

# *Hot Topics in Adolescent Sexual Health*

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December 2024

# Learning Objectives

Describe changes to the treatment recommendations for gonorrhea and chlamydia

Describe the newly available methods of emergency contraception and how they differ

Review new methods of contraception

Understand changes to abortion eligibility in MA

# Learning Objectives

**Describe changes to the treatment recommendations for gonorrhea and chlamydia**



# STI Treatment Guidelines

2021 RECOMMENDATIONS NOW AVAILABLE

# CDC 2021 treatment guidelines

Gonorrhea: treat with ceftriaxone 500mg IM (1g for >150kg)

Chlamydia: treat with doxycycline 100mg PO BID for 7 days

Trichomoniasis in female anatomy patients: metronidazole 500mg PO BID for 7 days

THE WALL STREET JOURNAL.

HEALTH

# New 'Superbug' Strain of Gonorrhea Is Outsmarting Most Antibiotics

Two cases in Massachusetts involve a novel strain more impervious to existing antibiotics than other strains in the U.S.

# Recommendations from the 1/22 clinical alert

Culture for gonorrhea together with a NAAT if symptomatic

Do a test of cure 14d after treatment at all initially positive sites (NAAT)

Use NAAT for screening (routine, test of reinfection, contact)

Presumptively treat partners only if symptomatic

# Chlamydia challenge

I tested positive for chlamydia and I took the four pills they gave me in the ED, but I had sex again with my (untreated) partner the day after. What should I do?





# Gonorrhea Challenge

My boyfriend said he has something and I should get checked out. He said he thinks it is gonorrhea. I feel fine!



# Learning Objectives

Describe changes to the treatment protocol for gonorrhea and chlamydia

**Describe the newly available methods of emergency contraception and how they differ**



# EC 101

**A chance to decrease  
risk of pregnancy after  
unprotected sex or  
failure of contraception**



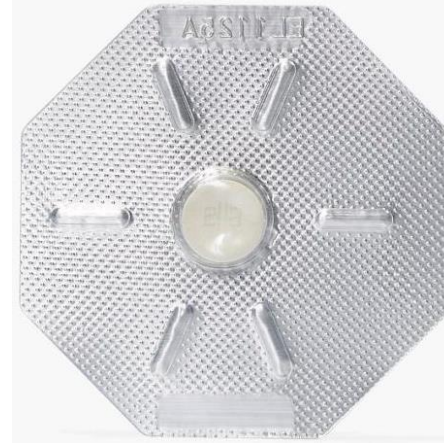
# Emergency Contraception 101



Copper IUD



Levonorgestrel  
1.5mg (Plan B)

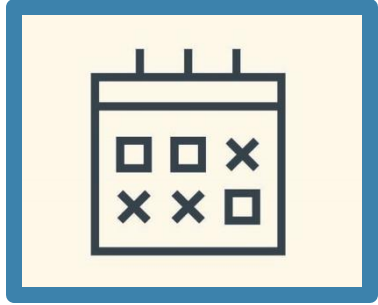


Ulipristal Acetate  
(Ella)

