



Administrative Policies and Procedures: 20.8

Subject:	Reproductive Health Education and Services
Authority:	TCA 37-5-106, 37-10-301 seq, 63-6-204, 222, 223, 68-10-104, 68-34-104, 68-10-113
Standards:	COA: PA-CR 1-2, PA-CFS 17.06, PA-CFS 17.06, PA-CFS 18
Application:	All DCS Staff and Contracted Provider Staff
Policy Statement:	
All children/youth shall be afforded access to a comprehensive, age-appropriate program of reproductive health education and services. The educational program shall meet their particular and individual health needs and include information about his/her current health status, family planning information, sexually transmitted diseases and prevention, and general health education. DCS shall attend to the special health needs of females including, but not limited to, their unique developmental and reproductive health needs.	
Purpose:	
Children/youth in custody receive reproductive health education and services that promote their overall health and well-being and receive health guidance to promote a better understanding of their physical growth, psychosocial and psychosexual development, and the importance of becoming actively involved in decisions regarding their health care.	
Procedures:	
A. Reproductive Health Services	<p>1. Reproductive Health History</p> <ul style="list-style-type: none"> a) Information about reproductive health for females and sexual activity for both sexes is obtained and recorded on form CS-0727, Initial Intake, Placement and Well-Being Information and History and CS-0727-1 Child/Youth Placement and Well-Being Information when the child/youth enters custody. If the information is absent, the FSW/JSW or YDC clinic staff solicit this information and document it on the form at the earliest possible opportunity. b) Children/youth requesting or needing family planning and reproductive health services are referred to the local Health Department, family planning or reproductive health services agency, the Primary Care Provider, a Gynecologist or women's health provider, or other licensed health care provider that delivers such services. c) For youth who identify as LGBTQ+ see Policy 20.20, Guidelines for Supporting Children/Youth in DCS Custody.

2. Gynecological Exams for Females

The American College of Obstetrics and Gynecology (ACOG) recommends that young women have their first visit with an obstetrician-gynecologist or OB/GYN nurse practitioner between the ages of 13 and 15 for a consult visit and external exam. The provider can address issues related to menstrual cycles, sexuality, dating, alcohol and drugs. The first internal pelvic exam should be done by age 21 or three years after the first sexual intercourse. If the youth has abnormal vaginal bleeding, painful periods, unusual vaginal secretions, or other problems that may be associated with her reproductive health, a pelvic exam should be scheduled sooner.

- ◆ Pediatricians and Nurse Practitioners who provide primary care to adolescent girls often address gynecologic issues, including questions related to puberty, menstrual disorders, contraception, sexually-transmitted infections and other infections.
- ◆ See: [Your First Gynecological Visit](#) for additional information.

3. Sexual Health for Males

Teenage males need a testicular exam during the initial and periodic EPSDT screening to check for cancer or hernia.

4. Sexually Transmitted Diseases (STDs)

Any child/youth that is sexually active should be checked for sexually transmitted diseases. This can be done at the local Health Department, family planning or reproductive health services agency, the Primary Care Provider, Gynecologist or women's health provider, or other licensed health care provider that provides such services. (Refer to DCS policy [20.19, Communicable Diseases](#)).

5. Contraception/Birth Control

(See: [Contraception Explained: Birth Control Options for Teens & Adolescents](#)).

- a) Family planning services must be made available for sexually active youth or for youth who request it. Children/youth can be referred to the local Health Department, family planning or reproductive health services agency, the Primary Care Provider, a Gynecologist or women's health provider, or other licensed health care provider that provides such services.
- b) Contraceptives may be provided for family planning or, in the case of females, may be prescribed by a licensed health care provider for medical or therapeutic purposes. All females placed on prescription contraceptives are monitored regularly by the prescribing provider. Condoms can be provided as needed. Educational material should be provided with contraception.

Note: Access to contraception does not always mean teens will use it; communication and teaching reinforcement is important.

