience may be different each day or with each period. Bleeding can range from light to heavy and everywhere in between. It is very normal to have a few days that are heavy than others when bleeding tapers off to almost nothing. Some women have spotting a few days before their period starts and a few days after. Bleeding can range from brown to pink to bright red to dark red. It can also feel like a steady stream of more liquidy blood to thicker, chunky blood or clots.

Some worry that seeing clots in their menstrual blood means that they may be more likely to develop blood clots in their veins, but this is fortunately not the case. Seeing clots associated with your period just means that the blood may be flowing more slowly for a period of time so it has time to clump up or that the uterus cramps very efficiently and a larger piece of the lining is released at one time.

When you really think about it, what an amazing process! Yes, managing a period can at times be messy and inconvenient, but this process is what will allow you to bring life into the world if and when you choose and that, dear readers, is nothing short of miraculous. So let's give credit where credit is due and avoid using words like "gross" to describe a process that is responsible for the human race. Your body is amazing and that is never something to apologize for!



Timing.

The menstrual cycle is measured from the first day of your period (1st day of bleeding) to the 1st day of your next period. So if your period starts on October 1st and then next starts on October 31st, that was a 30 day cycle. The typical menstrual cycle is between 23 to 35 days with 2 to 5 days of bleeding with each period. In a 28 day cycle ovulation will occur 14 days after the start of your period. This time varies with the length of your cycle. However, usually 14 days after ovulation your period starts, this is more consistent.

It can be really helpful to keep track of your period on a calendar and you will soon find that you'll be asked the date of your last period at every medical appointment, probably for the rest of your life. Pen and paper works great, but if you're tech savvy, there are tons of great apps that you can use. Given that you are likely way more tech savvy than anyone in our office, please let us know if you find one that you love so we can pass on the tip.

It is very normal for periods to be irregular during the first 2-3 years after they start. Your brain is still fine tuning the process of releasing hormones in a predictable way, so it can take some time for cycles to become more regular. If after 3 years your period isn't coming every 23 to 35 days, please come see us.

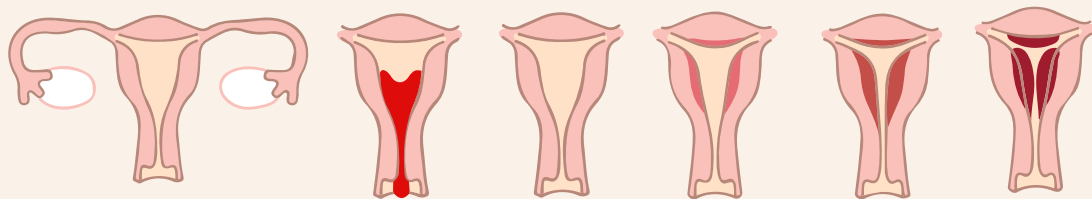
Phases of the Menstrual Cycle

ENDOMETRIAL CYCLE

GOAL: TO PREPARE AN AREA TO SUPPORT THE FERTILIZED EGG

PHASES:

- PROLIFERATIVE: THE ENDOMETRIAL TISSUE GROWS BECAUSE OF AN INCREASE IN ESTROGEN
- SECRETORY: STARTS AFTER OVULATION BECAUSE OF A RISE IN PROGESTERONE LEVELS. THE ENDOMETRIAL TISSUE STOPS GROWING AND BECOMES THICK AND CUSHIONY TO PREPARE FOR THE EGG TO IMPLANT
- MENSTRUATION: IF A FERTILIZED EGG DOES NOT IMPLANT PROGESTERONE LEVELS WILL FALL CAUSING THE ENDOMETRIUM TO SHED. THIS LASTS AN AVERAGE OF 4-6 DAYS



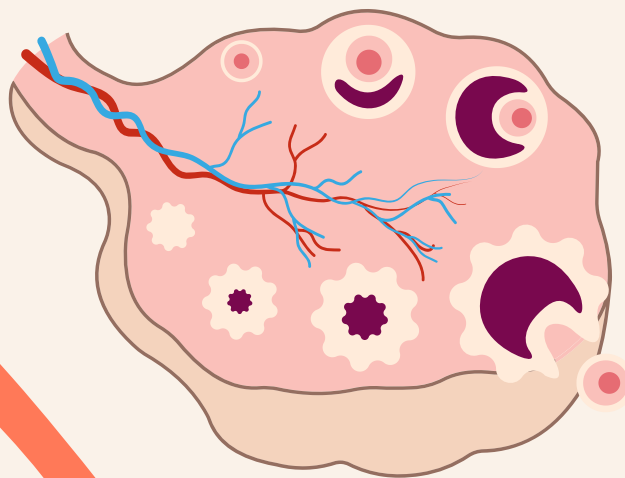
Phases of the Menstrual Cycle

OVARIAN CYCLE

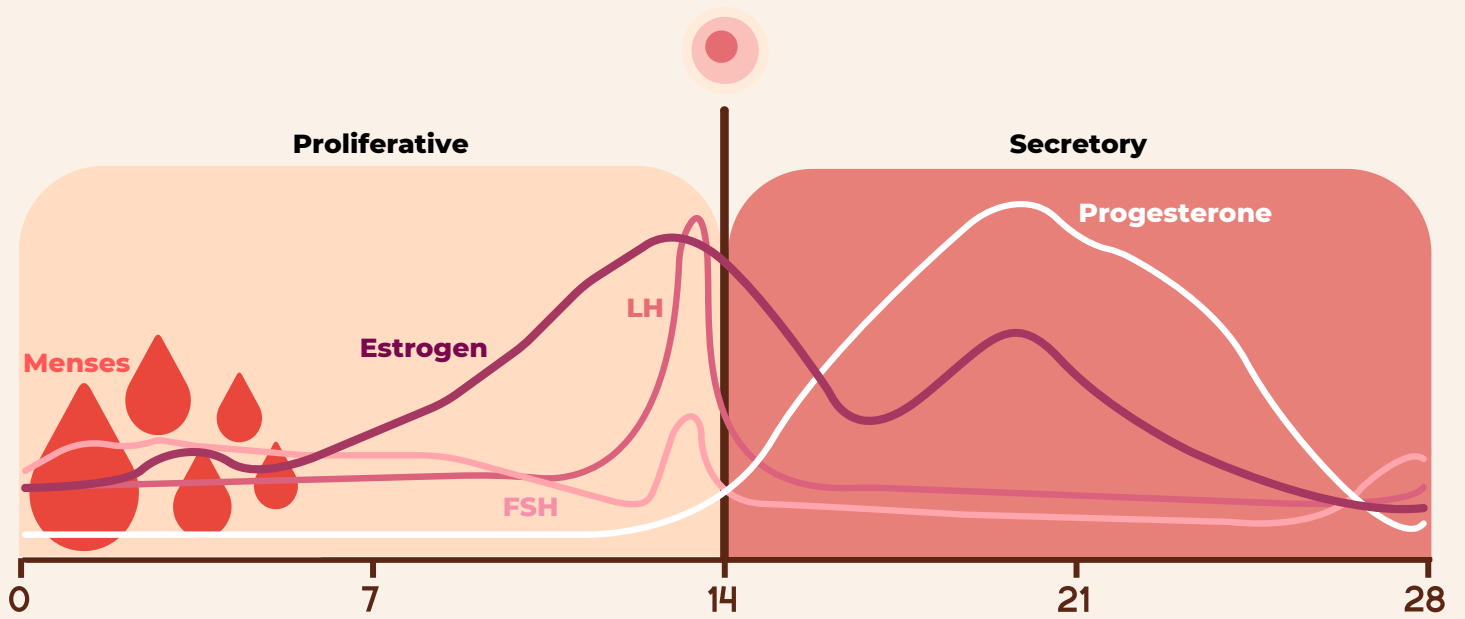
GOAL: TO PRODUCE AN OVUM (EGG)

PHASES:

- FOLLICULAR: AVERAGE OF 10-14 DAYS AND IS THE PHASE WHERE THE OVARY PRODUCES AN OVUM TO BE FERTILIZED. IT WILL GROW AND PREPARE THIS OVUM FOR RELEASE AT OVULATION
- OVULATION: RELEASE OF THE OVUM. NO SINGLE THING CAUSES OVULATION, IT IS A COMBINATION. IT OCCURS 10-12 HOURS AFTER THE LH SURGE AND 24-36 HOURS AFTER THE ESTROGEN SURGE
- LUTEAL: AFTER RELEASE OF THE OVUM, THE OVARY PRODUCES PROGESTERONE WHICH HELPS TO MAINTAIN THE ENDOMETRIUM. IF NOT FERTILIZED THE PART OF THE OVARY PRODUCING THE PROGESTERONE SLOWLY STOPS WHICH SIGNALS TO THE BODY TO START THE CYCLE OVER AGAIN

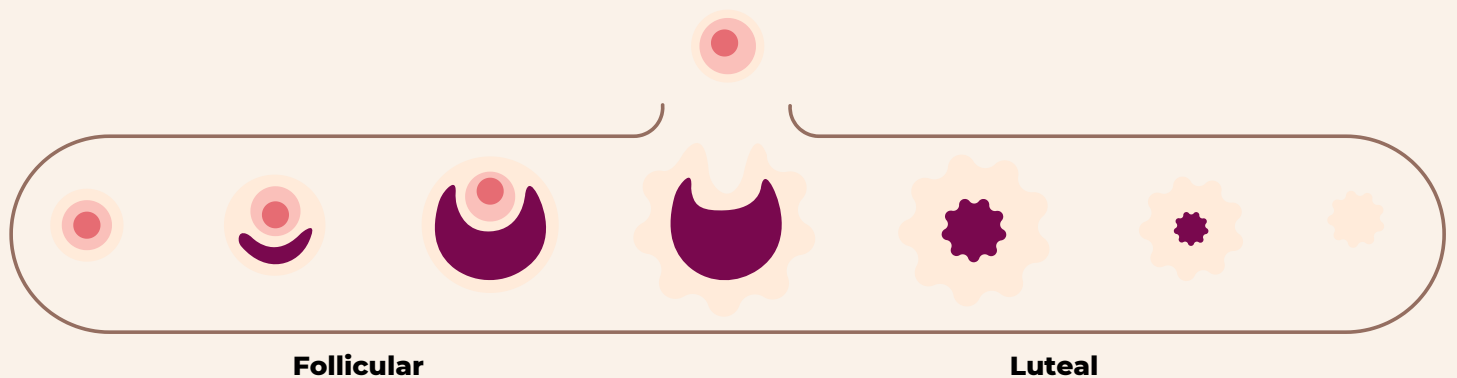


ENDOMETRIAL CYCLE



Follicle stimulating hormone (FSH)
Lutenizing hormone (LH)

OVARIAN CYCLE



MANAGING BLEEDING



LINERS OR PANTY LINERS ARE THIN PADS THAT STICK TO UNDERWEAR. THESE CAN BE GREAT FOR DAYS WITH JUST SPOTTING OR VERY LIGHT BLEEDING.

