DEAR PARENT OR GUARDIAN:

We welcome you and your adolescent to our practice. We provide routine gynecologic health care for children, adolescents, and young adults and recommend an initial visit between the ages of 13–15 years to establish a relationship and provide counsel. We look forward to working with you and your family to provide holistic health care that best meets the physical, mental, and emotional needs of your adolescent.

The following are three good tips:

1. **Get informed:** Ask us for handouts or electronic websites that provide appropriate and easy-to-read materials. These resources will help you learn about your child's specific health issues and also can be used by your adolescent on **her** own time to answer additional questions.
2. **Talk with your adolescent:** Many health topics warrant open discussion. For example, although it may be awkward to discuss sex, it is important to talk with your adolescent about it. This is also a time when adolescents are discovering their sexuality and sexual orientation. Therefore, it is pertinent that caregivers provide a safe place to discuss these issues with them. In fact, caregivers who do so are more likely to have adolescents that delay sex. Often school programs have gaps and adolescents rely on inaccurate and incomplete information from friends and the internet. As ob-gyns, it is our role to work together with parents and adolescents to close gaps of information. Beyond sex, other topics, such as alcohol and drug use, gun safety, and texting while driving, should be discussed.
3. **Be sure the adolescent continues to see an obstetrician–gynecologist:** One of the goals of our practice is to help build trust with our patients, which makes it easier to discuss issues that are important to adolescents. We are willing to work with you and your adolescent to improve knowledge on issues such as pregnancy prevention, prevention of sexually transmitted infections, and immunizations. In most cases, a pelvic examination is not needed to provide this care.

Confidentiality: why it is vital

- **Adolescents gain more ownership over their own health:** We encourage adolescents to be active participants in their health care as a step toward becoming adults and taking on more responsibility. As part of comprehensive health care, it is our practice to ask parents to wait outside for part of the interview and to encourage the adolescents to *discuss* their own interests and concerns. Why is this so important?
  - **It provides a safe space to ask questions:** Talking to adolescents one-on-one also gives adolescents a chance to ask questions or give information they may feel self-conscious about. Adolescents often have questions or concerns that they may feel embarrassed to talk about in front of their parents or guardians.
  - **It builds trust:** Experimenting with a range of behavior is common among adolescents and young adults. Often it is the case that the behavior is not disclosed to parents. While gaining the adolescents' trust, we still encourage them to discuss issues with their parents.
  - **Exceptions:** Confidentiality may be broken in situations involving self-harm, thoughts of harming others, and domestic or sexual violence.

The staff is always available to discuss health problems or answer questions. We want to work with you to help your child or adolescent make the best choices for a healthy future.

FREQUENTLY ASKED QUESTIONS FROM YOUR ADOLESCENT PATIENTS

Adolescents may have limited experience calling a doctor's office and also may have limited access to confidential communication. Being able to answer an adolescent's questions quickly creates efficiency and helps to avoid medical emergencies, urgencies, and misunderstandings. Offices may find it helpful to adopt protocols for answering common adolescent questions over the telephone, or through email, or both. Table 1 provides some suggestions for protocols that are most appropriate for nonphysician staff, such as receptionists, medical assistants, and nurses. Offices should determine which level of staff can respond to these questions.

GENERAL GUIDELINES

- It should be stressed that all information obtained during telephone calls and through email exchanges with patients is confidential. Care should be taken to ensure that the caller is, indeed, the adolescent to protect her privacy. (Some practices have the patient give a password to use when communicating with the office.)
- A notation should be made in the chart regarding telephone or email contacts. Calls or emails should be routed to the triage nurse and the obstetrician–gynecologist to make sure that no additional follow-up is required.
- If the patient has a cell phone and can receive calls on this phone, it is important to document this phone number.
- It may be helpful for the nonphysician personnel to tell the adolescent patient that she is asking a common question and positively affirm that she called independently. All personnel who answer the telephones and speak to adolescents should be sensitive that the adolescent worked up the courage to make the call herself and is trying to be responsible; the adolescent may struggle to know how to explain her concern and that is okay. She may need some coaching if she is having a hard time expressing herself. Learning how to call and explain her concerns clearly is a strong step toward adulthood and being able to manage her health care independently.
- It may be helpful to ask, "Is there anything else I should know" or "anything else you are concerned about"?