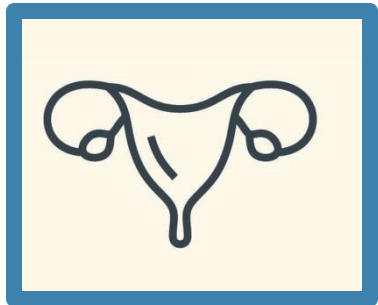


Levonorgestrel  
52mg IUD

# How Does EC Work?

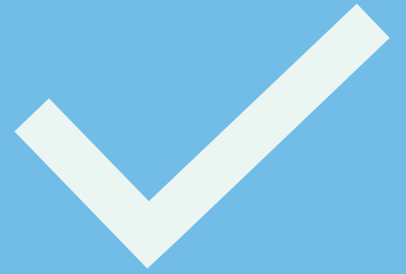


All methods need to be started within 5 days (120 hours) of intercourse



Interfere with or delay ovulation  
May interfere with sperm movement

***Benefits of EC***  
***always outweigh***  
***the risks***



# Common Oral EC Side Effects

Headaches/dizziness

Nausea/vomiting

Spotting/abnormal bleeding

Shift in next menses

Abdominal pain

Breast tenderness

Fatigue

Less than  
20%







# Side Effects with IUDs

Post-procedure cramping

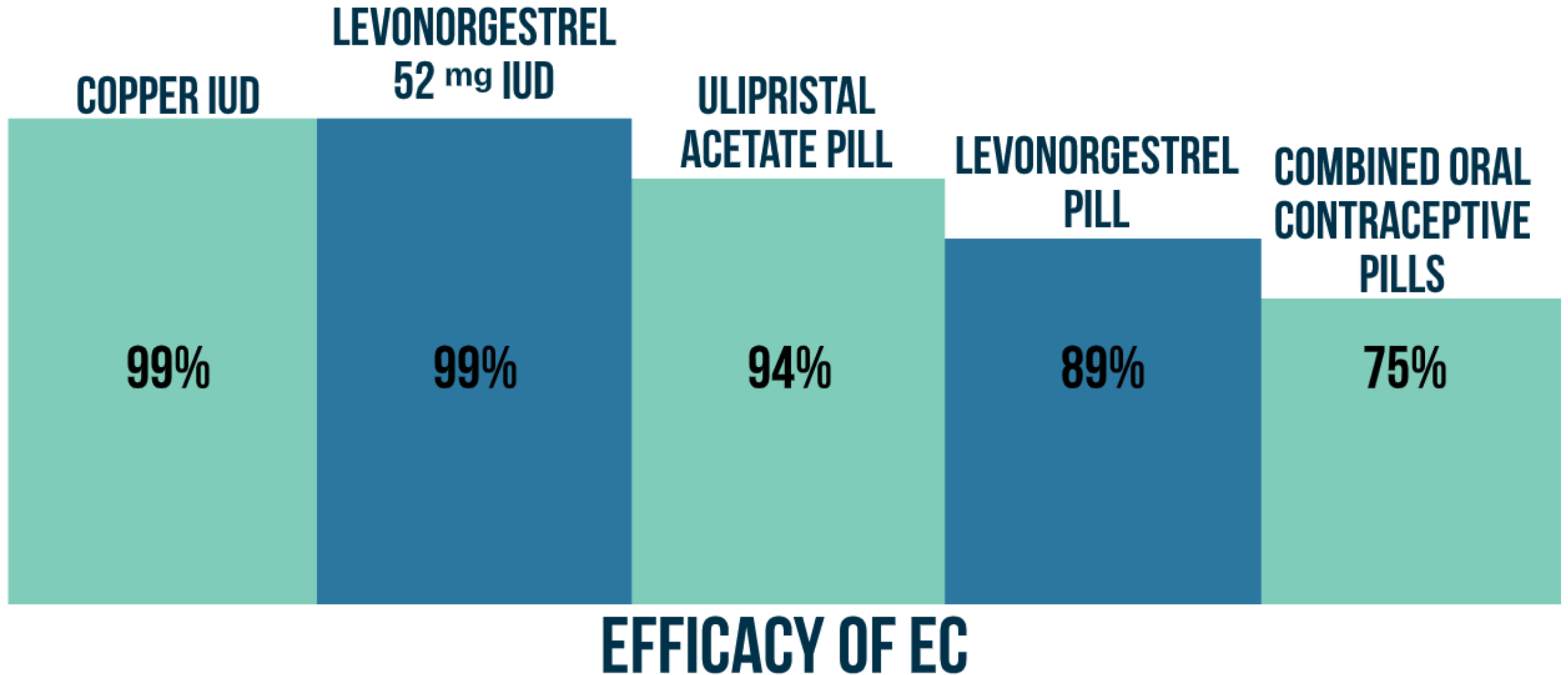
Changes to period

**Copper:** slightly heavier or more painful menses

**Levonorgestrel 52 mg:** spotting, lighter period, or no period



# How Well Does EC Work?



# Who Should be Offered EC?

Unprotected  
sex






Birth control  
failure

Unwanted sex  
&  
Sexual assault

And anyone who wants a prescription!