PADS (SOMETIMES CALLED "SANITARY NAPKINS") ARE THICKER THAN LINERS AND STICK TO UNDERWEAR. THEY COME IN A VARIETY OF SHAPES, SIZES AND THICKNESSES TO ACCOMMODATE VARYING AMOUNTS OF MENSTRUAL FLOW. SOME HAVE "WINGS" ATTACHED TO THE SIDE TO HELP PREVENT LEAKS ONTO UNDERWEAR OR CLOTHES.

MENSTRUAL DISCS ARE SIMILAR TO MENSTRUAL CUPS IN THAT THEY ARE INSERTED INTO THE VAGINA, BUT DIFFER IN SEVERAL WAYS. DISCS ARE INSERTED FURTHER INTO THE VAGINA, TUCKED BEHIND THE PUBIC BONE TO COVER THE CERVIX AND COLLECT MENSTRUAL BLOOD. THEY ARE DISPOSABLE PRODUCTS AND DO REQUIRE THAT YOU'RE COMFORTABLE REACHING INTO THE VAGINA TO INSERT AND REMOVE.

TAMPONS: TAMPONS ARE SMALL DISPOSABLE COLUMNS OF COMPRESSED COTTON THAT ARE INSERTED INTO THE VAGINA TO ABSORB MENSTRUAL BLOOD. THEY MOST OFTEN COME WITH AN APPLICATOR TO HELP INSERT INTO THE VAGINA AND HAVE A STRING ATTACHED TO THE END TO MAKE IT EASIER TO REMOVE. SIMILAR TO PADS, THEY COME IN VARIOUS SIZES (E.G. LIGHT, REGULAR, SUPER, SUPER PLUS, ULTRA) TO ACCOMMODATE VARYING AMOUNTS OF MENSTRUAL FLOW. YOU CAN USE TAMPONS WHILE SWIMMING AND PLAYING SPORTS. USING A TAMPON REQUIRES THAT YOU BE COMFORTABLE INSERTING SOMETHING INSIDE OF THE VAGINA AND TOUCHING YOUR VAGINA TO REMOVE IT. INSERTING A TAMPON CAN TAKE SOME GETTING USED TO, BUT SHOULDN'T BE PAINFUL. ONCE A TAMPON IS IN PLACE, IT SHOULDN'T BE UNCOMFORTABLE, IN FACT YOU REALLY SHOULDN'T BE ABLE TO FEEL IT ALL. IF THAT'S NOT THE CASE, TRY A DIFFERENT SIZE OR DIFFERENT BRAND OF TAMPON. ON DAYS WITH LIGHTER FLOW, AVOID USING A LARGER TAMPON THAN YOU NEED TO AVOID IRRITATING DRYER TISSUE. IF YOU'VE DONE SOME TROUBLE SHOOTING AND ARE STILL HAVING DISCOMFORT INSERTING, WEARING OR REMOVING A TAMPON - PLEASE COME SEE US!



LEARNING TO MANAGE BLEEDING WITH YOUR PERIOD CAN BE A PROCESS, BUT FORTUNATELY YOU HAVE A LOT OF OPTIONS

MENSTRUAL CUPS ARE BELL SHAPED AND MADE OF SOFT PLASTIC OR SILICONE. THEY ARE FOLDED AND INSERTED INTO THE VAGINAL CANAL AND COLLECT MENSTRUAL BLOOD. ONCE THEY'RE FULL, THEY'RE REMOVED, EMPTIED, WASHED AND REPLACED. DEPENDING ON YOUR MENSTRUAL FLOW THEY CAN STAY IN FOR AS LONG AS 12 HOURS WITHOUT BEING EMPTIED, WASHED, AND REINSERTED. FOR THE ENVIRONMENTALLY CONSCIOUS PERSON, THEY HAVE THE ADVANTAGE OF BEING REUSABLE, BUT DO REQUIRE MORE LOGISTICAL NAVIGATION THAN TAMPONS OR PADS IN ORDER TO BE ABLE TO WASH BEFORE REINSERTING.



Trouble shooting Menstration

Heavy bleeding

First, it's helpful to define what you mean by heavy bleeding. How many pads or tampons are you using every hour? Are you having bleeding that spills over a pad and soaks your clothes or sheets? Are you needing to wear a pad and a tampon? From my medical mind, when I think of what constitutes worrisome heavy bleeding, I think of bleeding that is so heavy that it completely saturates a large pad at least every hour for more than 5 hours in a row. If you are bleeding this heavily, please call the office right away.

Like we discussed before, it is very normal to have a few days of heavier bleeding and as you learn the pattern of your cycle, you'll learn how to prepare and manage. This may mean that you need a stockpile of liners, pads and/or tampons with you, just in case.

For those who have long, heavy bleeding, there's a possibility of anemia, meaning that enough blood is lost that they have fewer than normal red blood cells. In severe cases, this can cause fatigue, shortness of breath, pale skin, thinning nails and hair. In these cases, we have options to manage heavy bleeding with hormones or to have them take additional iron either through their diet or a supplement.

It's important to note that most people are not anemic during or because of their periods and we don't recommend iron supplementation unless you've had labs drawn to confirm that you are actually anemic.

Irregular Periods

Irregular periods can be caused by a lot of different things:

- Hormonal changes, particularly in the first few years after periods start
- Weight changes
- Strenuous exercise
- Thyroid issues
- Polycystic ovarian syndrome (PCOS), a hormonal imbalance that can be associated with acne and dark hair growth on the face, arms, stomach or back
- Stress
- Travel
- Pregnancy
- Medications

It is rarely a red flag to have 1 or 2 irregular cycles a year. What's most important to us is the trend - what is your cycle doing over the course of 6 months? If after 6 months/cycles you continue to have irregular periods, come see us and let's figure it out.

Cramping

Cramping is one way the uterus sheds the lining with a period and it can be pretty intense for some. Cramping can be experienced before a period starts, or it can start during the first few days of a period and is often associated with the heaviest days of bleeding. It can be helpful to track when you experience cramping on your period tracker.

Cramping can be felt low and in the middle of the pelvis, but may also radiate into the low back and tops of the legs. In severe cases, it can be associated with nausea and vomiting.

Cramping can be managed with rest, heating pads, warm baths, light exercise or medications called NSAIDs (e.g. ibuprofen or naproxen). For severe, persistent cramping, some women will manage with hormones. If your cramping is predictable cycle to cycle, offense is better than defense, meaning it's better to start taking ibuprofen or naproxen about 24 hours before you expect to start having cramping rather than waiting for cramping to start. Please talk to us or your pediatrician about the right dose for you for these medications. For example, for patients who have terrible cramping on the first 2 days of their cycle, we may recommend taking ibuprofen every 6-8 hours 1 day before their period is expected to start and continuing through the 3rd day of their cycle. Being consistent with taking ibuprofen on a set schedule is most important for women with strong cramps. It's much harder to catch up and get control of cramping once it's started than it is to prevent with medication taken early.

PMS

Premenstrual syndrome, or PMS, describes a cluster of symptoms that women can experience before their period starts. PMS can look different for everyone and some women don't have any symptoms whatsoever. Common symptoms may include:

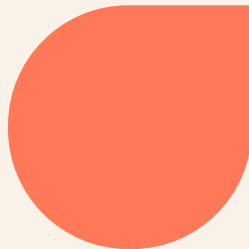
- Bloating
- Mood swings - feeling tearful, sad, irritable, angry or anxious
- Nausea
- Headache
- Cramping
- Constipation

If you experience moderate or severe PMS symptoms, it can be helpful to exercise some advanced planning in anticipation of these symptoms each month. Strategies that have worked well for other patients include:

- Increasing the amount of exercise the week before symptoms start
- Ensuring you get enough sleep
- Eliminating processed foods, sugar, caffeine and sometimes dairy and focusing on whole fruits, vegetables, nuts, beans and lean protein
- Increasing hydration
- Carving out extra time for yourself for self-care, whatever this means for you

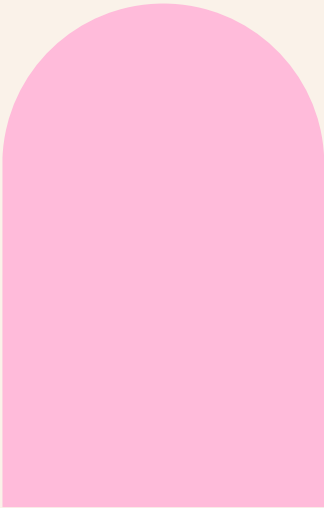
If PMS symptoms are negatively impacting your quality of life, relationships, academics or work, please come talk to us. We have lots of tools in our toolbox, including medications, that may help.

LET'S TALK ABOUT SEX



WHAT IS SEX?

