



BUSINESS
Prevention Conference

13th Annual Risky Business
Prevention Conference
June 23, 2009



Teen Sex: Updates, Minor Consent Law, and “WAIT Training”

Cindy Marucci-Bosley, CRNP-OB/GYN, MSN,
LCCE, FNE-A

Carroll County Health Department

Teen Sex: Updates

- ♣ New changes in Federal funding for Abstinence Education, Comprehensive Sex Education, and Family Planning
- ♣ A decrease of 10% in teen contraceptive use since 2003 (Columbia University, NYT, 6-18-09)
- ♣ An increase in the number of teen pregnancies and births

Teen Sex: Updates

- ♣ Sexting as a new sexual modality
- ♣ Use of electronic networking to meet “friends” and partners
- ♣ Increase in the incidence of casual sex
- ♣ An increase in the number of partners each teen is having

Contraceptive Review

- Puberty – no earlier than age 8 and no later than age 16
- Periods may be irregular for several years
- You **MUST** have an ovulation to have a period

Contraceptive Review

- Menstrual cycle is governed by the Hypothalamus-Pituitary-Ovarian axis
- Hormonal contraception works by disrupting (over-riding) this system
- The uterus, cervix, and vagina are also effected

Contraceptive Review

- Contraceptive efficacy is graded on typical use vs perfect use
- Percentage of women who will experience an unintended pregnancy during the first year vs the effectiveness of the method

Risky Business Prevention Conference 2009

Contraceptive Review

No Method

-Typical 15%, perfect 15%

Abstinence

-Typical up to 100%, perfect 100%

Contraceptive Review

Condom - Male

- Typical 85%, perfect 98%
- Types: animal skin, latex (with or without spermicide, with or without lubricant), polyurethane (non-latex)
- Strong points: OTC, STI protection
- Concerns: consistent proper use

Contraceptive Review

Condom - Female

- Typical 79%, perfect 95%
- Types: Reality 1 and Reality 2
- Strong points: OTC, STI protection
- Concerns: consistent proper use

Contraceptive Review

Depo-Provera (1992)

- Typical 97%, perfect 99.7%

- Progesterone only injection given in the arm or buttocks every 11-13

weeks

- Strong points: no daily/weekly dosing

- Concerns: bone loss, weight gain

Contraceptive Review

Diaphragm

- Typical 84%, perfect 94%
- Latex disk which covers the cervix and acts as a barrier and reservoir for spermicide
- Strong points: non-hormonal
- Concerns: must be fit by a clinician, consistent and proper use

Risky Business Prevention Conference 2009

Contraceptive Review

Fertility awareness-based methods
("Natural Family Planning")

-Strong points: no/little cost, approved by most religious groups, can help a couple plan a pregnancy

Risky Business Prevention Conference 2009

Method	Typical use	Perfect use
Calendar	87%	95%
Standard Days (cycle beads)	88%	95%
TwoDay (notice)	86%	97.5%
Ovulation (look, touch, feel)	78%	97%
Sympto-thermal	80-87%	97-98%

Contraceptive Review

Intrauterine Devices (IUD)

- ParaGuard (copper T) – Typical 99.2%, Perfect 99.4% - effective 10 years
- Mirena (LNG-IUS) (2001) – Typical 99.8%, Perfect 99.8% - effective 5 years
- Strong points: no daily/weekly dosing
- Concerns: must be inserted by a clinician, increased risk for PID

Contraceptive Review

Lactational Amenorrhea Method (LAM)

- Typical/Perfect – highly effective, temporary

- MUST be under 6 months postpartum, not have resumed menses, exclusively breastfeeding

- Strong points: non-hormonal, cost free

Contraceptive Review

Oral Contraceptives

- Typical 92%, Perfect 99.7%
- Types: monophasic, triphasic, mini
- Strong points: very few side effects, fairly simple, lighter/less periods, cancer protection
- Concerns: consistent and proper use

Contraceptive Review

Spermicides

- Typical 71%, perfect 82%
- Types: Nonoxynol-9 (Foam, Film, & suppositories)
- Strong points: OTC, non-hormonal
- Concerns: irritation increasing the risk of STIs, consistent and proper use

Contraceptive Review

Tubal ligation (TL) and Vasectomy

- TL - Typical 99.5%, Perfect 99.5%
- Vasectomy – Typical 99.85,
Perfect 99.9%
- Strong points: loss of fertility
- Concerns: loss of fertility, a TL failure
can cause a life threatening situation

Contraceptive Review

Withdrawal (Coitus interruptus)

- Typical 73%, Perfect 98%
- Strong points: non-hormonal,
requires partner communication
- Concerns: Ejaculate must be away
from the vaginal opening

Risky Business Prevention Conference 2009

Newer Contraceptives

Depo-Provera SQ – not in common use

Lunelle – not in common use - ??off the market

Norplant - off the market

Newer Contraceptives

Emergency Contraception

- Typical/Perfect 75-85%
- Types – Oral contraceptives, Preven, and Plan B (Now OTC for \geq age 17)
 - IUD – Paraguard or Mirena
- Pills given up to 72 (120) hours after an un- or under-protected intercourse
- IUD place within 5 days

Newer Contraceptives

EVRA (the patch)

