

R.A.P.P.

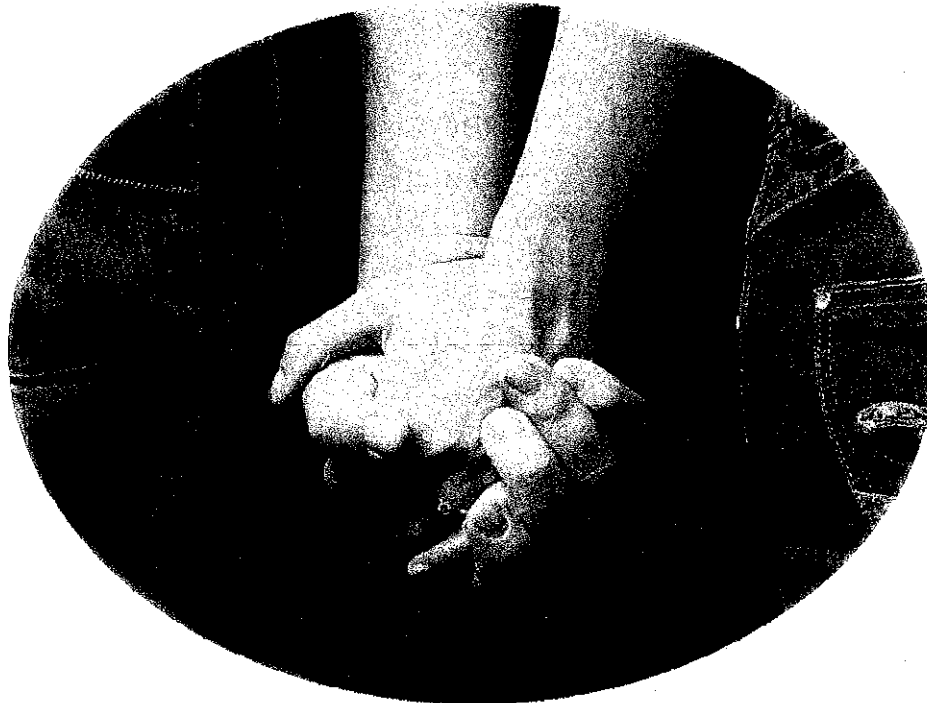
Responsible Attitudes Toward Pregnancy Prevention

by

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Foreword

R.A.P.P. COURSE DESCRIPTION

AResponsible Attitudes toward Pregnancy Prevention, or **R.A.P.P.**, is a 14 hour classroom experience that will take you on a journey through your own sexuality and the responsibilities and consequences that follow from it. The course will include discussion of birth control, sexually transmitted infections, pregnancy, labor and birth. You will learn about decision-making and experience some of the responsibilities of parenthood through the use of an infant simulator. The course will be enlightening and fun and will help you make decisions regarding your sexuality.

Teenage years are a period of growth, both physical and emotional. This is a time to make discoveries about yourself and others. There are many roles for you to fill- student, employee, son or daughter, athlete, friend, boyfriend or girlfriend- sometimes all at once. Sometimes, playing all those roles seems easy. At other times, it can be confusing. Becoming a parent may be the furthest thing from your mind or you may be thinking about the possibility. You may even know someone your age that is a parent or is pregnant right now.

There are many decisions for you to make about school, family, and your future. This book and course are designed to give you the information needed to answer many of your questions and help make decisions. We hope they help you make the choices that are right for you.

Lesson One

INFANT SIMULATOR



Congratulations! You're a parent! You will be responsible for taking care of your baby for an overnight weekend.

The infant simulator is designed to help you understand firsthand what it is like to be a baby's primary caregiver. Of course, it can't do everything a real baby can do. The biggest difference is that the infant simulator does not wet or soil its diapers and does not laugh, and

smile when it's happy. When your baby cries, you will know it needs something. It's your job to determine what type of care it needs and provide it promptly, day or night. There are four types of care you will provide for your baby: feeding, burping, rocking and diaper change.

Start by checking to see whether your baby is a boy or a girl. (We'll refer to him in these instructions). Feel free to name your baby, if this will help to make the parenting experience more realistic. You will be given a "**parenting log**" in which you must note when your baby cries, how long you attended it, and how you felt about the experience. Use this each time you tend to your baby during the parenting experience.

How well you care for your baby will be monitored by your teacher. Your teacher will explain how the monitoring is done. Unlike an egg or a flour sack, you cannot simply hide the baby in your locker or give it to someone else, because he will tattle on you.

You will be given a wristband with an (identification) ID that has been configured for your baby. Before you can provide care for the baby, you must hear the **chime** that means the baby recognizes you. You will have only one ID so keep it on your wrist at all times. With this ID you are the only one who can care for the baby (unless your teacher has given prior approval and provided an extra ID for a babysitter)

WHY YOUR BABY CRIES

Real babies cry for many reasons. They may be hungry, wet, sick, or just want attention. **This infant simulator will cry for only four reasons:**

1. He does not like the position you have put him in (will cry if placed on stomach).
2. He needs tending.
3. He is being tended when it is not necessary, or

4. He has been handled roughly (rough handling equals *abuse*).

These reasons for crying, and how you should respond to them, are described below.

POSITIONING



The infant simulator prefers to be held in certain positions. He is usually quiet while on his back, right side or when placed upright. He may be carried in a chest carrier or held against your chest or shoulder. Although he won't cry if seated upright, please remember that a real newborn would need his head and neck supported. Your teacher will show you the proper way to do this. Doctors don't recommend putting babies on their stomachs to sleep, so do not put him on his stomach, and do not place him in a head downward position. If you do, he will cry. If anyone else puts him in the wrong position, correct it quickly.

Try experimenting with your baby to see what positions he does and does not like. Do not let him cry more than a few seconds at a time. **NOTE: Never lay your baby down on newsprint, magazines, or new colored clothing. The dyes in all of these can rub off on the baby's skin and be very difficult to remove. New blue jeans are especially likely to cause this problem.**

TENDING

At random intervals, your baby will cry because he needs care. With a real baby, this care could be feeding, diaper changing, burping or rocking. With the simulator Real Care II Baby you will perform these activities and spend about the same amount of time these activities would take with a real baby. **NOTE: It is okay to give your baby a bath with a slightly damp (not dripping) washcloth, but do not allow the electronics box to become wet. Never immerse the infant simulator in water.**

You will not know ahead of time when the baby will need tending, but you can tell he does when he suddenly starts fussing or suddenly starts crying even when he is correctly positioned. The fussing or crying is your signal to **pick the baby up, supporting his head, hold him in a normal feeding position, and listen for the chime sound. If baby chimes, that means he recognizes you as the parent. First try feeding:**

Feed: Hold the bottle to baby's mouth. Baby makes feeding sounds and coos when done.

Burp: Pat the baby's back. The baby makes small whimpering sounds and then burps after several minutes.

Diaper: Take the baby's diaper off. Baby still whimpers. Put the OTHER diaper on... Baby coos.

If you heard the chime and the baby is still crying, pick up the baby and try rocking him for a minute. The baby's head may have been un-supported or he was roughly handled. Rocking helps quiet the baby down. Fussy crying can last for three minutes and then the baby coos.

ROUGH HANDLING

Babies require gentle treatment, and your baby is no exception. **If he is handled too roughly, he will cry.** Here are a few typical forms of rough handling:

- Dropping (especially if you are trying to juggle books and baby)
- Throwing the baby in the air and catching him (a few Agrandparents have been known to try this...don't let them!)
- Other students deliberately hitting or throwing your baby
- Shaking

It's your job as a parent to protect your child. This means avoiding dangerous situations. Put books down before handling the baby. Don't give the baby to others who may think it's funny to hurt him. And, no matter how frustrated you feel when the baby wakes you in the middle of the night, don't hurt the baby. Being a parent takes a lot of patience! ***REMEMBER, YOU as the parent are responsible for your infant's well-being and safety!***

If you slip up and your baby is handled too roughly, pick up the baby and try rocking him.

YOUR BABY'S SUPPLIES

Your teacher will provide you with supplies for your baby. You may be given a diaper bag containing supplies that would be necessary for a real baby, such as diapers and bottles, a car seat and a stroller to transport the baby. Because these items are necessary for a real baby, you should take them everywhere you go.

It is the law in all states, including Massachusetts that all infants ride in an age/weight appropriate, federally approved car seat that is secured correctly every time you drive or ride somewhere with your infant.

WHAT KIND OF A PARENT ARE YOU?

When you return the infant simulator to your teacher, he or she will print out a simulation data report and you will be given a grade based on points and reflecting:

- whether the baby was neglected (left alone crying), and if so, how many times and for how long
- whether the baby was handled roughly (throwing, hitting, dropping)
- whether the baby was returned clean and in good condition, with all its supplies
- whether the wrist band, ID, or electronics box have been tampered with. (The microprocessor detects tampering.)
- Your parenting log (document activities and events during the "parenting weekend")

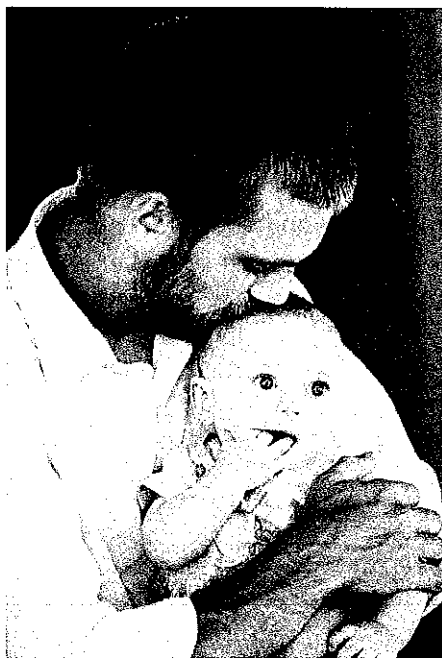
If you receive a good evaluation, congratulate yourself. You handled the responsibility and the hard work of parenting well.

If your evaluation was not as good as you hoped, it does not necessarily mean that you will not make a good parent someday. However, it may mean that becoming a parent at this time is not right for you. The important thing to remember is that you will now have much more information on which to base choices about your future.

NOTE FOR FATHERS OF INFANT SIMULATORS

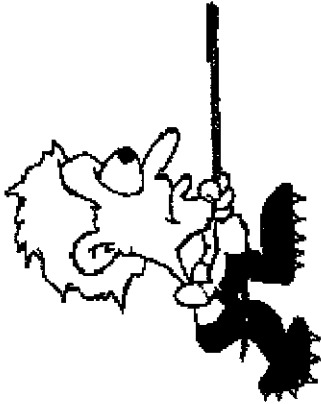
Because it is more common in our society for women to be the main caregivers for children, you may feel uncomfortable and embarrassed about pushing around a stroller and carrying a doll.

It may help to remind yourself that thousands of other young men have participated in these simulations. As more and more schools use this and similar programs, teens of both sexes pushing infant simulators in strollers will become common sights at schools. Think of yourself as a pioneer!



Lesson Two

LIFE GOALS AND AMBITIONS



A goal is the end or result that a person aims to reach or attain. Put another way... ***a goal is a dream with a deadline!*** Objectives are the steps that a person takes that will lead him toward his goal.

Having a goal gives a purpose to your life and gives you a sense of control and accomplishment. Setting goals empowers you to choose the direction you want to take and where you want to go in life. Setting and sticking to goals, helps you believe that you can accomplish whatever you set your mind to. This increased self-confidence shows and leads you to actually accomplishing those goals. Once you accomplish one goal, you gain confidence to believe that you can achieve any goal you set, so you set new, higher goals.

The more specific the goal set, the more realistic the likelihood of success. This leads to a shorter path to your goal achievement. When setting a goal:

- Express the goal using a positive statement (I ***will*** get an "A" in math this semester.)
- Be precise (dates, timeframes, amount to be achieved)
- Set priorities (I will study for at least one hour every night)
- Keep immediate goals small so that there is more opportunity for reward
- Set *performance* not *outcome* goals (base the goal on your personal performance skills and knowledge gains, because you have more control of this than the outcome of a particular event – example: "I want to get a "95" on this test *instead* of "I want the best grade in the class" ***You can control your grade, but not other people's grades***)
- Set realistic goals (setting your goals too low demonstrates a fear of failure or that you just plan to take it too easy –example: "I'll try to pass this test"...Setting your goals too high can set you up to fail – example: "I tried hard and got a "D" in math last semester and my goal is to get an "A" in math this semester)
- Make the goal just slightly beyond your present reach and work toward achieving it. (Example: "I got a "D" in math last semester and my goal is to get at least a "C" in math this semester)

People who set goals:

- Achieve more
- Improve their performance
- Have increased motivation to achieve and succeed
- Have more pride and satisfaction in their achievement
- Have improved self-confidence
- Eliminate attitudes that hold them back and cause unhappiness

People who don't set goals:

- Suffer more from stress and anxiety
- Are less able to concentrate on tasks
- Have less confidence
- Perform less effectively
- Don't complete tasks as well or not on time
- Are unhappier and more unfulfilled



The difference between successful and unsuccessful people is the way they think. Successful people have a clear picture in their minds of what they want and they think about how they are going to achieve it. On the other hand, unsuccessful people often are unsure of what they want or have not really thought much about it. They do not create a plan because they don't know what it is they are working for or are trying to achieve.

Your goals may change, a little or a lot as you grow older, and have more life experiences. If the goals you set today become less important or less realistic to you five years from now, then let them go, set new ones or at least update or modify the current ones to better fit your new plans in life.

Realize that you are in control of the choices, decisions and actions you take in your life. You can take control of your life by planning a course of action and choosing a path that optimizes your efforts and hard work to achieve your goals.

Now add a baby to the mix. How will a baby affect your chances of reaching your goals in life? Before having children, you can concentrate on yourself, doing the things you need to do in preparation for living a full, meaningful life. Once you are a parent, the focus of your life will change, whether you wish it to or not.

Babies are even more self-involved than teenagers. They are demanding, need a lot of love and patience and can be a lot of hard work. Once they are here they are here to stay. A parent's job doesn't end with infancy but goes on as a baby grows to be a toddler, adolescent, teenager and adult. Having a baby is not necessarily a goal in itself, but part of a larger goal, one that may put your other life goals on the shelf for a very long time.

Decision Making Skills

People use decision making skills to solve problems by choosing a course of action from many possible alternatives. Being a good decision maker requires good goal setting. To develop good decision making skills, you need to practice good decision making techniques. Using a *decision making model* to practice these skills can be helpful in organizing your thoughts and thinking through a problem or dilemma.

Practicing and applying the decision making model in everyday situations will help you to accomplish, step by step, the goals and objectives that you want to achieve. Soon you will be able to apply this model to almost situation without giving it much thought.

APPLYING THE DECISION-MAKING STEPS TO YOUR LIFE

A problem facing a pregnant teen is whether or not to stay in school. Let's use this problem as an example of how to apply what we have learned about making decisions.

LEARNING TO MAKE DECISIONS

FIVE STEPS THAT CAN HELP YOU MAKE A DECISION

***STEP ONE - Write down the problem** in one or two sentences.

***STEP TWO - Get as much information as you can.** Each piece of information will help you make your choice. What facts do you need? Ask yourself how the problem affects you and how you feel when you think about it.

***STEP THREE - List your options.** Write down as many options as you can think of, even if some of them seem silly.

***STEP FOUR - List what you like and do not like about each of your options.** There will probably be things you think are good about an option and things that don't seem right. List these in two columns.

***STEP FIVE - Choose the option that fits you best.** The choice you make is up to you and what you feel most comfortable with at this time.

Step One: Write down the problem in one or two sentences:

I am pregnant, and I am trying to decide whether or not to stay in school.

Step Two: Get as much information as you can. For this particular problem, you can find answers to these questions:

- 1- Is it possible for me to stay in my regular school?
- 2- How will my friends and the other students treat me if I do?
- 3- If I stay in school, can I expect support from my boyfriend, parents and other people important to me?
- 4- Are there special schools or classes for pregnant students where I might be more comfortable?
- 5- Do I have access to transportation?
- 6- What will it be like for me later on if I drop out of school now?

Are there other questions you can apply to this problem that will help you think through your decision?

Step Three: List your options.

- 1- Stay in regular school.
- 2- Drop out of school.
- 3- Drop out and get a job.
- 4- Go to a special school.
- 5- Study with a teacher at home.

Are there other options that you can add to this list?

Step Four: List what you do and do not like about each option.

- | | |
|---------------------------|---|
| 1- Stay in regular school | Things I like: I would be with my friends and other teenagers. Things I don't like: I might be stared at. |
| 2. Drop out and stay home | Things I like: I could sleep later. No homework. Things I don't like: I'd be lonely without friends. I'd have to give up many of my plans for the future. |

These are just examples. You can make your own lists.

Step Five: Choose the option that suits you best. Look over your lists. Does one option seem better than the others? You may want to discuss this with someone you trust (a friend, parent, teacher, or counselor). Using these steps can help you make choices about many things in your life. As you read each chapter in this book, you will see how many of the decisions that affect your future is yours to make.

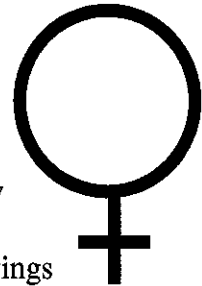
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Lesson Three

THE FEMALE REPRODUCTIVE SYSTEM

Many changes take place in a girl's body as she reaches sexual maturity.

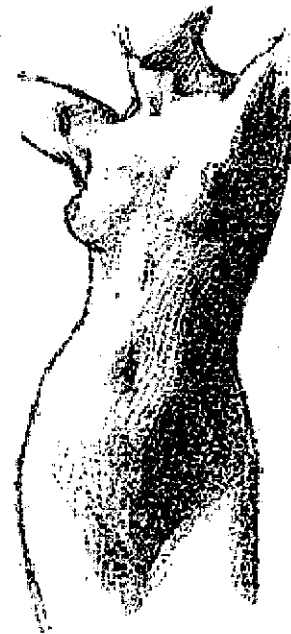
Puberty is a time when hormones stimulate change in all parts of the body; these changes cause girls to begin to menstruate. These changes also affect girls' bodies on the outside and lead to the development of **secondary sex characteristics**, such as underarm and pubic hair growth, increased sweating, acne, uterus enlargement, breast development, mood swings and thoughts about sex. Every person goes through puberty, but when and how quickly is different for everyone. For girls, puberty usually begins as early as eight or as late as fourteen.



Puberty begins when the **pituitary gland** in the brain releases two hormones, **Follicular Stimulating Hormone (FSH)** and **Luteinizing Hormone (LH)** into the blood stream. In girls, these hormones travel through the blood to the ovaries, which contain the **ova** (eggs) that have been present since birth. The two hormones stimulate the ovaries to produce the hormone estrogen, which causes most of the physical changes in girls/adolescent young women during puberty.

THE FEMALE BODY

The female reproductive system can be thought of as an egg (**ovum**) storage and delivery system. Unlike males, who continually produce sex cells (**sperm**), females are born with all of the ova she will ever have or need. Thousands of eggs are stored in the two ovaries at the top of the female reproductive system. However, only 400 to 500 of them will ever reach maturity over a woman's lifetime. Many fewer will be **fertilized** or grow into babies.



Each month, an egg is released from the **ovaries** to begin its three to five day journey to the **uterus**. As it is released, the egg is caught up in one of the **fallopian tubes** and moved along through it by microscopic hair-like projections known as **cilia**. The cilia's wave-like motion pushes the egg toward the uterus where, if joined with a sperm and fertilized, it will implant in the uterine wall and pregnancy will occur. If implantation does not occur, the egg, along with the blood and mucus lining that has built up inside the uterus wall, will breakdown and leave the body with the monthly discharge called **menstruation**.

Monthly menstruation leaves the body through the **vagina**, a canal extending from the uterus to the outside of the body and the external **sex organs**. The vagina is not a hollow tube, but a passage whose walls are folded in on top of each other. The walls are moist and muscular. They have the ability to stretch as necessary during childbirth, **sexual intercourse** and menstruation.

The **external genitals** (the **vulva**) are at the vaginal opening. The **mons** is a rounded pad of fatty tissue just above the sex organs and on the pelvic bone. During puberty, a triangular area of hair grows on the mons. The **labia majora** (large lips) are the larger outer folds of skin that protect the more sensitive genital organs. Often the labia majora cover the other structures entirely, but if they are parted the **labia minor** (small lips) are visible. The labia minor have no fat padding or pubic hair, but they do have oil and scent glands and blood vessels.

The labia come together to form a fold of skin or hood, which covers the **clitoris**. About the size of a pea, the clitoris is very sensitive to stimulation, and becomes engorged with blood much as a man's **penis** does during an **erection**.

Below the clitoris is the **urethral** opening, the opening from the bladder to the outside of the body for the passage of urine. Just beneath this opening is the vaginal opening. At the upper end of the vagina is the uterus which houses and nourishes a growing **fetus** during **pregnancy**.

The uterus is thick-walled and muscular, about three inches in diameter. This pear-shaped organ has a remarkable ability to stretch. During pregnancy, it can accommodate a growing **fetus** and after birth shrinks back to almost its original size. The **endometrium**, the inner wall of the uterus, nourishes the developing embryo and plays a vital role in the **menstrual cycle**. The mouth of the uterus, called the **cervix**, is usually one to one and a half inches long and extends into the vagina.

INTERNAL FEMALE ANATOMY

FALLOPIAN TUBES (egg ducts) - These two tubes are each about four inches long and the thickness of clothesline. They are connected to the upper part of the uterus and curve above the ovaries. They are not connected to the ovaries but have tiny finger-like ends that draw eggs from the ovaries. It is the fallopian tubes that egg and sperm may meet.

UTERUS (womb) - This hollow muscular organ is normally about the size of your clenched fist or of a small pear. This organ can stretch and become large enough to accommodate a full term baby.

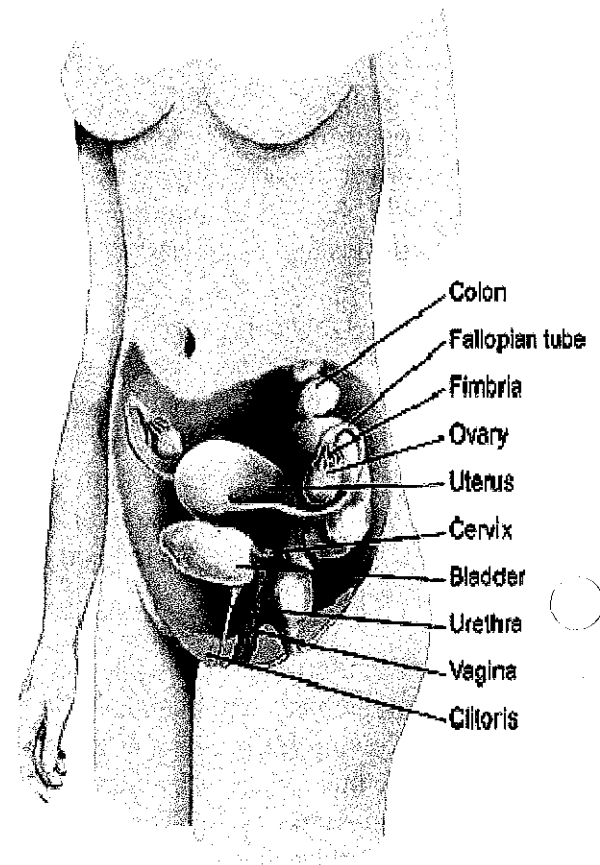
OVARIES - These two hormones and egg producing glands are each approximately the size and shape of an almond. Ligaments attach the ovaries to the uterus.

CERVIX (mouth of the womb) - At the bottom of the uterus, this one and a half inch wide muscular section extends into the vagina. The center of the cervix has a tiny opening that allows menstrual flow to pass, sperm and **pathogens** to enter. It expands during labor to allow for the birth of a baby.