	<p>c) Adolescents who are sexually active and at high risk of unintended pregnancy should be encouraged to consider long-acting reversible contraception (LARC) as a contraceptive option. They are the most effective forms of reversible birth control; they are safe and require little to no maintenance. They last for several years and can be removed at any time at a health center.</p> <p>d) Emergency contraception, for unprotected sex, sexual assault, or contraceptive failure, is available through the local health department, family planning or reproductive health services agency, or the Primary Care Provider. Emergency contraception works best when taken within three (3) days of unprotected sex but can help to prevent pregnancy up to five (5) days.</p> <p>e) All sexually active youth using contraceptives also need to be monitored for sexually transmitted diseases by receiving regularly scheduled health check-ups.</p> <p>6. Consent</p> <p>Under TCA 68-34-104 and TCA 68-34-107, children/youth seeking reproductive health services and pregnancy prevention can do so without the consent of their parent(s) or the Department of Children’s Services.</p> <p>7. Confidentiality</p> <p>Under TCA 68-10-113, healthcare service providers are mandated to maintain the confidentiality of records pertaining to any sexually transmitted disease.</p>
<p>B. General Pregnancy Guidelines</p>	<p>1. Pregnancy Counseling</p> <p>If a pregnancy is confirmed, or if it has been confirmed that a male is an expectant father, the Youth Development Center (YDC) or contract facility nurse, FSW/JSW or designated agency staff must refer the child/youth for professional counseling and assistance by a family planning agency or health care provider. They may also be referred for religious counseling from representatives of the denomination of their choice.</p> <p>2. Parent/Guardian Notification</p> <p>Children/youth are provided assistance in notifying parent(s)/guardian(s) or spouse of the youth of a pregnancy or expectant paternity in accordance with current state and federal laws.</p> <p>3. Financial Help and Child Support</p> <p>The FSW/JSW or designated staff assist the child/youth in obtaining appropriate financial support services, which may be available through the Department of Children’s Services, Department of Human Services and/or Department of Health.</p> <p>4. Documentation</p> <p>a) Action steps related to the pregnancy is documented in TFACTS. See <u>Protocol for Pregnant/Expectant and Parenting Need Category</u>.</p> <p>b) Referrals for counseling, financial assistance, and parental notification is documented in TFACTS.</p>

	<p>5. Child-Rearing and Safety Education</p> <ul style="list-style-type: none"> a) Assessment of the youth’s strength and needs related to experience, pregnancy and/or parenting a child can be found in the Casey Life Skills (CLS) Assessment. These assessment tools include the CLS questionnaires “Healthy Pregnancy” and “Parenting Young Children”. The self-reporting questionnaires should be completed by both the males and females to assess and direct needs for further education or training needed at any time deemed appropriate. b) Any child/youth that is pregnant, is an expectant father, or already has one or more children, should be referred for child-rearing education, using resources in the community or online programs. General topics should include effective parenting, teaching child responsibility, parenting issues related to specific developmental stages, building self-esteem, communication skills, discipline, stress and depression. c) These youth must also be educated on and receive written information about Safe Sleep to reduce the risk of sudden infant death syndrome (SIDS) and other sleep-related causes of infant death. See <u>Protocol for Safe Sleep Education and Delivery of Safe Sleep Furniture</u>.
<p>C. Female Reproductive Health Services</p>	<p>1. Pregnancy</p> <ul style="list-style-type: none"> a) <i>If a youth believes she is pregnant or there is a suspicion of pregnancy, the FSW/JSW or designated agency staff refer her to the Primary Care Provider, Obstetrician/Gynecologist or women’s health provider, or the local Health Department for pregnancy testing.</i> b) <i>Appropriate prenatal care is provided through community obstetrical providers for all females with a confirmed pregnancy. If a high risk obstetrical provider is available in the community, a referral should be made to that provider. All obstetrical care, testing, and treatments is documented in TFACTS.</i> <p>2. Medication and Nutrition During Pregnancy</p> <p><i>Information about the youth’s current diet and medication must be shared with the obstetrician or women’s health provider. Before any new diet or new medication is prescribed for the pregnant female, the attending obstetrician or women’s health provider must be consulted. Any other health care professional that is providing services to the pregnant female must be informed of the pregnancy as it may impact care.</i></p> <p>3. Decisions About Adoption</p> <p><i>Professional family planning counseling and assistance services, through a neutral independent source, must be available to pregnant youth to assist them in making decisions regarding parenting the child or making an adoption plan.</i></p>
<p>D. Reproductive Health Education</p>	<p>1. General Health Status Education</p> <ul style="list-style-type: none"> a) All children/youth are educated on any specific health-related issues they may have, considering their age and developmental status. This education can be provided by the community health care provider or