- Typical 92%, Perfect 99.7%
- Patch with Estrogen and Progesterone in the glue
- Strong points: weekly dosing – works like the pill
- Concerns: skin irritation, concern over increased hormone levels

Newer Contraceptives

Extended use contraceptives

- Typical/Perfect – same as for the specific method
- Types: Pills (Seasonalle, Lybrel), Nuva Ring, EVRA (not recommended)
- Strong points: increased convenience, shorter/fewer periods
- Concerns: no period

Newer Contraceptives

Implanon (2006)

- Typical 99.95%, Perfect 99.95%
- Single rod implant of progesterone

- Strong points: effective for 3 years
- Concerns: requires clinician insertion, may cause irregular bleeding

Newer Contraceptives

Nuva Ring

- Typical 92%, Perfect 99.7%
- Soft, transparent, flexible vaginal ring with Estrogen and Progesterone
- Strong points: monthly dosing – works like the pill
- Concerns: vaginal irritation

Newer Contraceptives

Sponge

- Parous women - Typical 68%,
Perfect 80%
- Nulliparous women – Typical 84 %,
Perfect 91%
- Impregnated with spermicide
- Strong points: non-hormonal, OTC
- Concerns: correct and consistent use

Minor Consent Law

- Annotated Code of Maryland §20-102
- Minor has the same capacity as an adult to consent to:
 1. Treatment for or advice about drug abuse
 2. Treatment for or advice about alcoholism
 3. Treatment for or advice about venereal disease (STIs)

Minor Consent Law

4. Treatment for or advice about pregnancy
5. Treatment for or advice about contraception other than sterilization
6. Physical examination and treatment of injuries from an alleged rape or sexual offense, and
7. Physical examination to obtain evidence of an alleged rape or sexual offense.

Mandatory Reporting

Family Law § 5-701 - Definitions

1. Abuse – the physical or mental injury of a child by any parent or other person who has permanent or temporary care or custody or responsibility for supervision of a child, or by any household or family member, under circumstances that indicate that the child's health or welfare is harmed or at substantial risk of being harmed; or

Mandatory Reporting

sexual abuse of a child; whether physical injuries are sustained or not.

2. Sexual abuse – any act that involves sexual molestation or exploitation of a child by a parent or other person who has permanent or temporary care or custody or responsibility for supervision of a child, or by any household or family member

Mandatory Reporting

“Sexual abuse” includes:

- incest, rape, or sexual offense in any degree
- sodomy; and
- unnatural or perverted sexual practices

Mandatory Reporting

3. Child – means any individual under the age of 18 years
4. Household member – means a person who lives with, or is a regular presence in, a home of a child at the time of the alleged abuse or neglect
5. Family member – means a relative by blood, adoption, or marriage of a child

Risky Business Prevention Conference 2009

Mandatory Reporting

Family Law § 5-704 – Reporting of abuse
or neglect

Notwithstanding any other provision of law,
including any law on privileged
communications, each health practitioner,
police officer, educator, or human service
worker, acting in a professional capacity
in this State:

Mandatory Reporting

1. Who has reason to believe that a child has been subjected to abuse, shall notify the local department or the appropriate law enforcement agency
2. Who has reason to believe that a child has been subjected to neglect , shall notify the local department or the appropriate law enforcement agency

Mandatory Reporting

Requirements:

1. Oral report to Carroll County DSS – Protective Services – 410-386-3434
2. Written report to follow on form DHR/SSA 180 (5/98) mailed or faxed to Carroll County DSS – Protective Services – 410-386-3477

Maryland Sex Laws

1. Elements of Rape – vaginal intercourse, with another person, by force or threat of force, against the will, and without the consent of the other person
2. Elements of Sexual Act – oral and anal intercourse and some penetration
3. Elements of Sexual Contact – intentional touching and some penetration

Maryland Sex Laws

- As late as 1961, antisodomy laws were included in the criminal statutes of all 50 states
- By 1985, half of the states had repealed or struck down these laws, but the Supreme Court upheld the constitutionality of any remaining laws

Maryland Sex Laws

- In 2003, the Supreme Court invalidated the remaining state antisodomy laws as they apply to behavior between consenting adults in private

Risky Business Prevention Conference 2009

WAIT Training Mission Statement

WAIT Training exists to foster health outcomes for youth and health family foundations as adults. The organization's goals are to:

- increase the value of marriage
- delay sexual debut

WAIT Training

- reduce individual's number of sexual partners
- instill the skills and character needed to prepare individuals for a faithful, lifelong and mutually satisfying relationship in marriage

Risky Business Prevention Conference 2009

WAIT Training

-Is directive, pre-marital abstinence model

as opposed to

-Non-directive comprehensive model

Risky Business Prevention Conference 2009

WAIT Training

Steps of Physical Intimacy

To identify healthy ways to give and receive affection that don't put you or your partner at risk for STDs/HIV/AIDS, pregnancy and/or the negative emotional effects of premarital sexual activity

Risky Business Prevention Conference 2009

WAIT Training

**I NEED
15 VOLUNTEERS**

Risky Business Prevention Conference 2009

Thank you...

Any questions?

Cindy Marucci-Bosley, CRNP-OB/GYN,
MSN, LCCE, FNE-A

Carroll County Health Department

410-876-4944

cbosley@dnhmh.state.md.us