



FROM THE EXECUTIVE DIRECTOR: Joseph Sanfilippo, MD

PRESIDENTIAL CANDIDATE DAUGHTER-TEEN PREGNANCY

We have been hearing much about Sarah Palin and her teenage daughter being pregnant. You and I are clinicians dealing with teens day in and day out. Indeed this happens, as a matter of fact “EVERY MINUTE OF EVERY DAY ONE or TWO ADOLESCENTS in the USA BECOME PREGNANT”. (1)

Assuredly we see the teen, oftentimes distraught by a missed period. I have heard “but I only did it once” or “we didn’t know what to do when the condom broke”. Well let’s take a look at our role as clinicians and perhaps this news media highlight can take on a positive spin.

Pregnancy rates for teens are among the highest in industrialized countries. The stat’s include (2) :

- 15-19 year olds it is estimated that 101 per 1000 adolescents become pregnancy annually.
- 53% of adolescent pregnancies result in live births
 - Birth rate of 54.4 per 1000
- 35% result in therapeutic abortion
- 14% result in spontaneous abortion

The teen birth rate has declined from 12, 901 in 1974 to 7315 in 2004 (per 100,000). (1) The decrease is believed to be due to lower rates of overall sexual activity, of vaginal intercourse, increased use of “safe sex” as well as acceptance of longer-acting hormonal contraception among teens.

Then there is the issue of “teen pregnancy and the obstetrical problems”, viz. higher rates of preterm birth, low birth weight infants. Depending on socioeconomic status, there may be increased risk for sexually transmitted infection and inadequate prenatal care. (3) Then there is the child who is in a compromised social environment and therefore has lower cognitive scores on standardized exams, welfare recipient, higher incarceration rates and adolescent childbearing. (2) (4) There may be a host of medical problems facing the teen, i.e. diabetes mellitus, epilepsy, sickle cell anemia, sickle cell trait, cardiac disease, nutrition related problems, etc., etc., etc.

Now back to the presidential candidate’s daughter. Indeed teen pregnancy has no barriers, no class distinction, no prerequisites. We must be appropriately aggressive in our counseling of teens. Indeed ask the parent or guardian to allow us one on one time with the teen. Now let’s find out “exactly why you are here”, is it cramps with menses or access to contraception. Is she sexually active, indeed the answer may be NO in front of her parents, but in reality the answer is YES! When was her last period ? Do we need to obtain a pregnancy test ? Let’s discuss “safe sex”, what are you her doctor doing to preserve her future fertility as you counsel her. Do you suggest use of condoms despite the fact that she is on a contraceptive. Just today a patient of mine said, but my “boyfriend doesn’t like to use condoms”. Well it’s your future fertility we are here to talk about. So let’s put a positive spin on what’s in the forefront of the media and let’s apply what we glean from the media.

1. Melton, T Adolescent Pregnancy in: Clinical Pediatric and Adolescent Gynecology, editors: J. Sanfilippo, E. Lara Torre, K. Edmonds, C. Templeman in press-2009.
2. Polaneczky, M, O’Connor, K Pregnancy in the adolescent patient-Screening, Diagnosis and Initial Management Pediatr Clin No Amer 1999;46:649.
3. Yoder B, Young M, Neonatal outcomes of teenage pregnancy Obstet Gynecol 1997;90:500
4. Grogger J, Bronans S The socioeconomic consequences of teenage childbearing. Findings from a natural experiment. Fam Plann Perspect 1993;25:156.

Joseph S. Sanfilippo, MD, MBA
Executive Director

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NASPAG NEWS is a quarterly newsletter distributed to all members of the North American Society for Pediatric and Adolescent Gynecology. Members are encouraged to submit items for publication (ie. Articles, letters, announcements, photographs or member-related news) to one of the following persons:

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MEET THE NEW ADMINISTRATIVE DIRECTOR OF NASPAG

In May 2008, NASPAG moved its Central Administrative Office to Washington, DC in the main headquarters of the American College of Obstetricians and Gynecologists (ACOG). The new Administrative Director of NASPAG, Cassandra Larkins, has worked in the women's healthcare field at ACOG for 24 years. She served as staff Administrator for the ACOG Committee on Adolescent Health Care, and the Committee on Healthcare for Underserved Women for eight years, assisting ACOG Fellows in publishing committee opinions and producing special projects in these areas. Throughout her career at ACOG, Cassandra has had a strong interest in Adolescent healthcare and is excited about working again on pediatric and adolescent gynecologic health issues with NASPAG. Cassandra's first position with ACOG was in the Practice Activities Division working for four years on the Obstetrics Committee and on the Gynecology Committee.

