BRIGHT FUTURES HANDOUT ▶ **PARENT**

# 11 THROUGH 14 YEAR VISITS

Here are some suggestions from Bright Futures experts that may be of value to your family.

## HOW YOUR FAMILY IS DOING

- Encourage your child to be part of family decisions. Give your child the chance to make more of her own decisions as she grows older.
- Encourage your child to think through problems with your support.
- Help your child find activities she is really interested in, besides schoolwork.
- Help your child find and try activities that help others.
- Help your child deal with conflict.
- Help your child figure out nonviolent ways to handle anger or fear.
- If you are worried about your living or food situation, talk with us. Community agencies and programs such as SNAP can also provide information and assistance.

## YOUR GROWING AND CHANGING CHILD

- Help your child get to the dentist twice a year.
- Give your child a fluoride supplement if the dentist recommends it.
- Encourage your child to brush her teeth twice a day and floss once a day.
- Praise your child when she does something well, not just when she looks good.
- Support a healthy body weight and help your child be a healthy eater.
  - Provide healthy foods.
  - Eat together as a family.
  - Be a role model.
- Help your child get enough calcium with low-fat or fat-free milk, low-fat yogurt, and cheese.
- Encourage your child to get at least 1 hour of physical activity every day. Make sure she uses helmets and other safety gear.
- Consider making a family media use plan. Make rules for media use and balance your child's time for physical activities and other activities.
- Check in with your child's teacher about grades. Attend back-to-school events, parent-teacher conferences, and other school activities if possible.
- Talk with your child as she takes over responsibility for schoolwork.
- Help your child with organizing time, if she needs it.
- Encourage daily reading.

## YOUR CHILD'S FEELINGS

- Find ways to spend time with your child.
- If you are concerned that your child is sad, depressed, nervous, irritable, hopeless, or angry, let us know.
- Talk with your child about how his body is changing during puberty.
- If you have questions about your child's sexual development, you can always talk with us.

## HEALTHY BEHAVIOR CHOICES

- Help your child find fun, safe things to do.
- Make sure your child knows how you feel about alcohol and drug use.
- Know your child's friends and their parents. Be aware of where your child is and what he is doing at all times.
- Lock your liquor in a cabinet.
- Store prescription medications in a locked cabinet.
- Talk with your child about relationships, sex, and values.
- If you are uncomfortable talking about puberty or sexual pressures with your child, please ask us or others you trust for reliable information that can help.
- Use clear and consistent rules and discipline with your child.
- Be a role model.

**Helpful Resource:** Family Media Use Plan: www.healthychildren.org/MediaUsePlan



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# 11 THROUGH 14 YEAR VISITS—PARENT

## SAFETY

- Make sure everyone always wears a lap and shoulder seat belt in the car.
- Provide a properly fitting helmet and safety gear for biking, skating, in-line skating, skiing, snowmobiling, and horseback riding.
- Use a hat, sun protection clothing, and sunscreen with SPF of 15 or higher on her exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
- Don't allow your child to ride ATVs.
- Make sure your child knows how to get help if she feels unsafe.
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately from the gun.

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* 4th Edition

For more information, go to https://brightfutures.aap.org.

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BRIGHT FUTURES HANDOUT ▶ **PARENT**

# 15 THROUGH 17 YEAR VISITS

Here are some suggestions from Bright Futures experts that may be of value to your family.

## HOW YOUR FAMILY IS DOING

- Set aside time to be with your teen and really listen to her hopes and concerns.
- Support your teen in finding activities that interest him. Encourage your teen to help others in the community.
- Help your teen find and be a part of positive after-school activities and sports.
- Support your teen as she figures out ways to deal with stress, solve problems, and make decisions.
- Help your teen deal with conflict.
- If you are worried about your living or food situation, talk with us. Community agencies and programs such as SNAP can also provide information and assistance.

## YOUR GROWING AND CHANGING TEEN

- Make sure your teen visits the dentist at least twice a year.
- Give your teen a fluoride supplement if the dentist recommends it.
- Support your teen's healthy body weight and help him be a healthy eater.
  - Provide healthy foods.
  - Eat together as a family.
  - Be a role model.
- Help your teen get enough calcium with low-fat or fat-free milk, low-fat yogurt, and cheese.
- Encourage at least 1 hour of physical activity a day.
- Praise your teen when she does something well, not just when she looks good.

## YOUR TEEN'S FEELINGS

- If you are concerned that your teen is sad, depressed, nervous, irritable, hopeless, or angry, let us know.
- If you have questions about your teen's sexual development, you can always talk with us.

## HEALTHY BEHAVIOR CHOICES

- Know your teen's friends and their parents. Be aware of where your teen is and what he is doing at all times.
- Talk with your teen about your values and your expectations on drinking, drug use, tobacco use, driving, and sex.
- Praise your teen for healthy decisions about sex, tobacco, alcohol, and other drugs.
- Be a role model.
- Know your teen's friends and their activities together.
- Lock your liquor in a cabinet.
- Store prescription medications in a locked cabinet.
- Be there for your teen when she needs support or help in making healthy decisions about her behavior.