GREAT question! And not necessarily one with a simple answer. Culturally, “sex” typically refers to vaginal intercourse, but oral and anal intercourse “count” as well. Sex can mean different things to different people, depending on your gender, partner, and perspective. Sex is more than just a mingling of body parts - it’s an emotional process as much, if not more so than a physical one - and the considerations in regards to readiness, consent and protection are similar, no matter what type of sex you’re considering.



READINESS

Deciding to start having sex is a huge decision. Movies, television, and friends can make it seem like not a big deal, but it's a much more involved decision than simply yes or no.

We encourage you to think through some important questions if you're mulling over whether having sex is the right thing for you. (For the record, we recommend the same for adults, not just teens).


Sex can be as much of an emotional step as it is a physical one. In the best of circumstances, sex can build new intimacy in an already intimate relationship. That intimacy is built out of the vulnerability that sex requires. In healthy relationships, when that vulnerability is treated with respect, this is a wonderful feeling. When that vulnerability is not respected or is taken advantage of, it can leave you feeling violated, lonely, embarrassed. All that to say, introducing sex into a bad or mediocre relationship won't make it a good relationship. So when you're picking a partner, ask yourself whether this is someone who respects you now and would respect you and the intimacy you've shared just as much if your relationship were to end. If you have doubts about that, this is likely not the best choice.

QUESTIONS TO ASK YOURSELF

- Do I genuinely want to have sex with this person or am I feeling pressured?
 - If I'm feeling pressured, where is this pressure coming from? My potential partner? Friends? My own impression that everyone else is doing it?
- What am I hoping to gain by having sex with this partner? Am I hoping this will mean our relationship is serious? Gain intimacy? Make my partner like me more? Solve an argument?
- Do I have any concerns about having sex with this partner?
- Do I trust this person physically, mentally and emotionally?
- Is this partner concerned about my physical, mental and emotional safety, as well as my pleasure?
- Am I prepared to handle potential side effects of sex?
 - How am I going to prevent an unplanned pregnancy? What would I do if I were to become pregnant?
 - How am I going to prevent infection? What's my plan if I were to suspect I had an infection?
- Does this decision align with my values?

CHOOSING A PARTNER

Choosing a partner is just that: a choice. Choosing who to let into your life in an intimate way is a big deal and not everyone will pass the test



What's important to you in a partner may be different in 10 years, but there are fundamentals that should be pillars of choosing a partner, no matter how old you are:

Trust

- Is this someone you trust mentally, emotionally, physically?
- Jealousy and behavior aimed to control (such as demanding to know where you are or who you're with, expecting constant communication about what you're up to, attempts to isolate you from friends and family by expecting you not to spend time with certain people) you are not signs of affection - they're red flags.

Respect

- Does this person respect your feelings, body, and boundaries?
- Do they show respect to other people in their lives?

Reciprocity

- Is this something you both want to participate in equally?

Honesty

- Are you being honest about your feelings? Intentions?
- Do you feel your partner is being honest about their feelings? Intentions?

Communication

- Healthy relationships are not:
 - "Excessive jealousy and controlling behavior are not signs of affection."
 - "Destructive relationships don't have to be violent" - always checking in, blaming everything on the other partner, lack of good communication, resistance to taking responsibility, attempts to isolate the other partner
- Open communication about sexual relationships can make the experience more enjoyable for all parties involved

CONSENT

CONSENT IN SEX IS A HOT TOPIC THESE DAYS AND IT SHOULD BE. YOU HAVE THE RIGHT TO CHOOSE WHAT SEXUAL ACTIVITY TO PARTICIPATE IN, WHERE, WHEN, AND HOW YOU PARTICIPATE, AND WHO YOUR PARTNERS ARE.

Consent is an agreement between partners to participate in sexual activity. There should be no assumptions made about consent to sexual activity. **Nothing** gives **anyone** the right to touch your body without your explicit consent. Another way to think about it is thinking of consent as the difference between doing something **with** someone versus doing something **to** someone.

CONSENT RELIES ON CLEAR AND INTENTIONAL COMMUNICATION. IT DOESN'T NECESSARILY HAVE TO BE VERBAL, BUT VERBALIZING CONSENT CAN HELP PARTNERS UNDERSTAND AND RESPECT EACH OTHERS BOUNDARIES

Consent does not mean not saying no, it means enthusiastically saying yes and continuing to say yes throughout an encounter. If you start having sex and change your mind and want to stop, that is 100% OK and your partner should respect that. You can withdraw your consent at any time and should never feel bad for doing so.

EXAMPLES OF WHAT ASKING FOR CONSENT LOOKS LIKE:

- “Would be okay with you if... ?”
- “I’ve always wanted to try ___ what do you think?”
- “This feels good for me, does it feel good for you?”
- “Are you comfortable with this?”
- “How do you feel about this?”
- “Do you like this?”
- “What are you comfortable with?”
- “What do you like?”

CONSENT TO ONE ACTIVITY DOESN'T AUTOMATICALLY MEAN CONSENT TO ANOTHER. FOR EXAMPLE, CONSENTING TO KISS A PARTNER DOESN'T GIVE THAT PARTNER PERMISSION TO TOUCH YOUR BREASTS. SIMILARLY, CONSENT NEEDS TO HAPPEN EVERY TIME. JUST BECAUSE YOU'VE CONSENTED TO A SEXUAL ACTIVITY IN THE PAST, DOESN'T MEAN YOU CONSENT TO ONGOING SEXUAL ACTIVITY IN THE FUTURE WITHOUT REVISITING CONSENT. FOR EXAMPLE, IF YOU'VE HAD SEX WITH A PARTNER IN THE PAST, THAT DOES NOT MEAN THAT YOU'RE EXPECTED TO CONTINUE TO HAVE SEX WITH THAT PERSON IN THE FUTURE.

Anything other than a partner saying "yes!" means no and consent is non-negotiable. A partner who tries to turn your "no" into a "yes" or an "OK, I guess..." is not respecting your boundaries and is practicing what is known legally as sexual coercion, which is a form of sexual assault. Any partner who uses phrases like "If you loved me you would..." or "My last girlfriend would, I don't see what the problem is..." is being disrespectful and engagement with this partner needs to stop and be reconsidered.

BEING ABLE TO THINK AND COMMUNICATE CLEARLY IS ESSENTIAL TO BEING ABLE TO PROVIDE CONSENT. ALCOHOL AND DRUGS CAN INTERFERE WITH OUR ABILITY TO CONSENT AND IT'S NEVER OK FOR SOMEONE TO ASK YOU TO CONSENT TO SEXUAL ACTIVITY IF YOU'RE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL.

Sexual assault is unfortunately an issue in our culture and can be very difficult to talk about. If you've experienced something you're concerned about, please reach out to your parents, another adult you trust or a medical professional.

PAIN WITH SEX

Culturally, we do a decent job telling you all the reasons you shouldn't have sex and all the hundreds of consequences of sex if you choose to have it. We don't do such a great job of talking about the benefits of sex, namely that, it **should** feel great. Allow me to re-emphasize the **should** in that statement. It is not normal for sex to be painful. Is it sometimes uncomfortable? Sure, but that should be corrected by using lubricant, asking a partner to slow down or changing positions. Sex that is still painful is not normal. And, having read this far in the handbook (high five, by the way!), you should know by now that I say that most things are normal.

Your ability to speak up if sex is painful or not pleasurable and your partner's ability to listen and respond appropriately is a crucial pillar in a happy, healthy sex life. Choosing a partner who is focused on sex being pleasurable to you and, more importantly, concerned if it's painful, cannot be overstated.

If you're having pain with sex, please, come see us. We know that this can be a challenging topic to talk about, but we can help figure it out. Sex can be painful for simple reasons like a yeast infection to more complicated reasons, which we want to help get to the bottom of.

Also, considering all of this information, if we ask you how sex is going, we're not being nosy, we're giving you an opportunity to bring up any questions or concerns you might have.



CONTRACEPTION

When & Why

Someone may start contraception (most often referred to as “birth control”) for many different reasons - they might want to prevent pregnancy, they might have heavy or painful periods and need menstrual regulation, they may have recurrent and painful ovarian cysts or they may have issues with acne. Unfortunately, “birth control” an umbrella term and does not specify the reason why someone is using it. There’s no shame in taking medication if you need it for your health and well-being. So if you’re not sexually active, but are taking birth control pills because your periods are so painful that you miss 2 days of school a month without it, that’s OK. I wish we had better terminology and am open to suggestions!

If you’re thinking about becoming sexually active, the best time to come talk to us about contraception is before you start. That way we can help you be prepared. The decision to become sexually active is a big one and being proactive about keeping yourself safe and healthy is a very important skill.

Options

Selecting the right form of birth control is more of an art than an exact science. There are so many options to choose from and what works great for someone, may not be the right fit for you. Options include: combination pill (estrogen and progesterone), progesterone only pill, patch, ring, shot, hormonal and non-hormonal IUD, arm implant, and barrier methods (i.e. condoms).

Expectations

Unfortunately, no birth control method is an immediate fix to all problems. It takes time to adjust to a new method, generally 3-6 months for your body to adjust. During this time you may have symptoms, but we expect for these to improve month after month. If you’re 3 months into a new birth control method and are not feeling well or are having side effects that are distressing to you, please follow-up with us and let’s talk about potential alternatives. In that adjustment phase, however, please call us if you’re having symptoms that are causing you to want to stop the method so we can talk about whether or not this is likely to improve and if there’s anything we can do in the interim to lessen the side effects.

You’ve heard me say if before, but I’ll reemphasize it again: choosing a birth control method is an art, not an exact science. We do our best to help you choose a method that meets your goals and fits your particular set of circumstances, but sometimes, despite our best recommendations, a method may not be the perfect fit. This is particularly true when it comes to birth control pills. If the first pill isn’t perfect, does it mean that all pills are hopeless? Absolutely not. We have hundreds of options to choose from and how you felt on the first pill can help guide us in recommending an alternative. Sometimes finding the right birth control can feel like trial and error and we get that this can feel incredibly frustrating. Hang in there - we’re committed to working with you to find something that feels like a great fit. It’s helpful to go into starting a new birth control method with a plan for patience, an open mind, and willingness to communicate with us about what’s working well and what isn’t.

