



## NYPATH KICKS-OFF

During April and May, 2012, NYPATH conducted three successful kick-off programs reaching 131 providers in three different New York State regions. The kick-offs featured key evidence-based innovations in sexual and reproductive health care for adolescents. A brief description is provided below.

On April 10<sup>th</sup>, Dr. Rachel Phelps, Medical Director of Planned Parenthood of Rochester/Syracuse, and member of the NYPATH Advisory Council, provided two presentations to clinicians at the Bassett Medical Center in Cooperstown, NY. Dr. Phelps provided a vibrant review of evidence-based contraceptive care for adolescents and later in the day an additional presentation entitled “Contraception: Dispelling Myths & Assessing Medical Risk.” Both presentations were received enthusiastically and generated interest in adolescent sexual health and the overall goal of NYPATH.



The NYPATH team with providers at the April 27 Morris Heights Health Center Kick-off event.

On April 27, a NYPATH kick-off took place at the Morris Heights Health Center in the Bronx, NY. The training was a collaborative effort between NYPATH and the NYC Prevention and Training Center. Dr. Gibson provided the NYPATH Introductory Module entitled “**The Time Is Now: Providing Adolescent-Friendly Sexual and Reproductive Health Care.**” The module provided an overview of “hot topics” in adolescent reproductive health, including Quick Start contraceptive initiation, emergency contraception, pregnancy testing, long-acting reversible contraceptives (LARCS), expedited partner therapy (EPT), and the promotion of a streamlined approach to providing adolescent reproductive health services. Dr. Gibson’s dynamic presentation was followed by a concise and compelling review of sexually transmitted infection (STI) prevention and treatment guidelines specific to adolescents. The program highlighted one of the most important NYPATH goals, which is to promote the integration of pregnancy and HIV/STI services within the primary care setting. The training was attended by clinicians from the Morris Heights Health Center along with providers from several health care institutions in the NY Metropolitan Region. The NYPATH team also successfully presented the same module at the Greater Hudson Valley Family Health Center in Newburg, NY on May 15. Participants included medical personnel from the health center, along with clinicians from several surrounding New York State counties.

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### Host a NYPATH Training

NYPATH is currently working to identify additional sites for kick-off programs. We are especially interested in the Nassau/Suffolk, Western New York, and Central New York regions. However, we would be interested in planning events in any area of NYS. All training programs are free of charge to participants. If you are interested, please contact Judy Lipshutz at jl545@columbia.edu.

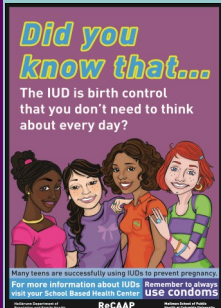
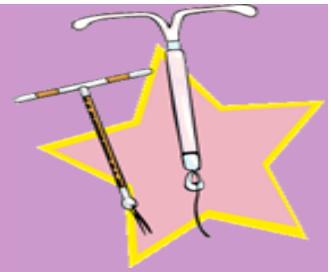
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Adolescents can safely use the intrauterine device (IUD) regardless of age or parity. For more information, see article on page 2....



# IUDs & ADOLESCENTS



Sonia is a 17-year-old junior in high school. She has been sexually active for the past six months, using oral contraceptive pills and condoms occasionally. Sonia visits her health care provider today because she is concerned about regularly missing pills. She discloses that her 18-year-old partner would like to have a baby soon, but she does not want to. She also tells you that her older sister had a baby at 16 and ended up dropping out of high school. She does not want the same thing to happen to her. She is planning to apply to college this coming fall. Sonia remembers that her provider counseled her about the different methods of contraception at her initial visit and now she wants to know more about the IUD. She thinks this might be a good method for her because it is private, effective, and she can get it now and keep it through high school and college.

## Is Sonia a good candidate for the IUD?

**Yes.** The IUD is an excellent choice for Sonia as long as the provider is reasonably sure that Sonia is not pregnant and does not have a sexually transmitted infection at the time of insertion. The IUD is highly effective and safe for both adult women and adolescents. The IUD is an excellent contraceptive choice for young women looking for a highly effective and safe birth control method that can last through their teen and young adult years! As with all other methods of birth control, the promotion of dual method use (using a condom along with a routine birth control method) is vital because other methods, including the IUD do not protect against STIs or HIV.

The Intrauterine Device (IUD), also known as Intrauterine Contraception (IUC), is a safe and highly effective long-acting reversible contraceptive (LARC) method for women, including adolescents starting from menarche.<sup>1</sup> Although it is widely used around the world, the IUD remains an underutilized form of contraception in the United States.<sup>2</sup> There is solid evidence and numerous professional organizational endorsements that support the use of IUD among adolescents.<sup>1</sup> In fact, the American Congress for Obstetricians and Gynecologists (ACOG) released a committee statement in 2007 declaring that IUDs should be considered a first-line choice for nulliparous and parous adolescents because they pose no increased risk of pelvic inflammatory disease (PID), tubal infertility and ectopic pregnancies. They are also highly effective in this population.<sup>1 & 2</sup>

There are two types of IUDs available, both of which are suitable for adolescents. Mirena (LNG IUS) is a hormonal IUD and provides five years of protection. It has many positive side effects, including reduced cramping and decreased menstrual bleeding.<sup>2</sup> The ParaGard (Copper T380) is a non-hormonal IUD and provides 10 years of protection.<sup>2</sup> Various professional organizations including ACOG, encourage providers to counsel their patients about this safe and effective method of contraception as it achieves long-term pregnancy prevention<sup>1</sup>.