VAGINA (birth canal) - The vagina is a muscular, stretchable tube that extends from the cervix to the outside of the body. Usually it is 4 to 5 inches long and can stretch to allow for the birth of a baby or the entry of a penis during sexual intercourse.

OVUM (egg) - The ovum is the female reproductive cell. Usually one egg is released by one of the ovaries each month.

The Female Reproductive System



EXTERNAL FEMALE ANATOMY

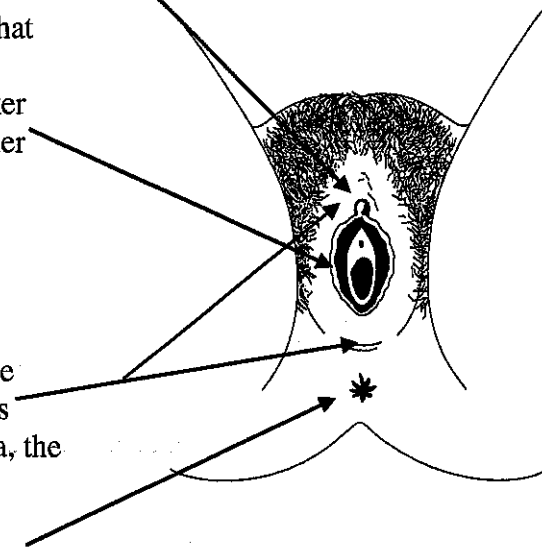
CLITORIS – Fleshy, pea-sized nerve tissue located at the top of the vulva (vaginal opening), which is comparable to the penis in the male in that it fills with blood during sexual stimulation.

LABIA – The vaginal lips or folds of flesh that partially protect the genitals by covering the urinary and vaginal openings. The larger thicker folds are known as **Labia Majora** and the inner smaller pair is called the **Labia Minora**.

URETHRAL OPENING – A tiny opening, which allows urine to pass from the body

VULVA – The vulva includes the area of the external female genitals and includes the mons pubis, the clitoris, the labia majora and minora, the urethral and vaginal openings.

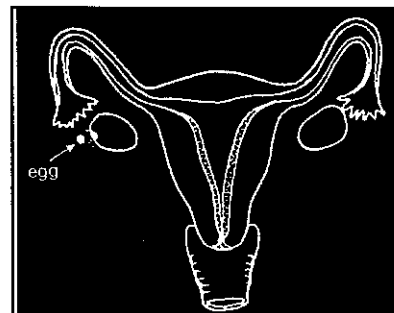
ANUS - The opening from the rectum, leading from the bowels allowing stool (bowel movement) to pass from the body.



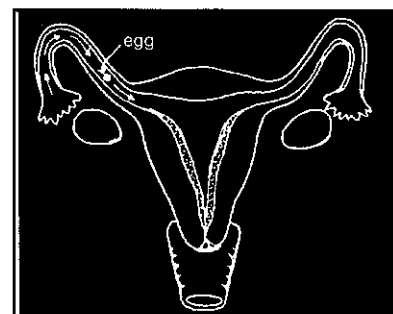
Lesson Four

FEMALE REPRODUCTIVE CYCLE (MENSTRUATION)

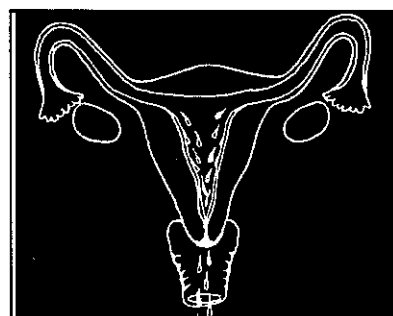
A woman's reproductive years begin when as a girl she has her first menstrual period, usually around age 11 - 14. The menstrual cycle (reproductive cycle) repeats until a woman reaches menopause, change of life. The average cycle is 28 days; however its length may vary widely, especially in teenage girls.



About 14 days before the menstrual period begins, an egg is released by one of the ovaries (Figure 1). This process is called **ovulation**. It is during this time that a woman is most likely to become pregnant.

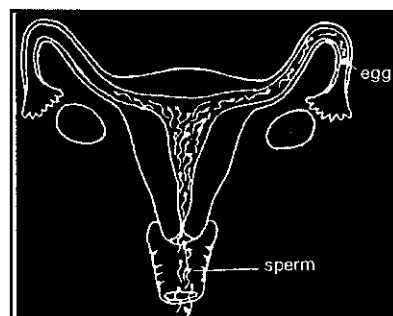


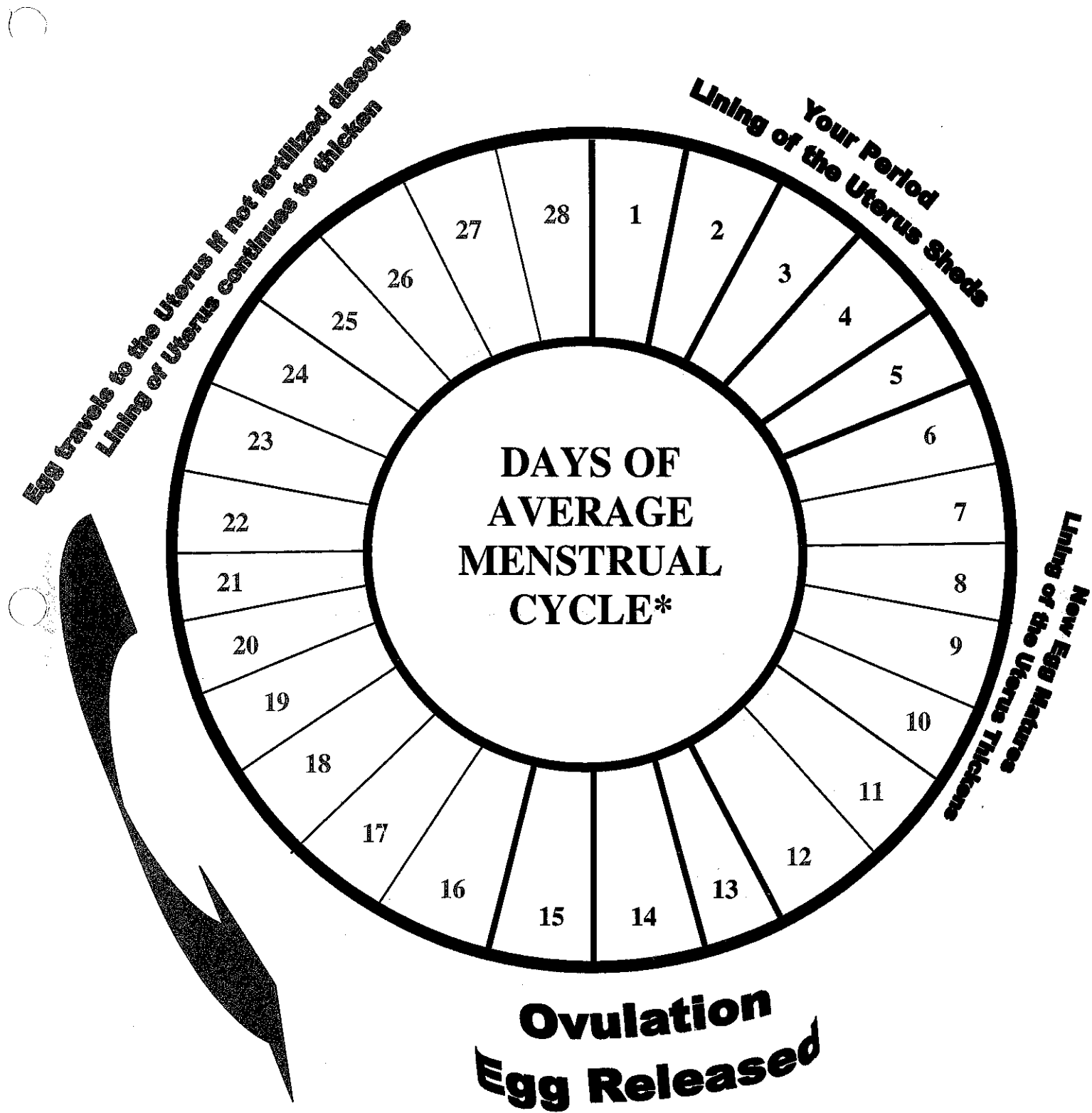
The egg is drawn into the fallopian tube and moves slowly toward the uterus. (Figure 2) At the same time, the uterus is building up a thick lining of blood and tissue as it prepares to nourish and act as a nest for the growing **embryo**, should the fertilized egg implant.



If the egg is not fertilized or does not implant, it dissolves. The unneeded uterine lining of tissue and blood is discarded and begins to flow out of the woman's body through the vagina. This process is called menstruation (menstrual period). (Figure 3) The first day of menstruation is the beginning of a new cycle.

If a woman has sex during the time the egg is in the fallopian tube, the egg and one sperm may join to form a new cell. (Figure 4) This process is called **fertilization**. The fertilized egg moves down the fallopian tube and lodges in the lining of the uterus where it begins growing. This is called **implantation**. If the egg is fertilized by a sperm and implants in the uterus **pregnancy** has occurred.

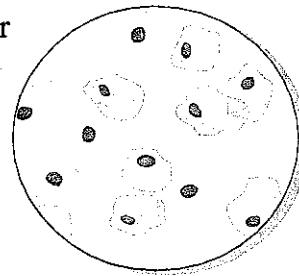




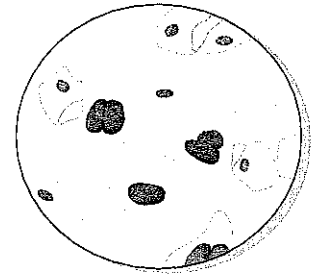
Note* - This diagram shows a 28 day cycle
Some women's cycles may be shorter or longer

FEMALE REPRODUCTIVE HEALTH ISSUES

ABNORMAL PAP SMEARS – A PAP smear detects abnormal cellular changes in the cervix caused by infection (STIs), inflammation, or other abnormalities. Undetected and left untreated, these abnormal cellular changes can develop into cervical cancer. Regular PAP smears done annually, can lead to diagnosis and treatment, preventing the progression to cervical cancer.



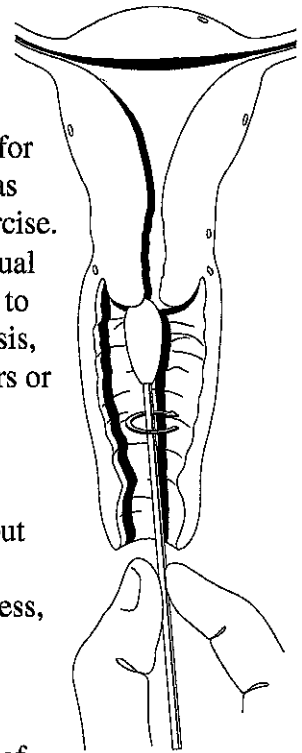
Normal Cells



Neoplastic Cells Present

MENSTRUAL IRREGULARITIES –

- **Amenorrhea** – The absence of menstruation for longer than 3 months
 - **Primary Amenorrhea** – the absence of menstruation despite onset of puberty. Causes include: Thyroid disorders, birth defects, anatomical abnormality or other medical condition.
 - **Secondary Amenorrhea** – When menstruation ceases for greater than three months due to a physical cause such as pregnancy, eating disorder, or prolonged strenuous exercise.
- **Dysmenorrhea** – Characterized by severe and frequent menstrual cramps and pain to the extent that it interferes with normal day to day activities. Causes include chemical imbalance, endometriosis, **Pelvic Inflammatory Disease (PID)**, fibroids, infection, tumors or **Pre Menstrual Syndrome (PMS)**.
- **Pre Menstrual Syndrome** – A broad range of symptoms that temporarily disturb a women's everyday, normal function. The types and intensity of symptoms vary from woman to woman but can include: irritability, lack of control, agitation, insomnia, depression, severe fatigue, forgetfulness, crying spells, moodiness, abdominal cramps, bloating, backache, nausea and vomiting, edema, breast tenderness, acne, headache, fainting, heart palpitations and visual disturbances. Most women in their reproductive years experience some of the common symptoms of PMS, but are able to function on a normal level. Less than ten percent of women have symptoms so severe that it becomes disabling. Most often this occurs in older women of reproductive age although adolescents can experience some degree of PMS.



PMS is caused by fluctuations of the hormone levels of progesterone and estrogen in the body. Severity of symptoms can be lessened through lifestyle and diet changes, regular exercise and adequate sleep and rest. Medical treatment does exist.

PELVIC PAIN – Whether acute (sudden onset) or chronic (lasting over a period of time) there are a number of **gynecological** causes including infections (PID, STIs), ovarian cysts (fluid filled masses on the ovary), endometriosis (uterine tissue located outside of the uterus) or ectopic pregnancy (fertilized egg implanted in the fallopian tube).

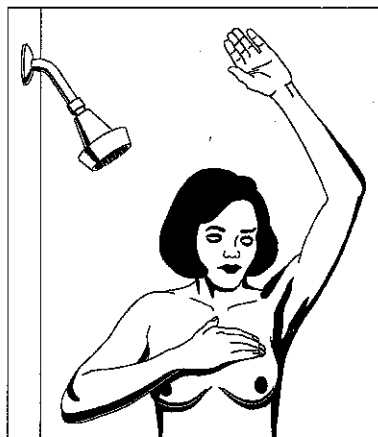
BREAST DISORDERS – Most changes in the breasts are normal but some may require medical attention such as breast pain and breast lumps.

- **Breast Pain** – Can be caused by normal swelling of breast tissue due to hormonal levels during the menstrual cycle but may also be caused by infection, injury or cysts. If redness or warmth of the breast or discharge from the nipple occurs it may indicate infection or injury.
- **Masses/Lumps** – A lump that is movable and feels unattached to the chest wall could be a cyst. A lump that is hard, not movable, with or without pain, dimpling or puckering of the breast may be a sign of breast cancer (**VERY RARE IN TEENS**).

HIRSUTISM – (Excessive Hair Growth) – A common condition where excessive hair growth on upper lip, face, chin, back or abdomen often caused by a hormone imbalance or **Polycystic Ovary Syndrome (PCOS)**, a mild hormonal imbalance that can cause irregular periods, acne and excessive hair growth. PCOS is diagnosed through blood tests and can be treated with medication

Important to Female Health

- **Yearly doctor's visits**
- **Pap Smears if sexually active**
- **Breast self-exam**

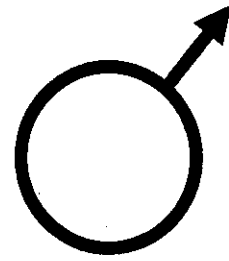


Lesson Five

MALE

REPRODUCTIVE SYSTEM

Young men mature later in their teens than girls do. Often, they will not notice changes in their bodies until they are between 13 and 15 years old. Around this time, many changes are taking place as he experiences puberty and reaches sexual maturity. As puberty begins, hormones travel through the blood and give the **testes** the message to begin producing **testosterone** and **sperm** and stimulating change in all parts of the body.



Secondary sex characteristics in boys include: voices begin to deepen, facial, underarm and pubic hair begins to grow on their bodies, acne appears, **penis** and **testicles** enlarge. Boys may begin having **nocturnal emissions** (wet dreams) during their sleep. This is the body's way of getting rid of excess sperm and is nothing to worry about. Boys also begin getting **erections** or hardening of the penis. Erections can be caused by thinking about sex, looking at potential sexual partners, or rubbing the penis. Sometimes, erections happen for no reason at all. An erection makes it possible for the penis to enter a woman's vagina and deposit sperm.

THE MALE BODY

Male reproductive organs can be thought of as a sperm manufacturing and delivery system. Sperm cells are produced in a series of tiny chambers called **seminiferous tubules** located inside the testes, which also produce the male hormone called testosterone. Two testes, or testicles, hang behind the penis in a thin-walled, muscular pouch called the **scrotum**. In order to produce healthy sperm, testes must be kept at about from one to two or several degrees below body temperature (98.6°F). The scrotum controls the temperature of the testes. In warm weather, it becomes larger and limp, allowing the testes to hang further from the body and exposing a larger area of surface to the cooler air. In cold weather, the scrotum contracts, conserving heat and regulating temperature.



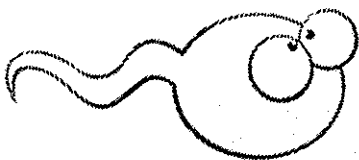
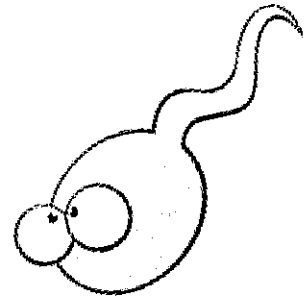
As sperm cells are produced they are stored, nourished and "learn to swim" in the **epididymis**, which lie over the testes like caps. Sperm are then carried along the **vas deferens**, a tube leading through the abdominal cavity from the scrotum to the penis. There, sperm are again stored, this time in the **ampulla**, awaiting ejaculation. At the moment of **ejaculation**, sperm mix with fluids from the **seminal vesicles**, the **prostate**

gland, and the **Cowper's gland**. The seminal vesicle provides nutrients for the sperm, the prostate gland secretes a fluid that helps to increase sperm life and fluids from the Cowper's gland neutralize any acid from urine remaining in the urethra. The vas deferens joins the **urethra**, which becomes the passage for sperm through the penis to the outside of the body.

The penis is made up of spongy **erectile** tissues containing large blood vessels. Most of the time the penis is soft and limp and is about two to three inches long. When a male becomes sexually excited, the spongy walls of the penis fill with blood, causing it to expand and become stiff lengthening up to six to eight inches. Sexual excitement may result in **orgasm**, in which the seminal fluid leaves the penis in a series of spurts known as ejaculation. Each ejaculation carries 150 to 600 million sperm cells.

DID YOU KNOW?

As long as a man remains healthy, he will continue to produce thousands of sperm every minute, with about 3 million at the tip of his penis every time he get an erection, (enough to populate an entire small country and all fitting onto a teaspoon!) all waiting to break free. As they break free they will do so at an average of 28 miles per hour.



MALE ANATOMY

VAS DEFERENS - These two tubes, each about 18 inches long, carry sperm from the testicles to the urethra.

BLADDER - This is the organ where urine is stored.

URETHRA - This tube runs through the center of the penis. It serves two functions, to carry urine from the bladder and to carry semen from the vas deferens during ejaculation.

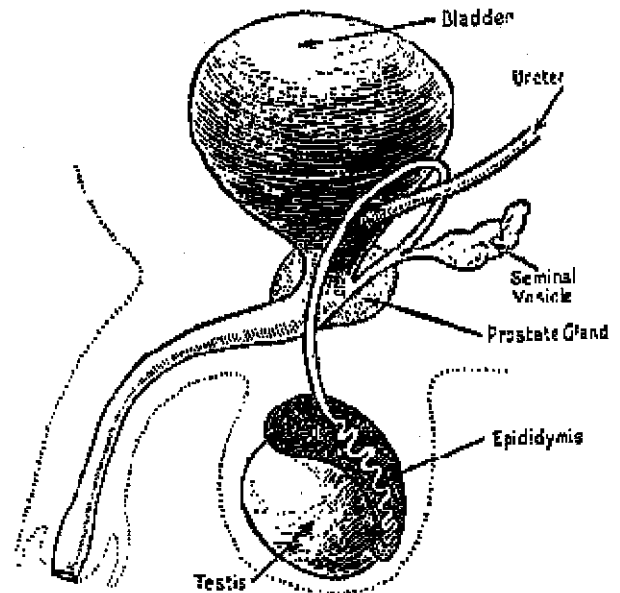
SEMINAL VESICLES - These two small pouches are where semen is stored.

PENIS - The penis is the male organ for urination and sexual intercourse. The size of the penis varies from man to man. It is made of sponge-like tissue. When a man is sexually excited this tissue fills with blood causing an erection.

TESTICLES - The testicles are two egg-shaped glands that manufacture sperm and male hormones including testosterone. They are located in the scrotum

SCROTUM - This is the thin-walled, muscular pouch which holds the testicles and functions to maintain them at the ideal temperature for sperm production.

SPERM - A sperm is the male reproductive cell. When it joins with the female cell (egg), fertilization occurs. Sperm are carried in thick, white fluid called semen. In semen, the sperm move by lashing their tails back and forth. Each time a man ejaculates, he releases between 150 and 600 million sperm. Only one sperm fertilizes an egg.



PROSTATE GLAND - Located between the bladder and the penis, wrapped around the urethra, it is golf-ball sized and sponge-like. Millions of tiny glands secrete a thin milky acid fluid that during ejaculation makes up thirty to forty percent of the semen fluid. It provides nutrients and sugars to keep sperm healthy and increases their ability to swim

Epididymis - A series of tubes which lie over each testicle like a cap. Sperm produced in the testicles are stored, nourished and "learn to swim" in the epididymis,

Lesson Six

Male Reproductive Health Issues

Gynecomastia is a condition in which breast tissue develops in males. It can be present in one or both breasts and the breasts may feel tender. It is usually caused by changes in hormones during puberty and can be found in up to 65% of fourteen-year-old boys. Most of the time, it goes away on its own within 2 or 3 years without any treatment.

Certain diseases and specific drugs can cause gynecomastia. Some of these drugs are anabolic steroids, marijuana, and narcotics.

Unlike in teens, in young boys and adult men, gynecomastia is more likely caused from a disease. Sometimes, if a male has extra fat on his chest, it may look like he has gynecomastia, but it is more likely pseudo gynecomastia (false gynecomastia).

Testicular Cancer is cancer of the testicles and occurs most commonly in young men ages 15 – 35. About 6,000 males are diagnosed with this disease each year. With early detection and treatment, more than 95 % of affected young men are cured.

The major symptom is a painless palpable mass in one testicle. Other symptoms can be scrotal heaviness or pain. Back pain, cough, & weight loss are all symptoms that occur when the cancer has spread to other parts of the body.

It is very important that all young men learn to perform regular testicular self-exams in order to detect any suspicious lumps or masses so that they may seek diagnosis and treatment from their health care provider as soon as possible.

TSE (Testicular Self Exam)

- **Become familiar with your testicles to detect changes early.**
- **Examine each testicle with both hands once a month after a warm bath or shower.**
- **Gently roll each testicle between your thumb and finger, feeling for lumps or bumps.**
- **If you find changes, call your doctor.**

Inguinal Hernias A hernia is a protrusion of tissue through an abnormal opening in the muscle wall.

Most baby boys are born with both testicles descended into their scrotums, but for some babies, the testicles do not descend out of the abdomen on their own and surgery is needed. In addition, for about 20% of males, the opening in the abdominal muscle wall, through which the testicles descend, does not close. Most of the time this is not a problem, but occasionally, a piece of bowel slips through the opening causing an inguinal hernia.

Symptoms – a man may notice a lump in his groin or a soft mass in his scrotum, which disappears on pressure especially if lying down.

All hernias must eventually be surgically repaired, but it is usually not an emergency. If a piece of bowel becomes jammed tightly into the opening, strangulation of the bowel can occur which will cut off its blood supply – **THIS IS AN EMERGENCY**.

Epididymitis is a condition that causes the epididymis (located above / behind the testes) by a bacterial infection, most often the STIs, gonorrhea or chlamydia. It almost always attacks one side. Symptoms include pain in the testicular area that begins gradually, within 3 days. The pain can be intense. Also fever, discharge, or burning in urination may be present. A man experiencing these symptoms will have to have a diagnosis made and then be treated with antibiotics.

Testicular Torsion occurs when the spermatic cord (supplies arteries, veins and nerves, as well as vas deferens) from which hang the testicles, gets twisted and stuck which cuts off blood supply to the testicles. It usually affects boys and teenagers and often occurs during sleep and in cold weather.