HOW TO CHOOSE A BIRTH CONTROL METHOD

THERE ARE DOZENS OF FACTORS TO CONSIDER WHEN CHOOSING A BIRTH CONTROL METHOD AND WE ENCOURAGE YOU TO THINK ABOUT AND TALK THROUGH THE FOLLOWING CONSIDERATIONS WITH US

WHAT ARE MY GOALS FOR BIRTH CONTROL?

- Prevent pregnancy
- Prevent sexually transmitted infections (STIs)
- Regulate irregular periods
- Decrease heavy periods
- Improve painful cramping associated with periods or manage endometriosis
- Improve acne
- Prevent ovarian cysts
- Manage severe PMS symptoms

GIVEN MY GOALS, HOW EFFECTIVE IS THE METHOD?

HOW EASY IS THE METHOD TO USE?

DOES IT REQUIRE THAT I REMEMBER TO TAKE A PILL EVERYDAY? REPLACE A PATCH OR RING EVERY FEW WEEKS? IF I'M TRULY HONEST WITH MYSELF, CAN I REMEMBER TO DO WHAT I NEED TO DO TO MAKE THIS METHOD EFFECTIVE?

FOR LONGER ACTING METHODS LIKE AN IUD OR IMPLANT, WHAT PROCEDURES ARE INVOLVED FOR INSERTION AND REMOVAL?

AM I TAKING OTHER MEDICATIONS?

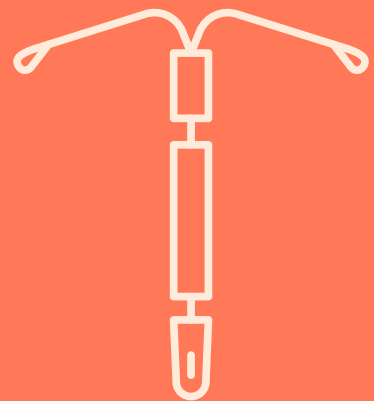
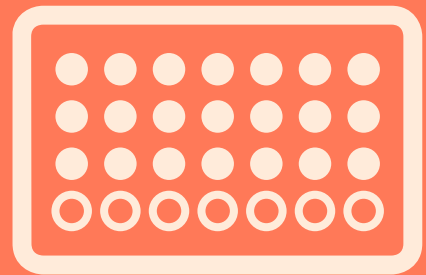
WHAT IS MY MEDICAL HISTORY?

WHAT ARE THE POTENTIAL SIDE EFFECTS? WHAT SIDE EFFECTS, IF ANY, WOULD BE DEAL BREAKERS FOR ME?

PARTICULAR MEDICAL CONDITIONS THAT ARE IMPORTANT FOR US TO CONSIDER WHEN THINKING ABOUT BIRTH CONTROL OPTIONS ARE:

- Personal or family history of blood clots in the legs or lungs
- Liver disease
- Heart disease, including high blood pressure
- Migraine headaches
- Depression, anxiety, and other mood disorders
- Tobacco use (including vaping)

IF ANY OF THESE CONDITIONS ARE RELEVANT FOR YOU, IT DOESN'T MEAN THAT BIRTH CONTROL ISN'T AN OPTION, JUST THAT WE NEED TO FIND AN OPTION THAT IS COMPATIBLE AND SAFE WITH YOUR SITUATION



RED FLAGS WHILE ON BIRTH CONTROL

Birth control pills, patches, and rings (estrogen containing methods)

ACHES

- Abdominal Pain: Severe and sudden abdominal pain (not your standard stomach ache or indigestion)
- Chest Pain: Chest pain or pressure, shortness of breath that is out of proportion to activity, persistent cough or coughing up blood
- Headache: Sudden and severe headache, numbness or weakness in your arms or legs, dizziness or fainting, changes in your speech
- Eye Problems: Blurry vision, flashing lights, seeing spots or floaters, possible or complete loss of vision
- Sudden Symptoms in your Calf or Leg: Swelling, pain or redness in your leg, especially your calf

If you experience severe mood swings on your birth control method including depressed mood, anxiety or thoughts of harming yourself, please talk to your parents and let us know immediately.

If you experience any of these warning signs, please call or see a healthcare provider as soon as possible

IUD

- Fever, chills, body aches or thick yellow discharge in the month after IUD insertion
- Pelvic or abdominal pain that is progressively worse

Implant (Nexplanon)

- Fever, chills, body aches shortly after insertion
- Redness or progressively worsening pain around insertion site
- Inability to palpate the implant



TROUBLESHOOTING

Irregular bleeding

Adjusting to any new medication is a process. With hormonal birth control methods, it can take 3 months to reach a “new normal.” It is very common to have irregular bleeding (either spotting or a period that starts when you don’t expect it) during this adjustment phase. It’s rare that we recommend changing a birth control method during the first 3 months, since most symptoms will improve with time. If you’re having nausea and headaches during the first month of a new birth control pill, hang in there - this will likely improve with each pack as your body adjusts to a new medication. If you’re not feeling well or your period isn’t well-regulated, then that’s a good time to have a discussion about an alternative. In the meantime, if you’re having symptoms that you’re concerned about or make you want to stop using the birth control method, please call us and let’s talk through it first. It may be something that we can manage in other ways to bridge you through the adjustment period.

Irregular bleeding is more likely if you have missed one or more pills or don’t take them consistently at the same time of day. If you find that you’re having a hard time remembering to take a pill consistently, try setting a cell phone alarm, download a birth control reminder app or come see us and let’s talk about alternatives.

I don't have a period at all

Some birth control methods (e.g. low hormone birth control pills, progesterone IUDs like Liletta or Mirena and Nexplanon) thin the lining of the uterus to an extent that women don’t have a period, even though they’re not pregnant. For some, this is a very desirable side effect and they love not having a period every month. For others, it is nerve wracking to not have the reassurance of a period every month as the body’s way of announcing “I’m not pregnant!”. It is not unhealthy not to have a period every month if you are taking hormonal birth control (there are some concerns if women are not on birth control and they go long stretches of time without a period). However, if you’re on a birth control method that causes you not to have a period and you don’t like this effect, let’s talk about alternatives.

If you typically get regular periods with your birth control methods, but suddenly don’t, go ahead and take a pregnancy test. If it’s negative, then this may be an impact of hormonal changes, stress, weight changes or new medications. Let us know if it’s persistent or worrisome to you. If your pregnancy test is positive, then give us a call as well.

**I MISSED A
PILL!**

**WHAT DO I
DO?**

Combination Pill

Situation	Action plan	Emergency Contraception	Back-up
Missed 1 active pill	Take the missed pill ASAP Continue taking the rest of the pills in the pack at the usual time, even if this means taking 2 pills in 1 day	Can consider if occurred during the 1st week or current cycle or last week of the previous cycle	Not needed
Missed 2+ active pills	Take the missed pill ASAP Continue taking the rest of the pills in the pack at the usual time, even if this means taking 2 pills in 1 day If the missed pills were from the 3rd week of active pills, finish the active pills on schedule, throw away the inactive pills and start the new pack immediately	Consider if occurred during the 1st week and unprotected intercourse occurred in the last 5 days	Use back-up x 7 days
Missed 1+ inactive pills	Continue taking the rest of the inactive pills as scheduled Never allow more than 7 days to pass without active pills	Not needed	Not Needed

Progesterone Only Pill

Situation	Action plan	Emergency Contraception	Back-up
1+ active pills, >3 hr late	Take the missed pill ASAP Continue taking the rest of the pills as scheduled, even if this means taking 2 pills in one day	Consider if unprotected intercourse in the last 5 days	Use back-up until pills taken on time x 2 days in a row
Missed 1+ inactive pills (do any POP packs have an inactive week? no right? this was in Blairs notes, I can delete)	Throw away the missed pill Continue taking the rest of inactive pills as scheduled Never allow more than 7 days to pass without active pills	Not needed	Not needed

Hormonal Patch

Situation	Action plan	Emergency Contraception	Back-up
New patch applied <48hr late or detached <48hr	Apply the new patch ASAP Keep the same patch change day	Can consider if occurred in the 1st or 3rd week	Not needed
New patch applied >48hr late or detached >48hr	Apply the new patch ASAP Keep the same patch change day If the delay in changing the patch occurred in the 3rd week, finish the 3rd week, then skip the patch-free week and start a new patch immediately	Consider if occurred during the 1st week and unprotected intercourse occurred in the last 5 days	Use back-up x 7 days

Hormonal Ring (e.g. Nuva Ring)

Situation	Action plan	Emergency Contraception	Back-up
New ring inserted <48hr late or removed <48hr late	Insert the ring ASAP Keep the same ring change day	Can consider if occurred during 1st week of current cycle or last week of previous cycle	Not needed
New ring inserted >48hr late or removed >48hr late	Insert the ring ASAP Keep the same ring change day If ring was removed for >48 hr during the 3rd week of use, finish the 3rd week, then skip the ring-free week and insert new ring as soon as current ring is removed	Consider if occurred during the 1st week and unprotected intercourse occurred in the last 5 days	Use back-up x 7 days

EMERGENCY CONTRACEPTION

Emergency contraception (or EC, sometimes called “the morning after pill”) is birth control pills used up to 5 days after sex to help prevent unplanned pregnancy. It can be used in situations when your birth control method failed (such as a condom breaking or missing multiple birth control pills), not using another form of birth control or in cases when women are forced to have sex against their will.

The most effective EC pill (Ulipristal or Ella) is only available with a prescription. Some EC (such as Plan B) is available over the counter at the pharmacy without a prescription and can be taken up to 3-5 days after sex (but is most effective if taken within 3 days). While EC can prevent pregnancy most of the time when taken in this window, it is not as effective as birth control taken regularly and should not be used as the only long-term method to prevent pregnancy.