### References

<sup>1</sup> American Congress of Obstetricians and Gynecologists (2007). *Intrauterine device and adolescents*. Washington, DC: Committee on adolescent health care

<sup>2</sup> Gold, M.A. & Johnson, L.M. (2008). Intrauterine devices and adolescents. *Adolescent and Pediatric Gynecology*, 5, 464-469.

## Save the Date: The New York Society for Adolescent Health & Medicine Annual Meeting

**When:** Wednesday June 27<sup>th</sup> 6.30pm – 9pm

**Where:** Euro RSCG Worldwide  
350 Hudson Street, New York, NY 10014  
& The University of Rochester Medical School (via Satellite)

**What:** "The B'N Fit Program: A Community-Based Weight Management Program for Bronx Youth"

*You do not need to be a NYSAHM member to attend!*

### This will be a multidisciplinary presentation from the team:

- ★ Jessica Reider MD
- ★ Dionne A. Sears, MS, LMSW
- ★ Michelle S. Brownstein, MS, RD

### Other Program Highlights:

- ★ Refreshments
- ★ Networking
- ★ NYSAHM (short) business update
- ★ Lots of fun!

For more information or to RSVP: [newyorksahm@gmail.com](mailto:newyorksahm@gmail.com)

## 2010: FEWEST TEEN BIRTHS SINCE THE ERA OF THE BABY BOOMERS

New analyses of data from the National Vital Statistics System by the National Center for Health Statistics reveal that the U.S. teen birth rate declined 9% from 2009 to 2010, reaching a historic low at 34.3 births per 1,000 women aged 15–19. The teen birth rate has dropped 44% since its recent peak in 1991.<sup>1</sup> Fewer babies were born to teenagers in 2010 than in any year since 1946. Birth rates for women ages 15–19 declined for all racial and ethnic groups, but disparities remain. In NYS the birthrate for women aged 15-19 was 22.6 per 1,000 in 2010, which reflects a 13% decrease from 2007. While all but three states saw declines in teen birth rates from 2007 to 2010, teen birth rates continue to vary significantly across states.<sup>1</sup>

In 2008, the most recent year for which data are available, the national teen pregnancy rate was 67.8 pregnancies per 1,000 women aged 15–19, its lowest rate in more than three decades.<sup>2</sup> The pregnancy rate in 2008 fell 42% from its peak in 1990 among women aged 15-19 and fell even further (62%) for women under the age of 15.<sup>2</sup>

While reasons for the declines in adolescent birth and pregnancy rates are not clear, teens appear to be less sexually active and more of those who are sexually active appear to be using contraception than in previous years.<sup>3</sup> A 2007 analysis of adolescent pregnancy rates from 1995 to 2002, suggested that 77% of the decline in pregnancy rates could be attributed to improved contraceptive use.<sup>4</sup>

### References

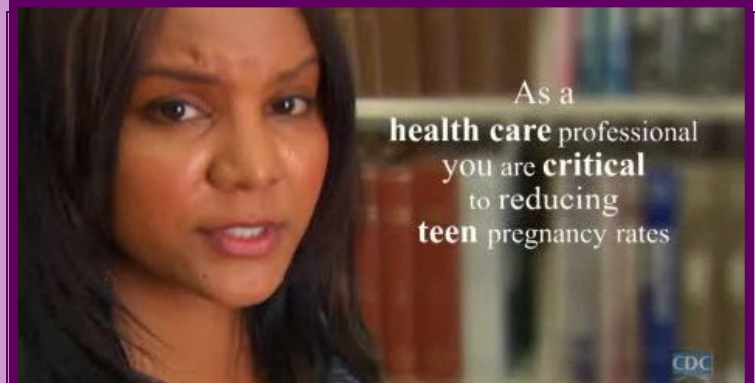
<sup>1</sup> Hamilton BE, Ventura SJ. Birth rates for U.S. teenagers reach historic lows for all age and ethnic groups. NCHS data brief, no 89. Hyattsville, MD: National Center for Health Statistics. 2012.

<sup>2</sup> Kost K, Henshaw S. U.S. Teenage Pregnancies, Births and Abortions, 2008: National Trends by Age, Race and Ethnicity. New York, NY: Guttmacher Institute. 2012.

<sup>3</sup> Martinez G, Copen CE, Abma JC. Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, 2006–2010. National Survey of Family Growth. National Center for Health Statistics. *National Vital Health Stat.* 2011;23(31).