# Method Failure

Had sex without other contraception	
Condom rips or slips so that semen could be in vagina	
Some semen could be in vagina	
Combined hormonal pills: 2 or more missed pills in a row	
Progestin-only pills: Pill missed or taken too late according to directions	
Concern about proper placement before sex	

Difficulty or concerns about tracking body signs or irregular periods	
Ring left out too long (3+ hours) or late replacing it according to directions	
Patch off for too long (24+ hours) or late replacing it according to directions	
More than 14 weeks since last shot	
IUD comes out (happens to less than 1 in 100 people)	

# Oral EC as Plan A

For those who have sex infrequently

Key areas for counseling:

- Considerations of long-term usage

- Likelihood of **more side effects**

- Importance of having a supply on hand





***No limit* on oral EC use in a single cycle...**

**However,** do not use both oral EC methods within 5 days of each other



## ***Plan B\****

Start right  
away

## ***Ella\*\****

Hold your  
pills/patch/  
ring for 5 days

\* Levonorgestrel oral EC

\*\* Ulipristal Acetate EC



***IUD:***

No BMI limits

***Plan B\****

Less effective with  
BMI >26

***Ella\*\****

Less effective with  
BMI >35


\* Levonorgestrel oral EC

\*\* Ulipristal Acetate EC

Festin MP 2017; Edelman 2016







I had sex 4  
days ago,  
which option  
is best?

***Ella\*\*:***

Superior when taken  
4-5 days after sex  
compared to Plan B\*  
which is less effective  
after day 3

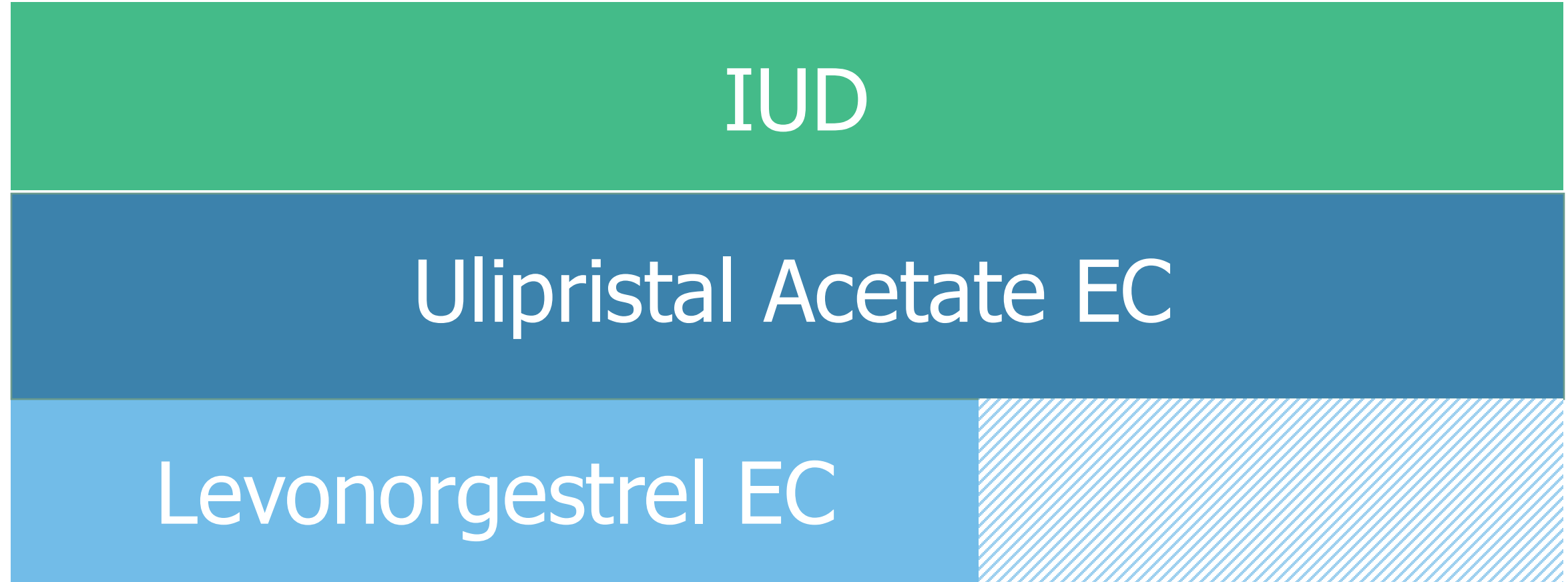
*Like Ella\*\*, the IUDs are equally  
effective for 5 days after sex*