Table 1. Suggested Nonphysician Staff Responses to Common Adolescent-Related Questions

QUESTION		RESPONSE
VISIT	*"I am having my menstrual period. Should I still come in for my scheduled appointment?"*	**Primary:** "Yes, please come to your appointment." **Secondary:** "Menstruation is a normal body process and is not something to be embarrassed about. Although a pelvic examination may not be necessary, if you do need a pelvic examination, menstruation does not prevent the doctor from being able to perform the examination."
	"When should my daughter come in for a gynecologic examination?"	**Primary:** The American College of Obstetricians and Gynecologists recommends that the first visit to an ob-gyn for health guidance, screening, and provision of preventive services should take place when the patient is 13–15 years old. This visit often will not include a pelvic examination. It is important to explain to your daughter that if an examination is necessary, it will be done only with her full permission. We have several strategies to ease discomfort when administering pelvic examinations, including smaller instruments.

(continued)

Table 1. Suggested Nonphysician Staff Responses to Common Adolescent-Related Questions *(continued)*

QUESTION		RESPONSE
BIRTH CONTROL	*"I had sex last night and the condom broke. What should I do?"*	**Primary:** Immediately transfer this call or email to the triage nurse to discuss emergency contraception. Do not take a message to have someone call her back.
	"I missed a pill yesterday. It is now time to take my next pill. What should I do?"	**Primary:** "What is the name of the pill you are taking?" If the answer is a progestin-only pill, refer the call immediately to the triage nurse. If the answer is combined oral contraceptive, ask the following question: "How many of the hormonal pills have you missed?" **Secondary:** If only one hormonal pill was missed, the answer should be: "Take yesterday's and today's pills as soon as possible. It may help you to remember to take your pill if you put it by your toothbrush, or your cell phone charger, or somewhere you would see it at the same time every day. Some adolescents sign up for text message reminders, set up an alarm on their cell phone, or download the Bedsider App to receive reminders to take their pills. Please call us if you ever miss more than one hormonal pill because you may need emergency contraception. If you are having trouble remembering your pills, we would be happy to see you to discuss other options that do not require remembering to take a pill every day." If the patient missed more than one hormonal pill in a package, refer the call to the triage nurse who will assess her need for emergency contraception.
	"My prescription for birth control pills ran out. What should I do?"	**Primary:** "When is the last time you had sex? Are you having pain or heavy bleeding?" Refer the call or email to the triage nurse. **Secondary:** If the patient has had sex in the last day or two, transfer the call to the triage nurse to assess whether the patient needs a pregnancy test and emergency contraception. If the patient has not had sex in the last day or two, refill the prescription, or schedule an appointment, or both.
	"I have an IUD but I can't feel my strings."	**Primary:** "Are you using the IUD for birth control? Are you having pain or heavy bleeding?" **Secondary:** If yes, transfer to the triage nurse. If the response is no, schedule an appointment.
PREGNANCY	*"Is a home pregnancy test accurate?"*	**Primary:** Refer the call or email to the triage nurse to assess the reason she took a home pregnancy test, whether she is currently using contraception, and whether she might have a complicated early pregnancy, such as a threatened abortion or ectopic pregnancy.
	"I need a pregnancy test because I missed my period."	**Primary:** "Are you having any pain or bleeding?" **Secondary:** If the response is yes, refer the call or email to the triage nurse. If the response is no, ask the following question: "When was the first day of your last menstrual period?" Give the patient instructions for coming into the office for a pregnancy test.

(continued)

Table 1. Suggested Nonphysician Staff Responses to Common Adolescent-Related Questions *(continued)*