Cassandra has served as ACOG's Director of the Department of Specialty Societies Services since 1996. She and her staff currently provide administrative management services to eight specialty organizations. Services include meetings management; membership maintenance; accounting; hotel contract negotiations; fund raising to support annual meetings and other projects; newsletters publications; website maintenance; and day to day operation of the organizations. In addition, the department staff has access to ACOG resources such as the meetings department staff, electronic resources staff; computer services; phone and mail services and others housed at ACOG headquarters.

Before joining the ACOG staff, Cassandra worked for the Federal Government as a writer/editor at the Department of the Interior, Bureau of Reclamation's Office of Public Affairs. She wrote publications, news releases, and responded to questions from the public and media on the Nation's water projects in the Western United States. She worked for the Federal Government for 16 years.

Cassandra has a BS Degree in Journalism from the University of Maryland. She also has a Paralegal certificate from Maryland U. She lives in Clinton, Maryland with her husband of 39 years. She has two daughters; two sons- in-law; and three grand children.



SAVE THE DATE



The 23rd Annual Clinical Meeting of the North American Society for Pediatric and Adolescent Gynecology (NASPAG) will be held April 23-25, 2009 at the Hyatt Regency Riverwalk, San Antonio, Texas. The program will be 2 ½ days long and will begin on Thursday April 23rd a.m. and finish Saturday April 25th at noon.

The Program Committee, chaired by Yolanda Smith, MD, invites you to submit abstracts pertinent to the field of pediatric and adolescent gynecology in the categories of original research or unique case reports/series. For information and guidelines on submitting an online abstract, please go to the NASPAG website at <http://www.naspag.org/Professionals/callForAbstracts.cfm>. The deadline for abstract submission is November 15, 2008.

Located on the Riverwalk, the Hyatt Regency is one block away from the Alamo and Rivercenter Mall, two blocks from the convention center, one mile from Market Square and seven miles from the San Antonio International Airport. The hotel features a rooftop terrace with outdoor swimming pool, spa, and adjoining 2,800 square-foot health club, a jazz club with outdoor seating on the river. Wireless Internet access is available throughout the hotel's public areas. The hotel's garden atrium is built over an extension of the San Antonio River, which flows through the lobby via a series of water cascades.

Mark your calendar for April 23-25, 2009. We hope to see you in San Antonio!

As providers of health care for older teens and young adult women, we are a resource to our patients and their families, not only for their gynecologic and medical questions, but also we are also called upon to guide them through developmental stages. The article below was written for parents of children who are going away to college but it can be applied to any transition, even if it's a daughter starting high school or moving out to the working world. The Fall is a season of change and we can help our patients through these changes by sharing the following article with them.



Back to School May Mean a Loss for Some **By Lisa Tager, LICSW**

As I write this piece, I am preparing for my daughter's return to school in just 23 days (but who's counting)! Yes, amidst all the sales on back-to-school gear at stores like Staples, there is anxiety and sadness out there! Some teens and young adults will leave home, possibly for the first time, and go to schools and colleges far away from home.

For parents, this creates a lot of mixed feelings. Most parents are excited for their student and perhaps even relieved of some of the daily stress involved in raising young adults today. Often, however, there is a feeling of significant loss. This loss is normal and to be expected and accepted. That is easier said than done!! Listed below are some steps to assist parents, grandparents and other family members cope with loss and actually learn something from the experience.

- 1) Take care of yourself – exercise, eat healthy and get enough sleep. These essentials are extra important when your body and mind are stressed! Bond with friends who have either sent children off to college in the past who “know the ropes” or friends who are going through the same experience as you are Remember the comfort of playgroups when the kids were little? Parents need peers too!
- 2) Try to do something constructive or creative with your feelings. For example, write a letter or poem to your college student, knit a scarf or socks for her (maybe that is what was going on when my own Mom knitted 65 sweaters for me when I moved to Ithaca, New York for college!), or bake a healthy treat and mail it.
- 3) Stay involved in your young adult daughter's life, but find a comfort zone that works for everyone. Some students would like an e-mail or phone call each day. Others would rather decide how often and when they want to call you. This may take a bit of work in order to get it right! You also may have to negotiate this a bit if you want more contact than just “See ya at Thanksgiving!”
- 4) As in all situations when dealing with grief and loss, if you do not see a gradual improvement in your level of sadness, be aware of the signs of a clinical depression. Watch for changes in your sleep habits (either sleeping all the time or an inability to sleep), changes in appetite, thinking about suicide or feeling very hopeless about living.