\* Levonorgestrel oral EC


\*\* Ulipristal Acetate EC



# Timing Since Unprotected Intercourse



● Days after 1 2 3 4 5

A woman with long brown hair, wearing a blue long-sleeved top, is sitting and looking towards a doctor. The doctor, seen from the back, is wearing a white lab coat and has her hair in a ponytail. They are in a clinical setting with medical charts on the wall.

But I don't  
want to use an  
IUD for birth  
control!

***IUD:***

Can be removed at  
the time of their  
next period

***IUD:***

Sex in past 5 days is  
fine

I've had  
unprotected  
sex a few times,  
will it still work?



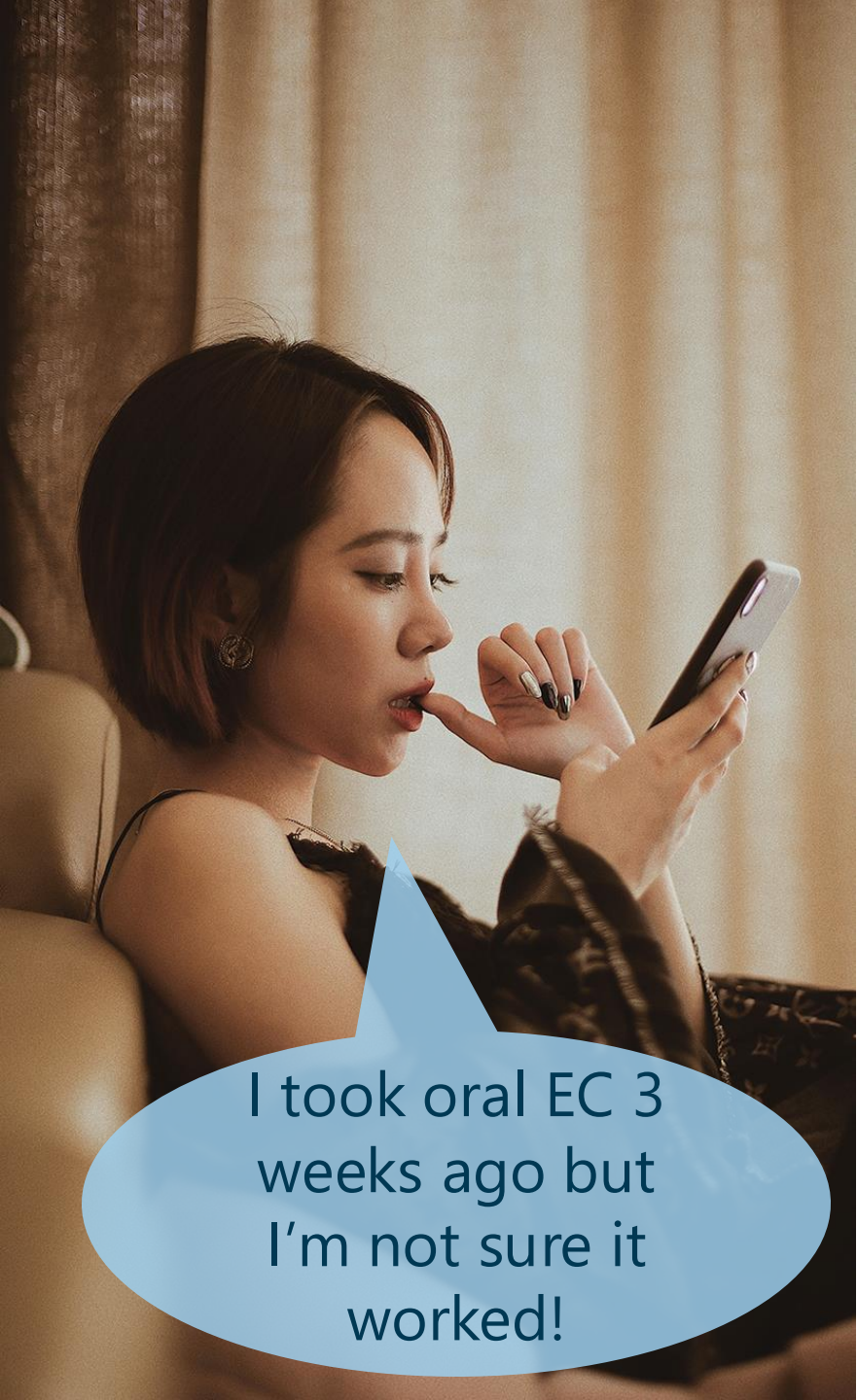
# After Oral EC

Thrown up within 3 hours?

Take EC again

No period in one month?

Take a pregnancy test



I took oral EC 3 weeks ago but I'm not sure it worked!



# Myth Busting

Oral EC can <sup>^not</sup> cause an abortion

EC isn't <sup>^completely</sup> safe for adolescents

Advance provision will <sup>^not</sup> discourage “real”  
contraception use