QUESTION		RESPONSE
SEXUALLY TRANSMITTED INFECTIONS	*"My partner thinks that he or she has a sexually transmitted infection. What should I do?"*	**Primary:** Refer the call or email to the triage nurse to assess the need of an office visit for evaluation or give the patient an urgent appointment.
	"I have itching in my genital area and discharge. What should I take?"	**Primary:** "Are you having pain or fevers?" If yes, refer the call or email to the triage nurse. If the response is no, make an appointment for the patient.
MENTAL AND PHYSICAL HEALTH	*"I have been feeling really depressed lately and I am wondering if it is my pills?"*	**Primary:** Refer the call or email to the triage nurse to assess the need of an office visit for evaluation or give the patient an urgent appointment. Consider triage to emergency room if patient reports active suicidal ideation.
	"My period is really heavy. What should I do?"	**Primary:** "Are you taking any hormone medications or using the implant or intrauterine device? Are you using a panty liner, regular pad, overnight pad, or a regular, super, or super-plus tampon? How often must you change it? Is it completely saturated? Are you passing clots? If so, what size? Are you feeling light headed or dizzy?" **Secondary:** If the patient is saturating an overnight-size pad or super tampon every 1–2 hours or passing quarter-size clots or larger, transfer to the triage nurse immediately to schedule an urgent appointment.
	"I have been having pain and was seen in the emergency room. They said that I have a cyst on my ovary."	**Primary:** Ask where the patient was seen to obtain radiology images. Ask the patient: "How much pain are you having? Are you having any vomiting?" **Secondary:** If the patient reports pain or if she is vomiting, transfer to the triage nurse to assess for symptoms of torsion.

PARENT (OR GUARDIAN) QUESTIONNAIRE

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

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

   Your name: _____

   Relationship to patient: _____

   Email: _____

   Parent preferred phone #1: _____

   Patient cell phone: _____

2. Please mark any conditions that run in your family (on the patient's mother's and father's side), if biologic family history is known.

   - ☐ High blood pressure
   - ☐ Cancer (breast, colon, ovarian, or uterine)
   - ☐ High cholesterol
   - ☐ Excessive bleeding or clotting problems
   - ☐ Obesity
   - ☐ Infertility
   - ☐ Diabetes mellitus
   - ☐ Polycystic ovary syndrome
   - ☐ Bipolar disorder or other mental health issues
   - ☐ Endometriosis
   - ☐ Stroke
   - ☐ Uterine fibroids
   - ☐ Death from a heart attack or stroke before age 55
   - ☐ Seizures
   - ☐ Eating disorders
   - ☐ Anxiety or depression
   - ☐ Heart disease
   - ☐ Genetic diseases

   Other, please explain: _____

3. Does your adolescent have any medical problems?

   ☐ Yes ☐ No If yes, please describe: _____

4. Has your adolescent ever been hospitalized?

   ☐ Yes ☐ No If yes, please describe: _____

5. Has your adolescent ever had surgery?

   ☐ Yes ☐ No If yes, please describe: _____

6. Please list all prescription and over-the-counter medications your adolescent is taking, including any vitamins or supplements: _____

7. Is your adolescent up to date on her immunizations?

   ☐ Yes ☐ No

   Did your adolescent receive the human papillomavirus (HPV) vaccine? ☐ Yes ☐ No

8. Do you have concerns about your adolescent's health or lifestyle?

   ☐ Yes ☐ No If yes, please describe: _____

   Have you talked with her about your concerns? ☐Yes ☐No

9. Have there been any changes, health problems, or stresses in your family this past year?

   ☐ Yes ☐ No If yes, please describe: _____

10. Have you noticed any changes in your adolescent's behavior, such as unusual anger or irritability, withdrawal, secrecy, sadness, depression, or problems at home or school?

☐ Yes ☐ No If yes, please describe: _____

11. Is smoking, drinking, or drug use a problem for anyone in your family?

☐ Yes ☐ No

Do you think smoking, drinking, or drug use is a problem for your adolescent?

☐ Yes ☐ No ☐ Unsure If yes, please describe:

If yes, have you talked with your adolescent about your concerns? ☐ Yes ☐ No

12. Is your adolescent exposed to violence such as hitting or fighting in your home or community? Are there any guns or other weapons in your household?

☐ Yes ☐ No If yes, please describe: _____

13. What are your child's strengths and talents?

14. Would you like help talking with your child about sex, drinking, drugs, smoking, or other social issues?

☐ Yes ☐ No If yes, please describe: _____

15. Is there anything you would like to discuss with the doctor or nurse today?

☐ Yes ☐ No If yes, please describe: _____

16. Do you have any concerns about your adolescent's reproductive health that you would like to discuss today?

☐ Yes ☐ No If yes, please describe: _____

17. Can we share your answers to any of the questions above with your adolescent?

☐ Yes ☐ No Please explain: _____

What health care providers has your adolescent seen in the past year for physical health, or mental health, or both?