<sup>4</sup> John S. Santelli, Laura Duberstein Lindberg, Lawrence B. Finer, and Susheela Singh. Explaining Recent Declines in Adolescent Pregnancy in the United States: The Contribution of Abstinence and Improved Contraceptive Use. *American Journal of Public Health*: January 2007, Vol.

## THE CDC DELIVERS A MESSAGE TO HEALTH CARE PROFESSIONALS ABOUT TEEN PREGNANCY



The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) Division of Reproductive Health (DRH) released a video in 2011 which features teens urging health care professionals across the nation to help adolescents improve their lives by talking with them about pregnancy and contraception. The adolescents in the video communicate the following key messages to health care providers:

- ★ As a health care professional **you** are critical to reducing teen pregnancy rates by encouraging adolescents having sex to improve their use of contraceptives.
- ★ Help teens select a birth control method they are most likely to use the right way.
- ★ Teens are welcome to use any method of birth control; there are no restrictions based solely on a teen's age.
- ★ Discuss the benefits of long-acting, reversible birth control, including both IUDs and implants.
- ★ Promote dual method use (condoms along with another reliable method of birth control).

This engaging video provides additional support for NY-PATH's mission: the provision of adolescent-friendly reproductive health care.

For more information, and/or to view this short video click here: <http://www.cdc.gov/CDCTV/MessageHealthcare/index.html>



# AVAILABLE NYPATH TRAINING PROGRAMS

## NYPATH Kick-off Trainings

The kick-off events are designed to provide clinical training focused on recent innovations in providing adolescent-friendly, patient-centered reproductive health services, and inform providers about resources available through NYPATH. The PRCH Adolescent Reproductive and Sexual Health Project (ARSHEP) and NYPATH have collaboratively designed an introductory training module which provides information on all the latest hot topics in adolescent medicine (see page 1).

## Onsite Topic-Specific Training

NYPATH is also available to provide topic-specific adolescent sexual reproductive health training throughout NYS. Examples of topics include: Contraceptive Updates (including long-acting reversible contraceptives), Quick Start Overview, STI Overview, Expedited Partner Therapy, Sexual History Taking, and many more.

## Web-Based Training

We will be launching the NYPATH website in the Fall of 2012. The website not only will provide extensive resources and links to adolescent specific medical information, but it will also be host to several interactive training modules pertaining to adolescent health topics, including: The NYPATH Introductory Module, Birth Control Overview, STI Overview, Pregnancy Options Counseling, Working with LGBTQ Youth, and Male Adolescent Sexual Reproductive Health. The modules have been developed in partnership with PRCH and will provide CMEs at no cost. Please contact us if you want to be notified about the web launch.



The NYPATH team is working to identify medical providers who might be interested in co-hosting these events. We are looking for sites that are centrally located so that providers from several surrounding counties may attend. For further information, contact Judy Lipshutz, MSW, RN at [jl545@columbia.edu](mailto:jl545@columbia.edu) or 212-304-5237.

## Involving Teens:

### The Adolescent Health Care Communication Project (AHCCP)

AHCCP recognizes that health care providers and teens don't always speak the same language—and that bridging this communication gap can significantly improve the delivery of clinical and preventive sexual health services to adolescents. The AHCCP believes that teens are uniquely equipped to offer health care providers authentic insight into adolescents' experiences and concerns relating to reproductive and sexual health.

Since 2003, the AHCCP, a program of the National Institute of Reproductive Health (NIRH), has been training teens to do exactly that in New York City. The successful, youth-led model program has also been replicated across the country in Oregon, Massachusetts, Pennsylvania, California, Wisconsin, and Washington, D.C.

The AHCCP provides two unique, effective, and innovative strategies to increase communication between adolescents and providers. The **Adolescent-Provider Communication Workshops** include two adolescent-led interactive workshops, one of which is designed for health care providers and the other for teens. The workshops are designed to engage, educate, and empower the participants, while helping providers increase their communication skills with adolescents, leading to positive health outcomes. The **Adolescent Standardized Patient Project** utilizes trained teen peer educators to play the role of standardized patients for health care providers, allowing students, residents or established practitioners an opportunity to practice one-on-one clinical evaluations with real teens. Peer educators provide feedback utilizing best practices in provider communication and increasing the confidence, comfort, and expertise of all participants.

**Interested in learning more about the program?** Would your providers benefit from workshops or standardized patient work with teens trained to give feedback on best practices? Interested in starting your very own AHCCP? **Read more** about the AHCCP at [http://www.nirhealth.org/sections/ourprograms/ourprograms\\_adolescent\\_health.asp](http://www.nirhealth.org/sections/ourprograms/ourprograms_adolescent_health.asp). **Contact** AHCCP Director, Pauline DeMairo at [pdemairo@nirh.org](mailto:pdemairo@nirh.org) for more information. **Check out** the AHCCP teens in action at <http://vimeo.com/12054939>.

**To become involved with NYPATH contact:**

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*Thank  
You*