Symptoms include excruciating pain, which begins abruptly. It is often accompanied by vomiting. This is an emergency and you must seek medical attention immediately. If the blood supply is restored within 6 hours, 80 – 100% of the testes can be saved.

Varicocele is a varicose (abnormally wide) testicular vein in the scrotum. This is probably the most common **urologic** problem in male adolescents. It is estimated that nine to sixteen percent of adolescent boys have varicoceles and most are undetected. Symptoms include a very large, noticeable vein, scrotal pain, documented abnormally low sperm count or testicular **atrophy** (shriveling up and dying)

Varicoceles can cause a decreased sperm count and **motility** (movement/swimming ability), which can lead to **infertility** and the development of abnormal sperm. It is the most common, treatable cause of male infertility.

Physicians now often recommend surgical repair once a varicocele is diagnosed in an adolescent in order to prevent testicular damage and to maintain future fertility.

Important to Male Health

- **Yearly doctor's visits**
- **Testicular self-exam**



HOW SEX WORKS

It is natural to desire sex. In fact, the human body is designed to make sex pleasurable. Without sexual intercourse the human race could not continue to exist. The same hormones that cause sexual organs to mature tell the brain to think about others sexually.

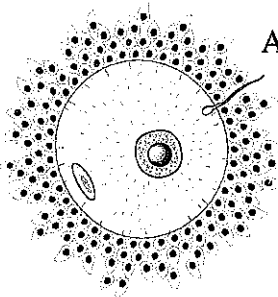
It is normal to want to be physically and emotionally close to someone. The male and female genitals are very sensitive and respond to physical stimulation and sexual thoughts.

The body does not know the difference between sex for pleasure and sex for reproduction. It is important for an individual to be sexually responsible. Every time sexual intercourse takes place, the goal of the reproductive system is for the sperm and egg to join and form new life, whether the sexual partners wish it or not. Understanding how the body works and taking responsibility for your actions, means having some control over the outcome.

Sexual intercourse is the penetration of the male penis into the female vagina for sexual pleasure and reproduction. If a man and a woman kiss, caress, and stroke sensitive areas of one another's bodies, they will become excited and sexually aroused. When they become excited, the entire body becomes highly sensitive, and the brain triggers the **genitals** to prepare for sex. In females, the vagina expands and becomes moist with lubricating fluid. The **clitoris** and nipples respond by becoming sensitive and erect and the labia thicken.

In males, the penis becomes erect (hard) as the sponge-like tissue of the penis fills with blood. The **testes** elevate and enlarge, and the penis releases a drop of fluid (pre-ejaculation) that prepares the urethra for **ejaculation** of **semen**.

During sexual intercourse, the man's erect penis enters the woman's vagina. Vaginal muscles grip the penis. When the male reaches **orgasm**, semen-carrying sperm passes through the penis and is **ejaculated** (comes) into the vagina near the opening to the **uterus**, the **cervix**. During sexual excitement in a woman, the upper end of the vagina expands and the uterus rises up. After intercourse is completed, the cervix lowers to its normal position dipping into the pool of semen.



After ejaculation, the millions of sperm cells swim to the **fallopian tubes**. **Conception** or fertilization occurs when one sperm unites with an egg to make one cell. After ejaculation, sperm can live in a woman's body for two to five days. If a woman's egg is released within a day or two of having sex, or during the time when sperm cells are still alive in her body, conception can occur.

The following chart explains what is happening to each of the sexes during sexual arousal and intercourse.

MALE ROLE

1. The penis becomes erect as its sponge-like tissue fills with blood reaching its maximum thickness and length. The testes elevate and enlarge, and the penis releases a drop of fluid that prepares the urethra for ejaculation of semen.
2. The erect penis enters the female's vagina.
3. When the male reaches orgasm and ejaculates, semen-containing sperm passes through the penis and is deposited in the vagina near the cervix.
4. After ejaculation, millions of sperm swim to the fallopian tubes. Conception happens when one sperm unites with an egg to make one cell.
5. Ejaculated sperm can survive in a woman's body for two to five days

FEMALE ROLE

1. The vagina expands and becomes moist with lubricating fluid. The clitoris and nipples respond by becoming sensitive and erect. The vaginal lips thicken.
2. Vaginal muscles grip and stimulate the penis.
3. During sexual excitement in a woman, the upper end of the vagina expands and the uterus rises up. After intercourse, the cervix lowers to its normal position, dipping into the pool of semen.
4. If a woman releases an egg a day or two before having sexual intercourse or during the period after intercourse when the sperm cells are still alive in her body, pregnancy can occur.
5. An egg is released by an ovary about once every 28 days. It survives for about two days in the fallopian tube.

Pregnancy begins when a fertilized egg moves to the uterus and attaches to the uterine wall (implantation)

Lesson Seven

Abstinence - Taking Control of your Sexual Decisions

DEFINITION: abstinence (noun) - The choice to not have sex at all.

Abstinence may not seem as attractive as being sexually active, but you can spare yourself many problems over the long run by saying no to sex in your teenage years. Abstinence is probably the smartest choice you can make for a variety of reasons that may not seem obvious until you really think about them.



Avoiding all sexual contact is the **ONLY** no-fail way to avoid pregnancy and sexually transmitted infections (STIs), including **AIDS**. Even in protected sex (using some form of birth control) there is always some possibility of becoming pregnant. Apart from abstinence, no method of birth control is 100% effective. It is also never certain that a sexual partner doesn't have an STI. What if the STI is **HIV** or **AIDS**?

Many sexually active teenagers avoid using **contraception** because they are embarrassed to discuss it with their partner or because sex just happens. This **very** risky behavior may have consequences that will last for a lifetime.

Abstinence during teenage years also eliminates some of the emotional trauma that teenagers may face from having sex before they are ready. Having sex too soon can cause feelings of guilt or regret. A person may feel guilty for going against his or her personal values or for having sex with the wrong person. Having sex is sharing a most intimate part of yourself with another person. It should never be taken lightly.

Although it may seem to you that everyone at school is having sex, statistics show otherwise. Studies show that ***a majority of teenagers are not sexually active.***

Nearly half (47%) of all high school students report ever having had sexual intercourse in 2013, a decline from 54% in 1991. A similar share of male and female students report ever having had sex (48% vs. 46%). (Kaiser Foundation).

Still, many teenagers are sexually active and among that group the numbers of unwanted pregnancies and the spread of sexually transmitted diseases are alarmingly high. Even if your friends are having sex, that doesn't mean they should make your decision for you. If you are in high school and have not had sex yet, there is nothing wrong or unusual about you. In fact, it's great! It means you can make decisions for yourself based on what is best for you.

One-third (34%) of high school students are currently sexually active, defined as had sexual intercourse with at least one person in the previous three months. Almost one-quarter (22%) of these students reported using alcohol or drugs during their most recent sexual encounter. More males reported using alcohol or drugs (26%) compared to females (19%) (Kaiser Foundation)

If you are sexually active, you can, at any time, make the decision to return to being abstinent. You have the choice to be abstinent now and reap the benefits now and in the future. You will find you are better able to enjoy your relationships as you develop emotional intimacy.

GETTING TO KNOW YOURSELF

Typically, teens make sexual decisions on the spot as occasions arise that stir up their passions. Too often, little thought is given beforehand to what they will do in these situations.

Before you can make decisions about what is best for you in regard to your sexuality, you must give some thought to what you believe about sex and why you believe the things you do.

VALUES

Values are qualities that are meaningful to you. An important part of making responsible decisions about sexuality is to evaluate your beliefs about sex and the personal values that will guide you. Your values are the inner program that determines how you act. Some people adopt the values of the society around them without consciously choosing their own values. Others carefully choose the values they will live by.

How you define right and wrong are your values. Your values may change as you grow, learn, and experience new things, but each person must determine what values will govern his or her life.

From the moment you were born, many factors influenced your attitudes toward sex. Our **parents** teach us how to interact with the world, and most of our early values are learned from the way they behave. Your views about sexuality may be similar to those of your parents. Or, like some teenagers, you may have chosen to reject the views of your parents

POSTPONING SEX

Teens who abstain give a variety of reasons for waiting. Here are a few examples from a Roper Starch Worldwide Survey:

87% want to wait until they are in a committed relationship.

85% are worried about STDs.

84% are afraid they will get pregnant.

84% want to wait until they are older.

83% are worried about HIV/AIDS.

79% admit they are not ready for sex.

71% want to wait until they are married.

40% abstain because having sex before marriage is against their religious beliefs.

and hold very different views from theirs.

The beliefs of a particular **religion** can influence values about sexuality. **Peers**, the people with whom you associate, can influence what you believe and do as well. From childhood friends to the people you now hang out with, the values of those around you -either positive or negative- are likely to affect you.

Things we see in the **media** (TV, movies, magazines, and newspapers) influence how we see the world and what we believe is right or wrong. Your **education** and knowledge about sex also affects your values on sexuality. All of these factors combine to influence your personal values about sex. Think about some of the things you believe about sex and try to understand where those beliefs came from. Understand your beliefs so you can act on them with conviction. **ULTIMATELY, YOU ARE RESPONSIBLE FOR THE VALUES YOU HOLD.** You are the only one who can figure out what is right or wrong for you. The values you hold will determine the choices you make and in turn will influence who you will become in the future.

SELF-ESTEEM

Why don't we always act according to our values? One of the most important things that determine our behavior is our self-esteem. Self-esteem, or self-image, is the way we feel about ourselves. If you have confidence in yourself and believe the decisions you make are good ones, you will be more likely to act on them. If, however, you have low or no self-confidence, you are more likely to be persuaded to do things that make you feel uncomfortable or things that you know are wrong.

People with low self-esteem are more easily influenced by their peers, more likely to give in to the wishes of a partner without adequate concern for themselves. Many times, teenagers who have low self-esteem will use sex to feel accepted or loved. They may end up doing something they did not really want to, and end up feeling even worse about themselves.

On the other hand, people with high self-esteem and self-confidence generally have a positive attitude about life and are confident in living according to their own values. This doesn't mean that everyone with high self-esteem always makes good choices concerning sexuality. Some teenagers make a purposeful decision to be sexually active and others are lured by the overwhelming temptation of sexual desire, without regard to their level of self-esteem.

Build your self-esteem by focusing on your strengths and talents and not your weaknesses. We all have weaknesses and shortcomings. Remember, you are unique in all the world. If there are things about yourself that you don't like, you have the power to work to change them. Take responsibility for the things you do. Only you are in charge of your decisions; nothing happens to you without your permission. It's up to you to make the decisions that will determine what your future will be like.

Self-esteem is the key to putting what you believe into action.

Building Relationships

Sexuality is more than the sex act; it is part of your total personality. The way a person speaks and acts, body language, dress, thoughts and a romantic nature are all expressions of sexuality. It is more than just being male or female, affecting aspects of who we are as men and women and how we relate to each other.

Once you understand what is important to you concerning your sexuality and why, you will be better prepared to interact with someone else in a relationship. Sexual decisions are shared decisions. Relationships can be challenging, but they can also be among the most rewarding elements of life as you grow and mature.

INTIMACY

In any relationship, whether between boyfriend and girlfriend, brother and sister, child and parent or friends, intimacy develops. Many people think of intimacy only in the context of sexual relationships but intimacy can be emotional, intellectual, spiritual and physical. It is a closeness that develops when two people have a connection and it brings inward and personal satisfaction and security.

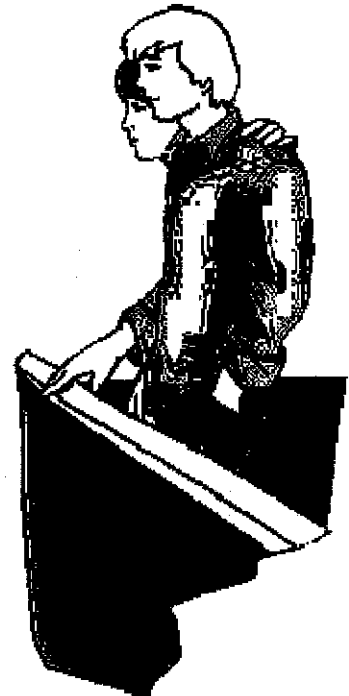
Emotional intimacy is a closeness that develops from sharing feelings and life experiences. It means being yourself around another person, listening to another's feelings and genuinely caring about his or her needs. Emotional intimacy takes time to develop. It can include sharing feelings of anger, sadness, confusion, loneliness and frustration, whether about the relationship or about life in general.

Physical intimacy involves much more than sex. Touching, hugging caressing, and simply holding each other are all forms of physical intimacy. These actions may express feelings of love, attraction, care, concern, trust, and commitment. It implies that two people feel comfortable with one another. ***You can develop physical intimacy without having sex. It is also possible to have sex without this kind of intimacy.***

Emotional and physical intimacy should be balanced. Working at both types of intimacy will make your relationships stronger, healthier, and based on more than just sex.

TRUE LOVE vs. INFATUATION

Part of maturing involves learning to tell the difference between love and infatuation. Love is a feeling that grows over time. Love almost never happens the first time you meet someone,



although you may think that it does. That feeling is more often **infatuation**, the idea of being in love with someone, and it can be an all-consuming preoccupation.

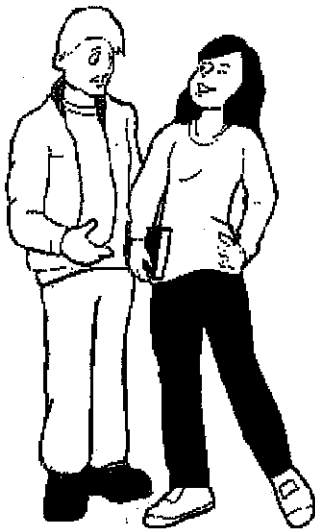
One way to sort out what you are experiencing is by watching how long the feeling lasts. Love endures over time and develops through good times and bad. Infatuation tends to flare up quickly and dwindles soon thereafter. Infatuation may be based on knowing very little about the other person; love builds on a deep friendship that develops, with knowledge, over time. Infatuation is often based on physical attraction and glamour. Love is grounded in an attraction to the whole person, both inside and out. Love is sincere, selfless, and genuinely interested in the well-being of another person. Infatuation can occur because a person is trying to fulfill his or her own needs for a loving relationship.

As a relationship progresses, it becomes clearer if it is a relationship based on love or infatuation. Infatuation will not stand up to conflict, and when difficulties arise, one person may become defensive or hostile and want to end the relationship. Love is committed to working through differences and is willing to communicate to overcome misunderstandings. As love grows, so do trust, affection and mutual concern. Infatuation may be based on unrealistic expectations and imagined qualities. Love is based on reality. Infatuation tries to ignore weaknesses in the other person; love can see and accept the whole person, strengths and weaknesses included.

Consider why you want to start a relationship. Are you attached to the idea or image of this person, or do you genuinely share interests? If the feeling of closeness in all aspects of the relationship grows stronger with time, you can be more confident it is more than just a passing emotion.

COMMUNICATION

The foundation of all relationships is **communication**, all the messages you send another person by your words, voice, facial expression, and body language. Learning how to communicate clearly is the best way to build positive relationships. You will understand one another better and be more sensitive to one another's needs if you can communicate clearly.



This is especially true when it comes to sexuality. Let the other person know exactly what you are feeling and what your sexual limits are. This will lessen the chance of being caught in an awkward situation later on. If you have decided that you want to abstain from sex, communicate this early in a relationship. If you do choose to be sexually active, let the other person know if you want to wait until the relationship has had more time to develop. If you should decide to have sex, communicate clearly that you will have it only when using proper protection. Be very honest about your expectations and ask about those of the other person.

If there are differences - if one partner wants more than the other - decide whether the relationship is one that you want to continue. If the relationship is about more than physical intimacy, you should be able to reach agreement and respect

one another's. Remind each of these agreements as the relationship progresses. Communication strengthens any relationship.

TAKING CONTROL OF YOUR SEXUAL DECISIONS

Only you can make the decision about what limits you place on sexual activity. These limits are best determined long before the heat of the moment forces a decision on you. Stick to your decisions. Think of your future as clay and yourself as a sculptor. It's up to you to mold and shape it into something meaningful. You may be thinking of going to college, getting a job, or having a family. Now think of how those dreams would be affected by a sexually transmitted infection or an unwanted pregnancy.

The shape of things to come depends on the choices you make right now. Choosing to be a teenage parent can limit your other options. Choosing to put yourself at risk for an STI can limit your future as well. Be smart. Be careful. Don't become pregnant or take a chance on getting a disease. Hold on to all the freedom you have right now and make your future exactly what you want it to be.



SEX CAN

- Make you pregnant
- Give you an STI
- Cause feelings of guilt and regret
- Make you postpone your plans for the future

SEX CAN'T

- Cure loneliness
- Make someone love you
- Put you in the popular crowd
- Help you to hold on to your partner
- Solve any of your problems

Lesson Eight

CONTRACEPTION

Definition: contraception (noun); any method used to prevent pregnancy. It may also be called birth control.

There are many forms of contraception or birth control. Some methods are more effective than others, but it will only be effective if the contraception chosen is *used always and correctly*. **It is important to know that the only 100% effective method of birth control is abstinence from sexual intercourse and/or close genital-to-genital, male to female contact.** Neither contraceptives nor the people using them are perfect and over one half of unintended pregnancies occur in women who are using contraceptives during the month that they become pregnant.

The decision to have a baby is a very important one. Most teenagers are not ready either physically or emotionally to take on the responsibility of having and raising a child. Some teenagers will make the decision not to have sex at all until they feel ready for it and its consequences. Others decide to wait until marriage. Whether or not you choose to have sex is a decision you must make for yourself. Along with your partner, you must decide what is best for you both. **If you decide to have sex, it is your responsibility to protect yourself and your partner both from unintended pregnancy and sexually transmitted infections (STIs).**

By learning about the options available, you will have the knowledge necessary to make the best decisions you can regarding contraception. As you read about and discuss these options, try to keep the following things in mind:

During her lifetime, a woman releases about 380 eggs, meaning she will have about 380 opportunities to conceive a child.

During his lifetime, a man may produce sperm from puberty until his death.

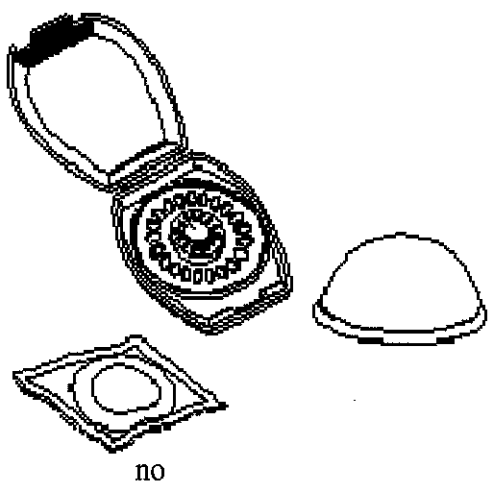
The average woman is able to have babies for about 32 years of her life.

The average man is able to father a child most of his adult life.

The number of children a woman has and when she has them can be a matter of personal choice.

The number of children a man has and when he has them can be a matter of personal choice.

What people decide about having children depends on many things – their life goals, situations, cultures, beliefs, religion and health.



Contraceptive Methods

Sexual intercourse between a man and a woman always carries the risk of pregnancy. For many people, especially teens, having a baby is not a welcome event. Any couple that decides to have sexual intercourse needs to use some form of contraception. Sexual intercourse also carries the risk of sexually transmitted infection (STIs). Some methods of contraception may help to reduce this risk. Most offer protection against STIs.

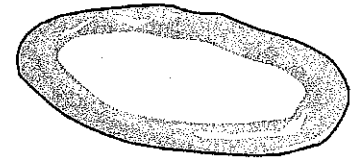
THE BARRIER METHODS

Barrier Methods work by placing a physical or chemical wall between a woman's **cervix** and the male's **sperm**. In order to be successful in preventing pregnancy, the barrier must be put in place properly prior to sexual contact. Although barriers are the most easily available method of birth control, they are not among the most reliable.

MALE CONDOM (Rubbers)

Condoms are made from latex rubber, polyurethane or plastic. When placed correctly over the penis prior to sexual intercourse, acts as a barrier that prevents exchange of bodily fluids between sexual partners. It works to prevent pregnancy by stopping sperm from entering the vagina.

USE: The condom must be correctly applied to the erect penis prior to contact with the woman's genitals. After sex, hold on to the rim at the base of the condom, and withdraw the penis from the vagina before the erection is lost.



A NEW CONDOM IS NEEDED EVERY TIME SEXUAL INTERCOURSE TAKES PLACE!

EFFECTIVENESS: About 84% with typical use and up to 98% with perfect use. This means in a year's time, a "typical" couple will not use the contraceptive method consistently or correctly all the time and will have about a 16% chance of becoming pregnant in one year. A couple who practices "perfect" use of condoms as a contraceptive method (i.e. Always, Before & Correctly) will have about a 2% chance of becoming pregnant in one year.

AVAILABILITY: Condoms can be purchased "Over-the-counter" (OTC) at local markets, drug stores, grocery stores, public bathrooms or can be obtained free of cost at many clinics, social service organizations, community centers and the **RAPPP Program Drop In Center**.

COST: Approximately 33 cents to \$1 per condom

ADVANTAGES: Easily available and low cost. Best contraceptive method available for STI protection.

DISADVANTAGES: Requires careful handling and timing. Needs to be used correctly each and every time sexual intercourse takes place and requires planning. Latex condoms cannot be used by person with latex allergies.

STI PROTECTION: When used consistently and correctly (ABC's), latex condoms are highly effective in preventing HIV transmission and can reduce the risk of some STIs.

ABC's of Condom Use

A - Always use a condom (each and every time sexual intercourse takes place).

B - Always put the condom on *before* any sexual contact.

C - Use the condom *correctly*. Use with a spermicide. Before withdrawing, hold onto the rim or base of the condom and withdraw from the vagina before the erection is lost.

After the condom is removed, do not allow the penis to touch the vaginal area.

A *new* condom is needed *every time* sexual intercourse takes place.

FEMALE CONDOMS

The female condom is thin polyurethane tube with one open end and one closed end. Both ends contain flexible rings: the ring at the closed end acts as an anchor to keep the condom in place, while the other ring sits outside the vagina and covers the labia.

USE: Prior to sexual (genital to genital) contact, a woman would insert the closed end of the condom into her vagina so that it covers the cervix and the open end remains on the outside of the vagina. During intercourse the man inserts his penis into the female condom in the woman's vagina. No spermicide is needed. The male condom cannot be used at the same time, as friction caused between the two would cause the female condom to be dislodged and would be useless. A new female condom is needed every time sexual intercourse takes place.

Female Condom



EFFECTIVENESS: About 79% with typical use, up to 95% with perfect use.

AVAILABILITY: Female condoms can be found in some of the same stores and clinics as male condoms.

COST: Approximately FC1 costs between \$2.80 and \$4.00 each. The FC2 cost approximately 30% less per female condom.

ADVANTAGES: Offers protection from STIs and is available over the counter. It can be inserted up to 8 hours before sex and can be used as a back-up method of birth control. It doesn't require a partner's cooperation. It is not affected by dampness or changes in temperature.

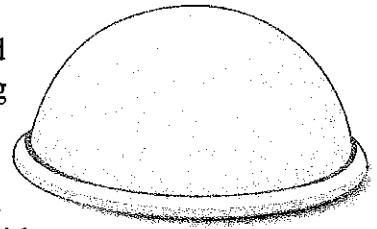
DISADVANTAGES: Can reduce spontaneity and sensation. Requires some skill to use properly, must be inserted correctly to be effective, more expensive than other barrier methods of contraception.

STI PROTECTION: Similar to that of male condom when used ABC.

DIAPHRAGM

The diaphragm is a round, flexible latex disc that when inserted into the vagina covers the cervix and blocks sperm from entering the uterus.