WHAT DO YOU MEAN BY BACK-UP METHOD?

A back-up method (or BUM) is an additional form of contraception used short-term to help prevent pregnancy if there are situations that may make another method of birth control less effective (like missed pills). Most commonly, this refers to abstaining from sex or using condoms 100% of the time.

I WAS TAKING BIRTH CONTROL FOR ACNE, BUT NOW I'M SEXUALLY ACTIVE. DOES ANYTHING NEED TO CHANGE?

Yes! Your mindset. If you're not sexually active and are taking birth control for other reasons, the worst thing that happens if you miss or are late with pills is that you may have irregular bleeding that month. If you're sexually active and miss or are late with pills, the potential consequence is an unplanned pregnancy. That's a big difference.

A WORD ABOUT TOBACCO

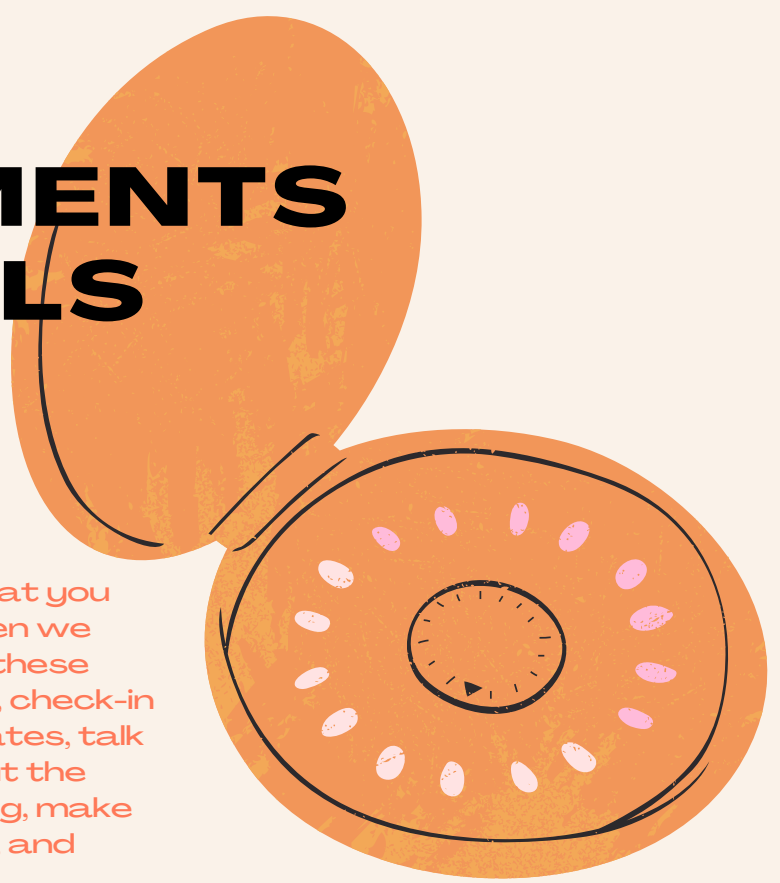
Tobacco and estrogen don't mix. Smoking if you're using an estrogen-containing birth control method (most birth control pills, Nuva Ring, or the patch) increases your risk for a blood clot, among other health risks. Please be open and honest with us if you do use tobacco (yes, vaping counts) - we may need to consider other methods depending on how old you are, other health issues and how much you smoke.

APPOINTMENTS AND REFILLS

HOW OFTEN DO I NEED TO COME TO THE OFFICE?

If you're on a birth control method that you like and are not having any issues, then we just need to see you once a year. At these visits we'll check your blood pressure, check-in about any medication or health updates, talk about what you like or don't like about the birth control method that you're using, make sure it's still the best method for you, and offer STI screening if necessary.

If you're having issues with your birth control method (e.g. irregular bleeding or cramping for more than 3 months, pain with an IUD, etc) or are interested in changing methods, then please come see us.



HOW DO I REFILL MY BIRTH CONTROL?

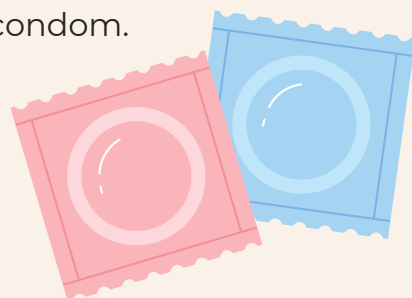
When we write prescriptions, we typically include 1 year of refills. If you need a refill, contact your pharmacy first and request a refill. Some pharmacies will put your prescriptions on automatic refill and just text you when your prescription is ready - just ask! If there are not additional refills on your prescription, then the pharmacy will send us a request for a refill.

We never want you to run out of your birth control, but if we haven't seen you in over a year, we may refill your birth control for only 1-3 months and ask you to come in for an appointment before we send more refills after that. If you're dealing with unusual circumstances and can't come in during that time frame, don't panic - just please call us. We're not unreasonable and can figure out a plan that works for everyone.

The theme of taking responsibility for your health and well-being extends to managing your birth control refills. If you need refills or are having issues, we want to hear from YOU: not your mom, not your dad, not your older sister. Your parents are there to support and guide you, but it's your responsibility to communicate with us about what you need. Adult decisions mean adult responsibilities!

USING CONDOMS 101

- In order for a condom to work, you have to put it on and keep it on the whole time.
- Check the expiration date. If it's expired, throw it away and find another one that's not expired.
- Open the package. Not with your teeth, not with scissors, just tear the package open from the corner.
- Pinch the tip of the condom. Pinching the tip of the condom before it's placed on the penis leaves a reservoir for ejaculatory fluid. A condom that's put on without leaving a reservoir at the end can break. Some condoms have built in reservoirs, but you still want to make sure this remains after the condom is rolled down.
- Place the condom on the penis. Condoms only roll down one way. If it's placed on the penis the wrong way, then you need to throw the condom away and start over - ejaculatory fluid may have transferred to the side of the condom that will then be in contact with the vagina and can lead to pregnancy or infection. Condoms should only be placed on an erect penis.
- Never double up. The old saying that 2 is better than 1 does not apply to condom use. Layering condoms can cause holes to form, defeating their entire purpose.
- The penis should be removed from the vagina after ejaculation and/or before the penis is no longer erect to prevent the condom from falling off into the vagina. Hold the base of the condom against the penis and withdraw the penis from the vagina slowly.
- Tie a knot at the end of the open end of the condom and throw it away (do not flush down the toilet). Never reuse a condom.



Condoms

No birth control methods other than abstinence and condoms protect you from sexually transmitted infections. So even if you're using another method to prevent pregnancy, using a condom each and every time you have sex is the only way to prevent a STI. Most STIs are asymptomatic, meaning you **can't** look at a partner and tell whether or not they're infected, making consistent condom use all the more important.

Knowing how to correctly use a condom is as important as knowing how to hit the brakes while driving. Condoms protect you from unplanned pregnancy and potential infection - that's too important to just trust that someone else is going to put it on correctly! So learn the steps, practice before it actually matters, and be ready to teach your partner, who may not know any of this!

Other important information about condoms

Condoms that are used for vaginal intercourse should not be flavored. Your vagina does not have taste buds! We also recommend steering clear of the condoms that have "sensation heightening" additives that are often advertised as fire and ice since these can cause vaginal irritation and burning.

Female condoms are also available! This type of condom is put inside of the vagina before vaginal intercourse and prevents a penis from coming in contact with the vaginal walls.

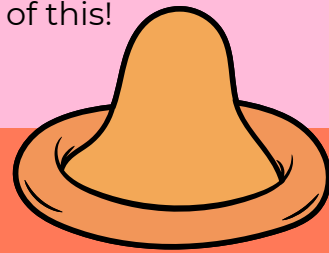
Condoms are not bulletproof, they do not last forever, nor do they last when kept in a wallet in someone's back pocket. We encourage you to keep your own supply, so you know that they haven't been sat upon for the last 6 months, kept in a glove box in a hot car, or expired 3 years ago.

There is no such thing as a penis that is too big for a condom, but they do come in different sizes.

If you're using lubricant, only use water or silicone-based lubricants. Oil-based lubricants (e.g. vaseline, coconut oil) will cause the condom to breakdown.

Lambskin condoms are available for people with latex allergies, but it's important to know that they do not prevent the spread of sexually transmitted infections.

Oral or anal intercourse doesn't have the potential to result in pregnancy, but it can transmit sexually transmitted infection including HPV, chlamydia, gonorrhea, syphilis, trichomoniasis and HIV (see the common gynecologic issues section for more information), so condoms are still recommended for this type of sexual activity.