☐ Mark if primary care physician

Name: _____

Telephone No: _____

☐ Mark if referring ob-gyn

☐ Mark if primary care physician

Name: _____

Telephone No: _____

☐ Mark if referring ob-gyn

☐ Mark if primary care physician

Name: _____

Telephone No: _____

☐ Mark if referring ob-gyn

PREPARING YOUR PRACTICE FOR ADOLESCENT HEALTH CARE

Top Reasons to See Adolescents

1. Increase health care access for underserved youth.
2. Empower the future generation regarding healthy lifestyle choices.
3. Educate adolescents about healthy sexual relationships.
4. Identify and treat gynecologic issues early, including endometriosis, to improve the quality of life for adolescents and young adults.
5. Help adolescents achieve their life plans through education about contraception and planning pregnancies.
6. Provide adolescents with the contraception that suits their needs and their values. This includes offering same-day long-acting reversible contraception (LARC).
7. Educate adolescents about strategies to decrease sexually transmitted infections (STI) acquisition and expedite treatment.
8. Educate adolescents about normal and abnormal bleeding patterns, and when to call an ob-gyn.
9. Discuss the benefits of vaccinations to decrease human papillomavirus (HPV) infection.
10. Expand your practice to all generations of women.

There are many ways to incorporate adolescent health care into your practice. Please review these suggestions and determine what will work best for your practice. Some of these suggestions may be more appropriate for young adolescent patients and may not be suited for older adolescent patients who may be more independent. It may be helpful to consider an adolescent's developmental level and then implement the suggestions as appropriate.

I. Assess your current office practice

A. Review the scope of patients you currently are seeing.

B. Confirm that your associates are supportive of adolescent care and are familiar with how to cover adolescent patients in your absence.

C. Review the infographic *21 Reasons to See Your Gynecologist Before Age 21*.

II. Train and prepare staff

A. Conduct staff sensitivity training regarding the following:
   1. Comfort in issues regarding adolescent sexuality
   2. Knowledge about confidentiality issues, including state and local laws
   3. Providing relevant information to parent or guardian and patient regarding half the visit being together and half being with just the patient

4. Getting the contact information for the parents and adolescent for future follow up
5. Setting up a "password" to ensure the identity and security of the adolescent patient
6. Lesbian, gay, bisexual, transgender, or questioning (LGBTQ) issues, pronoun ("she", "he", "they") usage

B. Make your office accessible to adolescent patients
   1. Dedicate certain times of the day to see only adolescents, particularly because many adolescents and parents prefer after-school appointments.
   2. Design a labeling system that clearly identifies adolescent charts for staff.
   3. Appoint key individuals to handle calls from adolescents. If possible, one of these individuals should be available for these callers during office hours because adolescents often do not call back and may not want to leave a telephone number where they can be reached. It is important to ask adolescents for a reliable contact number and ask them for permission to email, text, or leave a voicemail at that number.
   4. Establish protocols to triage questions about common adolescent gynecologic problems to facilitate an immediate response when the adolescent calls the office. (See "Frequently Asked Questions from Your Adolescent Patients.")
   5. Give the patient clear directions for telephone calls to your office during office hours and after hours.
   6. Have instructions for handling adolescent visits and problems when you are not available.

C. Confidentiality: Understand and train office staff on federal and state laws regarding treatment of minors and the rules of confidentiality.
   1. Develop a system that clearly identifies the areas of the chart that are confidential and should not be provided to the parent(s) or guardian(s) of the adolescent patient.
   2. Make sure that members of your office staff understand the boundaries of confidentiality regarding telephone calls, walk-in appointments, and divulging information to caregivers.
   3. Establish procedures that address parental consent, billing, and situations that would alter confidentiality status such as suicide and life-threatening illness.
   4. If your practice has an "OpenNotes Electronic Medical Record" ensure that adolescent confidentiality is protected.

III. Create an office environment that is appealing to adolescents

A. Nonpregnant adolescents often are intimidated by a reception area full of obstetric patients. Consider seeing your adolescent gynecology patients during a dedicated time.

B. Many adolescents and parents prefer after-school appointments.

C. Make sure your reception area and examination rooms contain age-appropriate and culturally inclusive reading materials and audiovisual aids.

D. Consider providing Wi-Fi in the waiting room.

E. Consider having one or two rooms where adolescents are seen and examined. Remove or de-emphasize materials and equipment (ie, colposcope) that may make adolescents uncomfortable during their visit.