USE: The diaphragm is lubricated with spermicide and inserted into the vagina up to six hours prior to sexual intercourse taking place. Another application of spermicide must be inserted into the vagina if intercourse is repeated. The diaphragm must remain in place at least 6 hours after intercourse, but can be left in place up to 24 hours. Upon removing the diaphragm, wash with mild non-scented soap and warm water while checking for any leaks or holes, dry it off and place it back in its container to be ready for next use.



EFFECTIVENESS: About 88% with typical use, up to 94% with perfect use.

AVAILABILITY: Requires office visit. Must make appointment with gynecologist, nurse practitioner, or nurse midwife at a clinic or doctors office. You will have a pelvic exam and be fitted for the correct size diaphragm.

COST: Approximately \$75, plus the cost of the office visit.

ADVANTAGES: Low cost, reusable, comfortable and easy to carry. Can be inserted up to 6 hours before sex and after sex can be worn up to 24 hours. It can be used with or without partner cooperation.

DISADVANTAGES: Needs office visit with fitting. It must be used with a spermicide. Both must remain in place for 6 hours following sex. Additional spermicide must be used for repeated intercourse.

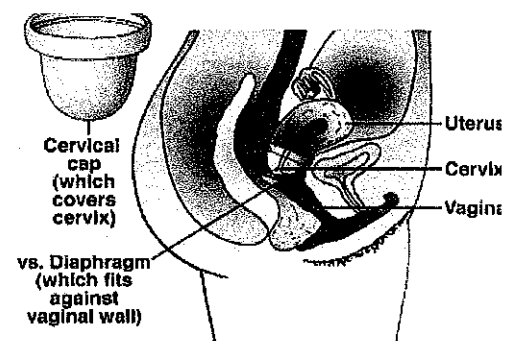
Need to have good comfort level with insertion and removal. There is an increased risk of vaginal and urinary tract infections.

STI PROTECTION: Limited to none.

CERVICAL CAP

Small latex disc that fits over the cervix to block sperm from entering the uterus.

USE: The cervical cap is lubricated with spermicide and fitted onto the cervix at least one half hour prior to sexual intercourse taking place. The cervical cap must remain in place at least 6 hours after intercourse, but can be left in place up to 48 hours. Upon removing the cervical cap, wash with mild non-scented soap and warm water while checking for any leaks or holes, dry it off and place it back in its container to be ready for next use.



EFFECTIVENESS: About 80% with typical use by a woman who has never given birth up to 86% with perfect use in a woman who has never given birth.

About 60% with typical use by a woman who has given birth to 71% with perfect use by a woman who has given birth.

AVAILABILITY: Requires a doctor's office visit. Must make appointment with gynecologist, nurse practitioner, or nurse midwife at a clinic or doctors office. You will have a pelvic exam and will be fitted for the correct size cervical cap.

COST: \$15 - \$75, plus fee for office visit.

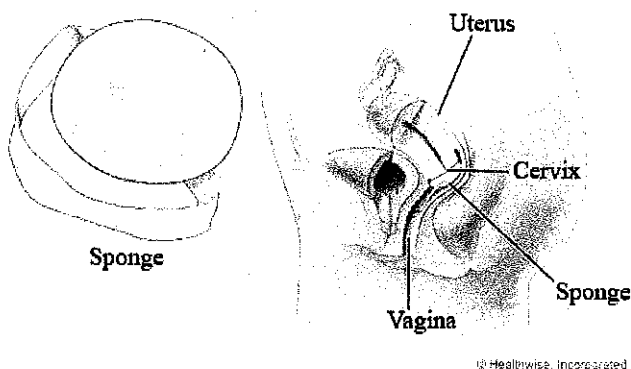
ADVANTAGES: Low cost, reusable, comfortable and easy to carry. Can be inserted up to 6 hours before sex and after sex can be worn up to 48 hours. Can be used for repeated sex up to 48 hours and can be used with or without partner cooperation.

DISADVANTAGES: Some women have difficulty inserting and removing the cap, should not be used during menstruation. Women may experience pelvic pressure, vaginal discharge and irritation if left in place too long. Increase risk of vaginal and urinary tract infection. Increased risk of **Toxic Shock Syndrome (TSS)** if left in place too long

STI PROTECTION: Limited to none.

Contraceptive Sponge

The contraceptive sponge is a polyurethane foam sponge that is inserted into the vagina before sexual intercourse, acting as a physical and chemical barrier to sperm.



USE: The single use sponge is used by wetting it with tap water, then squeezing the sponge to activate and spread out the spermicide. It is then inserted into the vagina with the "dimple" side against the cervix. The sponge covers the cervix to block sperm from entering the uterus; the spermicide in the sponge kills sperm.

It can be placed into the vagina before intercourse and is effective for 24 hours after insertion. It must be left in

place for at least 6 hours after the last act of sex. (It should not be left in the vagina for more than 30 hours total)

EFFECTIVENESS: For women who have never given birth, the sponge is 91% effective with perfect use and 88% effective with typical use.

For women who have given birth, the sponge is 80% effective with perfect use and 68% effective with typical use.

COST: \$5.50 per sponge

ADVANTAGES: Easy to get, no prescription needed. The sponge is safe, simple, and convenient. It can be inserted ahead of time so that sexual activity is not interrupted.

DISADVANTAGES: The sponge may cause irritation or an allergic reaction. Some women may have trouble removing the sponge. One time use per sponge. The sponge is less effective than some other methods of birth control. It may cause yeast infections and small risk of toxic shock syndrome if left in too long.

STI PROTECTION: Limited to none.

SPERMICIDES

Contraceptive creams, foams, jellies and suppositories all contain a chemical which prevents pregnancy by killing sperm before they can pass through the cervix and enter the uterus.

USE: For creams, foams and jellies, an applicator is used to measure and insert spermicide into the vagina shortly before having sex. (See package instructions)



Suppositories must be unwrapped and inserted into the vagina at least 10 to 15 minutes before sexual intercourse. (See package instructions) This allows the suppository to melt and become effective. Protection lasts about an hour after insertion.

It is important to read and follow the instructions given with each type of spermicide as insertion times prior to intercourse and procedures may vary. Additional spermicide must be applied for repeated sexual intercourse.

EFFECTIVENESS: About 74% with typical use, up to 94% with perfect use. Using a condom *with spermicide* increase effectiveness up to 99% with perfect use.

AVAILABILITY: Spermicides are available at most convenience, grocery and drug stores as well as clinics.

COST: \$8 to \$12 per approximately 12 applications

ADVANTAGES: Easily available and low cost.

DISADVANTAGES: May cause irritation and discomfort, increased risk of vaginal and urinary tract infections. May leak and feel messy. Only effective if sexual intercourse takes place within the time period indicated by package instructions, usually 30 minutes to 1 hour after insertion.

STI PROTECTION: Offers limited protection against STIs, and if genital irritation or skin breakdown occurs may increase the risk of STI transmission.

DID YOU KNOW?

The frequent use of nonoxynol-9 currently found in most spermicides can induce lesions and ulcerations to genital mucosa, thereby increasing the probability of transmitting infectious diseases.

Lesson Nine

HORMONAL CONTRACEPTIVES

There are currently a number of hormonal contraceptive options available to women today. They are: oral contraceptives (the pill), injectables (shots), transdermals (absorbs through the skin), the vaginal ring (absorbs through vaginal mucosa), intrauterine device.

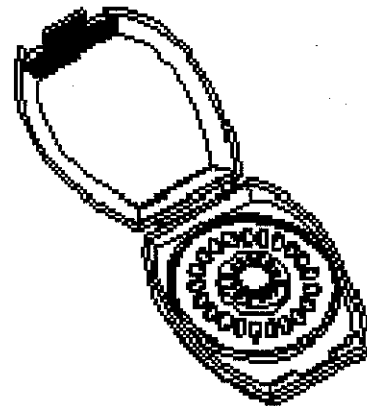
All of these options work to prevent pregnancy in one or more of three ways: 1) by inhibiting ovulation, 2) by increasing cervical mucous thus blocking sperm from entering the uterus, 3) by inhibiting the fertilized egg's implantation into the uterine wall by causing changes in the uterine lining.

Combining the two hormones estrogen and progesterone in dosages or amounts that have been exacted and perfected over the last forty plus years has enabled women to achieve a high level of protection against pregnancy.

All of the hormonal contraceptives, when taken consistently and correctly have a 99% or greater effectiveness rate in preventing pregnancy.

Birth Control Pills are the most popular contraceptive method in the United States. Pills are both an effective and reversible method of birth control.

USE: The user takes one pill a day, at the same time everyday. For three weeks the pills contain hormones (estrogen-progesterone or progesterone-only) and for one week *placebo* pills (contain no hormones). During that fourth week menstruation will occur and the cycle begins again.



EFFECTIVENESS: About 95% with typical use up to 99.9% with perfect use.

AVAILABILITY: A doctor's office visit, pelvic exam, and prescription is required. A medical history and physical examination will allow your healthcare provider to determine if hormonal contraception is a good option for you.

COST: \$30 - \$35 per cycle/month

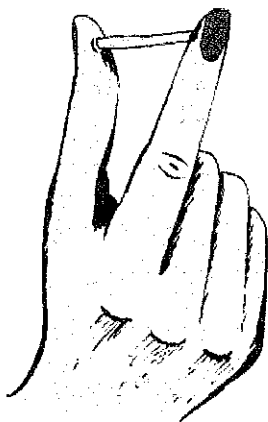
ADVANTAGES: Reversible, does not interfere with sex, medically safe for most women, regulates periods, decreases menstrual pain and PMS, and may improve acne.

DISADVANTAGES: Must remember to take it daily. There is an increased risk of blood clots, heart attack and stroke, especially in smokers. Common side effects may include nausea and vomiting, weight gain, breast tenderness and spotting.

STI PROTECTION: None

IMPLANON

A small tube (about the size of a matchstick) that is made of plastic and contains the hormone etonogestrel to prevent pregnancy for three years.



USE: A woman can have the single rod inserted at her doctor's office. The doctor will numb the skin, then use an applicator to insert the implant under the skin of the upper arm. It takes less than a minute to insert the implant. The small puncture is covered with a bandage and will heal in a few days. The woman will be able to feel the implant but not see it. The rod can stay in place for three years of continuous birth control.

EFFECTIVENESS: Up to 99%

AVAILABILITY: Doctor's office visit for insertion procedure.

COST: The exam, Implanon, and insertion range from \$400–\$800. Removal costs between \$75 and \$150

ADVANTAGES: The user does not have to think about birth control for three years. It can be removed by a doctor at any time if the woman wants to stop using it. It can be used while breastfeeding and does not contain estrogen.

DISADVANTAGES – Side effects may include irregular bleeding, heavy and/or longer periods, lighter and/or less frequent periods or no periods at all.

STI PROTECTION: None

Depo-Provera

Depo-Provera (**injectable progestogen**) is an appropriate birth control method for women who want long-term contraception with no daily routine. It is a once-every-three-month injectable hormone that prevents pregnancy.

USE: A woman must take the injection once every three months consistently in order for this method to work effectively. Every three months, a woman must go the pharmacy to pick up the prescription and have her healthcare provider administer the injection

EFFECTIVENESS: Up to 99% if every-three-month injection schedule is maintained.

AVAILABILITY: Doctor's office visit, pelvic exam and prescription is required.

COST: \$30 per injection plus cost of office visit.

ADVANTAGES: Continuous pregnancy prevention for three months. It is reversible, and does not interfere with sex.

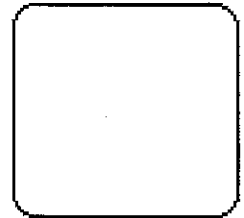
DISADVANTAGES – The female must go to the doctor every three months. Other disadvantages may include weight gain or loss, breast tenderness, nausea and or possible depression. There may be a delayed return of fertility after discontinuation of depo-provera, irregular bleeding or spotting throughout the month and sometimes the bleeding can be quite heavy. After a year of use these symptoms usually subside. More than half of women taking injections have no menstrual periods at all. There can be an increased risk of blood clots, heart attack and stroke, especially in smokers.

STI PROTECTION – None

CONTRACEPTIVE PATCH

The contraceptive patch is a once-a-week hormonal method of birth control. It is a thin, beige, matchbook-sized adhesive square that contains a combination of estrogen and progestin which, when applied to the skin, is absorbed through the skin (**transdermally**) to prevent pregnancy.

USE: The woman using the contraceptive patch applies a patch to her upper arm, upper torso (but not on the breast), abdomen, or buttocks and must wear it for seven days, then replace it with a new patch, three weeks in a row. The fourth week she is “patch-free” and menstruation will occur.



EFFECTIVENESS: Up to about 99% with perfect use.

AVAILABILITY: Doctor’s office visit, pelvic exam and prescription is required.

COST: \$30 to \$35 per cycle.

ADVANTAGES: The user only needs to think about birth control once a week. The patch is small, adheres well, and is waterproof, and does not interfere with activity. It is a highly effective and safe method of birth control.

DISADVANTAGES: Potential for serious risks including blood clots, stroke, or heart attack. There is an increased risk of these serious effects if a woman smokes cigarettes. Less serious, usually considered “annoying” or “aggravating” side effects can include “breakthrough bleeding” and spotting, and breast tenderness. The contraceptive patch may not be a good option for obese or large women weighing more than 198 pounds because the contraceptive dose may not be high enough to be effective.

STI PROTECTION: None

VAGINAL RING

The vaginal ring is a once-a-month hormonal method of birth control. It is a soft, flexible “ring”, about 2 inches in diameter. Once inserted into the vagina, the vaginal ring works to prevent pregnancy by releasing a combination of hormones, through the vaginal tissue into the bloodstream, over a period of twenty-one days.

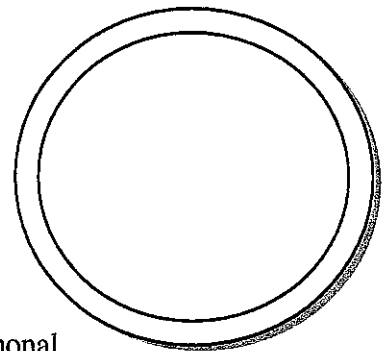
USE: The woman inserts the ring into her vagina where it remains in place, unnoticed by the woman or her partner for three weeks. At the start of week four, the ring is removed and menstruation will occur. The exact position of the ring in the vagina is not critical because it works by releasing hormones into the bloodstream, not as a barrier method.

EFFECTIVENESS: About 99% with perfect use.

AVAILABILITY: Doctor’s office visit, pelvic exam and requires prescription.

COST: \$30 to \$35 per cycle

ADVANTAGES: The user only needs to apply/insert her birth control once-a-month. Like the other hormonal methods of birth control, the vaginal ring is highly effective in preventing pregnancy and is a safe method for most women. It also has the lowest estrogen does of the hormonal methods.

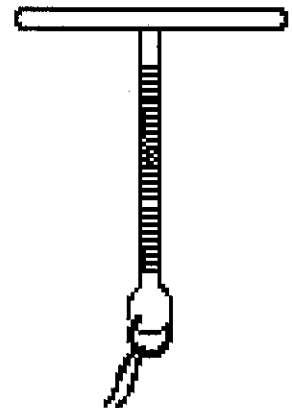


DISADVANTAGES: The potential for serious complications including blood clots, stroke, or heart attack. Less serious, but possibly “annoying” or “irritating” side effects similar to those experienced with other hormonal methods of birth control, including “break-through bleeding” or spotting between periods and breast tenderness. One should not use the vaginal ring if there is a history of blood clots, stroke, heart attack, severe high blood pressure, chest pain, diabetes with complications, headaches with neurological symptoms, unexplained vaginal bleeding, liver disease, or allergy to any component of the vaginal ring. If a woman suffers from severe constipation, there is the potential that she can expel the vaginal ring when bearing down to move her bowels. Side effects include headache, nausea, and vaginal discomfort. There has been no research on weight restrictions with this method.

STI PROTECTION: None

THE INTRAUTERINE DEVICE (IUD)

The IUD is a small T- shaped flexible device that must be inserted into the woman’s uterus by a healthcare professional to prevent pregnancy.



USE: There are 2 types of IUDs available in the United States.

1) The copper T IUD "Paragard" is very effective and can last up to 12 years. It prevents pregnancy by blocking sperm from reaching an egg and can be left in place for up to 12 years. This method is made of soft plastic and copper. Fertility resumes quickly once the IUD is removed.

2) The hormonal IUD, "Mirena" contains a hormone called progestin and can last up to 7 years. This method prevents pregnancy the same way as other hormonal methods of contraception; it takes about seven days to start working, so a backup method of birth control is needed for that first week after insertion. It takes several weeks after it is removed for fertility to return.

EFFECTIVENESS: Both types of IUDs are 99.9% effective.

AVAILABILITY: Doctor's office visit, pelvic exam and IUD placement procedure are required. The IUD can now be used for young women who have never had children.

COST: \$100 to \$200, plus the cost of insertion which is approximately \$200.

ADVANTAGES: Safe, convenient, and very effective. The woman does not have to think about birth control with every act of intercourse. If a woman wants to become pregnant, the IUD can be easily removed by her health care provider. An IUD is one of the least expensive methods of birth control because it can be used for so long.

DISADVANTAGES: Requires a doctor's office visit for insertion and removal. It is possible for the IUD to slip out of place but this is rare.

STI PROTECTION: None

Natural Family Planning

Natural Family Planning methods rely on avoiding sex during a woman's **fertile period** (from up to a week before ovulation to a few days after). There are three basic ways to determine fertility- the *calendar*, *basal body temperature* and the *cervical mucous method*.

USE: The **calendar method** involves calculating the time **ovulation** (approximately two weeks before a woman's period begins if she is regular). Measuring **basal body temperature** requires taking body temperature every morning with a special thermometer. A small rise in temperature occurs when the ovary releases an egg.

The **cervical mucous method** involves checking the quality of the mucous in the vagina. When it is clear and thin instead of thick and sticky, sexual intercourse must be avoided in order to prevent pregnancy.

When using Natural Family Planning methods, unprotected sex must be avoided for five days before and three days after an egg is likely to be released. The methods described above can be used if personal or religious beliefs prohibit using more effective methods of birth control.

EFFECTIVENESS: About 75% with typical use up to 91%-99% with perfect use depending on method of Natural Family Planning used.

AVAILABILITY: Instructions and materials are available through healthcare providers, clinics and pharmacies.

COST: No cost to using this method, but there is an initial cost associated with instructions and materials.

ADVANTAGES: Natural Family Planning methods are accepted by most religions and do not require purchasing contraception. No health risks or side effects caused by this method. Responsibility can be shared by the couple, and it is always available.

DISADVANTAGES: Because Natural Family Planning methods rely on being able to predict ovulation, this method is neither as effective nor as dependable as any of those described above. Couples determined to practice Natural Family Planning methods need to be highly motivated and keep careful records. Certain drugs and infections can cause body temperature to rise and cervical mucus may be very unreliable making accurate prediction difficult. Partners must be willing to avoid sex completely for several days each month.

STI PROTECTION: None

Sterilization

Sterilization is a surgical method of contraception.

USE: Surgery is performed to either seal off or block a woman's fallopian tubes (**tubal occlusion**) or a man's vas deferens' (**vasectomy**). These methods are considered permanent although occasionally they may be reversed through expensive surgical procedures.

Sterilization should only be considered by people absolutely certain they will never want to have children (or additional children) or women who have a medical condition that will jeopardize their lives if they were to become pregnant. For someone afraid of passing on a devastating disease that runs in the family (**genetic disease**) or a woman who has had serious problems with previous pregnancies, sterilization is an option.

EFFECTIVENESS: About 99.5% to 99.8%

AVAILABILITY: Surgery can be performed in a doctor's office (for vasectomy) or in

the hospital (for tubal occlusion).

COST: Approximately \$450 to \$700 for vasectomy, and \$2000+ for tubal occlusion.

ADVANTAGES: Sterilization is the most effective form of birth control other than abstinence. Once it is performed, there is nothing more to do as it eliminates all risk of pregnancy.

DISADVANTAGES: Discomfort due to surgery for a short time after the anesthetic wears off. As with all surgical procedures, complications can occur. These can include bleeding, infection, blood clots, and in the case of women, possible damage to the bowel. Some men experience swelling and tenderness in and around the testicles after a vasectomy.

STI PROTECTION: None

Adiana

In July 2010, the FDA (Food & Drug Administration) approved “Adiana”, an alternative to tubal ligation. The procedure takes only twelve minutes and can only be done in a doctor’s office with local anesthesia. The fallopian tubes are blocked by silicone inserts about the size of a grain of rice. No incision is needed. A catheter (hollow tube) is used to insert the implants. A low dose of radio frequency energy prompts healthy cell tissue to grow around the inserts, blocking the tubes.

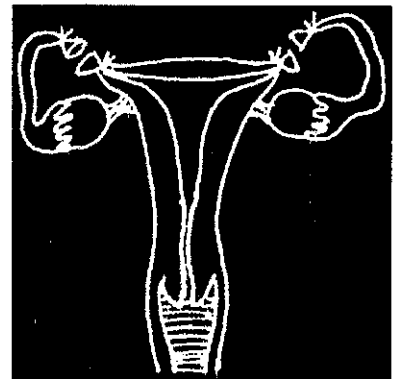
The woman needs to use an alternative method of birth control for the next three months. At that time, dye is injected into the tubes to be certain the tubes are blocked.

EFFECTIVENESS: About 99.5% to 99.8%

ADVANTAGES: Permanent, quick and simple

DISADVANTAGES: Possible cramping and bleeding after the procedure. Requires the use of an alternative birth control for three months after the procedure. Requires a dye test to be certain the procedure worked.

STI PROTECTION: None



ABSTINENCE

The only truly **safe sex** is no sex at all. By choosing abstinence men and women are guaranteed not only that they will not become pregnant, or father a child, but will be totally protected from getting any STIs including the HIV virus.

USE: Abstaining from all forms of genital to genital sexual contact will protect a couple from pregnancy. Abstaining from all forms of genital to genital, mouth to genital, or genital to anus sexual contact will protect a couple from STIs.

EFFECTIVENESS: 100% with perfect use.

AVAILABILITY: Abstinence is ALWAYS an available option.

COST: None

ADVANTAGES: No risk of pregnancy. No health risks associated with other birth control methods.

DISADVANTAGES: Need to control sexual impulses. Decision making skills must not be altered by drug or alcohol use.

STI PROTECTION: 100% protection from sexually transmitted infections.

Emergency Contraception

Emergency contraception is a method women can use to prevent pregnancy after having unprotected intercourse, such as when unintended, unprotected sex occurs, the usual method of contraception fails, or rape occurs.

There are different types of pills that are available for this purpose. Plan B is a method that consists of a pill that is taken as soon as possible after the act of unprotected intercourse occurs and a second pill that is taken twelve hours later. It is the most effective if taken within 3 days after unprotected intercourse, but has some effect 5 days after unprotected sex.

Another method, called Plan B One Step requires only one pill to be taken as soon as possible after unprotected sex, again ideally within 3 days after unprotected sex. For both of the above mentioned, the sooner the method is used, the more effective it is. There is also a generic form of the Plan B available.

When used correctly, Emergency Contraceptive Pills are 75-85% effective, depending on where the woman is in her menstrual cycle at the time.

Almost every woman who needs the Emergency Contraception can use it, even women who are unable to use "the pill" for routine birth control. This is due to the short duration of use involved. The only real contradiction to the use of Emergency Contraception is if the woman is already pregnant because it will be ineffective- the pregnancy will continue. Possible side effects of Emergency Contraception Pills include nausea, vomiting, and breast tenderness.

Emergency Contraception pills are available without a prescription to women 17 years of age and older.

A method of Emergency Contraception that has been used in Europe that is effective when used 5 days after unprotected intercourse has received FDA approval in the United States. Ella is a one dose form of emergency contraception that blocks the effects of key hormones necessary for conception. Because it works differently than Plan B, it is as effective for the entire 5 days. (It does not protect against pregnancy if further acts of unprotected intercourse take place during those 5 days, however, because sperm can live past that 5 day timeframe).

