

Short case number: 3_4_7

Category: Endocrine & Reproductive Systems

Discipline: O&G

Setting: General Practice.

Topic: Adolescence- contraception – legal

Case

Monica Wentworth aged 15 years presents requesting the oral contraceptive pill. She has been in a relationship with her boyfriend for 4 months and in the past two weeks she has commenced sexual relations. She has not used a condom and is worried she may be pregnant. She wants a reliable contraceptive so she doesn't become pregnant. She has told her mother and states that her mother supports her request for contraception and to access the oral contraceptive pill.

Questions

1. What further history, examination and investigations would you undertake in this situation?
2. What screening for disease is warranted?
3. List the contraceptive options available for Monica and in a table list their respective mechanism of action, pearl index, advantages and disadvantages.
4. What does Australian law state about prescribing contraceptives to teenagers?
5. How should a medical practitioner behave, and remain true to their duty of care to a patient, if they do not wish to prescribe contraception to Monica for religious or other reasons?

Suggested reading:

- Abbott, J., Bowyer, L., & Finn, M. (2014). *Obstetrics and Gynaecology: an evidence-based guide* (2nd ed). Australia, Elsevier. Chapter 4

ANSWERS

1. Further History, examination and Investigations.

A full history should be conducted but focusing upon the relationship (mutual and caring), past medical and family history,(if known - ? hereditary thrombophilia, breast cancer) previous sexual encounters (if any). Need to assess the likelihood of partner's risk of STI (including HIV, Hep B etc.). Need to ask about childhood vaccinations and if HPV vaccination given. Questions about menarche, cycle length, menstrual flow, irregular bleeding, vaginal discharge, any headaches, migraines and smoking history.

A discussion should include:

Safe sexual practices

STIs and HIV

“Double Dutch” – condoms and OCP

Instructions on OCP usage, side effects, “golden rules”, emergency contraception (morning after pill)

Follow up

Examination – requires STI screening but does not require PV or spec. Patient will usually NOT want you to do anything at this visit.

2. What screening for disease is warranted?

Investigation –serum bHCG or early morning urine for pregnancy test

- First pass urine for Chlamydia and gonococcus (PCR) or self- collected vaginal swab
- Baseline HIV (offered) and Hep B

Vaccination for HPV should be offered (not as effective after intercourse but does have some reduction in abnormalities)

Cervical Screening test – from age 25. In current recommendations, routine cervical screening is not recommended in young women, except for women who experience first sexual activity at a young age <14 years, and who had not received the HPV vaccine before sexual debut, to consider a single HPV test between age 20-24 on an individual basis.

3. List the contraceptive options available for Monica and in a table list their respective Mechanism of action, pearl index, advantages and disadvantages.

Specifically for teenagers

Type of contraception	Mode of action	Pearl Index	Advantages	Disadvantages
Condoms	Barrier	3	Available, no health risks, protects against STI	Relatively easy to use but need practice and training, requires motivation, rare rubber allergies, can fall off! Need to be used for every sexual event.

Type of contraception	Mode of action	Pearl Index	Advantages	Disadvantages
CP	Hormonal control – prevents ovulation in majority of women, changes cervical mucous, develops hostile endometrium for implantation	0.1	Convenient, allows spontaneity, may reduce acne, reduces menstrual flow and pain to point of amenorrhoea.	Requires daily taking of OCP, long term health issues with smoking and DVT, reduction in effectiveness with NVD. Warn of Break through Bleeding
Sub-dermal progesterone implant	Progesterone effects – hostile endometrium and cervical mucous	0.1	Provides contraception for 3 years, no motivation after insertion, immediate return to previous fertility state on removal.	Requires procedure to insert, requires procedure to withdraw.
Depo-Provera	Progesterone effects – hostile endometrium and cervical mucous, may stop ovulation	0.3	No pills, reliable, minimal motivation required. May induce amenorrhoea.	Injection 3 monthly, may cause irregular cycle, 3 kg weight gain maximum, not immediately reversible.

4. Law and the OCP

The age that a young person acquires the legal capacity to give consent has been considered by the High Court of Australia and gave the following précis:

"achieves a sufficient understanding and IQ to enable him or her to understand fully what is proposed" 14 years and above.

This then leaves the practitioner to balance IQ, knowledge, maturity and nature and seriousness of the treatment. The law is unclear on contraceptive advice and prescribing but the following applies:

- Patient is capable of understanding advice
- Unable to be persuaded to talk to parents/guardians
- Likely to engage in sexual activity regardless of contraception
- The treatment is required for their wellbeing (physical and mental) and is clearly in their best interests.

5. Duty of Care

Key points.

- Doctor has a duty to care for this patient, however that does not mean that they must prescribe the OCP. However if Monica is to remain sexually active – highly likely she needs reliable contraception. If she is likely to forget pills the implant would be the most appropriate.
- Duty of care – to diagnose, to treat appropriately, to follow-up, to attend when called, to disclose relevant facts, to provide information to make decisions and to maintain confidentiality.
- Need to explore the nature of the relationship, age of the partner to ensure that there is no sexual abuse or any issues that require mandatory reporting.
- Should explain the indications, contraindications and risks of all forms of contraception.
- Should also explain the risks of sexual intercourse especially infection, use of condoms etc.
- Need to explain regarding screening, STI if required, cervical screening tests etc.