F. Designate a place for the parent(s) or guardian(s) to wait that is away from the examination room. Be certain that the adolescent patient understands that the parent(s) or guardian(s) is (are) not within hearing range (avoid letting them wait in the hall outside the examination room).

IV. Provide appropriate on-site and educational materials

A. Make available pocket-sized materials that are age appropriate, adolescent friendly, concise, and discreet.

B. Consider a portable display that allows adolescents free access to a variety of adolescent-oriented patient materials while they wait.

C. Make it clear to adolescents which materials are for them and may be taken.

D. Provide touchable models and charts for adolescents to view while waiting and that you can use as an aid during the patient visit.

E. Be certain that displayed magazines and newsletters are age appropriate and relay positive messages such as the importance of involvement in sports.

V. Have appropriate supplies and equipment available

A. Specula—Availability of suitable specula is essential. For example, narrow-blade (Huffman) specula are necessary for many adolescents, especially those who are not sexually active.

B. Teaching models

1. Three-dimensional pelvic models to explain a pelvic examination
2. Contraceptive use models
3. Breast examination models
4. STI models

C. Ready access to HPV vaccine

D. Availability of other vaccinations, such as the tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine, meningococcal vaccine, hepatitis A vaccine, hepatitis B vaccine, and measles–mumps–rubella (MMR) vaccine is desirable.

VI. Tailor the visit for adolescents

A. Greet and interview the patient while she is clothed.

B. Office staff or the obstetrician–gynecologist should explain confidentiality issues to the adolescent patient and her parent(s) or guardian(s), including the expectation that they each may be interviewed alone at some point during the visit. Establish the identity of the adult(s) accompanying the patient. If they are not the patient's parent or guardian, the relationship should be noted.

C. Aim to talk with the adolescent alone at some point during the visit. It may be helpful to structure adolescents' (particularly young adolescents) visits, talking first with the adolescent and accompanying adult, then with the adult alone to assess his or her concerns, then with the adolescent alone. It often is helpful to again see the adolescent and adult together to summarize the recommendations or findings after establishing with the adolescent what findings she is comfortable discussing in front of the accompanying adult.

D. Discuss with the patient who else may be present during the examination and her comfort level with this. Limit the number of people present during the examination. When alone with the patient, inquire as to whether she would like a companion (parent, friend, significant other) to be present during the examination. If a companion is present during the examination, ask the patient where she would like him or her to sit. Often, the patient is most comfortable with the companion positioned at head of the examining table. At some point, the companion should be asked to leave the room to allow for confidential discussion. Limit the number of people, including learners, during the examination. A chaperone (nurse or medical assistant) may or may not be appropriate for all examinations, depending on the institution's standards or adolescent's needs.

E. Do not miss an opportunity to train the next generation of obstetrician–gynecologists. This is a chance for your patients to learn more about medical education. Explain that these are the doctors of the future who will care for her generation. You may inspire her to pursue a career in health care too.

F. No interruptions should be allowed during the examination.

G. Allow adolescents to participate in decisions about evaluation and treatment, including the timing of a pelvic examination. Pelvic examinations are not part of the routine gynecologic visit for adolescents and are not necessary for contraceptive visits and discussions about general health and menses. Consider offering same-day long-acting reversible contraception insertion to decrease the obstacles in adolescents who seek effective contraception. Understand that an intrauterine device placement may be the first pelvic

examination that the patient has experienced. The examination should be performed as carefully and gently as possible.

H. The asymptomatic adolescent does not need a pelvic examination because screening for gonorrhea, chlamydial infection, and trichomonas can be done through a urine-based nucleic acid amplification test or a self-collected vaginal swab. For adolescents who need an examination but find it too painful, especially those who have never been sexually active or who have a history of abuse, self-insertion of a cotton-tipped applicator may be used in assessing vaginal discharge. Self-guided insertion of the speculum, with the reassurance that the examination will be discontinued at the patient's request, also may be used in some instances.

I. An exit interview that reinforces follow-up and treatment should be routinely done after the physician visit. In addition, a follow-up visit should be scheduled before the adolescent leaves the office.