Information about Emergency Contraception is also available by calling the National Emergency Contraception Hotline @ 1-888-NOT-2-LATE or Planned Parenthood of America @ 1-800-230-PLAN.

While Emergency Contraception is effective and reassuring "back up" birth control, it is not meant to be used as a regular method of birth control. It also offers no protection against STI's.

The decision is yours -
pregnant or not pregnant,
a parent by **choice**
or a parent by **chance...**

Lesson Ten

SEXUALLY TRANSMITTED INFECTIONS (STIs)

Sexually transmitted infections are spread through **sexual contact** (genital to genital, mouth to genital, mouth to anus, genital to anus). Except for the common cold and the flu, STIs are the most common infections among teenagers in the United States.

One out of four, sexually active teens are living with an STI. Although teens make up 10% of the population, they acquire between 20% and 25% of all sexually transmitted infections. If left untreated, some STIs can cause blindness, scarring, brain damage, **sterility** (the inability to ever have children), and even death. Some STIs can be cured, but others persist throughout a person's life.

STIs are especially dangerous to young women. Because female reproductive organs are located inside the body, the signs and symptoms of an STI often go unnoticed. Additionally, because the reproductive system's tissue is softer and more easily permeated by viruses and bacteria, molecular and cellular changes caused by STIs are more easily acquired in teens and young women. If left untreated, even curable STIs can cause long lasting damage, including **ectopic pregnancy**, and sterility.

Chances of contracting an STI (including HIV/AIDS) increase dramatically with the number of sexual partners a person has. This is because a person not only has sex with his or her current partner, but in effect, that person has sex with every person his or her partner has ever had sex with. For a man or woman, sex with one person may mean exposure to the sexually transmitted infection of dozens or even hundreds of other people.

There are two forms of STIs - bacterial and viral. Bacterial STIs, if caught early, can be cured with very little damage to the body. These include **chlamydia**, **gonorrhea** and **syphilis**. Viral STIs, unfortunately, cannot be cured. The symptoms may be treatable and controllable, but once infected with a virus, the body will always carry the disease. Viral STIs include **Human Papilloma Virus (HPV)**, **Herpes**, **Hepatitis B**, **Hepatitis C** and **HIV/AIDS**. A person does not develop a resistance or immunity to an STI simply by having previously contracted that disease. The consequences of contracting an STI can last a lifetime.

BACTERIAL STIs

Chlamydia

Chlamydia is the most commonly reported STI. It is a bacteria STI that infects millions of people in the United States each year. The highest rate of chlamydia is among teenagers.

MODES OF TRANSMISSION: Sexual contact of all types with an infected partner.

SYMPTOMS: Symptoms can appear two to four weeks after exposure. In women, symptoms of Chlamydia include painful, burning urination, itching at the **labia** and frequent urination. Women may also have a discharge from the cervix. Men may experience a thin watery discharge from the penis and painful or burning urination as well. Unfortunately, most people have no signs or symptoms at all. As a result, they pass the disease along without knowing it. 80% of women have no symptoms until complications set in.

DIAGNOSIS AND TREATMENT: Office or clinic visit is required. There are several reliable testing options available. Urine or culture from infected area.

Treatment includes prescription for antibiotic therapy, partner notification and treatment and STI education and counseling.

POTENTIAL CONSEQUENCES: Left untreated, the infection can cause infertility in either sex. In women untreated Chlamydia can lead to **PID** (pelvic inflammatory disease), cystitis (inflammation of the urinary bladder). Untreated Chlamydia in men can cause epididymitis (inflammation of the epididymis) prostatitis (inflammation of the prostate gland), and urethral scarring. If a woman is pregnant and the disease goes untreated, it can cause birth defects, eye infections, blindness and pneumonia that can lead to death in the newborn.

- Sexual Transmission
 - genital-anal
 - genital-genital
 - oral-genital/anal
- Skin to skin
 - kissing
 - body rubbing
- Body Fluids
 - blood
 - semen
 - vaginal secretions
- sharing needles
- pregnant woman/breast milk

Body Fluids:

- Gonorrhea
- Chlamydia
- Syphilis
- HIV
- hepatitis

Skin - Skin:

- genital warts
- herpes
- pubic lice

Gonorrhea

Gonorrhea (commonly referred to as clap) is a bacterial infection. At one time gonorrhea was the most common STI in the country. Today millions of Americans are infected with gonorrhea each year.

MODES OF TRANSMISSION: Sexual Contact of all types with an infected partner

SYMPTOMS: Symptoms usually appear three to seven days after exposure. Most women have no symptoms but those who do might experience frequent, burning, painful urination, and a yellow-green discharge. Men may experience frequent, burning painful urination and milky discharge from the penis or pain and swelling of the testicles.

DIAGNOSIS AND TREATMENT: Office or clinic visit is required. There are several reliable testing options available. Urine or culture from infected area.

Treatment includes prescription for antibiotic therapy, partner notification and treatment and STI education and counseling.

POTENTIAL CONSEQUENCES: Untreated gonorrhea in women can lead to pelvic inflammatory disease (PID), painful menstrual periods, miscarriage, chronic bladder inflammation, and blindness in her newborn as the germs infect the baby's eyes as it passes through the birth canal.

Because the disease can be asymptomatic (have no symptoms), all newborns have antibiotics placed in their eyes after birth to prevent infection and blindness. Babies can also develop infection in the blood lining of the brain from untreated gonorrhea.

Men with untreated gonorrhea can develop infections in the prostates and epididymis, scarring in the urethra (tube for passage of urine and sperm), and infertility.

A small number of people with untreated gonorrhea may develop arthritis, symptoms of which fever, skin sores, painful swelling of the joints, infection of the lining of the heart and covering of the brain.

Syphilis

Syphilis is caused by bacteria called **spirochete**. Other than the AIDS virus, syphilis is the most deadly STD. It is one of the oldest diseases known to man.

MODES OF TRANSMISSION: Sexual Contact of all types with an infected partner. Syphilis transmission can occur when infected lesions come in contact with the soft skin of the mucous membrane found inside the vagina, urethra or with an abrasion during vaginal, oral and anal sex, even if there is no sexual penetration. It is most easily spread during the first stage because symptoms usually go unnoticed. A person who has entered the latency stage of Syphilis can still transmit the disease.

SYMPTOMS: Syphilis occurs in three stages:

1) The first stage or sign of the disease is a painless sore, called a **chancre** (pronounced shanker) on the skin where the germ entered the body. A chancre will appear within a week of exposure. It can be found on the vagina or penis or any place else that came in contact with an infected sexual organ. The sore will heal on its own, creating the false impression that the disease is gone. In fact, the syphilis remains dormant within the body.

2) In the second stage of syphilis, between two and six months after exposure, the infected person will develop a body rash, sore throat, or patchy losses of hair. If untreated, this stage will last two to six weeks and again appear to go away. The disease, however, has not.

3) The third and final stage of syphilis becomes active 15 to 25 years after the original exposure. By that time, syphilis is no longer contagious and can't be passed to another person.

DIAGNOSIS AND TREATMENT: Doctor's office or clinic visit is required. A blood test is used to detect the disease. Treatment includes prescription for antibiotic therapy, partner notification and treatment and STI education and counseling. Syphilis can be cured with antibiotics if caught before the third stage. A blood test is used to detect the disease.

POTENTIAL CONSEQUENCES: If untreated by the third stage, syphilis has very serious effects on the body. In this stage there is massive damage to the brain, heart, and nervous system. Blindness, deafness, and dementia are common. Third stage syphilis is *incurable*. If not treated before it reaches the third stage, *death* usually results.

Did You Know?

Even perfect condom use (using a condom properly and each and every time) cannot guarantee protection from STIs.

Lesson Eleven

Viral STIs

Human Papilloma Virus (HPV)

HPV, Condyloma, or Genital Warts are all caused by the **Human Papilloma Virus**. It is estimated that 30 to 40% of sexually active people under the age of 25 are infected. It is the *most common* viral STD. Some HPV can also cause genital warts. Researchers have also discovered that some types of HPV infection cause **cervical cancer**.

MODES OF TRANSMISSION: Sexual Contact of all types with an infected partner.

SYMPTOMS: Some HPV can cause genital warts. Genital warts are small, with a pink or red appearance, and usually form in clusters. In women they may appear on the labia and/or on the cervix. In men they are usually found on the penis and/or scrotum. Unfortunately, most HPV have no noticeable symptoms, and for this reason they are very dangerous.

Abnormal **PAP smears** (Papanicolaou smears) are almost always a direct result of HPV infection. If Left untreated, changes in the cervical cells result in cervical cancer.

DIAGNOSIS AND TREATMENT: Doctor's office or clinic visit is required. A traditional Pap smear is a simple procedure performed by a health care professional as part of the most routine gynecological exams. A cervical swab is used to collect a small sample of cells, which are transferred to a slide, sent to a lab, and examined under a microscope. Abnormal cervical cells indicate a need for close follow up and possible treatment.

HPV infection cannot be "cured", but symptoms such as genital warts and abnormal cell growth can be treated. The warts can be removed by a person's health care provider, but the virus remains in the body and may reappear at a later time.

POTENTIAL CONSEQUENCES: More than one-third of the estimated 15.3 million new cases of sexually transmitted infections (STIs) each year in the United States are attributed to HPV. Most Americans have never heard of HPV (70%) or discussed it with their health care provider (89%). Because early detection is critical to minimizing negative health outcomes and deaths from cervical cancer, public health experts advise sexually active women to get routine Pap smears, which can identify abnormal changes in cervical cells.

Genital Herpes

Genital Herpes is a viral infection caused by a member of a family of viruses that also causes cold sores, chicken pox, and mononucleosis.

MODES OF TRANSMISSION: Herpes is spread through sexual contact of any type with an active herpes lesion.

SYMPTOMS: Herpes lesions appear as a single sore or a small cluster of blister-like sores on any part of a man or woman's genitals. The sores burn, itch, and can be quite painful. Lesions can also appear on the mouth and lips when spread through oral sex.

DIAGNOSIS AND TREATMENT: A doctor's office visit is required to diagnose herpes. As with all viruses, there is no cure for herpes. It is different from other common viral infections because once it is introduced it lives in the body over a lifetime, often without symptoms or with periodic symptoms. The virus can travel the nerve pathways in a part of the body and hide away, sleeping, in the nerve roots for long periods of time.

Blood tests can be used when a person has no visible symptoms but has concerns about having herpes. Blood tests do not actually detect the virus; instead, they look for antibodies (the body's immune response) in the blood.

There is no cure for herpes, but there are three antiviral medications (in pill form) approved by the Food and Drug Administration (FDA) that are available for the treatment of herpes.

A health care provider can prescribe one of the available medications to help speed the healing of an outbreak and/or to decrease the frequency of outbreaks in severe cases.

During pregnancy, a woman with herpes may be prescribed one of these antiviral medications to reduce the risks to her baby of contracting herpes during the birth process, which might otherwise result in brain damage or death within the first few weeks of life.

Treatment includes prescriptions for antiviral therapy-(pills and topical creams), partner notification and treatment, and STI education and counseling.

POTENTIAL CONSEQUENCES: In addition to the physical discomfort during an outbreak, herpes can harm unborn babies and newborns. The most likely time for the virus to do damage to an infant is at the time of delivery. If a woman has active herpes at the time of delivery, the doctor will need to do a cesarean section to avoid exposing the baby to the virus through contact with the sores.

HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immune Deficiency Virus)

AIDS is the *deadliest* of all the sexually transmitted diseases. AIDS stands for Acquired Immune Deficiency Syndrome. This disease is caused by a virus (called the Human Immunodeficiency Virus or HIV) that attacks and disables the body's immune system. The attack on the immune system weakens it making the body vulnerable to a variety of infections that would normally not be a problem

MODES OF TRANSMISSION: The virus can be spread through sexual contact of any type with an infected person, sharing hypodermic needles and syringes during drug use, by being born to a mother with HIV, breastfeeding from a mother with HIV, or any blood-to-blood contact with HIV-infected blood.

The types of bodily fluids that are most likely to transmit HIV are blood, semen, vaginal secretions, and breast milk.

It is impossible to get HIV from donating blood and it is extremely rare in this country to get HIV from a blood transfusion.

SYMPTOMS: Once the body is infected it may take from 5 to 10 years before symptoms of AIDS appear. The symptoms associated with AIDS are similar to the symptoms of many other diseases. AIDS is a diagnosis made by a doctor based on specific criteria established by the Centers for Disease Control and Prevention (CDC)

Teenagers are one of the largest groups at risk of HIV infection. Many teens engage in the two highest at risk behaviors for HIV infection:

- 1) Unprotected sex
- 2) Sharing needles during drug use

AIDS does not distinguish between age, race or sex. If infected with HIV, a person will, over time, develop full-blown AIDS and die.

DIAGNOSIS AND TREATMENT: Since 1 out of every 5 people who have HIV does not know their status, the CDC recommends that everyone between the ages of 13 and 64 years of age be offered HIV testing as part of their routine healthcare.

TYPES OF HIV TESTS:

Antibody tests are commonly used to test for HIV. An antibody is a substance the body makes to fight germs. Antibodies to HIV can be detected between two weeks and three months after infection. Depending on the type of test, a person can get their results in as early as twenty minutes after the test is taken. Some types of tests can take as long as a few weeks to get results.

HIV tests can be done via blood samples, urine, or fluid from the mouth. There is only one test that is approved by the FDA for testing at home: Home Access Express HIV-1 Test System. This test takes 3 – 7 days to get results. Other home tests are not accurate.

If an antibody test is positive, a second type of test is done to confirm the results. The second test takes a few days to a few weeks to get results.

RNA TESTS: RNA tests are used to test for the presence of HIV rather than antibodies. RNA testing is usually done on newborns of mothers who are positive for HIV.

TREATMENT: A person who has HIV will need to take antiviral medications prescribed by his or her healthcare provider. With proper treatment and care, a person who is HIV positive can prevent a progression to full blown AIDS for many years.

HIV testing is offered to all pregnant women at their first prenatal visit. If a pregnant woman is HIV positive, her healthcare provider can order antiviral medication to be taken through the last six months of pregnancy in order to decrease the risk of transmission to the fetus to 1%. The newborn would be given antiviral medication for the first several weeks of life until the HIV RNA testing confirms the baby's status.

POTENTIAL CONSEQUENCES: AIDS does not distinguish between age, race or sex. If infected with HIV, a person will, over time, develop full-blown AIDS and die.

HEPATITIS: Hepatitis is an inflammation of the liver that can be caused by a group of viruses. There are five major types of viral hepatitis:
Hepatitis A (HAV), Hepatitis B (HBV), Hepatitis C (HCV), Hepatitis D (HDV) and Hepatitis E (HEV). HAV, HBV and HCV are the most common types of viral hepatitis found in the United States. **For our purposes we will discuss only Hepatitis B and C as they are the ones that can be sexually transmitted.**

MODES OF TRANSMISSION:

Hepatitis B (HBV): The hepatitis B is a virus that causes inflammation of the liver. It can infect a person if his or her mucous membranes or blood are exposed to an infected person's blood, saliva, semen, or vaginal secretions. This disease can be transmitted through sexual contact of any type with an infected person.

Hepatitis C (HCV): The hepatitis C is also a virus that causes inflammation of the liver. It can infect a person if his or her mucous membranes or blood are exposed to an infected person's blood, saliva, semen, or vaginal secretions. It can also be transmitted through sexual contact of any type with an infected person.

According to the Center for Disease Control (CDC), four times as many people in the United States are infected with hepatitis C than HIV. Because people with HIV are living longer, hepatitis C is becoming a major cause of death among those with AIDS.

SYMPTOMS: When hepatitis viruses damage liver cells, scar tissue is formed and those cells can no longer function. With fewer healthy liver cells, the body begins to show symptoms ranging from mild (such as fatigue) to more severe symptoms (such as mental confusion). Symptoms can also include: nausea, loss of appetite, fever and possibly jaundice (yellowing of the skin).

DIAGNOSIS AND TREATMENT: A doctor's office visit is required. There are several blood tests that can be done to determine if a person has HCV. If you think you've been exposed or infected with HBV or HCV, talk to your health care provider. They may order one test or a combination of tests. There is no cure for hepatitis A. Most people with severe infection will experience short-term illness and then recover completely. They are often told to rest for one to four weeks and to avoid intimate or sexual contact with others. Some doctors recommend a high-protein, low-fat diet during recovery and avoidance of alcohol, sedatives, or strong painkillers, such as narcotics. Once recovered, an individual is immune and will not get hepatitis A again.

New studies indicate that treatment with **interferon** shortly after infection with HCV may be effective in reducing the risk of chronic infection and liver disease. A combination of antiviral drugs, taking properly over a long period of time, may cure 15 - 25% of those infected and improve liver function on another 15% of patients. In most cases, hospitalization should be considered for people who are severely ill for provision of supportive care.

Treatment includes partner notification, interferon and/or antiviral therapy in some cases, STI education and counseling.

POTENTIAL CONSEQUENCES: Hepatitis can cause cirrhosis (scarring), and other irreversible liver damage; it often shows little or no symptoms at all until the damage is severe. Hepatitis C is a virus which can cause liver cancer. Pregnant women who become infected with HEV are at greater risk of death. The fatality rate may reach 15 to 20% among women during pregnancy. Hepatitis B can cause: Chronic infection, Cirrhosis (scarring) of the liver, liver cancer, and death. The good news is that hepatitis B is preventable through vaccination. A person can choose to be vaccinated and no longer has to worry about being infected with HBV.

VAGINITIS Vaginitis is a name for swelling, itching, burning or infection in the vagina that can be caused by several different germs. The most common kinds of vaginitis are **bacterial vaginosis (BV)**, **yeast**, **fungus** and sometimes **trichomoniasis vaginalis**.

MODES OF TRANSMISSION: The healthy vagina has a balance of many different kinds of bacteria. "Good" bacteria help keep the vagina a little bit acidic. This keeps "Bad" bacteria from growing too fast. A healthy vagina makes a mucus-like discharge that may look clear or a little milky, depending on the time of a woman's monthly cycle. When the balance between the "Good" bacteria and the "Bad" bacteria is upset, "Bad" bacteria grows too fast and cause infections. Discharge may have a funny color or a bad

smell. These "Bad" bacteria and other germs that cause vaginitis can be spread through sexual contact with an infected person. Other things that can upset the balance of the vagina are; antibiotics, pregnancy, douching, damp underwear, tight pants, poor diet, vaginal sprays, lubricants, and birth control devices.

SYMPTOMS:

Bacterial Vaginosis: strong fishy smell (especially after sex), white or gray discharge and/or watery or foamy discharge.

Yeast: thick, white "cottage cheese" discharge, pain, itching, burning, or redness around the vagina, or a smell like baking bread.

Trichomoniasis Vaginalis: discharge that is green, yellow or gray, a bad smell, itching in or around the vagina, pain during sex, and painful urination.

DIAGNOSIS AND TREATMENT: A number of tests are available to determine the cause of vaginitis. A doctor's office visit is required and a **culture** is usually taken and examined under a microscope. Treatment includes prescription for antibiotic or anti-fungal therapy, partner notification and treatment, STI education and counseling.

PREVENTION OF SEXUALLY TRANSMITTED INFECTIONS

The *best* way to prevent a sexually transmitted infection is to not have sex. Remember, there is no such thing as **safe sex**, only **safer sex**. Other than abstinence, the best way to protect yourself is to:

- Be certain your partner is someone you trust and who loves you, and who you are sure will have sex with ***no one other than you.***
- Talk to your partner about his or her sexual history. Be sure that there is no history of IV drug use. ***YOU NEED TO BE ABLE TO TALK ABOUT THESE THINGS OPENLY AND HONESTLY.***
- Limit yourself to one sex partner and remain faithful to that partner.
- No matter what type of birth control you are using, ***ALSO*** use a barrier method of contraception. Condoms offer the best protection against STIs.
- Use condoms each and every time you have sex.

Although nothing but abstinence will keep a person 100% safe from sexually transmitted infections, these guidelines can help make sex safer.

Did You Know?

While STIs can be contracted by people of all ages, they are most prevalent among teenagers and young adults. Nearly two-thirds of all STIs occur in people younger than 25 years of age.

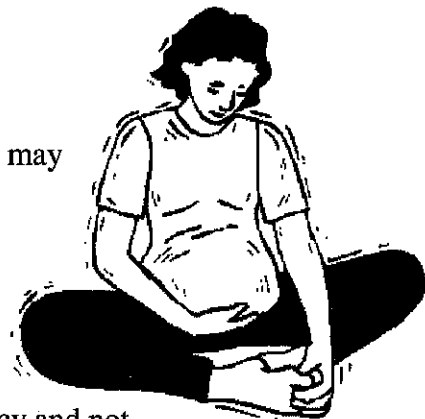
Lesson Twelve

Pregnancy/Labor/Birth

SIGNS OF PREGNANCY

Am I really pregnant? Is she really pregnant? These questions may haunt sexually active teenagers at one time or another.

Some signs suggest the *possibility* of pregnancy, others suggest the *probability*. No early signs are sure indicators of pregnancy.



A woman may have the signs and symptoms of early pregnancy and not be pregnant or have only a few symptoms and be very definitely pregnant. Signs and symptoms of pregnancy are only clues- important to pay attention to - but not to be relied upon for absolute certainty. The following charts indicate possible, probable, and positive or certain signs of pregnancy. A combination of a pregnancy test and a medical examination will confirm or deny pregnancy. The average length of pregnancy is between 38 to 42 weeks.

| POSSIBLE SIGNS OF PREGNANCY | | |
|--|---|--|
| SIGN | WHEN IT APPEARS | OTHER POSSIBLE CAUSES |
| Amenorrhea (Absence of menstruation) | Usually throughout pregnancy | travel, fatigue, stress, fear of pregnancy, hormonal problems or illness, extreme weight gain or loss, extreme athletic conditioning |
| Morning sickness (any time of day) | 2 - 7 weeks after conception | food poisoning, tension, infection, a variety of diseases |
| Frequent urination | Usually 6 - 12 weeks after conception | urinary tract infection, diuretics, tension. |
| Tingling, tender, swollen breasts | As early as a few days after conception | birth control pills, menstruation |
| Changes in color of vaginal and cervical tissue as blood flow to area increases* | First trimester of pregnancy | menstruation |
| Darkening of areola around nipple and elevation of tiny glands around nipple | First trimester of pregnancy | hormonal imbalance |
| Blue and pink lines under skin on breasts and later on abdomen | First trimester of pregnancy | hormonal imbalance |
| Food cravings | First trimester of pregnancy | poor diet, imagination |
| Darkening of line from navel to pubis | 4th or 5th month of pregnancy | hormonal imbalance |

PROBABLE SIGNS OF PREGNANCY

| SIGN | WHEN IT APPEARS | OTHER POSSIBLE CAUSES |
|--|------------------------------|----------------------------|
| Softening of uterus and cervix* | 2 - 8 weeks after conception | a delayed menstrual period |
| Enlarging uterus* and abdomen | 8 - 12 weeks | tumor |
| Intermittent painless contractions increasing in frequency | Early in pregnancy, | bowel contractions |
| Fetal movements weeks of pregnancy | First noted 14 - 20 | gas, bowel contractions |

POSITIVE SIGNS OF PREGNANCY

| SIGN | WHEN IT APPEARS | OTHER POSSIBLE CAUSES |
|--|------------------------------|-----------------------|
| Positive Qualitative HCG Blood Test*** | 2 - 7 days after conception | hydatiform mole |
| Visualization of fetus through ultrasound* | 4 - 6 weeks after conception | <i>NONE</i> |
| Fetal heartbeat* | At 10 - 20 weeks** | <i>NONE</i> |
| Fetal movements felt through abdomen* | After 16 weeks | <i>NONE</i> |

* Signs of pregnancy looked for in medical examination.