# Takeaways for EC Provision



Timely



Safety



Efficacy




Access



Offer

# EC Challenge



I'm not ready to be pregnant again yet but I'm not sure I want birth control. What should I do?

# Takeaways

IUD > Ella > Plan B

Counsel about oral EC when no other contraceptive method is being used/issues with contraception and student wants to avoid pregnancy

No contraindications to oral EC use, and there are no problems with repeat use



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# The New Ring



# Annovera (Segesterone acetate 150 mcg, EE 13 mcg)

93%

**Reusable** for 13 cycles (21/7-day regimen)

*\*New\**

No refrigeration when out

For patients with **BMI < 29 kg/m<sup>2</sup>**

Bleeding profile

Light to medium bleeding and spotting

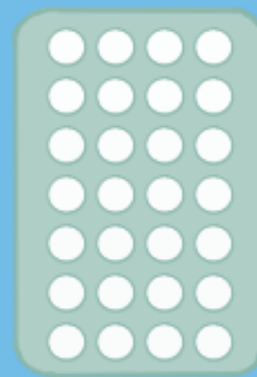
Minimal amenorrhea

Expulsion common, esp. in 1<sup>st</sup> month of use



**Annovera**<sup>™</sup>  
(segesterone acetate and  
ethinyl estradiol vaginal system)  
Delivers 0.15 mg/0.013 mg per day