Common Gynecologic Issues

Yeast Infection

Description	<p>A vaginal yeast infection is a fungal infection that can cause intense itching, burning and irritation of the vulva, vagina and surrounding skin.</p>
Causes	<p>Yeast and bacteria exist naturally in the healthy vagina. When something tips the balance, the yeast can overgrow, causing a yeast infection. An imbalance can be caused by:</p> <ul style="list-style-type: none">• Exposure to a vaginal irritant (e.g. chlorine, hot tub, new soap or body wash)• Recent antibiotic use• Some health conditions like diabetes• An impaired immune system• Some medications• Pregnancy
Symptoms	<p>Intense itching or burning (may be internal or external) Redness around the vagina or round, itchy red patches on the vulva or labia Thick, white, clumpy discharge Spotting Pain during sex Vaginal pain or swelling Pain when urine runs over irritated tissue</p>
Diagnosis	<p>A yeast infection can sometimes be diagnosed by doing a vaginal exam or looking at a sample of vaginal discharge under the microscope, but when the diagnosis is unclear, it can be diagnosed by taking a swab of vaginal discharge (not a painful procedure) and sending to the lab.</p>
Treatment	<p>Yeast infections can be treated with topical creams that are inserted into the vagina (many of which are available over the counter) or by oral medications like fluconazole.</p> <p>Over the counter creams (available without a prescription) come in 1, 3 or 7 day courses. One-day/single applicator treatment options, while they sound appealing, are often too concentrated and may cause additional vaginal irritation and are not as effective as the 3 or 7 day options.</p>
Other information	<p>Some women are particularly prone to yeast infections. If you have 4 or more a year, please come see us.</p> <p>Not all that itches is yeast! If you've tried an over the counter treatment and are still uncomfortable, please come see us!</p>

Bacterial Vaginosis

Description	Bacterial vaginosis (BV) is an imbalance in the normal bacteria in the vagina.
Causes	The cause of BV is not well understood. It is not considered a sexually transmitted infection, but any activity that upsets the normal bacterial balance of the vagina such as sex without a condom or douching can increase the risk.
Symptoms	“Fishy” vaginal odor White, gray, watery vaginal discharge Vaginal irritation Painful urination
Diagnosis	Bacterial vaginosis can sometimes be diagnosed by doing a vaginal exam or looking at a sample of vaginal discharge under the microscope, but when the diagnosis is unclear, it can be diagnosed by taking a swab of vaginal discharge (not a painful procedure) and sending to the lab.
Treatment	BV is treated with topical or oral antibiotics that are only available with a prescription. Women on oral antibiotics prescribed to treat BV should not drink alcohol - the combination can cause stomach pain, nausea and vomiting

Chlamydia

Description	Chlamydia is a bacterial infection that can infect the vagina, rectum, throat or eyes.
Causes	The chlamydia bacteria is transmitted through sexual contact.
Symptoms	Vaginal discharge Pelvic pain Pain with urination Bleeding after sex
Diagnosis	Chlamydia is diagnosed with a vaginal or cervical swab or urine test that is sent to the lab.
Treatment	<p>Chlamydia is treated with antibiotics, available only with a prescription. It's important to treat as soon as possible since an infection that goes untreated can cause a more serious infection called pelvic inflammatory disease and scarring in the fallopian tubes that may cause fertility problems in the future.</p> <p>If you're treated for Chlamydia, any sexual partners you've had in the last 3 months (or your last negative chlamydia test) should also be treated. You should wait to have sex again until 1 week after you and your partner have completed antibiotics.</p>

Gonorrhoea

Description	Gonorrhoea is a bacterial infection that can infect the vagina, rectum, throat or eyes.
Causes	The gonorrhoea bacteria is transmitted through sexual contact.
Symptoms	Vaginal discharge Pelvic pain Pain with urination Bleeding after sex
Diagnosis	Gonorrhoea is diagnosed with a vaginal or cervical swab or urine test that is sent to the lab.
Treatment	<p>Gonorrhoea is treated with antibiotics, typically an injection of antibiotics followed by a course of antibiotic pills. It's important to treat as soon as possible since infection that goes untreated can cause a more serious infection called pelvic inflammatory disease and scarring in the fallopian tubes that may cause fertility problems in the future.</p> <p>If you're treated for Gonorrhoea, any sexual partners you've had in the last 3 months (or your last negative gonorrhoea test) should also be treated. You should wait to have sex again until 1 week after you and your partner have completed antibiotics.</p>

Trichomoniasis

Description	Trichomoniasis (also known as “trich”) is an infection caused by a parasite called <i>Trichomonas vaginalis</i> that typically infects the vulva, vagina, cervix or urethra.
Causes	Trichomoniasis is transmitted through sexual contact
Symptoms	<p>The majority of people infected with trichomoniasis do not have any signs or symptoms</p> <p>If women do have symptoms, these can include:</p> <ul style="list-style-type: none">• Painful urination• Change in vaginal discharge - discharge can be clear, white, yellow green and have a fishy odor• Redness, itching, burning or pain in the vaginal area• Painful intercourse
Diagnosis	Trichomoniasis is diagnosed by a vaginal swab that is either sent to the lab or viewed under the microscope.
Treatment	Trichomoniasis is treated by antibiotics taken by mouth.

Human Papilloma Virus (HPV)

Description	Human papilloma virus (HPV) is a family of viruses (there are currently more than 100 different types of HPV) that can infect the skin, genital tract and throat. In the genital tract, HPV can cause genital warts or abnormal cell growth in the genital tract, particularly in the cervix and the rectum. HPV is the most common cause of cervical cancer.
Causes	HPV can be transmitted through sexual contact.
Symptoms	Symptoms of HPV depend on the strain of the virus and location of infection. Signs and symptoms of genital warts may be flesh colored bumps around the genitals that may itch. HPV infection of the cervix tends to not have any symptoms, but may include bleeding after sex.
Diagnosis	HPV can be diagnosed by a Pap smear or by the presence of genital warts.
Treatment	Genital warts can be treated with topical ointments, frozen or cut off the body, but may recur. HPV infection of the cervix may be monitored over time (the body will often clear the infection on its own in more mild cases of abnormal cells) or treated with a procedure to freeze or remove the abnormal cells.
Other information	<p>There are several vaccines available to help prevent the most common strains of HPV infection. Currently, the recommendation is for girls to be vaccinated before they're sexually active, from age 9 up to the age of 26. (It is also recommended that boys be vaccinated!) If you're already sexually active, but have not been vaccinated, talk to your pediatrician or primary care provider.</p> <p>While condoms reduce the risk of transmission of HPV, they are not 100% effective in preventing infection.</p>

Herpes Simplex Virus (HSV)

Description

Herpes simplex virus (or HSV) causes painful ulcers known as “outbreaks” on the mucous membranes of the mouth, vagina or rectum. HSV-1 is typically thought of as causing oral outbreaks known as cold sores and HSV-2 is typically thought of causing genital outbreaks. The virus, however, never got the memo that it was supposed to stick to one geographical area and both types of the virus can cause both oral and genital outbreaks.

Unlike the bacterial STI which can be treated with antibiotics, HSV hibernates in the nerves after an initial infection. Because of this, once you’ve had HSV, the virus remains in your body even after the outbreak has resolved. The virus goes through hibernation phases, during which people have no symptoms, and periods of activation, when it comes out of hibernation and causes an outbreak. Outbreaks can be triggered by stress, hormonal changes, or a weakened immune system (such as studying for finals while living on a diet of coffee and Twizzlers and no sleep for a week).

Causes

HSV can be transmitted through sexual contact
It can also be transmitted orally if a partner has a current cold sore (HSV-1)

Herpes Simplex Virus (HSV)

Symptoms

With initial HSV infection, many feel as though they have the flu with body aches, low fever, chills, swollen lymph nodes in the groin. These symptoms often start several days before there are any lesions noticeable on the genitalia. Women may experience tingling, itching or burning before a lesion appears and for this reason many HSV infections are misdiagnosed as yeast infections. Lesions initially look like red, raised, fluid filled lesions that eventually open and drain clear/yellow fluid then crust over as they heal. They tend to be quite painful.

Recurrent infections tend to be milder than the initial outbreak. Outbreaks tend to occur in the same area, which may feel itchy or tingly for a few days before a lesion appears.

Many people who have genital herpes are unaware that they have it. HSV lesions may not have been visible, an outbreak may have been misdiagnosed as yeast or a urinary tract infection, or just been so mild that the person was unaware. This makes condom use all the more important.

Herpes Simplex Virus (HSV)

Diagnosis

The best way to diagnose HSV is through a swab of a lesion before it crusts over.

We are also able to look at blood tests for HSV antibodies, but this type of testing can be tricky and confusing. Antibody testing can tell us whether or not someone has HSV 1 or 2 in their body and *may* be helpful in determining whether or not someone is experiencing a first outbreak or a recurrence. Antibody testing is most helpful when someone has what we think is a first outbreak and we draw blood work along with sending a swab. Antibody testing is much less helpful in asymptomatic people as part of standard STI screening because it does not tell us the location of HSV infection or how long someone has been infected. For example, let's say that someone without any history of oral or genital HSV has HSV antibody labs drawn because she requested testing for "all STDs" and it comes back positive for HSV-1. That could mean that she has oral HSV, genital HSV, or both, but there's no way to tell based solely on the blood work. What should she do with that information? Should she tell future partners that she may have genital HSV-1? It's hard to say. Due to the limitations of this type of testing, the challenges of interpretation and the emotional strain many people feel in figuring out how to act on incomplete information, most healthcare providers discourage patients from having antibody testing done unless they are having symptoms HSV and we can perform a swab at the same time.

Herpes Simplex Virus (HSV)

Treatment

There's no cure for HSV, but outbreaks can be managed with antiviral medications that shorten the length of time people have symptoms. For women who have frequent outbreaks, taking an antiviral medication everyday to prevent outbreaks is often an option.

Other information

It's important to remember that HSV can be passed to a partner even if the infected partner is not having symptoms of an outbreak. This is called asymptomatic shedding.

For many patients, the most difficult part of being diagnosed with HSV is the emotional aspect. Culturally, HSV has been made the butt of many jokes, which often causes people to feel ashamed and deeply lonely once they're diagnosed. Ultimately, HSV is a manageable skin condition and not deserving of a scarlet letter and, culturally, we need to do better at talking about this. After all, 25% of adults have genital herpes, though many are not aware of it. If you're struggling to cope with an HSV diagnosis or are not sure how to talk to your partner or future partners about it - you're not alone! Please come talk to us!

Syphilis

Description	Syphilis is a bacterial infection that can infect the vagina, rectum or throat.
Causes	Syphilis is transmitted through sexual contact.
Symptoms	<p>The signs and symptoms of syphilis depend on how long someone has been infected.</p> <p>Early infection:</p> <ul style="list-style-type: none">• painless, flat lesions in or around the genitals or mouth called chancres• swollen lymph nodes in the groin• full body rash <p>Late infection:</p> <ul style="list-style-type: none">• headaches• behavior changes• seizures
Diagnosis	Syphilis is most often diagnosed through a blood test.
Treatment	Syphilis is treated by antibiotics administered as one or a series of injections, depending on how long a patient has been infected.