** Depending on device used.

*** **HCG** - Human Chorionic Gonadatrophin

If you have reason to suspect you are pregnant or someone you know thinks she might be, it is vital to get a pregnancy test as soon as possible. The earlier it is determined, with certainty, that there is a pregnancy, the more time there is to think about the important decisions that must be made regarding that pregnancy and the baby's future.

Early confirmation of pregnancy allows more time to decide whether to keep the baby, give it up for adoption, or abort the pregnancy. If you decide to go through with the pregnancy, whether you intend to raise the baby yourself or put it up for adoption, you will want to give the child the best possible start. As early as possible in the pregnancy you will want to *stop* smoking, drinking, or using any drugs, *start* eating a nutritionally balanced diet, and get regular **prenatal** checkups.

If the decision is to abort the pregnancy, the procedure will be safest if done very early in the pregnancy. It is a decision that could affect the rest of your life.

Discomforts of Pregnancy

Pregnancy causes many changes in a woman's body. A pregnant woman may feel many discomforts that she never experienced before. Most are not serious and there are things that a pregnant woman can do to make herself feel better in most cases.

MORNING SICKNESS (Nausea and Vomiting)

A pregnant woman may feel sick to her stomach early in the morning, sometimes late in the afternoon or in the evening. She may or may not vomit. While this feeling usually disappears after the third month, it can last throughout pregnancy.

DIZZY SPELLS

A pregnant woman may feel faint or dizzy when getting up quickly or after standing for a long time.

FREQUENT URINATION

During pregnancy most women have to urinate more often. The growing baby and uterus put pressure on the bladder, where the urine is stored. The pressure gives the woman the feeling that she has to urinate.

CONSTIPATION

A pregnant woman may not be able to have a bowel movement as often as she used to or may experience more difficulty in having bowel movements.

HEARTBURN

Heartburn really has nothing to do with the heart, but is actually like indigestion. It causes a burning feeling in the chest and throat. Pregnant women experience it because the growing fetus pushes the uterus up against the stomach and forces stomach acid into the esophagus.

MUSCLE CRAMPS

During the last months of pregnancy, leg cramps are common because of the pressure of the large uterus on the blood flow to the legs. It is not uncommon for pregnant women to be awakened by leg cramps during the night.

BACKACHE

Many women have backaches sometime during pregnancy. The growing uterus puts added strain on a pregnant woman's back muscles.

VAGINAL DISCHARGE

Pregnant woman may have a heavy white discharge from her vagina during pregnancy, which may be normal.

STRETCH MARKS

Women often get dark pink or purple lines called stretch marks on their breasts and abdomens during pregnancy. This is due to hormonal changes and the quick stretching of the skin. The marks generally fade with time but traces remain permanently.

STUFFY NOSE

Some women experience a stuffy nose during most of their pregnancy. This is a result of swelling in the lining of the nose caused by retention of water by the body. Nose bleeds are also common during pregnancy.

VARICOSE VEINS

Varicose veins are blood vessels that have stretched. They appear most often in the legs. The large uterus of a pregnant woman presses on blood vessels and slows the flow of blood in the legs. These stretched vessels can stick out and sometimes ache.

HEMORRHOIDS

Hemorrhoids are swollen veins around the **anus** (the opening through which bowel movements pass). The blood vessels swell and can stick out, itch, and hurt.

SHORTNESS OF BREATH

As a pregnancy progresses, a woman may find it is harder to breathe. This is because the growing uterus pushes up against her diaphragm and doesn't allow the lungs to fill completely.

MASK OF PREGNANCY

Some women get dark areas of skin on their faces during pregnancy. Often they show up around the eyes where a mask would be worn. They are caused by high hormone levels.

Teratogens

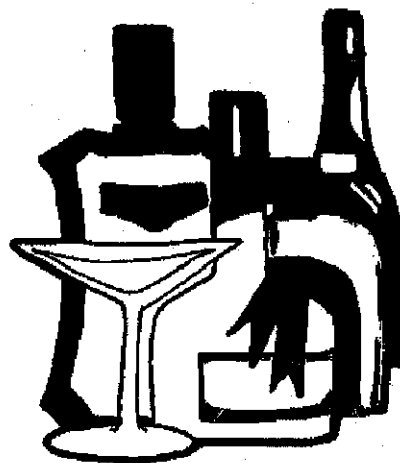
Teratogens are things in the environment or substances that a pregnant woman takes that may be harmful to her unborn baby. Teratogens are especially dangerous during the first trimester (the first three months of pregnancy). All important development of the major organ systems takes place during this period, sometimes before a woman is even aware that she is pregnant. This is a very important reason for early **diagnosis** of pregnancy.

Being a good parent begins before a baby is born. Whether a woman plans to keep her baby or give it up for adoption, she will want to give it the best possible start in life. A baby's health depends on what his or her mother does while she is pregnant.

Here are some things that are dangerous for the baby and the pregnant woman.

ALCOHOL

One in ten people have a problem with alcohol. Everything that a pregnant woman eats or drinks goes to her baby. Alcohol intake by the pregnant woman reaches her baby right away – by three weeks after conception, the baby's organs are already growing. The heart and brain of the baby can be damaged (even before the



woman knows that she is pregnant!)

Beer, wine, hard liquor, and even over-the-counter medications like Nyquil and cough and cold medicine contain alcohol.

Heavy drinking is dangerous at every stage of pregnancy. There is no safe time to drink heavily. Daily alcohol intake can result in a stillbirth (a baby who is born dead). It can also cause the baby to develop fetal alcohol syndrome (FAS). Children who have FAS:

- Are often permanently mentally retarded.
- May be born with cerebral palsy.
- Will look different: they have small heads; thin upper lips, small noses and widely spaced eyes.
- Have up to a 50% chance of having other major birth defects (heart, stomach, brain, etc.)
- Have trouble growing.

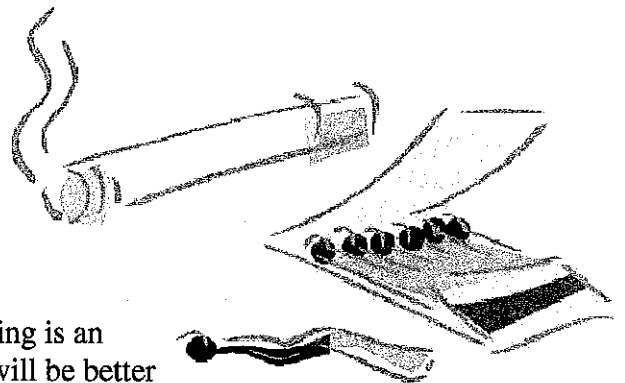
FAS is the most preventable cause of mental retardation. Babies whose mothers drank heavily during their pregnancies are restless, irritable, and they cry a lot. They have trouble sucking and eating. They do not sleep well and they have problems with hearing, talking and seeing.

It is safest not to drink any alcohol at all during pregnancy and while breastfeeding. But, if a pregnant woman does drink, and she stops drinking (especially early in the pregnancy), the chances of having a healthy baby are much better.

SMOKING

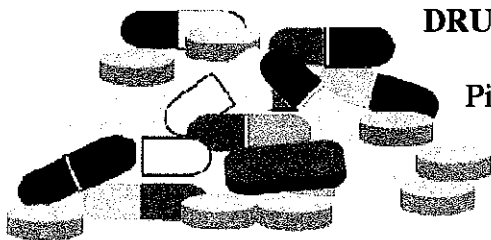
Every time a pregnant woman smokes cigarettes or marijuana, she is giving her baby a cigarette also. Nicotine and carbon monoxide pass through the placenta, taking the place of nutrients and some of the oxygen needed for growth. A study done at Boston University in 2000, found that most pregnant women who smoked had a cancer-causing agent in their amniotic fluid.

Smoking increases the risk of miscarriages, SIDS (Sudden Infant Death Syndrome), infertility, ectopic pregnancy, low birth weight, premature death and still birth. Heavy smoking reduces the number of brain cells the baby has and can affect its intelligence later in life. Secondhand smoke is harmful as well.



As many as 1 out of 5 pregnant women smoke. Smoking is an addiction that is difficult to stop. Even cutting down will be better than making no changes at all.

DRUGS



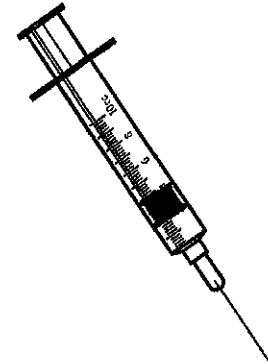
Pills, drugs, or medicines should not be taken during pregnancy unless a doctor tells the woman to take them. Some drugs not normally harmful to the mother can

damage her baby's growth and cause serious birth defects, both physical and mental. Even some common over-the-counter medicines can be dangerous!

Illegal drugs can cause low birth weight, premature birth, birth defects, SIDS, and drug withdrawal symptoms that can keep a baby in the hospital anywhere from a few days to a few months after birth.

Marijuana can cause a lack of oxygen to the unborn baby, low birth weight, trouble feeding, tremors, seizures, and poor development in speech and memory.

Cocaine, even if used once during pregnancy, can cause the placenta to separate from the uterus, resulting in severe brain damage to death from the lack of oxygen to the baby. Cocaine can cause strokes in babies and will result in the baby suffering from withdrawal for 2-3 weeks.



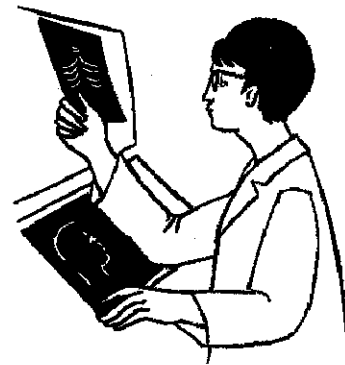
Opiates, such as heroin, morphine, Demerol, and methadone can cause seizures, vomiting, diarrhea, and irritability in babies for several months after birth. These babies will need to stay in the hospital for a period of time for treatment of their withdrawal symptoms. A pregnant woman should tell her doctor if she has taken drugs even once during her pregnancy in order to get medical help to increase the chances for a healthy baby.

X-RAYS

If taken in early pregnancy, x-rays to the lower abdomen can cause birth defects. A woman should let her doctor know if she even suspects that she may be pregnant, so extra caution is taken when x-rays are needed.

ULTRASOUND

Ultrasound testing is generally considered safe, but this is not known for certain. An ultrasound is done during pregnancy when the health of the mother or baby requires it.



INFECTIONS

Many diseases can be dangerous to a pregnant woman and her unborn baby. These include bacterial or viral sexually transmitted infections such as syphilis, gonorrhea, herpes, and HIV. **Rubella** (German Measles), which is often only mildly uncomfortable for an adult, can cause serious birth defects in a newborn if the mother gets the illness during the first trimester of pregnancy. Rubella babies can have damage to their hearing, sight, heart and brain.

A pregnant woman should always tell her doctor if she has been exposed to any illness, including sexually transmitted infections.

Taking good care of oneself before, during, and after pregnancy will increase the chance of a healthy child!

Lesson Thirteen

NUTRITION DURING PREGNANCY

A growing baby depends on its mother for food. Eating well may be one of the most important things a pregnant woman can do to help her baby be born healthy. This is especially true in the case of a pregnant teenager whose own growing body also demands good nutrition. Poor eating habits can harm a pregnant woman and her baby, both physically and mentally. Eating well and avoiding junk food will help to keep both mother and child healthy. During pregnancy, a woman should never diet or skip meals.

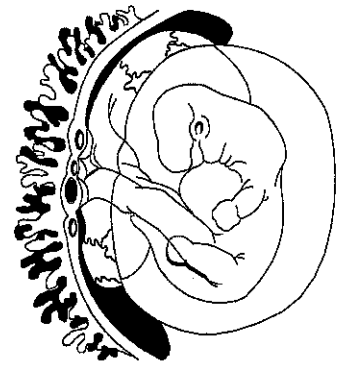
Eating for two doesn't mean a pregnant woman should eat twice as much. Remember the second person (the baby) is very small, and doesn't need as much food as its mother. What a pregnant woman needs is to eat *well* and make sure the baby gets everything it requires to develop normally.



FETAL DEVELOPMENT

THE DEVELOPING EMBRYO

A lot happens in a woman's body during the short period of time between her last period, **conception**, and a positive pregnancy test.



A woman may not even know she is pregnant, yet the embryo's major organs are forming and functioning. This is why it is vital for a woman to be in good health and have healthy eating habits if she plans to become pregnant or is having sex and the possibility of becoming pregnant exists.

1ST TRIMESTER

By the sixth week after conception, the embryo's brain and major organs are functioning. By the seventh and eighth week, eyes are formed, muscles are beginning to develop, and ears are forming. By the end of week ten, the embryo has become a **fetus**. It moves and its heart beats. By the end of the 1st **trimester** at 12 weeks, all the fingers and toes are formed and developed.

2ND TRIMESTER

By the 16th week of pregnancy, the sex of the fetus can be known. Sometime during the next couple of weeks, its heartbeat can be heard and its mother feels the fetus **quicken** (move) within her. At 20 weeks, the fetus is beginning to grow hair on its head. By the 24th week (a little beyond half way through the pregnancy), the baby has a good chance for survival outside its mother's body if born prematurely. At 28 weeks, the baby can swallow and hiccup.

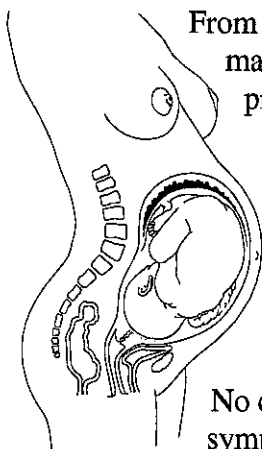
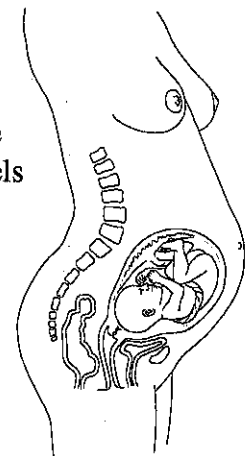
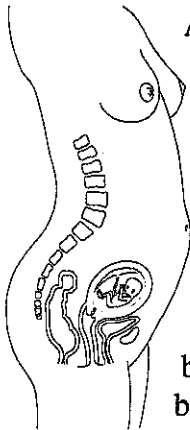
3RD TRIMESTER

From the 29th week until the baby is born, its organs continue to mature, it gains weight, and fat layers form under its skin. It is preparing itself for its arrival into the world.

LABOR AND BIRTH

It always seems so easy on television. Somewhere around 3 a.m., the pregnant woman sits up in bed and announces to her sleepy husband, it's time! But how, we wonder, does she know? How can she so calmly recognize labor if she's never been in labor before?

No one knows exactly what triggers the start of labor, but there are some symptoms that usually signal a pregnant woman's labor is about to begin.



PRE-LABOR SYMPTOMS

Lightening and Engagement

Sometime between two and four weeks before labor begins in first-time mothers, the baby begins changing position, moving lower into the pelvis.

Loss of Mucous Plug

The cervix begins to thin and dilate; causing the plug of mucous that seals the opening of the uterus to dislodge.

Bloody Show

As the cervix **effaces** and **dilates**, tiny blood vessels called **capillaries** rupture, tinting the mucus plug with blood. This show usually means that labor will begin within 24 hours.

Braxton-Hicks Contractions

These so-called practice contractions, commonly felt throughout the third trimester, may become more frequent and stronger - even painful.

LABOR SYMPTOMS

When Braxton-Hicks contractions of pre-labor are replaced by stronger, more painful and longer lasting contractions, labor has begun.

Contractions

Contractions are the tightening and relaxing of the uterus muscle. Some women say that the early contractions feel like cramps or gas pains. They may move from front to the back. As labor goes on, they become stronger, longer lasting, and closer together. Walking makes contractions feel stronger.

Rupture of Membranes (breaking of the bag of water)

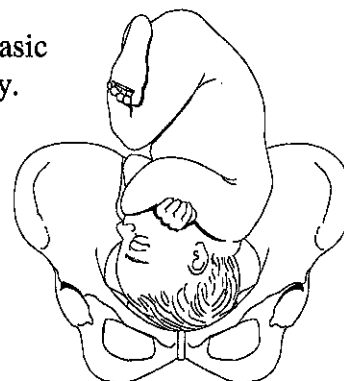
Usually the bag of water, a sac of amniotic fluid that surrounds and protects the unborn baby, does not break until the woman is well into labor. Sometimes, however, it will break before the first labor pain is felt. A woman may notice a sudden gush of water from her vagina or a slow trickle. If the bag of water breaks, it is time for the woman to go to the hospital.

Presentation

This refers the part of the baby that will come out first. There are four basic kinds of presentation. **Vertex:** the head is the presenting part of the baby. This is the most common and most desirable position for delivery.

Oblique: the baby is a little sideways with the head or chin up rather than down. **Breech:** the baby emerges bottom or feet first.

Transverse: the baby lies almost completely sideways, usually shoulder first.



Vertex Presentation

Position

This refers to which way the baby's face is lying relative to the mother's back, hip bones, and the front of her pelvis.

Pelvic Station

This refers to the location of the baby's head as it comes down through the pelvis.

Doctors and nurses during labor feel to see at which *station* the baby's head is located.

Before and in early labor the baby's head is said to be *floating*. The baby's head is then said to be *engaged* when it drops into the pelvis. Just before the baby is born, its head is said to be *on the perineum*.

Changes in the cervix

The main role of labor is to thin out and open the **cervix**.

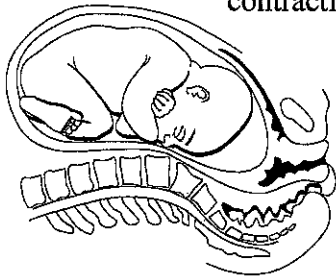
Lesson Fourteen

STAGES OF LABOR

First Stage of Labor

In **early labor**, contractions usually last between 30 to 45 seconds, are mildly to moderately painful, and occur 5 to 20 minutes apart. During this stage, the cervix begins to thin out and opens to about 3 centimeters.

In the **active phase**, contractions come about three to four minutes apart, are stronger and more painful, and last from 40 seconds to a minute. There is less resting time between contractions.



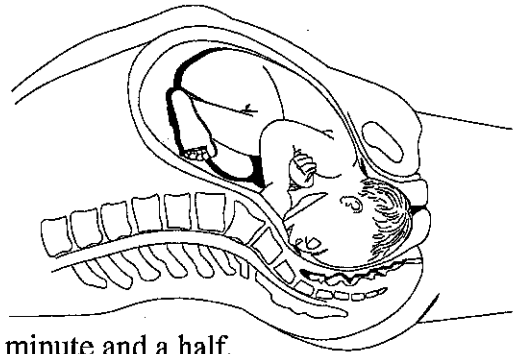
In the **transition phase**, contractions are very strong and painful. They can occur two to three minutes apart and last a minute to a minute and a half. Contractions during this phase have intense peaks that last for most of each contraction. Transition is the most exhausting and demanding phase of labor. By this

time, mothers are often tired, restless, and may begin to feel discouraged.

At the end of this phase of labor, the cervix has thinned out completely and it is completely open (effaced).

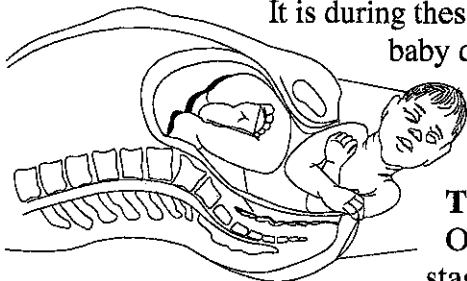
Second Stage of Labor

Once **dilation** (opening) and **effacement** (thinning out) of the cervix is complete, the mother is ready to deliver her baby. The mother's help is needed to push the baby down, through the birth canal, and out. Usually this takes between a half hour and three hours.



Contractions continue and last between a minute and a minute and a half.

It is during these contractions that the mother concentrates on pushing the baby down and out. The baby is born at the end of this stage of labor.



Third Stage of Labor

Once the baby is born, the third stage of labor begins. This stage will last from five minutes to thirty minutes. The **placenta**, which has been the baby's life support system in the uterus, will separate from the mother's body and be delivered. Stitches are used as needed for repair of an **episiotomy** or other tearing.

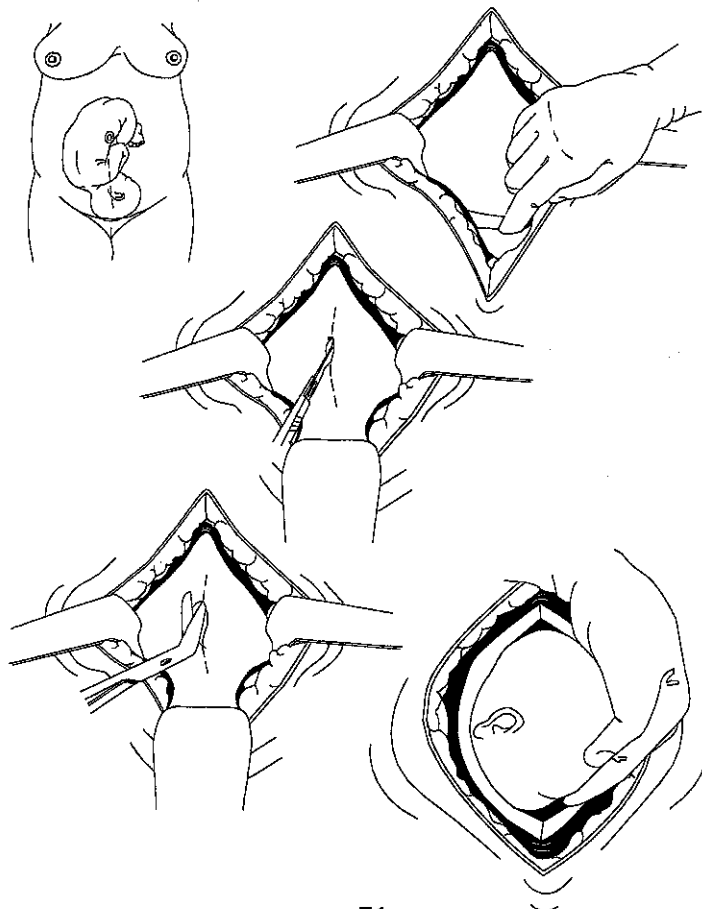
BIRTH BY CESAREAN SECTION

A **Cesarean Section** is surgery to deliver a baby directly from the abdomen when it cannot be delivered through the birth canal (vagina). Some of the most common reasons to perform a Cesarean Section are:

- The baby is too big to fit through the mother's pelvis (**CPD**).
- The placenta partially or totally covers the cervix (**placenta previa**).
- The baby is in the **breech** position.
- The baby is not reacting well to labor (fetal stress).
- Labor is not progressing (failure to progress).

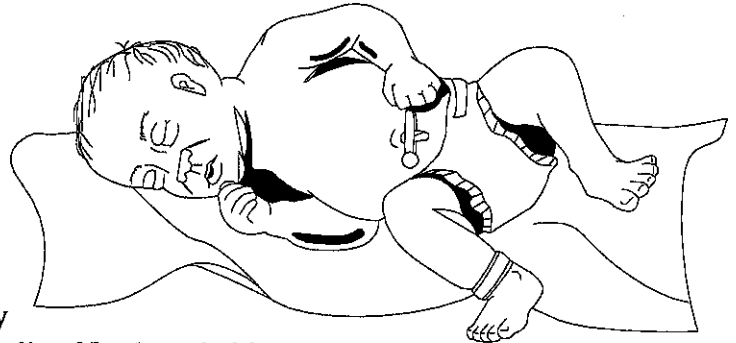
When a Cesarean Section is going to be performed, the mother is given **anesthesia** to numb her abdomen (belly) or put her to sleep. A small tube called a **catheter** is inserted into the mother's bladder to keep it empty and out of the surgeon's way. The woman's pubic hair may be shaved, and an **I.V.** started.