# The New Pill



# Slynd<sup>TM</sup>

(drospirenone) tablets, 4 mg

93%

## Slynd (Progestin-only pill)

POP with 24-4 dosing

*\*New\**

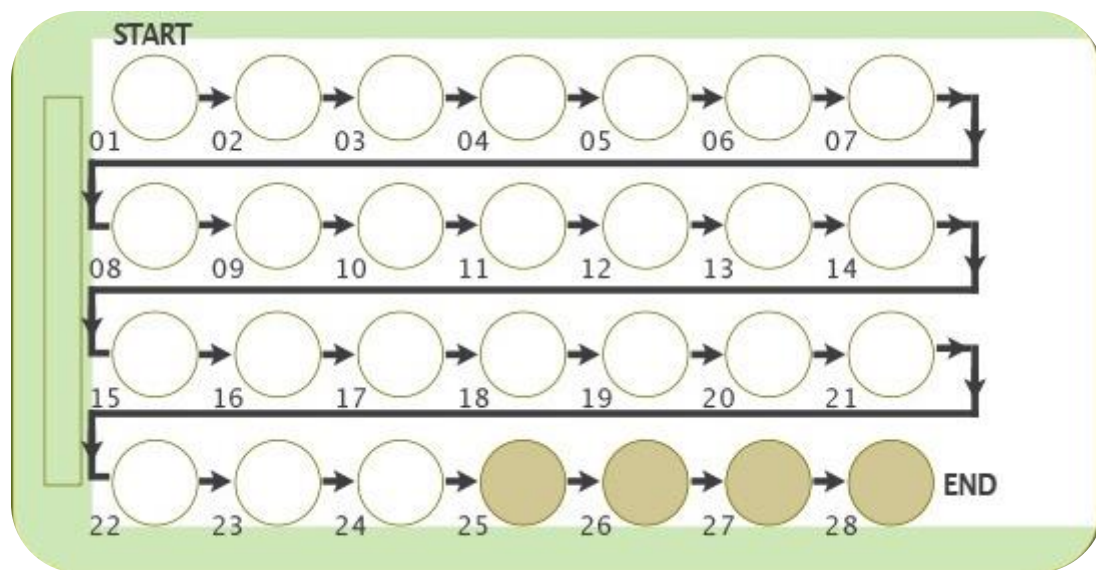
24-hour missed pill window

Common side effects

Acne

Headache

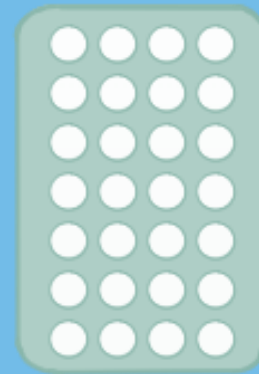
Unscheduled bleeding





12 months of OCPs at once

# Over-the-counter birth control pill



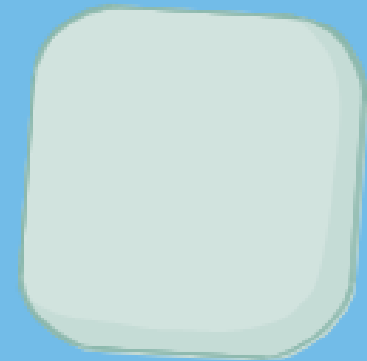




CREDIT: PERRIGO



# The New Patch



# Twirla (Levonorgestrel 120 mcg, EE 30 mcg)

93%

Prevents "black ring"

Round and slightly larger

\*New\*

Best with BMI <25, reduced efficacy 25-30,  
do not use >30

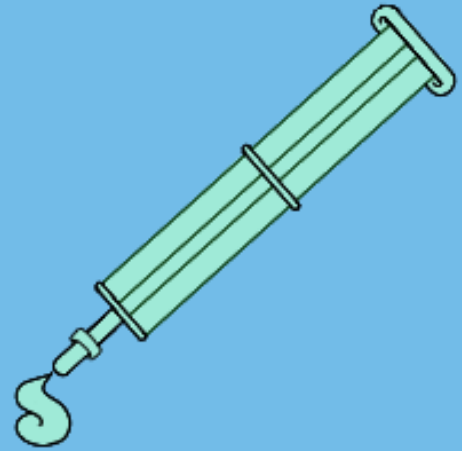
May change bleeding patterns

Less estrogen than other available patch

Twirla™



# The New... pH Modulator?



# Ph Modulator

86%

Gel in pre-filled applicator

Place up to 60 minutes before intercourse

***Not effective*** when used after intercourse

May help with vaginosis/BV

May prevent chlamydia and gonorrhea  
(not any other STIs or HIV)