J. Materials for the patient to read after the visit, such as samples or posters, should be provided when possible.

VII. Schedule a follow-up visit before the adolescent leaves the office

A. Ensure the adolescent has your contact information.

B. Know avenues for referral to social service, mental health, and financial support in your community.

C. Whenever possible, foster communication links with schools and community agencies.

TALKING WITH ADOLESCENTS

WHAT DO ADOLESCENTS WANT FROM THEIR OB-GYNS?

Like most patients, adolescents look for obstetrician–gynecologists (ob-gyns) who listen nonjudgmentally; who communicate confidentially, openly, and honestly; and who are comfortable discussing their concerns about patients' reproductive health and sexuality, as well as contraception. Adolescents that are pregnant or parenting often report feeling stereotyped. Creating an environment that provides support and compassion can help adolescents engage and be comfortable with their health care team.

HOW CAN OB-GYNS BEST HELP THEIR ADOLESCENT PATIENTS?

Ob-gyns can play a big role in helping adolescents achieve their life goals through discussions about healthy relationships, safe sex, contraception, and preventing unintended pregnancies. Not all adolescent pregnancies are unintended, and by asking adolescents about their current pregnancy desires, ob-gyns may find more opportunities for open discussions.

For the visit to be successful for the adolescent and the ob-gyn, an ob-gyn should develop a supportive rapport and establish the office as a "safe space" for education as well as care. Below are tips on how to navigate communicating with adolescents and their parent(s) or caregiver(s):

1. Greeting the patient

This very first step can do a great deal to empower a nervous adolescent.

- Introduce yourself first to the patient, then ask the patient who has accompanied her.
- Ask what the patient would like to be called, and note it in the chart for future visits.
- Recognize that an adolescent may be very shy with poor eye contact, or be tough and defensive. This behavior probably reflects anxiety of being at a gynecology office and should not be assumed to be the adolescent's personality and should not be taken personally by the ob-gyn. Acknowledgement of the adolescent's discomfort can sometimes be very helpful.
- Cis? Trans? Nonbinary? For many ob-gyns, there is a new world of pronouns. Optimally, as a standard process, ask patients on intake what they prefer to be called, but do not be concerned if this does not come naturally. Being open is more important than being accurate.
- Early in the visit, let the patient and family know that as with all adolescent patients, you will be talking to them all together to address everyone's concerns, then spending private and confidential time with the adolescent. Reassure parents that if you have significant safety concerns for the adolescent, they will be notified. Most parents want their children to grow into successful adults who seek medical care and feel comfortable speaking with doctors about their health concerns. Sharing with the adolescent and the parent that these skills require practice by having opportunities for the adolescent to speak independently with the doctor may sometimes let the parent feel more comfortable giving the adolescent this independence. The parents are helping their adolescents learn responsibility and communication skills.
- A gynecologic examination is not always necessary for provision of care. In order to make adolescents more comfortable, they should be interviewed while fully dressed. If an examination is necessary, the adolescent can change into an appropriate gown, but plans should be discussed after she is fully dressed again.

2. Gathering information with the patient and her family

- Ask positively framed, open-ended questions and engage in active listening.
- Try to sit lower than the patient, facing her, ideally in a triangle between the patient and her caregiver.
- Ask "How can I help you today?" or "What can I do for you today?"
    - Avoid "I understand you are here for birth control" even if that is what is listed as the visit reason. She may have only dysmenorrhea and not need contraception.
- Ask questions about menses and health history, mental health history, and home and school environment with the caregiver present. Avoid questions about sexuality, sexual activity, sexual abuse, substance use or other sensitive subjects until the information can be gathered privately. Asking the adolescent privately about her mood also can be very helpful and yield different information than questions about mental health history.
- Avoid taking sides with the adolescent or the parent if they argue and redirect the conversation to neutral territory.

3. Gathering information with the adolescent in private

- Explain that obtaining personal information is needed to provide the best care possible, and that information will be kept confidential unless there are immediate concerns for safety. Medical ob-gyns are mandated reporters so be aware of laws in your state. Please refer to the Centers for Disease Control and Prevention's *The Five P's of Sexual Health* for more information.
- When asking sensitive questions, stay neutral in response to the answers and avoid strong positive or negative reactions.
- Gather all information before beginning any counseling; otherwise adolescents will be hesitant to disclose more information.
- Ask about relationships before asking about sexuality. Many lesbian, gay, bisexual, and transgender (LGBT) youth will not disclose their sexuality unless asked directly, yet very much desire support.