YDC health professionals. This education should include the nature of the illness, treatment, including medications, prognosis both with and without treatment, and periodic follow-up care if indicated.

- b) Health education should be age appropriate and emphasize teaching those self-care activities that the youth can accomplish to positively influence his/her health. This includes education about general health issues as well as those that are specific to the child's condition.

2. **Reproductive Health Education**

- a) All children/youth in DCS custody receive age and developmentally appropriate reproductive health education including puberty changes, responsible sexual behavior, abstinence, birth control, sexually transmitted diseases, safe and healthy relationships and dating abuse.
 - ◆ The Youth Development Center health nurse or other staff provides this education to youths placed in a YDC.
 - ◆ The local Health Department or other community resource agencies can provide this education to all other children/youth in custody.
- b) Although some messages about the importance of reproductive health are universal, tailoring an intervention to the child or youth's age, socio-economic status, and cultural identification can make it more effective. Messages should be age appropriate, since developmental levels vary greatly from early to late adolescence. Messages also should be grounded in the cultural and/or religious tenants that resonate with the children/youth.

3. **STD/HIV/AIDS Education**

- a) STD/HIV/AIDS information should be delivered in a structured presentation, when possible. Information and materials used must be medically and scientifically accurate and objective. The opportunity for receiving follow-up information must be arranged at the request of a youth or when otherwise deemed appropriate by the health care provider.
- b) Children/youth in foster homes can be referred to the local health department, family planning or reproductive health services agency, the Primary Care Provider, a Gynecologist or women's health provider, or other licensed health care provider that delivers such services.

4. **Dating Abuse**

Information about past and present dating abuse either as victim or perpetrator, is included in form **CS-0727, Initial Intake, Placement and Well-Being Information and History**. Appropriate follow-up should be provided to those identified youth and may include referral to the Primary Care Provider or a community mental health center. Educational material on dating abuse should be available at a YDC and contract agency facilities and can be obtained through the local Health Department and or reputable web sites.

Forms:	<u>CS-0727-1 Child/Youth Placement and Well-Being Information</u> <u>CS-0727, Initial Intake, Placement and Well-Being Information and History.</u>
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Collateral Documents:	<u>Protocol for Pregnant/Expectant and Parenting Needs Category</u> <u>Protocol for Safe Sleep Education and Delivery of Safe Sleep Furniture</u> <u>20.19. Communicable Diseases</u> <u>20.24 Informed Consent</u> <u>Casey Life Skills Assessment</u> <u>Contraception Explained: Birth Control Options for Teens & Adolescents</u> <u>Your First Gynecological Visit</u>
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Glossary:	
Term	Definition
Long-acting reversible contraceptives	Long-acting reversible contraceptives (LARC) are methods of birth control that provide effective contraception for an extended period without requiring user action. They include injections, intrauterine devices (IUDs) and subdermal contraceptive implants. They are the most effective reversible methods of contraception because they do not depend on patient compliance.
Emergency Contraception	Emergency contraception (EC) prevents pregnancy after unprotected sex, contraception failure, or in case of rape. There are two main types of EC: 1) the copper intrauterine device (IUD) and 2) EC pills. There are three types of EC pills: 1) ulipristal, 2) progestin-only pills, and 3) progestin and estrogen combined birth control pills. Some EC pills can be bought over the counter without a prescription. Others require a prescription. EC must be taken within 5 days of unprotected sex to reduce the risk of pregnancy.