Human Immunodeficiency Virus (HIV)

Description	Human immunodeficiency virus (HIV) is a virus that attacks the body's immune system. Left untreated, HIV can cause Acquired Immunodeficiency Syndrome (AIDS).
Causes	HIV can be transmitted by sexual contact, exposure to an infected person's blood (such as sharing needles for tattoos or drug use), or from an infected mother to her baby
Symptoms	Early HIV infection can mimic the flu with chills, body aches, fever, diarrhea, and swollen lymph nodes. After the initial symptoms resolve, patients can go years to decades without having any symptoms at all. In later HIV infection, patients show signs of a decreased immune system: frequent or unusual infections (such as certain types of pneumonias), weight loss, and fatigue.
Diagnosis	HIV is diagnosed by a blood test.
Treatment	Currently, there's no cure for HIV or AIDS. Patients with HIV manage their illness by taking combination medications called antiretrovirals that prevent the virus from replicating in their bloodstream and weakening the immune system. Thanks to advances in science, patients living with HIV can now live a very normal life and expect to have a near normal life expectancy if they take their medications consistently. There are also medications that can be used to prevent HIV in patients at high risk for HIV infection.

Uterine fibroids

Description	Fibroids are benign tumors that can grow in or on the uterus. They can be small and not cause any symptoms or can be quite large (the largest fibroid Dr. Wells has ever removed was the size of a watermelon).
Causes	The cause of fibroids still not well-understood.
Symptoms	Heavy and/or painful periods Swelling or firmness in the lower abdomen Frequent urination or difficulty fully emptying the bladder
Diagnosis	Larger fibroids can be felt by feeling the lower abdomen or through a bimanual exam, during which a healthcare provider places 1 or 2 fingers in the vagina and another hand on the abdomen. Fibroids are best seen on a pelvic ultrasound, which can be done over the abdomen or through the vagina.
Treatment	How fibroids are treated depends on the size and symptoms. Heavy bleeding and painful periods may be treated with hormonal birth control methods like birth control pills, patches, Nuva Ring, or progesterone-containing IUDs. Larger fibroids or fibroids that don't respond to hormonal birth control methods, may need to be removed surgically.

Ovarian Cyst

Description	Ovarian cysts are fluid sacs in the ovary.
Causes	There can be many different causes of ovarian cysts. Two such causes can be simple ovarian cysts which are common in patients of reproductive age and cysts due to fertility treatment.
Symptoms	<p>It's normal for cysts to come and go throughout a woman's life and most ovarian cysts don't cause any symptoms and go undetected unless a woman has an ultrasound for another reason.</p> <p>When cysts do cause symptoms, women may feel:</p> <ul style="list-style-type: none">• Pain or "twinges" in the pelvis, usually on the side of the cyst• Fullness in the pelvis• Bloating• Irregular bleeding
Diagnosis	Ovarian cysts are best diagnosed by pelvic ultrasound. Large cysts can sometimes be felt through a bimanual exam.
Treatment	<p>Most cysts resolve without treatment.</p> <p>Cysts that are recurrent and causing persistent symptoms can be prevented by the use of hormonal birth control methods such as the pill, patch, or ring.</p> <p>Occasionally, cysts can be large enough to need surgical removal, but this is fortunately a rare occurrence.</p>

Endometriosis

Description	Endometriosis is a condition in which the tissue that normally lines the uterus grows outside of the uterus. This tissue responds like the lining of the uterus during the menstrual cycle, causing pain during a woman's period.
Causes	There are many theories about the cause of endometriosis and at this time the exact cause is unknown.
Symptoms	Painful periods Heavy periods Pain with sex Pain with urination or bowel movements
Diagnosis	Endometriosis, especially in its mild stage, can be challenging to diagnosis, and is often diagnosed based on a woman's symptoms. Scar tissue associated with endometriosis can sometimes be seen on ultrasound, felt on a vaginal exam or seen during pelvic The only way to definitively diagnose endometriosis is through surgery that is done laparoscopically
Treatment	The first line of treatment for endometriosis is hormonal birth control such as birth control pills, patch or ring. In severe cases, other hormonal medications may be used or surgery may be recommended to remove scar tissue from the pelvis.

Bartholin Cyst

Description	Cyst or abscess that develops in the Bartholin gland
Causes	<p>The opening of the Bartholin gland can become obstructed resulting in a cyst developing.</p> <p>Can be due to sexually transmitted infections such as gonorrhea</p>
Symptoms	<p>Some are asymptomatic.</p> <p>They can be red, swollen, and painful to touch. It can be painful to sit.</p> <p>They are usually only on one side and feel like round or oval mass.</p>
Diagnosis	Bartholin cysts are diagnosed by a provider visualizing the cyst
Treatment	<p>A warm compress and or a sitz bath can be soothing to the cyst and aid in healing.</p> <p>Antibiotics can be started depending on the size and appearance of the cyst</p> <p>Some cysts need to be punctured and drained. For some, this means leaving a Word catheter in place so that it can properly drain</p>

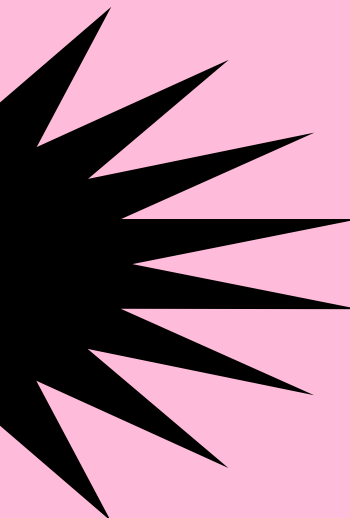
PREVENTATIVE HEALTH



**Take care
of your body**

Similar to your annual check-ups with your pediatrician before you turn 18, we see patients for annual exams throughout the lifespan. During these visits we review the preventive health issues that are pertinent to patients at that point in their life, do a physical exam, and may order lab or other diagnostic tests depending on their age, history and personal circumstances. Some of the preventive health issues covered during these exams may include:

PAP SMEARS



A Papanicolaou test (most commonly known as a Pap or Pap smear) is a screening test for cervical cancer. To collect a Pap smear, we insert a speculum into the vagina so that we can see the cervix, then lightly scrape some of the superficial cells off of the surface and from just inside the cervix. These cells are then mixed into a container of fluid and sent to the lab for analysis.

We're able to look at 2 things on a Pap:

- Are the cells normal?
- Is the human papilloma virus (HPV) present and, if so, which type?

In cases when the Pap shows atypical or abnormal cells and there is HPV present, then we may recommend doing follow-up testing called a colposcopy to take a more in depth look at the abnormal cells and potentially do a biopsy of the cervix. It's important to remember that a Pap smear is just a screening test, so an abnormal result does not diagnose a woman with cervical cancer, but indicates the need for follow-up testing.

It used to be recommended that patients start having Pap smears when they became sexually active or turned 18. The recommendations have now changed and we don't recommend starting Paps until the age of 21, regardless of whether or not you're sexually active. Your mom may need updated information on this - the recommendations were very different when she was your age!

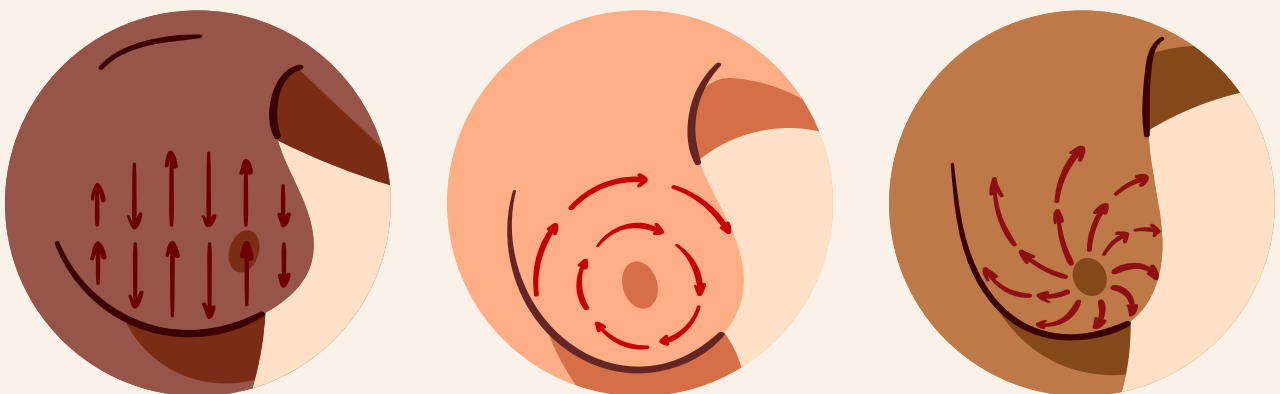
BREAST EXAMS

Clinical breast exams are designed to detect abnormal lumps and bumps or skin changes in the breast tissue. We typically begin breast exams when we start annual exams at 21, but if you notice anything unusual in your breast tissue before then, please come see us!