Ask the following:

- Have you been or are you currently in a relationship?
- How do you view your gender identity?
- Are you attracted to males, or females, or both?
- Have you been sexually active with males, or females, or both?
- Asking the adolescent how much her family is aware of and what can be discussed can be helpful, but this should be done in a way that the adolescent knows her answers remain confidential.

- When asking about sexually transmitted infections (STIs) and pregnancy prevention, inquire about pregnancy and STIs in an open and nonjudgmental manner. Some helpful questions are the following:
    - What concerns do you have about infections? What about unplanned pregnancy? Or, How do you feel about…?
    - What have you heard about preventing pregnancy and infections?
    - If relevant, what methods have you used to prevent infection or pregnancy in the past? Why have they worked for you or not?
- Avoid "why" questions that patients may not be able to answer or take as blame or fault-finding.

4. Engage the adolescent and her parent or caregiver in education by providing straightforward explanations using diagrams and pictures whenever possible.

- Use reliable social media and websites such as www.Bedsider.org and websites from organizations such as the American College of Obstetricians and Gynecologists (ACOG), the North American Society for Pediatric and Adolescent Gynecology (NASPAG), and the American Academy of Pediatrics (AAP) to provide resources for adolescents and parents.
- Recognize that younger adolescents' thinking can be very concrete; therefore, implied effects may be lost on adolescents. For example, it may be necessary to explain why an implant is more convenient (no need to remember pills or pick them up from the pharmacy), but does not prevent STIs (ejaculate carries infection).

- Ask the adolescent and her parent or caregiver about which methods would fit best with her lifestyle.

5. Develop a plan together. Discuss alternatives, the possible outcomes, and how the adolescent feels about the issue.

- Ask, "What have you decided to do?" This makes it clear that a decision is needed and that the decision belongs to the adolescent. This also will enable the physician to detect adolescent indecision, which would indicate the need for further discussion.
- Be honest in explanations of expected adverse effects and devise a joint plan to handle any questions or concerns she may have.
- Seven tips to help adolescents remember important information:
  1. Keep it short and simple.
  2. Organize—put information into categories.
  3. Repeat the information.
  4. Show as well as speak.
  5. Make links. "When you plug in your cell phone before bed, think about taking your pill."
  6. Check understanding. Have the adolescent repeat instructions back to you.
  7. Reminders and resources. For example, have the adolescent set her cell phone alarm for pill reminders. Give the adolescent simple printed materials (if desired), or links to helpful websites.

6. Close the visit with the adolescent and parent and be sure both have your contact information and follow-up appointment date and time.

- Attention to school and after school commitments will reduce no-shows and demonstrates respect for the adolescent's schedule.
- If not handling calls personally, giving the name of a contact in the office can make the adolescent more comfortable calling and asking for help.

ACOG Resources:

Adolescect confidentiality and electronic health records. Committee Opinion No. 599. American College of Obstetricians and Gynecologists. Obstet Gynecol 2014;123:1148–50.

Adolescent pregnancy, contraception, and sexual activity. Committee Opinion No. 699. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017;129:e142–9.

Counseling adolescents about contraception. Committee Opinion No. 710. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017;130:e74–80.

Mental health disorders in adolescents. Committee Opinion No. 705. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017;130:e32–41.

The transition from pediatric to adult health care: preventive care for young women aged 18–26 years. Committee Opinion No. 626. American College of Obstetricians and Gynecologists. Obstet Gynecol 2015;125:752–4.

Schubiner HH. Preventive health screening in adolescent patients. Prim Care 1989;16:211–30.

Other Resources:

Harrison ME, Clarkin C, Rohde K, Worth K, Fleming N. Treat me but don't judge me: a qualitative examination of health care experiences of pregnant and parenting youth. J Pediatr Adolesc Gynecol 2017;30:209–14.

Rinehart W, Rudy S, Drennan M. GATHER guide to counseling. Popul Rep J 1998;(48):1–31.

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CHARACTERISTIC BEHAVIOR OF ADOLESCENTS

Adolescence is a time of psychosocial, cognitive, and physical development as young people make the transition from childhood to adulthood. Physical and cognitive development usually occur on different timetables and are rarely synchronous. Therefore, the obstetrician–gynecologist may care for adolescents who have matured physically but not cognitively. Most young adolescents (12–14 year olds) should be expected to be concrete thinkers with poor or inconsistent abstract reasoning or problem-solving skills.

