

## **Promoting “Teen Friendly” Clinical Services: Health Care Delivery System, Contraceptive and Reproductive Health Best Practices**

*Below is a list of of the best clinical practices when serving adolescent clients*

### **Appointments for adolescents should be available:**

- Same day, next day or walk-in
- During after school hours
- During the weekend

**At every visit** (e.g., urgent, preventive, school-health, sports physical, pregnancy testing, emergency contraception, STD testing, HIV testing etc.) **adolescents should be given:**

- Sexual health assessment taken/updated
- Access to hormonal contraception or IUD
- Time alone with the provider

### **Contraception should be available or prescribed onsite, and should include:**

- Emergency contraception for females
- Emergency contraception for males
- IUDs
- Hormonal Implants (Implanon/Nexplanon)
- DMPA Depo-Provera (Depo shot)
- Hormonal Contraceptive Pills
- Patch
- Ring

**Adolescents should be counseled on contraceptive methods from most effective to least effective. This means Long Acting Reversible Contraceptive (LARC) methods should be described first. LARCs include:**

- IUD – hormonal and non hormonal
- Hormonal Implant (Implanon/Nexplanon)

**IUD and hormonal contraception should be initiated using the Quick Start Method**, which means the first dose of the hormonal contraceptive is administered or the IUD is inserted during the visit. **This should be done:**

- After an adolescent client has had a negative pregnancy test
- When an adolescent client is provided with Emergency Contraception (EC) where a pregnancy test is negative

**Emergency Contraception should be offered for the following use:**

- For adolescent females following unprotected intercourse within the previous 5 days
  - Dispensed on-site
  - Dispensed with Rx
- For female adolescents for future use (advance provision)
- For male adolescents for future use (advance provision)

**Hormonal contraception should be prescribed to adolescent females without requiring exams or testing. This means:**

- No required Pap Smear
- No required Pelvic Exam
- No required Breast Exam
- No required STD testing

**Cervical Cancer Screening takes place in accordance with current guidelines, meaning they should only occur:**

- Beginning at age 21
- If the need for one is specifically indicated

**STD and HIV Testing and Treatment should be available for all adolescents as indicated, including**

- Chlamydia
  - Screening provided to all adolescent females at least annually
  - Screening available for females using urine or vaginal swab
  - Screening available for males using urine specimen
  - Expedited patient delivered partner therapy (EPT) is available for treatment, meaning that patients can be prescribed treatment for their partners at the same visit without their partner having to come in for testing
- Gonorrhea
  - Screening is available for both adolescent females and males
- HIV
  - Rapid testing is available for adolescent females and males per CDC recommendations

**Linkages and Referrals should be provided to other support services, including:**

- Mental Health
- Education
- Employment
- Social Services

**Barriers to services should be minimized, including:**

- Low Cost Services:
  - Low cost or no cost contraceptive and reproductive health care services should be provided to adolescents
- Maintaining Confidentiality:
  - Parental or caregiver consent or notification should not be required for services
  - Options for payment that ensure against parental notification should be standard

**Health Center Infrastructure should be developed to:**

- Participate in the federal 340B drug discount purchasing program
- Utilize electronic medical records (please specify system(s) used, e.g., eClinical Works, Centricity, Epic, NextGen)
- Have systems in place to facilitate billing third party payers for contraceptive and reproductive health care services provided

**The environment of the clinic should be welcoming to adolescents. This means:**

- Counseling areas that provide both visual and auditory privacy
- Examination rooms that provide visual and auditory privacy
- Teen focused magazines or posters on the walls
- Display information (pamphlets, posters, flyers, fact sheets) on issues related to adolescent sexual and reproductive health (e.g., confidentiality, cost, what services are available to adolescents)
- Evidence-based or evidence-informed video or other interventions designed for adolescents (e.g. "Seventeen Days")