When the doctor is sure that the anesthetic is working, incisions (cuts) are made to reach the uterus. The **amniotic sac** (bag of water) is ruptured and the amniotic fluid removed. The baby is then eased out by hand. The baby's nose and mouth are suctioned, the **umbilical cord** is clamped twice and cut, and the doctor removes the placenta. The doctor then **sutures** the incisions.



Lesson Fifteen

NEWBORNS



After nine months (more or less) of pregnancy, the baby finally arrives. The idea that the parents had of what the baby would look like may or may not match reality. Newborn babies are usually not the rosy-cheeked cherubs many people expect.

Some first-time mothers are not prepared for what the infant they have just delivered is actually like. For the first few days and even weeks, some women don't feel quite like mothers, however, as they get to know their babies, they usually find plenty of things to like about their newborns. New mothers find themselves growing into the role.

At the time of delivery, certain things are done to the new baby to insure that it is healthy and well:

A **bulb syringe** is used to clear out the baby's nose and mouth to make it easier for the newborn to take its first breath. A nurse wipes the baby off and notes the color of the skin to determine whether it is getting enough oxygen.

The baby is placed on a **warming table** that will help it maintain its body temperature and stay warm.

A nurse evaluates the baby's health measured by a system of points called the **Apgar score**. This evaluation is done at one minute and then again at five minutes after birth.

WHAT DOES A NEWBORN BABY LOOK LIKE?

Head

The baby's head usually looks too big for its body and may also have an odd shape immediately after birth. This is called **molding** and is the result of the head being squeezed as it moved through the birth canal during labor.

Eyes

The baby's eyes may be a little puffy or red. They are usually dark blue in color at birth, but often change color over the course of several weeks.

Soft Spot

The **soft spot** is an area on the top of the baby's head where the bones haven't fused together yet. It is covered by a thick layer of skin to protect the baby's brain.

Body

The baby will have a barrel-shaped chest and small, narrow hips. Its legs will look curved or bowed from having them tucked up against its body while in the uterus.

Skin

The baby's skin may look dry and flaky at first or it may have some of the white, waxy coating called **vernix** between the folds of skin or under the chin.

Sometimes, areas of dark skin called **Mongolian spots**, appear on the lower back of darker-skinned babies. They have an appearance similar to bruises.

Hair

Some babies have lots of hair on their heads at birth and some are bald. Many babies have extra hair on their faces, shoulders, or backs. This soft body hair is called **lanugo**. It protects the baby's skin. This hair will fall off in a few weeks.

Cord

After it has been cut off, the remaining cord will be about an inch or so long, soft and gray, and looks as though it is filled with jelly. As it dries, it turns hard and black. It will fall off by itself in about two weeks.

Sexual Characteristics

The mother's **hormones** may cause swollen **genitals** in both male and female newborns. Newborn girls may have a milky or bloody discharge from the vagina. Newborn boys may have an unusually large, red scrotum.

WHAT CAN NEWBORNS DO?

Newborn babies are small and helpless. They rely on their parents and caretakers for their every need. Despite this and despite their tiny size, newborn babies really can do many things.

Sucking

Babies suck and swallow even before they are born. By the time they arrive in the world, they can do this pretty well. This is the only way a newborn can get food. Sucking also makes the baby feel secure and happy. A newborn may suck on its hand or thumb between feedings.

Hearing

Newborn babies hear quite well. They can't understand words but they like the sound of a gentle voice. Loud, sudden, or angry voices will frighten even a very young baby.

Seeing

A newborn's eyes can focus at a distance of about 6 -8 inches from its face. Sometimes, newborn's eyes cross because the muscles are still not strong enough to hold them straight. Newborns like light and bright color as well as black and white images.

Smelling

Most doctors believe that a baby knows its mother by her smell after a very short time and will also recognize others who spend a lot of time holding it by their smell.

Touching

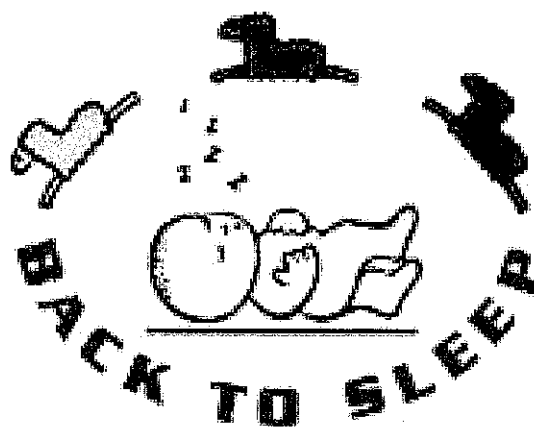
Touch is the baby's most developed sense. A newborn needs to be touched and held in order to develop normally.

Crying

Babies cry for a variety reasons. Crying is the only way they can communicate. A newborn's cry can tell the listener many things like, I'm wet, or I'm hungry, or I'm lonely. After a while a mother will be able to tell the difference between her baby's cries and know whether the cause is hunger, tiredness, or discomfort. A crying baby needs to be picked up. You cannot spoil a newborn baby by giving it too much love and attention.

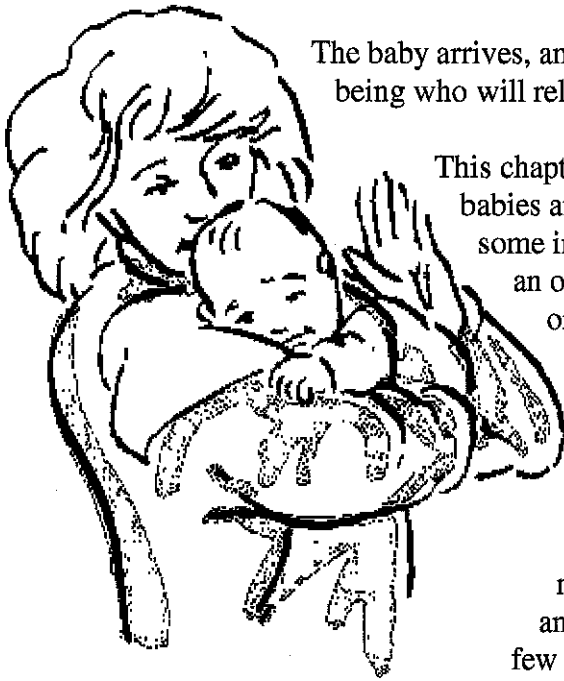
Did You Know?

Placing babies on their backs to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS), also known as "crib death."



Lesson Sixteen

PARENTING - A FULL-TIME JOB



The baby arrives, and now you are a parent. You have another human being who will rely on you for the rest of your life, in some way.

This chapter will examine the changing demands growing babies and children make on parents. It will also look at some important safety concerns. We will try to give you an overview of what it might be like to raise a new son or daughter.

THE INFANT

During the first few weeks of life, a newborn will wake up every few hours to be fed and changed. You may be awakened several times during the night. It may seem that all you do is feed, diaper, and bathe the baby. It is very important in these first few weeks to respond quickly and lovingly to the baby.

It needs love and tender care in order to grow well physically and emotionally. It is during these first weeks that a baby learns to trust you and the world in general.

Imagine life from the baby's point of view. Imagine what it would be like to be lying flat in your bed, with an empty stomach and very wet pants? Now imagine that you cannot walk or talk. You feel awful! You begin to cry! You need help! You cry and cry until someone comes.

What a relief when someone does come. Someone tells you kindly that everything will be all right and changes your diaper. That person picks you up gently and holds you close and feeds you. You feel so much better... safe and secure.

A baby goes through something like this several times every day. If someone answers its call for help, it begins to learn that the world is a safe and secure place. The baby learns to trust others to meet its needs.

What if a baby is just left to cry and no one comes? What if it doesn't get fed when it is hungry, or held close when it is frightened? A baby whose needs are not met has trouble developing a sense of trust. The lesson is that the world is an uncomfortable and unhappy place.

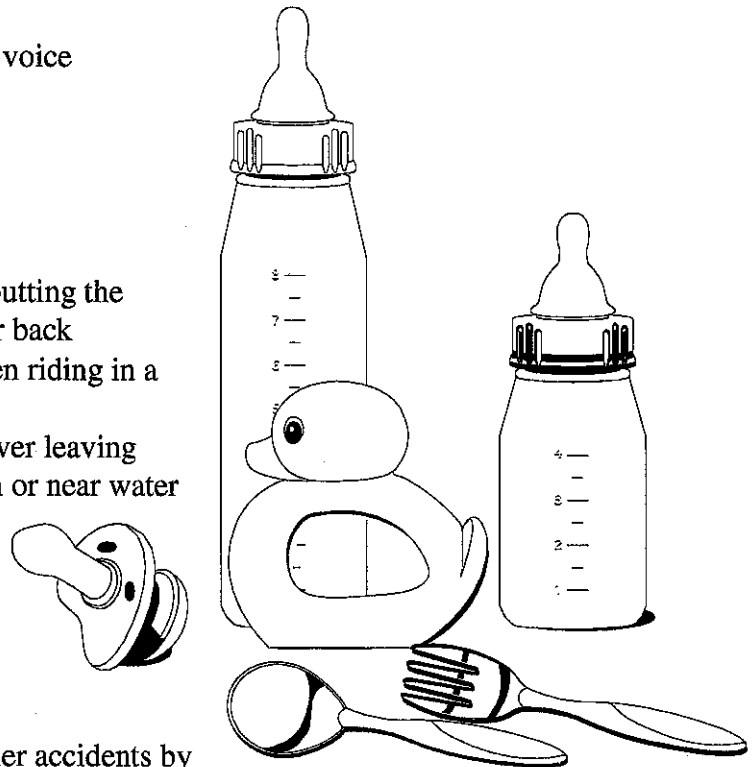
To develop normally, a baby needs loving care. He needs to have a least one person with whom to feel safe and on whom to depend. It is the parents' *responsibility* to make sure a baby gets the tender, loving care it needs to grow.

An infant must be:

- fed when hungry
- changed when wet
- given clean clothes
- talked and sung to in a soft voice
- held securely (and often)
- picked up when crying
- touched and stroked gently

Keeping an infant safe includes:

- preventing suffocation by putting the infant to sleep on its side or back
- always using a car seat when riding in a car
- preventing drowning by never leaving baby unattended in the bath or near water
- making sure the baby receives all necessary immunizations to prevent disease
- preventing falls by always securing the infant
- preventing choking and other accidents by childproofing your home



Infant supplies include:

- car seat
- stroller
- crib & playpen
- high chair
- bottles, bibs, toys, diapers and clothing
- blankets & diaper bag

YOUR BABY CONTINUING TO GROW... A **toddler** is a child one to three years old. Children this age are called toddlers because at about age one, they are just learning to walk, and these early efforts look like toddling. Coordination improves throughout this age period. Toddlers are very demanding and can be a challenge to care for. Parents need to be skilled at feeding, toileting, and entertaining these young children. Toddlers can move very quickly and get into all sorts of trouble. It is an age when children touch everything and put most of it into their mouths. It is very important to childproof the house a toddler lives in and to be very alert when visiting other homes that have not been childproofed.

Toddlers can be uncooperative and the word **no** has usually just been added to their vocabularies. They need to



have limits set for them and routines to follow in order to learn to cope with their environment. Parents have a **responsibility** to give a toddler all the hours of attention that are needed to assure safety and to help the child learn to grow and develop new skills.

A child between the ages of three and five is called a **preschooler**. During this time, a child begins the transition from babyhood to childhood. A preschooler has no internal idea of limits. A child of this age will usually do anything that pops into his or her mind. A parent must be there to stop the child from doing things that are dangerous or destructive. It is the parents' responsibility to protect the preschooler from harm while encouraging more independence and new things.

A child between the ages of six and eleven is considered **school age**. By this age, most children have begun going to school. Parents need to make many new adjustments during this period because they are not only caring for the child's physical needs but must also face the emotional challenges of a child who is no longer a baby.

Going to school is the first major step a child takes toward independence. Parents have a **responsibility** to allow a child room to experience this new independence, and to guide and support through the changes and new situations that face a school age child.

While every age has its challenges, many parents find, **adolescence**, the teenage years, to be the most trying. Parents need many skills and resources to get through these difficult years.

A child is considered an adolescent between the ages of 12 and 17 years. During this time many teens are caught in struggles within themselves as they work toward independence. At the same time, teenagers still need the protective nurturing and love that only parents can provide. Their internal struggle sometimes shows itself as mood swings. It is not uncommon for teenagers to be happy one minute and angry, sad, or confused the next as they struggle to find themselves and become independent from their parents.

It is the parents' **responsibility** to provide support, an understanding shoulder to cry on from time to time, and to set reasonable limits that leave room for self-discovery.

You may think that by the time your child reaches adulthood, all your worries as parent are over. Not so. When you brought this life into the world 20, 30, or even 40 years ago, you undertook an awesome responsibility. You will and should always feel a need to protect and nurture your child, even when your child is a grown man or woman.

When you first had that little person come into your life so many years ago, you may never have dreamed that parenthood would be not only a full-time job but also a lifetime job.

Lesson Seventeen

Roles and Responsibilities

As a teenage girl or boy, chances are you are already juggling many roles. You are a student. You are also someone's son or daughter. You may be a cheerleader or football player. You may have a part-time job, which means you are also an employee. You may be someone's girlfriend or boyfriend. Each of the roles has its own sort of job description. You have come to know what is expected of you in each of these areas of your life.

As a student, you are expected to attend classes, do homework, study for tests, and get passing grades. You also know what type of behavior is acceptable in the classroom, in the lunch room, and in the corridors.

As someone's son or daughter, you are expected to obey the rules of the household, keep to a curfew, be respectful of your parents, and probably help out with chores around the house. The role as a son or daughter will differ according to the expectations in different families, but you have learned what is expected in your own.

As a cheerleader, you are expected to cheer at games, be supportive of the team, have a positive, cheery attitude and perhaps participate in athletics-related activities such as fund raisers. Football players are expected to be at practices and games on time, to always give their best effort, and to be supportive of teammates.

In your role of employee, it is assumed you will be on time for work, do the job you are paid to do conscientiously, be respectful of customers and other employees, and conduct yourself in a professional manner.

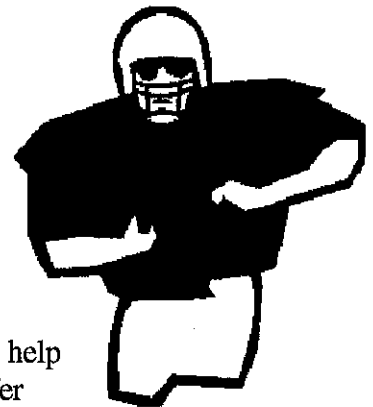
As someone's girlfriend or boyfriend you are expected to be yourself, honest with your partner, considerate of his or her feelings and faithful if you are going steady. This may be your favorite role, as it may be the one in which you can be most open and relaxed and just have fun.

You know each of your roles so well that you don't even have to give them any thought. They become automatic, part of your personality.

Teen Mother's Role:

If you become a teen mom, the roles you have to fill and your responsibilities will certainly expand.

The role of being a mother has many aspects. It is not as clear-cut as your other roles. In fact, parenthood will probably engulf and swallow up most, if not all, your other roles.



The responsibilities of motherhood can seem endless. You must accept them from the moment you learn you are pregnant and they remain with you all of your life. As a mother, you will be the most important caregiver to another human being. From the day you first find out you are pregnant you will need to start thinking about your baby. You will need to get good health care, eat carefully and well, and avoid all things that may be harmful to your baby. After the baby is born, you will be responsible for feeding, diapering, bathing, dressing, and caring for its every physical need. Later, as the child grows, you will still need to feed, clothe, and clean up after your child.

Along with the child's physical needs come emotional needs. You will be the primary nurturer of your child. This means that you will be the one to whom the baby (and then child) turns to and depends on for love, hugs, kisses, support and affection. It is your responsibility to ensure that your child grows up both emotionally and physically healthy.

You will still be someone's daughter, and you may still be a student (if you decide to stay in school or return at a later date). You will still be or may become an employee in order to support your child. You may still be someone's girlfriend or even someone's wife. In the following chapter we examine how these roles will be affected by motherhood, because none of them will ever be the same as they were before you became pregnant.

Teen Dad's Role:

If you are involved in your baby's life, you will sometimes function as a caregiver. You may not be the primary person involved in his care, especially if you and its mother live apart and the baby lives with her, but you will want and have many opportunities to feed, dress, hold, play with your child, and change its diapers.

Your role as a father can also be as a caregiver to the baby's mother. This will be especially important immediately after the baby's birth. The mother will be tired from the experience of giving birth and sore in places she may never imagined she could be sore. If the delivery of the baby was by cesarean birth, she will also be recovering from major surgery. You may help in her care or may even be the only one responsible for her well being at this time.

You may be called on to nurture not only the baby, but its mother as well. Motherhood is a very emotional experience. New mothers may feel unattractive, overwhelmed, and unqualified to take care of a baby. During this time, a new mother needs someone to support her. She may need you to tell her she's pretty, tell her everything will work out, help her learn how to be a good mother to your baby, or lend support just by being there. You will still be someone's son, and you will probably still be a student. You will still be or may become an employee in order to help support your child. You may still be someone's boyfriend or even someone's husband. In the next chapter we discuss how these roles are affected by fatherhood, because if you are involved in your baby's life, none of them will ever be the same as they were before you got someone pregnant.

More Notes Just for Fathers:

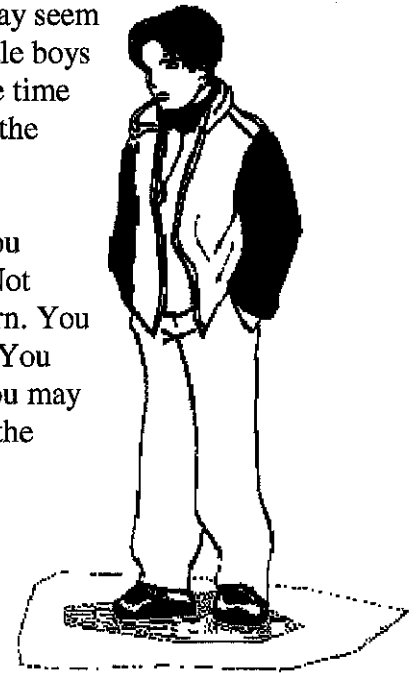
Being a father - this is a role you may not have thought about much. When girls are growing up, they may spend a lot of time playing with dolls and it may seem like practice, a way of thinking about the idea of being a mother. Little boys usually don't have the same opportunities. You may have spent more time playing with trucks or climbing trees. Now you are face to face with the reality of being a father.

Young fathers have a lot of the same problems as young mothers. You may have a million questions and may be very confused and upset. Not knowing how or what to tell your parents and others may be a concern. You may feel as though everyone is blaming you for a difficult situation. You may want to play a part in the life of your child and his mother, or you may only want to be involved with the child. You may never want to see the mother, especially if the pregnancy was the result of a casual and not ongoing relationship.

These questions may be running through your mind, but you may not know what to do. Do you, should you, take on your share of the responsibility? What about your own education? What are others expecting of you? What about your future. You are an important person. Your thoughts and feelings count just as much as the mother's do.

You will have many important decisions to make. Ask yourself hard questions about becoming a father and/or getting married. What do you really want? How do you feel about becoming a father at this point in your life? What do you feel toward the baby's mother? Do you love her? Do you even want to spend time with her?

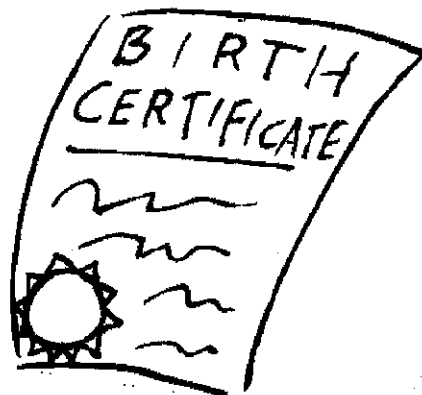
Many decisions depend on money. Can you afford to support a family? If you are in school now, quitting could cut off your hopes for a secure future. Marriage may not be the answer, especially if you are both still young. You can still be in the relationship, and that may be enough to provide all the love that everyone needs. Even if you don't want to be involved with the mother, you can stay involved with the baby and help to raise your child.



Lesson Eighteen

LIFESTYLE CHANGES

From the moment you hear the words *you're pregnant* or say *I'm pregnant*, your life will never be the same. It is as though a supernatural force suddenly touched your life and turned it upside down. It is no exaggeration to say that whether you are *mom* or *dad* to a baby, your lifestyle and everything about it will change.



Even married couples that want and plan for a baby find their lives changed in ways they never anticipated. If you become a parent before you are emotionally, physically, and financially ready for it, the changes can be devastating.

In this chapter we will examine some of the changes in lifestyle new teen mothers and fathers will face. Some of these changes will be experienced by both parents, and some by only the mothers or fathers.

We will assume for this discussion that both the teenage mother and the teenage father have accepted responsibility for the pregnancy and for the child that will result, *but girls, beware!* Statistics show that 64% of teenage boys who father babies either deny **paternity** (say they are not the father) or, if they acknowledge paternity, are either gone by the time the baby is born or leave the relationship, including their relationship with the baby, before the infant's first birthday.

TEEN MOM: On School

FACT: 66% OF TEENAGE MOTHERS DROP OUT OF SCHOOL WHEN THEY HAVE A BABY. HALF OF THOSE TEENAGE MOTHERS WILL NEVER RETURN AND COMPLETE SCHOOL

It's not easy to have a baby *and* stay in school. Unless parents or relatives are very supportive and care for the baby while its mother is in school, it's almost impossible. Day care costs are usually beyond the financial means of a teenage mother.

While some schools have a day care nursery right on the school campus, many do not. It is no wonder that teenage mothers make the decision to leave school.



TEEN DAD: On School

The statistics here are very different. Teenage fathers, because they are usually not the primary care givers for their babies, are more likely to stay in school. Most teenage fathers remain in school and eventually receive their high school diplomas. Only a small

percentage of them, however, go on to college. Many opt to go to work to help support their babies.

TEEN MOM: On Home Life

Most often, a teenager's pregnancy is not seen as a blessed event by her parents. As a result, the home life of a teenage mother-to-be can be quite stressful. Parents often feel disappointed and saddened. Most parents will have wished for a better start for their daughters and future grandchild.

Supportive parents will eventually accept and come to terms with the pregnancy. They may help in making preparations for the new baby and may even attend childbirth classes with their daughter.

TEEN DAD: On Home Life

Teenage dads usually feel less disruption in their home lives. Some parents don't learn the news until late in the pregnancy. Some may never know. A teenage boy's parents may be suspicious of the pregnancy or join their son in denial of responsibility for it. If, on the other hand, the boy has not denied paternity, they may feel hurt and disappointment. Some parents may even feel secretly relieved that their child is the father and not the mother.

It is hard to say how parents will react to the news that their teenage son is about to become a father. It depends on the parent's upbringing, religious beliefs, and family tradition. All of these play a role in the acceptance and reaction to the pregnancy and their future grandchild.

TEEN MOM: On Relationships with the Father of the Baby

The sad truth is that, although there are exceptions, the news of a pregnancy often marks the beginning of the end of the relationship between a young mother-to-be and the father of her baby.

Most teen mothers find that they quarrel and fight with their boyfriends more often. If a boy denies paternity, he immediately ends the relationship. If the relationship does continue, with the baby's birth the couple soon realizes that things between them can never be the same.