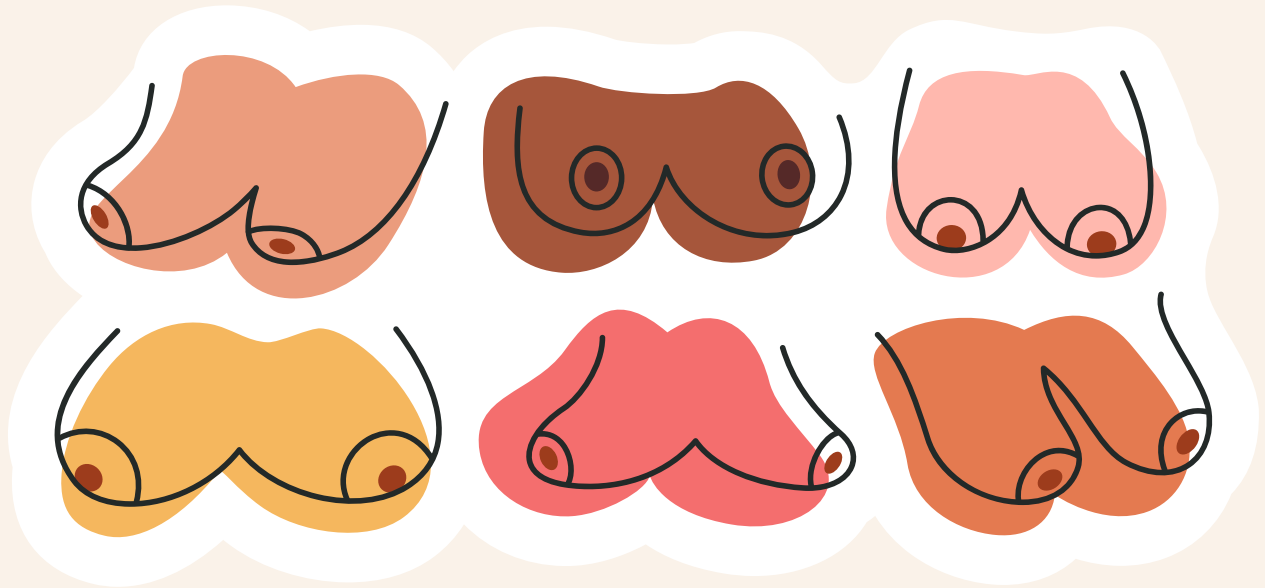
There are dozens of benign (non-cancerous) lumps and bumps that can be found in the breasts of young women, most commonly cysts or benign tumors called fibroadenomas. When we find a lump in women under 35, we may recommend a breast ultrasound, a painless procedure that can help us figure out what the lump is and if/how we need to monitor it (for example, a repeat ultrasound in 6 months).

Occasionally young patients may experience breast swelling and tenderness at different points in the menstrual cycle. This is the most common right before starting a period and resolves once the period starts. Cyclical breast pain that occurs in both breasts without a lump can be very normal, but if you're experiencing breast pain that is progressively worse or associated with a lump, redness or fever, please come see us!

The risk of breast cancer in young patients is fortunately very low, but it's important to learn what your normal breast tissue feels like so you can monitor for changes over time. The best time to examine your own breasts is approximately 5 to 7 days after your period starts (or at the end of the placebo pills of your birth control pills). This is when the hormonal influence on the breast tissue is the lowest, so normal lumps and bumps will feel the most normal. To feel the breast tissue, place the pads of your pointer and middle fingertips on the breast tissue and press down in a circular motion. Cover all the breast tissue repeating this motion. Someone finding easiest to move in a concentric circle from the outside of the breast to the nipple, others move in a striping pattern. How you move through the breast tissue doesn't matter as long as you cover all the breast tissue. We're happy to help if you have questions about how to do a self breast exam!

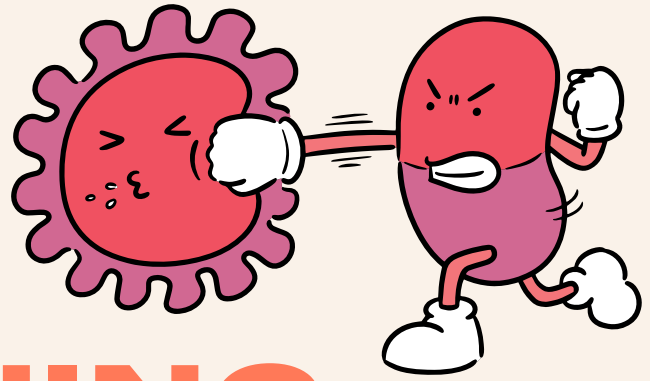


MAMMOGRAM



CURRENTLY, MAMMOGRAMS AREN'T RECOMMENDED FOR SCREENING FOR BREAST CANCER UNTIL PATIENTS TURN 40. HOWEVER, IF YOU HAVE A FAMILY MEMBER WITH BREAST CANCER BEFORE THE AGE OF 50, WE RECOMMEND STARTING MAMMOGRAMS 10 YEARS PRIOR TO THE AGE AT WHICH THEY WERE DIAGNOSED WITH BREAST CANCER. BREAST CANCER SCREENING RECOMMENDATIONS ARE CHANGING ALL THE TIME, SO IT'S IMPORTANT TO KNOW YOUR FAMILY HISTORY AND KEEP US UPDATED IF THERE ARE CHANGES.

STI SCREENING GUIDELINES



We recommend that sexually active women under the age of 26 be screened for chlamydia and gonorrhea once a year, with symptoms of infection, or with changes in partners.

If you ever have a question or concern, regardless of age, please come see us! We are happy to provide screening!



NUTRITION AND EXERCISE

Nutrition and exercise is important for so many more reasons than just maintaining a healthy weight. The reason we talk so much about nutrition and exercise is not because “skinny” is the goal. The goal is feeling good in your own skin, having a strong body and mind, powering your body so that you can do the things that are important to you, and setting yourself up for a lifetime of wellness. Making sure you get enough calcium and vitamin D and get enough weight bearing exercise as a teenager and young adult is critical to maintaining strong bones to prevent osteoporosis and fracture later in life. Good nutrition, particularly limiting sugar and processed food and drinking enough water, can have a dramatic impact on how you feel, sleep and function. Insomnia, mood swings, PMS, digestive issues, headaches, fatigue, skin issues, and so much more can be influenced by what we put into our bodies. It makes sense, right? Our output can only be as good as our input, so how we fuel our bodies matters. Small changes such as eliminating soda can have enormous payoffs. There is exciting new research being done that focuses on how nutrition can impact hormones and reproductive health, so stay tuned!

Finally! You are moving out and moving on. It is so exciting! You are finally on your own and confidently in charge of your own decisions- no longer under the watchful scrutiny of your parents and your community. You've undoubtedly heard of some who have gone before you- Living large then suddenly crashing. Below are some wise tips so you don't end up in the same condition, but rather pace yourself so that you are in a better, safer place over the long run.



ESCAPING THE BUBBLE

- 01.** IF YOU ARE SOMEONE WHO LIKES TO OR PLANS TO "GO OUT" TO PARTIES: THINK ABOUT WHO YOU ARE BRINGING WITH YOU. IS THERE SOMEONE WHO CAN DRIVE IF YOU ARE CONSUMING ALCOHOL OR ARE YOU ABLE TO WALK HOME? ARE YOU WITH PEOPLE WHO WILL KEEP AN EYE ON EACH OTHER TO HELP ENSURE EVERYONE IS SAFE? YOU MAY CONSIDER SHARING YOUR LOCATION WITH EACH OTHER OR HAVING A "SAFE" WORD IF ONE OF YOU IS RECEIVING UNWANTED ATTENTION.
- 02.** A WORD ABOUT ALCOHOL: NEVER ACCEPT A DRINK FROM A STRANGER. ALWAYS MIX YOUR OWN DRINKS FROM KNOWN SOURCES OR OPEN YOUR OWN CANS/BOTTLES. THINK ABOUT HOLDING YOUR DRINK WITH YOUR HAND COVERING THE OPENING SO THAT NO ONE CAN SLIP SOMETHING INTO IT WITHOUT YOU KNOWING. NEVER LEAVE A DRINK UNATTENDED. WE DO NOT ENCOURAGE DRINKING UNDER THE AGE OF 21, BUT IF YOU MAKE THAT CHOICE, WE WANT YOU TO BE SAFE.
- 03.** DON'T FORGET TO TAKE CARE OF YOURSELF. DO YOUR BEST TO MOVE YOUR BODY ON A REGULAR BASIS, EAT FOODS THAT NOURISH YOUR BODY, AND TAKE CARE OF YOUR MENTAL HEALTH WHETHER THATS SEEING A THERAPIST OR HAVING PEOPLE IN YOUR LIFE YOU CAN TURN TO. LIVING ON YOUR OWN CAN BE HARD AND SIMPLE ACTS OF SELF CARE CAN MAKE A WORLD OF DIFFERENCE!

RESOURCES TO CHECK OUT:

California Rights and Confidentiality Information:

<https://www.cdss.ca.gov/inforesources/foster-care/healthy-sexual-development-project/resources-for-youth/rights-confidentiality>

California State and National Healthcare Resources for Sexual Health:

<https://www.cde.ca.gov/ls/he/se/resources.asp>

CDC Contraception Information:

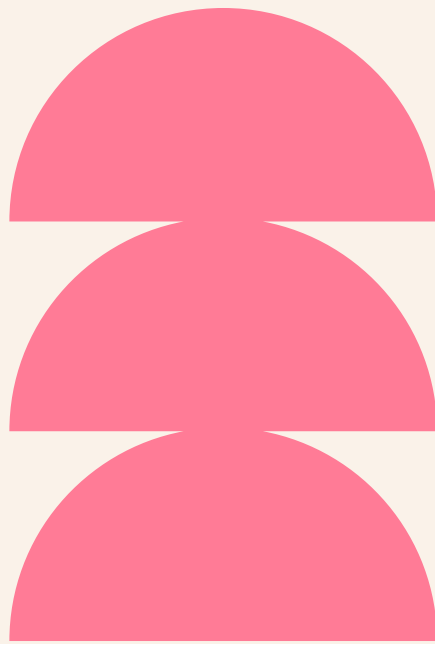
<https://www.cdc.gov/reproductivehealth/contraception/index.htm>

CDC STI Information: <https://www.cdc.gov/std/life-stages-populations/stdfact-teens.htm>

Consent Information: <https://teentalk.ca/learn-about/consent-2/>

The Trevor Project: <https://www.thetrevorproject.org/>

National Suicide Prevention Lifeline Suicide Hotline: 1-800-273-TALK
(1-800-273-8255)



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*Thank
you!*

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