

What about Teenage Gynecology?

That's Pap not Gap!

Rachel, 14, has been having periods for a year and a half, but they have become increasingly irregular. It's wreaking havoc with her travel soccer schedule.

Susan, 17, has a serious boyfriend away at college and would like to discuss birth control pills before he comes back to Mamaroneck for Spring break.

Paulina, 15, has had unprotected sex and read something in Teen Vogue magazine at the orthodontist's office that scared her. She wants to be tested for sexually transmitted illnesses.

Annie, 15, has had severe menstrual cramps for the past year. She is now missing school 2 or 3 days out of a month. She is afraid something is wrong.

All of these teens need help. Where to turn? Whom to ask?

This article will focus on the gynecological care of adolescent girls. When should they be seen for routine care? When do they need a Pap test? When should a girl have her first gynecologic check up and with whom? Whom can they approach for confidential care? How would they go about that?

First of all, let's dispel the notion that a girl only needs "Gyn Care" once she becomes sexually active. In the ideal world, care of the female body starts with regular pediatric checkups from birth on. Examination of the external genitalia should be part of routine care at each visit. As girls enter puberty their body changes and concerns can be addressed at each visit. As girls grow up, their "genital" care becomes "pubertal" care and eventually "gynecologic" care, encompassing physical as well as social and emotional concerns, sometimes years before they are actually having intercourse.

All teens should have the opportunity to discuss their periods and their sexuality and bring any concerns to the table.

It is generally recommended that any teen engaging in intercourse (or other risk-prone sexual behavior) be seen by a pediatrician, adolescent medicine physician, family physician, or gynecologist.

If mothers initiate the visit, there should be an open discussion about the choice of doctor. Adolescent psychosocial issues are less likely to be fully addressed by a gynecologist. Girls are often uncomfortable with (or don't reveal to) their Mom's doctor, so an alternative should always be offered and discussed. Some gynecologists have a nurse

practitioner in the office who may be more equipped than the MD herself to give the guidance and do the trouble-shooting that is necessary.

Many pediatricians are capable of doing routine gynecology care. It is often a matter of personal interest and experience. So it might be best to call and ask your favorite pediatrician if he or she is comfortable with and has time for adolescent gynecology before you schedule an appointment. Most family practitioners are skilled at gynecology care. Again it is a matter of personality and interest. Some adolescent medicine doctors refer to themselves as “psychogynecologists” because routine sexuality and gynecologic care is part of their basic training.

If a girl refers *herself* to a clinician for Gyn Care, she may or may not want Mom and Dad to be involved. New York State law gives minors the right to confidential care related to issues of sexuality, contraception and sexually transmitted illnesses.

For those teens who require strict confidence and/or have limited insurance or funds, all I can say is “Thank You, Planned Parenthood!” The quality of care is consistently good and caring. Counselling is available and teens are assured of confidentiality. Paulina, from the introductory examples had unprotected sex and is worried about sexually transmitted infections. She would be counseled about “the morning after pill” or Emergency Contraception and would be tested at the Planned Parenthood Clinic. The closest one is in New Rochelle across from New Roc City.

So what is involved in a first time Gynecology check up? As with all clinical encounters, an interview and discussion should precede the exam. This is an opportunity for the patient to express worries, questions, and concerns. This is the time for the clinician to ask the questions that will determine the nature of the ensuing examination. This discussion should also touch on subjects that are psychological and emotional rather than strictly gynecological. Some important questions might be: “What is your boyfriend like?” “Have you ever had non-heterosexual sex?” “Is sex pleasurable for you?” “Have you had any unwanted sex experiences?” and “Do you have any questions?”

Next, the patient will be asked to provide a urine specimen, to undress and be examined. There are essentially three parts to a Gyn exam:

1. The examination of the external genitalia: we look for normal anatomy, rash, infection, and signs of abuse. Many girls have dermatologic complications of shaving and this is a good time for some guidance on this new fad.
2. The examination with a speculum is the next part of the checkup. In position on a special examination table, the patient is draped in a way that protects her modesty and privacy and a plastic or metal speculum is inserted into the vagina. With an attached light, the vagina, and cervix are examined. This is when a swab for a Pap test and for sexually transmitted illnesses are taken.

3. The third part of the checkup is the “bimanual exam” when a gloved and lubricated finger is inserted into the vagina and with the other hand on the abdomen the clinician is able to evaluate the size and shape of the ovaries and the uterus.

The whole thing takes under five minutes and if done well and with preparation, it is not a painful or disturbing experience for most young women. I always recommend that girls try to schedule their first exam as a routine one, done in a place they know and trust so that they don't have their first one in a glaring, cold emergency department somewhere with strangers when they may be in pain or frightened.