Usually teenage mothers find themselves at home with the baby while their partners are out living more or less the same life they did before the baby was born. Resentment can build and destroy the relationship. Frustration can build when the mother realizes that it can never be just she and her boyfriend again. If a babysitter can't be found they must go out as a threesome. Often, mothers come to see their babies as intruders or destroyers of the relationship.

TEEN DAD: On Relationships with the Mother of the Baby

Learning of a partner's pregnancy is usually very scary. Young fathers may feel out of

control, trapped, and helpless. It may seem as though everyone blames the boy for the situation. He feels a loss of power in a situation in which he has little ability to determine the outcome and may not be welcome to participate in decisions about what to do about the pregnancy.

A young dad may also feel used and betrayed, excited and worried, all at the same time. If he is not serious about the young mother-to-be, he may feel as though she is trying to trap him into a commitment he is not ready to make. He may feel jealous of the baby and wish the baby away.

Some teenage fathers are definitely not ready to give up parties, girls, sports, or future plans for the sake of the mother or baby. When this happens, the relationship ends quickly and the young father usually moves on, perhaps denying he is the father at all.

TEEN MOM: On Friends

It's not easy being a teenage mother. It's also hard to be a good friend to a teenage mother. Friendships are funny things; they can be good or bad but they really hurt when they are indifferent. Many teen mothers find their friends treat them in the following ways:

Friends are very curious and excited when you first tell them you are pregnant.

- They want to know when the baby will be born, if you know the sex of the baby, and what names you have picked out.
- They will feel bad for you if you're having morning sickness, but after a while, they will stop asking how you feel.
- Your closest friend may volunteer to go to childbirth classes with you.
- As your growing abdomen shows, friends will ask you to go out less and less often. But you won't care because by now you feel awkward and uncomfortable anyway. If the father is not involved, friends will assist you in calling him names and plotting revenge.
- When the baby is born, your friends will once again be very curious and excited.
- They will shower the baby with gifts and visit you often. Soon the novelty will wear off and they will always be too busy to visit. They will stop asking you to go places with them. They know you can't get a babysitter. Soon they will stop calling you all together. Their lives will appear to be moving on while yours feels like it's standing still. You are all alone with your baby.



While this scenario is not inevitable, and not all friends act as described here, it is very typical.

TEEN DAD: On Friends

It's not as hard to be a friend to a teen dad as it is to be the friend of a teen mom. Teenage

fathers don't remind you all the time that they are a dad or a dad-to-be. They don't get morning sickness or have mood swings and their bellies don't swell to the size of watermelons. In fact, you can easily forget that they are going to be fathers.

When a teenage father's friends first find out he is going to be a father, they may be pretty excited, but for all the wrong reasons. They may be proud of him for proving his masculinity. They may brag about him to other friends or classmates.

If the mother-to-be begins to pressure him to commit to her or support their baby, friends may encourage the father to leave the relationship, deny paternity, or give other advice, which the young father may feel pressured into taking. On this advice, he may even hurt the mother by acting as though he doesn't care about her or their baby.

Friends will not want you to stop participating in sports, going to parties, or looking for girls. Too often, they will encourage you to abandon your responsibilities.

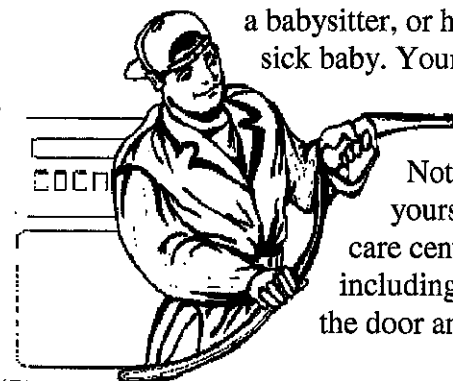
TEEN MOMS and DADS: On Church

Going to church or staying involved in their religions can be stressful for young parents. They may feel guilt or shame for past behaviors and may feel self-conscious, as though everyone is looking at them. Religious officials may even chastise them, making them feel even more alone and confused.

TEEN MOMS and DADS: On Jobs

Getting a decent job is not easy for a teenage parent. Working at the local fast food place flipping burgers for minimum wage will not support a baby. The problem is you are young and you don't have the education or the experience to land a well-paying job.

Hours and shifts are another story. Bosses do not want to hear about not being able to get a babysitter, or how you didn't sleep all night because you were up with your sick baby. Your employer expects you to do the job you were paid to do and if you can't handle it, there are kids standing in line to take it.



Not only must you get to work on time, but you may have to get yourself and your baby ready, and then drive or get a ride to the day care center or babysitter. Be sure you have all of the baby's equipment including diaper bags, bottles and stroller. You can never just run out the door anymore, so being anywhere on time becomes a real challenge!

Teenage moms and dads can face major changes in their lifestyles that they never imagined. Parenthood *does* and *should* affect every aspect of your life, because you, as a parent, will surely affect every aspect of your baby's life. Some changes in life are for the good and will make you happy, but when faced with an early pregnancy before you are emotionally ready, most of the changes will not seem so good and may make you sad and regretful for a life which you feel you will never live as you planned.

Lesson Nineteen

FINANCIAL RESPONSIBILITIES

Recent studies show that parents of a child will typically spend approximately \$248,000 to raise their child through college graduation. Of course, costs vary depending on lifestyle and educational choices, but raising a child is certainly expensive. In this chapter we will discuss the financial responsibilities that come with parenthood.

The Costs of Pregnancy:

Expenses of pregnancy begin with the purchase of a home pregnancy test kit and continue until the time the baby is delivered. If health insurance doesn't cover maternity, the doctor's fee will usually be a flat rate of \$2500 to \$3000. This fee covers routine well-pregnancy care and one **postpartum** visit. This assumes a normal, routine pregnancy and does not include complications, any diagnostic tests, or emergency visits.



The Costs of Labor and Delivery:

This is a two-part cost. A doctor charges for his or her services at the delivery and the hospital at which the baby is born charges for use of its labor and delivery rooms, supplies, nursing, medications and equipment.

If anesthesia, such as an **epidural**, is used in the delivery, there will be an additional charge.



The average doctor's fee for a normal vaginal delivery is \$7,737 or \$11,000 for delivery by cesarean section.

Postpartum Costs - for mother:

The average fee for postpartum hospitalization depends on whether the baby was delivered vaginally or by cesarean section. Medications, immunizations, and diagnostic tests are charged separately.

Postpartum Costs - for baby:

Postpartum Costs - for baby:

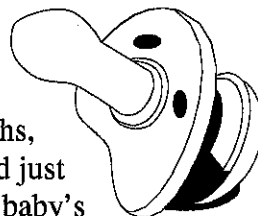
There are also charges for the baby's stay in the hospital's nursery. Fees vary according to the length of stay (how many days) and whether the baby stayed in the Well-Newborn (about \$2,830 a day) or the Level-II Nursery about \$41,610 a day (intensive care nursery). Medications, immunizations and diagnostic tests also involve additional charges.

If the baby is a boy and parents wish to have him **circumcised**, that procedure is usually billed as a hospital fee and the doctor performing the surgery charges for it as well.

Infant Supply Costs:

It is difficult to estimate costs for infant supplies because so much depends choices and prices vary considerably. However, we can look at what will be needed during the baby's first year and try to make a rough estimate of what it will cost.

Baby needs to come home in an outfit, so that's where we will start. New babies grow quickly, and additional clothing will be needed every two to three months during the first year. If you imagine a baby needing a one fresh outfit a day and laundry being done once a week, you will need seven outfits. Of course, one would most likely want more than seven outfits for a baby who may soil several each day.



During the first year, a baby will outgrow clothes about every three months, so it is reasonable to assume that no fewer than 28 outfits will be required just in the first year. At \$10 each, a parent would spend \$280 for outfits for a baby's first year. A realistic figure is probably between \$500 and \$1,200 on clothing during the first year. This does not include shoes, jackets, sweaters, bunting, and blankets which could run another \$350 to \$500.

Next, the baby will need a car seat. One that will grow with the child currently runs about \$150. The alternative is to buy two car seats, one for an infant and another for a larger baby. Expect these together to cost about \$200.

Needs for the home include a crib (\$200-\$500), stroller (\$25 to \$300), diaper bag (\$45), toys (\$50), infant carrier (\$50-\$100), high chair (\$125-\$200), playpen (\$55-\$100), bathtub (\$25), bottles (\$50), baby care products such as baby bath, lotions, etc. (\$1,000). Assume other miscellaneous items might add as much as \$300 to the total.

Disposable diapers cost between \$35 and \$50 dollars a week, depending on the baby and brand used. That adds up to between \$1,820 and \$2,600 a year. Formula costs also vary according to type and brand.

Cost of Support - (food, shelter, heat, etc.)

Parents are usually the sole financial supporters of their child for at least the first eighteen years of life. During this time, they must provide their child with a place to live, food, clothing, heat, electricity, medical treatment, dentistry, toys, entertainment, education, supplies, toiletries, and other necessities. A teenager may need a car, car insurance, an allowance, and college tuition.

Parents often find they have to go without a lot of things in order to give their children what they need. The financial responsibilities of parenthood are awesome.

The first year of a baby's life can cost about \$25,000. And, the child's life is just beginning. The financial responsibility involved in raising a child in the United States goes up each year. This is one reason why people don't plan on the large families they had a generation or two ago.

Ask yourself a question. If you had a baby now, or if you fathered a baby now, would you have the resources necessary to accept responsibility for your baby's care? Your answer is probably, no. Are you thinking that public systems will support your baby? Social services funds are more and more limited, and welfare* laws are changing. You may be assisted by welfare for a while, but it is not a permanent solution and you will eventually have to work to support your child, paying taxes yourself to support social services. A child is a huge financial responsibility.

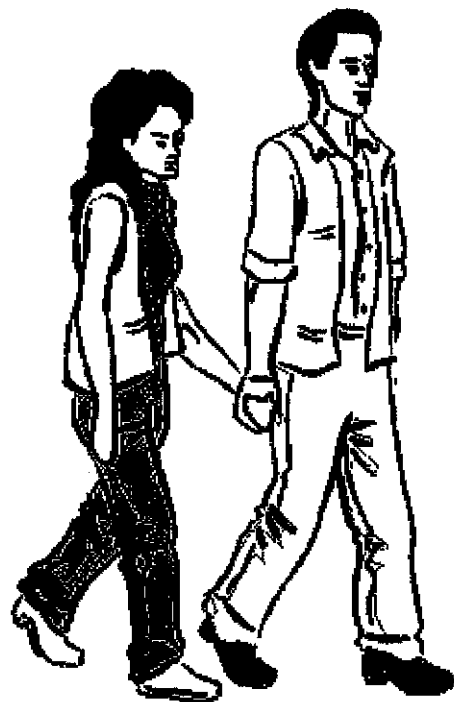
***Recently and into the future many changes are being made in the welfare system, including Medicaid payments for pregnant teenagers. Welfare reforms have drastically reduced what welfare programs and Medicaid will pay for teenage pregnancy.**

Lesson Twenty

A FINAL THOUGHT

The **Marketing and Public Relations Department and Community Benefits of Southcoast Health**, would like to thank **your school for hosting the RAPP Program** but **most of all**, we thank you, our students and friends, for your participation.

We trust this program has provided the information you need to make intelligent choices based on knowledge of alternatives. While you have heard our opinions, *only you can determine what is best for you*. You now have some ideas of the potential consequences of unprotected sex on your life, your partner's life, and the life of a baby.



Glossary

abort (Abortion)- To terminate (end) a pregnancy by chemical or surgical means.

adolescence - The stage of development in childhood from the age of 12 to 17 years.

adoption - To legally take the responsibility of a child as your own.

AIDS - (Acquired Immune Deficiency Syndrome) A disease which destroys the body's ability to fight off infection.

ampulla- A storage sac for sperm in the male.

amniotic sac - (also called bag of water) Membranes which contain the fetus and amniotic fluid in the uterus before birth.

Apgar Score - An assessment of a newborn's well-being done at birth and five minutes after birth. It measures heart rate, respiration, skin color, muscle tone and reflexes.

anesthesia - A drug that causes loss of sensation in all or part of the body.

barrier methods - Forms of contraception that work by obstructing sperm from entering a woman's cervix.

bloody show - As the cervix thins and opens prior to or during labor, tiny blood vessels break and mix with the mucous plug.

Braxton-Hicks contractions - Contractions of the uterus that precede true labor, sometimes called False labor.

breech - Position of a baby in the uterus in which the lower body is presenting or emerges first at delivery.

bulb syringe - A rubber tool that is used to suction mucous and water from a newborn's nose and mouth.

care giver - The person responsible for the physical care of another. **catheter** - A hollow rubber tube which is inserted into the bladder to drain urine.

catheter - A hollow rubber tube which is inserted into the bladder to drain urine.

cervical cap - A barrier method of contraception that fits over the women's cervix.

CPD (Cephalopelvic Disproportion) - A state in which the head of a fetus is too large to fit through the mother's pelvis.

cervix - The narrow end of the uterus that opens into the vagina, also called Mouth of the womb.

cesarean section - Delivery of a baby through an incision in the abdomen. Done when delivery through the birth canal is not possible.

chlamydia- A type of sexually transmitted disease.

cilia - Small microscopic hairlike projections which move with a wavelike motion.

clitoris - Small, sensitive organ at the upper end of a woman's genitals.

communications - Sharing or participating with another person; talking.

conception - The joining of a sperm and

condom - A thin protective sheath, usually made of rubber, that covers the penis to prevent pregnancy and STDs.

egg (ovum) to form a new cell that may grow to form a fetus.

contraction - Tightening of the muscles of the uterus during labor and delivery.

Cowper's Gland - One of a pair of small glands with ducts opening into the male urethra. During sexual arousal they secrete a mucous substance.

culture - The ideas, customs, and skills of a people or group that are transferred down through generations.

Depo-Provera - An injectable medication used as a contraceptive in women. Injections are effective for three months.

diagnosis - A medical conclusion or opinion based on examination and testing.

diaphragm - A barrier method of contraception that completely covers a woman's cervix, preventing sperm from entering the uterus.

dilation - Opening of the cervix during labor to allow the baby to leave the uterus.

ectopic pregnancy - A pregnancy in which the fertilized ovum develops outside the uterus, usually in the fallopian tube.

effacement - The thinning and shortening of the cervix during and before labor.

ejaculation - Release of semen in spurts from the penis.

embryo - Fertilized egg in the early stage of its development, during the first two months of pregnancy.

emotional intimacy - Being on very familiar terms with a person, being close to someone in regard to matters of the heart.

endometrium - The inner lining of the uterus.

engagement - The lowering of a baby into the pelvis during the last month of

pregnancy. Also called lightening or Adropping.

empididymis - An oval-shaped structure that nests on top of each testicle and in which sperm is stored.

epidural - A medication injected into the spine to numb the lower body.

erectile - Capable of becoming stiff or hard.

erection - Hardening of the penis. In slang, called Ahard-on.

ethically - Relating to morals and values.

ethnicity - Relating to a population having a common cultural heritage.

failure to progress - Failure of a woman's labor to progress normally. May be due to a number of circumstances, such as incomplete dilation, stoppage of contractions, or the failure of the baby to move into the birth canal.

fallopian tube - A narrow tube through which an egg passes from the ovary to the uterus. Also called oviduct.

female condom - A polyurethane sheath with flexible rings at both its closed and open ends, used for birth control by women.

fertilization - Joining of an egg and sperm to form a new cell. Fertilization takes place in the fallopian tube.

fetal alcohol syndrome - A cluster of disabilities in a newborn caused by use of alcohol by a woman during pregnancy which may include mental and physical retardation, tremors, and peculiar facial characteristics.

fetal distress - A diminished flow of oxygen to a fetus that can occur from many causes.

fetus - Baby from the third month of pregnancy until birth.

financial - Pertaining to income or money.

genetic disease - Recurrent hereditary abnormalities or diseases.

genital herpes - A type of sexually transmitted disease. Incurable.

genitals - The reproductive organs of the male and female.

gonorrhea - A sexually transmitted disease, sometimes referred to as clap.

HIV - (Human Immunodeficiency Virus) A viral infection that weakens the body's immune system leading to AIDS.

hormones - Chemicals made in various organs and carried by blood that cause parts of the body to act in certain ways. Ex: estrogen, a female hormone, is produced in the ovaries causes breasts to develop.

implantation - A fertilized egg lodging itself into the lining of the uterus.

incision - The act of cutting into the flesh during surgery.

infant - Child between birth and age one year.

infatuation - Passing, or foolish passion, often confused with love.

injectable progestogen - A synthetic drug that reproduces many of the effects of progesterone (a female hormone). Can be given as an injection.

jaundice - Yellowing of the eyes and skin caused by disease or other disorder.

labia majora - The outer folds of the skin of the vulva.

labia minor - The two folds of mucous membrane within the labia majora.

lanugo - Soft, downy hair that grows on the body of a baby in the uterus.

levonorgestrel - A synthetic hormone used in many birth control pills and in contraceptive implants.

lightening - See engagement

local anesthetic - A substance which reduces pain or produces numbness in a specific part of the body.

love - Strong feeling of affection or tender attachment.

media - All forms of public communication (television, radio, newspapers, etc.)

menstrual cycle - The female reproductive cycle which begins on the first day of a period and includes ovulation.

menstruation - Menstrual period. Monthly flow of blood and tissue from the uterus through the vagina.

molding - The shaping of a baby's head as it passes through the birth canal.

Mongolian spots - Patches of slate blue skin that sometimes appear on darker skinned newborns.

morality - Principles upon which one defines right and wrong.

mucous plug - Secretion which forms a protective barrier or seal at the mouth of the cervix during pregnancy.

nocturnal emissions - Natural release of semen by men during sleep. Sometimes called wet dreams.

Norplant - A birth control method that uses implanted capsules of a synthetic hormone placed under the skin of a woman's upper arm.

nurture - To nourish, educate, bring up, and train.

nutrition - Those substances, especially foods, that nourish the body.

oral contraceptive - A method of birth control taken as a pill.

orgasm - The height of sexual excitement or climax.
Common term for this is to come.

ovulation - Release of a mature egg cell from the ovary about 14 days before the beginning of a menstrual period.

ovum - Female egg cell.

paternity - Biological relationship of a father to his child.

physical intimacy - Closeness to someone in a physical or sexual way.

penis - Male organ used for urination and sexual intercourse.

PID - (Pelvic Inflammatory Disease) An inflammation of the pelvic organs (reproductive organs), usually a result of infection or sexually transmitted disease.

placenta - An organ attached to the wall of the uterus during pregnancy through which the growing fetus receives food and oxygen from its mother and eliminates waste. Discharged after delivery of the baby called the afterbirth.

placenta previa - A condition in which the placenta lies over the cervix. It can result in hemorrhage.

post partum - Literally, after delivery A period lasting usually 6 to 8 weeks, immediately after the birth of a baby.

pregnant - Being Awith child. The period during which a fetus grows into a baby in its mother's uterus.

prenatal - The period in a baby's life prior to its birth.

preschooler - A child between the ages of three and five years.

prostate gland - A gland situated just in front of the neck of the bladder in men.

pulmonary embolism - A blood clot located in the lungs.

responsibility - Accountability; to be answerable for.

rhythm method - A form of birth control in which a woman avoids sexual intercourse during her fertile period.

rubella - (German Measles) A measles-like virus that can cause abnormalities in a fetus if contracted by a pregnant woman during the first 12 weeks of pregnancy.

rupture of the membranes - The breaking of the amniotic sac (bag of waters).

safe sex - Sexual intercourse using one of a variety of methods to prevent sexually transmitted disease.

school age - The stage of a child's life between the ages of six and eleven years.

scrotum - The bag of skin which contains the testicles.

semen - Thick, whitish fluid secreted by the male sexual organs containing sperm.

self-esteem - The good opinion one has of one's self.

sex cells - The cells of reproduction, sperm in the male and the ovum in the female.

sex organs - Organs of reproduction, different in men and women.

sexual intercourse - The joining of the sex organs of a man and woman.

sperm - Male sex cell that can fertilize a female egg (ovum).

spermicide - A chemical used to destroy sperm cells.

spirochete - Slender spiral shaped bacteria that cause syphilis.

STD - (Sexually Transmitted Disease) Any of a group of diseases spread through sexual contact.

sterility - Inability to reproduce; barrenness.

syphilis - A sexually transmitted disease.

teratogen - Any substance or chemical present in the environment which can cause damage to the unborn baby.

testes - A pair of testicles

testicle - One of the two glands in males that secretes the seminal fluid and sperm. A slang term for the testicles is balls

testosterone - A male hormone responsible for such characteristics as deepening of the voice, facial hair, and sperm production.

thrombophlebitis - A clot of blood which forms in and obstructs a blood vessel.

toddler - A child between the ages of one and three years.

tubal ligation - A surgical procedure that permanently prevents a woman from becoming pregnant. (sterilization)

trichomonas - A parasitic infection that can be passed between sexual partners.

ultrasound - Process of forming a picture formed by bouncing high frequency sound waves off an object. Often used during pregnancy to see the development of the fetus in the uterus.

umbilical cord - The tube arising from the navel that connects the fetus to the placenta.

urethra - (urethral) The tube through which urine leaves the body.

uterus - Also called, the womb, a hollow, pear-shaped organ in women in which a fetus grows from conception until birth.

vagina - The passage in the female body leading from the uterus out of the body, also called the birth canal.

values - Ideas of worth; those things for which one has respect.

vas deferens - The duct that carries sperm from the testicle to the penis.

vasectomy - A surgical procedure that prevents a man from ever fathering a child. (sterilization)

vernix - White, waxy coating that covers a baby while in the uterus to protect its body from the amniotic fluid in which it lives.

virgin - A woman or man who has never had sexual intercourse.

vulva - Opening or external part of the female sexual organs.

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SUGGESTED READING

The following pamphlets are available through your R.A.P.P. Peer Leaders, and are excellent resources for further information, in addition to books listed in the bibliography

ABSTINENCE

Abstinence..Saying No To Sex
Deciding to Wait...Guidelines for Teens
Saying "No" to Sex..It makes sense
Why Wait?..Two teens face pressure to have sex

MAKING DECISIONS REGARDING WHETHER OR NOT TO HAVE SEX

Making Decisions About Sex
Making Responsible Choices About Sex
(What young people should know about) The Emotional Effects of Sex

BIRTH CONTROL OPTIONS

Birth Control options (Booklet, Wyeth-Ayest Laboratories)
Tear Sheets (Birth Control Options)
The Norplant System

SAFE SEX

Getting Back to Safer Sex
In Touch with YOUR PARTNER (Talking to you partner about Safe Sex)
Safer Sex starts with condoms

SAFE SEX CONTINUED...

Talking with Your Partner about Condoms

STD's

About Herpes
A Woman's Health Advisor ESSENTIALS
Protect yourself from STDs (Sexually Transmitted Diseases)
Tear Sheet (STDs)
Teens Talk about HIV & AIDS
Teens Talk About Taking the HIV Test
What everyone should know ABOUT CHLAMYDIA
What you should know about GENITAL WARTS

TEEN PREGNANCY

About Nutrition and Pregnancy

Drugs...Bad for you, worse for baby

Pregnant ? Don't Smoke!

What everyone should know about STDs AND PREGNANCY

What you should know about TEENAGE PREGNANCY

TEEN PARENTING

Are You Ready for Parenthood?

The Best Dad I Can Be...A young man faces up to fatherhood

What you should know about TEEN PARENTHOOD

PATERNITY

For Unmarried Parents...Massachusetts Paternity Acknowledgment Program

The above pamphlet is also available in Spanish.

PEER PRESSURE

What every teenager should know about Peer Pressure

CRISIS INTERVENTION

Partner Abuse..What you should know

Rape..Never a woman's fault

Suicide..Young lives at risk

INFANT SIMULATORS

BABY THINK IT OVER. Bowling Green, KY:Southern School Media, 1996

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