Adolescents who are between 15 years and 17 years of age often think they are invulnerable. They may assume, for example, that risks apply to their friends but not to themselves. Generally, young adults (18–21 year olds) have acquired problem-solving abilities and have relatively consistent abstract reasoning. Thus, the clinical approach to counseling a cognitively younger adolescent will differ from the approach taken with a cognitively older individual (such as a young adult or someone older than 21 years).

AS YOU TALK WITH ADOLESCENT PATIENTS, CONSIDER THE FOLLOWING CHARACTERISTICS OF ADOLESCENTS GIVEN THEIR PARTICULAR AGE.

	Early Adolescence (Age 13–14 Years)	Middle Adolescence (Age 15–17 Years)	Early Adulthood (Age 18–21 Years)
Characteristic:	• Transition to adolescence • Puberty	• Essence of adolescence • Strong peer group influence	• Transition to adulthood • Take on adult role
Autonomy	• Interested in the present and near future • Vocational goals change frequently	• Intellectual interests gain importance • Greater capacity for setting goals • Experience with short-term, part-time jobs	• Learn necessary vocational skills • Manage the demands of the labor market
Body image	• Rapid physical growth and body changes • Intense concern with body image • Worried about being normal, menstruation, masturbation, breast size • Feelings of vulnerability and being "on stage"	• Continuing physical and sexual changes • Sexual drives emerge • Concern about sexual attractiveness • Excessive physical activity alternating with lethargy and increased sleep	• Greater acceptance of physical appearance
Peer group	• Argumentative—often challenge parents • Still tend to be closely attached to parental figures • Increasing influence and connection to peers • Same-sex friends and group activities	• Strong emphasis of the peer group • Strong peer alliances—fad behavior • Increasing interest in and involvement with opposite sex relationships/friendships	• Greater balance between peer and family influence • Relate to individual peers more than a peer group • Able to see multiple viewpoints • Improved ability to see parents as individuals and understand their perspectives

(continued)

As you talk with adolescent patients, consider the following characteristics of adolescents given their particular age. *(continued)*

	Early Adolescence (Age 13–14 Years)	Middle Adolescence (Age 15–17 Years)	Early Adulthood (Age 18–21 Years)
Peer group	• Beginning tendency to label or group peers (ie, cliques)	• Complaints that parents interfere with independence • Conflict with family predominates due to ambivalence about emerging independence	
Identity development	• Identity influenced by relationships with family members, teachers, and peers • Daydreaming • Reject things of childhood • Often magnify their own problems • Begin to question and try out value systems	• Refine identity around gender, physical attributes, sexuality, ethnicity • Self-absorbed • Focused on examining their inner experiences (eg, journaling) • Continuing egocentrism; believes self to be invulnerable to negative events	• Clear sexual identity • Establish values about sexual behavior • Develop skills for romantic relationships
Cognitive and moral development	• Understanding of cause and effect relationships is underdeveloped • Gradual development of the ability to apply what they have learned to new tasks • Frequent interest in learning life skills from adults • Primarily focused on the present • Sense of morality tends to be concrete, governed by conventional standards	• Cause–effect relationships better understood • Reverts to concrete thought under stress • Growth in abstract thought • Development of ideals and selection of role models • Interest in moral reasoning • Begin to identify with and internalize societal values	• Established abstract thought and ethical principles • Formal operational thinking • Sophisticated moral reasoning • Philosophical and idealistic

Resources:

Data from ACOG Guidelines for Women's Health Care, 4th Edition p.435; Adolescence visits: 11 through 21 years. In: Hagan JF Jr, Shaw JS, Duncan PM, editors. Bright Futures: guidelines for health supervision of infants, children, and adolescents. 4th ed. Elk Grove Village (IL): American Academy of Pediatrics; 2017. p. 732–822. Available at: https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_AdolescenceVisits.pdf. Retrieved October 16, 2017; *and* State Adolescent Health Resource Center. Minneapolis (MN): SARHC; 2017. Available at: http://www.amchp.org/programsandtopics/AdolescentHealth/projects/Documents/Forms/AllItems.aspx. Retrieved November 20, 2017.