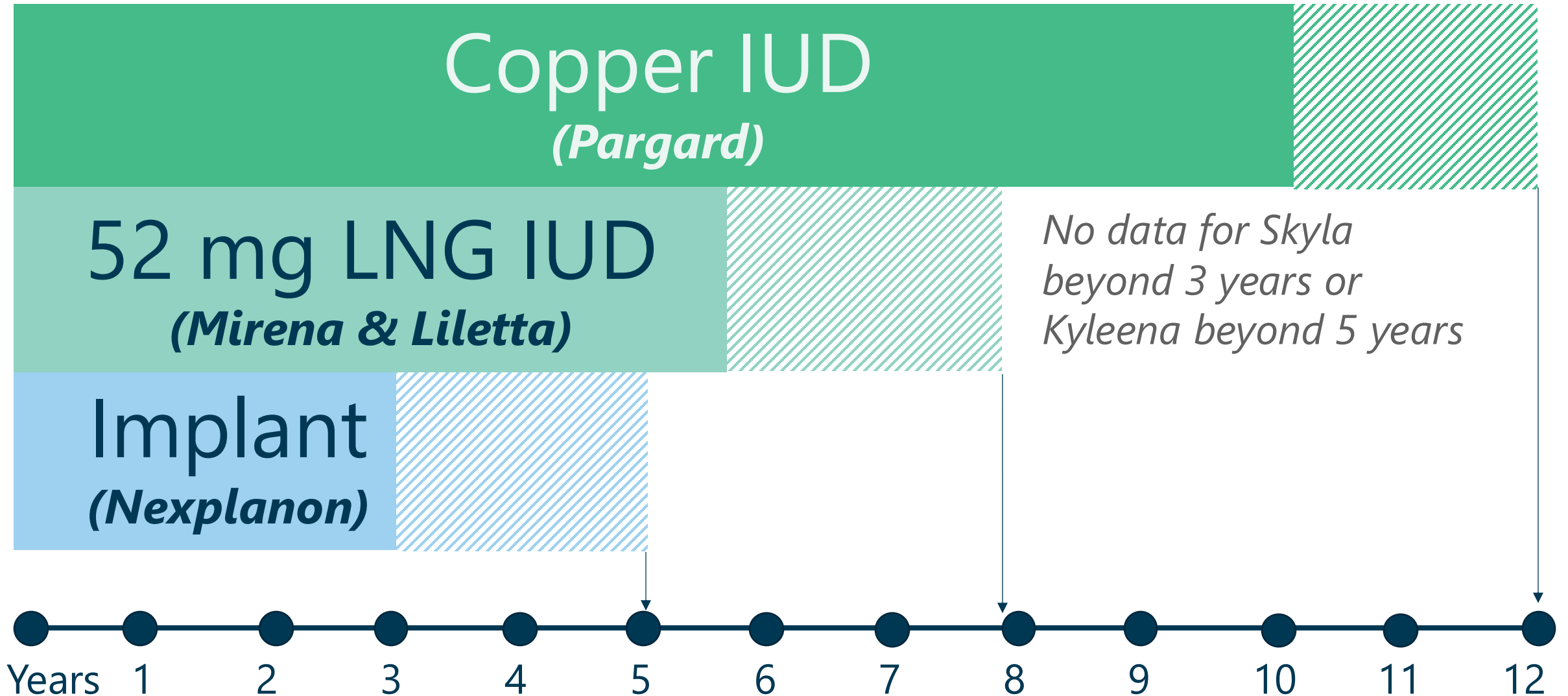


# Extended Use of LARC





# Extended Use for LARC Methods



**Some teens  
may not feel  
comfortable  
with extended  
use of LARC**



# Depo-Provera subcutaneous



# Depo-Provera SubQ

Can improve continuation during COVID-19

Administer in thigh (preferred) or abdomen

May not be covered by all insurers



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# Abortion care in MA for minors

## **ROE Act**

Decreased age at which adolescents can consent from 18 to 16

Adolescents age 15 and under need parental consent or judicial bypass to access abortion care in MA

# Minors in MA may consent to:

Contraceptive services

Pregnancy testing/counseling

STI services

**NOT** abortion care (under 16)



**Sexual Health is part of (pediatric) primary care**