If you experience any of these symptoms and you are unable to move through the stages of grief, you should see the help of a mental health professional.

Lisa Tager, LICSW, Director of the Social Work Department at Rutland Regional Medical Center, Rutland, Vermont. This article was previously published, in part in the *Rutland Herald*.

AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE
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ANNUAL MEETING POSTGRADUATE COURSE
SAN FRANCISCO, CA
NOVEMBER 8, 2008

**“VARIATIONS IN SEXUALITY AND SEXUAL DEVELOPMENT:
TOWARDS A NEW UNDERSTANDING BETWEEN THE INTERFACE OF BIOLOGY, MEDICINE AND SOCIETY”**

Chair: **David M. Lee, M.D.**
Assistant Professor of Obstetrics, Gynecology and Pediatrics
Oregon Health & Science University
Department of Obstetrics and Gynecology
Division of Reproductive Endocrinology and Infertility
University Fertility Consultants

Faculty: **Lisa Allen, M.D.**
Head, Section of Gynecology, Division of
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Katrina A. Karkazis, Ph.D., M.P.H.
Senior Research Scholar
Stanford University
Center for Biomedical Ethics

PART 1

NEEDS ASSESSMENT AND COURSE DESCRIPTION

Society dichotomizes between male and female in terms of anatomy, sexual orientation, and gender roles. However, sex development and sexuality exist along a broad continuum. Individuals who do not conform to societal gender stereotypes frequently are stigmatized and the psychosocial and sexual issues for these patients can be challenging. A new paradigm of care is evolving from traditional practice patterns. This one-day course for gynecologists, urologists, reproductive endocrinologists, pediatricians and family medicine specialists will examine the environmental and genetic determinants of sexual orientation and gender nonconformity. The faculty will review the pathophysiology and the medical, surgical, and psychosocial care for patients with disorders of sex development (DSD) including androgen insensitivity, other forms of 46,XY DSD, müllerian agenesis, congenital adrenal hyperplasia, and cloacal malformations.

PART 2

NEEDS ASSESSMENT AND COURSE DESCRIPTION

In 2006 the U.S. and European endocrinological societies published a Consensus Statement announcing a significant change in care for those born with atypical sex anatomy. This shift reflected the widespread acknowledgment among health care professionals that it is important to focus our attention on changing care to improve outcomes for persons with DSDs. In this course, we will describe aspects of the new approach to DSD. This includes discussion of the revised nomenclature for DSD recommended in the recent consensus statement; principles of patient-centered care as they apply to DSD; and potential emotional and sexual difficulties encountered by patients. Finally, we outline the core issues related to quality of life for persons with DSD and their families.



Support NASPAG By Giving!

The North American Society for Pediatric and Adolescent Gynecology is pleased to recognize all of its donors to our Educational Fund. Beginning with 2008, we will be recognizing cumulative donations. Gold pins of the NASPAG logo will recognize donors at \$5,000 and above, silver pins at \$3,000 and above and bronze pins at \$1,000 and above. These will be awarded at the Annual Clinical Meeting. Your names (with your permission) will also be listed in the program and a donor ribbon will be attached to your name tag. We sincerely appreciate all of the efforts each of you has made in helping our organization be a huge success!

Janice L. Bacon, M.D.
NASPAG Educational Fund
Professor and Chair
Edward J. Dennis, III, M.D., Endowed Chair of
Obstetrics and Gynecology
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VISIT THE NASPAG WEBSITE www.NASPAG.org



Reminding all members to check the NASPAG website for:

- 2009 ACM Information
- Journal contents
- NASPAG store
- Fellowship Opportunities
- New Clinical Resources
- Online Dues Payment
- And of course, the latest edition of the NASPAG Newsletter

Have an opinion you would like to express?

***NASPAG NEWS* can be your forum!**

We are looking for new and interesting articles to fill *NASPAG NEWS*. If you have a letter or topic you wish to address, submit it to the *NASPAG NEWS*.

Send submissions to the Editor:

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