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# 15 THROUGH 17 YEAR VISITS—PARENT

## SAFETY

- Encourage safe and responsible driving habits.
  - Lap and shoulder seat belts should be used by everyone.
  - Limit the number of friends in the car and ask your teen to avoid driving at night.
  - Discuss with your teen how to avoid risky situations, who to call if your teen feels unsafe, and what you expect of your teen as a driver.
  - Do not tolerate drinking and driving.
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately from the gun.

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# Stages of Adolescence

*By: Brittany Allen, MD, FAAP & Helen Waterman, DO*



Adolescence is the period of transition between childhood and adulthood. It includes some big changes—to the body, and to the way a young person relates to the world.

The many physical, sexual, cognitive, social and emotional changes that happen during this time can bring anticipation and anxiety for both children and their families. Understanding what to expect at different stages can promote healthy development throughout adolescence and into early adulthood.

## Early Adolescence (Ages 10 to 13)

- **During this stage, children often start to grow more quickly**. They also begin notice other body changes, including hair growth under the arms and near the genitals, breast development in females (/English/ages-stages/gradeschool/puberty/Pages/Physical-Development-Girls-What-to-Expect.aspx) and enlargement of the testicles in males (/English/ages-stages/gradeschool/puberty/Pages/Physical-Development-Boys-What-to-Expect.aspx). They usually start a year or two earlier in girls than boys, and it can be normal for some changes to start as early as age 8 for females and age 9 for males. Many girls may start their period at around age 12, on average 2-3 years after the onset of breast development.
- **These body changes can inspire curiosity and anxiety in some—especially if they do not know what to expect or what is normal**. Some children may also question their gender identity (/English/ages-stages/gradeschool/Pages/Gender-Identity-and-Gender-Confusion-In-Children.aspx) at this time, and the onset of puberty can be a difficult time for transgender children (/English/ages-stages/gradeschool/Pages/gender-diverse-transgender-children.aspx).
- **Early adolescents have concrete, black-and-white thinking**. Things are either right or wrong, great or terrible, without much room in between. It is normal at this stage for young people to center their thinking on themselves (called "egocentrism"). As part of this, preteens and early teens are often self-conscious about their appearance and feel as though they are always being judged by their peers (/English/family-life/work-play/Pages/what-parents-can-do-to-support-friendships.aspx).
- **Pre-teens feel an increased need for privacy**. They may start to explore ways of being independent from their family. In this process, they may push boundaries and may react strongly if parents or guardians reinforce limits (/English/family-life/family-dynamics/communication-discipline/Pages/Disciplining-Your-Child.aspx).

## Middle Adolescence (Ages 14 to 17)

- **Physical changes from puberty continue during middle adolescence.** Most males will have started their growth spurt, and puberty-related changes continue. They may have some voice cracking, for example, as their voices lower. (/English/ages-stages/gradeschool/puberty/Pages/Physical-Development-Boys-What-to-Expect.aspx) Some develop acne. Physical changes may be nearly complete for females, and most girls now have regular periods.
- **At this age, many teens become interested in romantic** (/English/ages-stages/teen/dating-sex/Pages/default.aspx) **and sexual relationships**. They may question and explore their sexual identity—which may be stressful if they do not have support from peers, family, or community. Another typical way of exploring sex and sexuality (/English/ages-

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stages/teen/dating-sex/Pages/Deciding%20to%20Wait.aspx) for teens of all genders is self-stimulation, also called masturbation (/English/ages-stages/gradeschool/puberty/pages/Masturbation.aspx).

- **Many middle adolescents have more arguments** (/English/family-life/family-dynamics/communication-discipline/Pages/How-to-Communicate-with-a-Teenager.aspx) **with their parents as they struggle for more independence.** They may spend less time with family and more time with friends. They are very concerned about their appearance (/English/family-life/Media/Pages/Points-to-Make-With-Your-Teen-About-Media.aspx), and peer pressure may peak at this age.

- **The brain (/English/ages-stages/teen/Pages/Whats-Going-On-in-the-Teenage-Brain.aspx) continues to change and mature in this stage, but there are still many differences in how a normal middle adolescent thinks compared to an adult.** Much of this is because the frontal lobes are the last areas of the brain to mature—development is not complete until a person is well into their 20s! The frontal lobes play a big role in coordinating complex decision making, impulse control, and being able to consider multiple options and consequences.

  Middle adolescents are more able to think abstractly and consider "the big picture," but they still may lack the ability to apply it in the moment. For example, in certain situations, kids in middle adolescence may find themselves thinking things like:

  - *"I'm doing well enough in math and I really want to see this movie… one night of skipping studying won't matter."*
  - *Do I really have to wear a condom during sex if my girlfriend takes the pill?"*
  - *"Marijuana is legal now, so it can't be that bad."*

  While they may be able to walk through the logic of avoiding risks outside of these situations, strong emotions often continue to drive their decisions when impulses come into play.

## Late Adolescents (18-21… and beyond!)

Late adolescents generally have completed physical development and grown to their full adult height. They usually have more impulse control by now and **may** be better able to gauge risks and rewards accurately. In comparison to middle adolescents, youth in late adolescence might find themselves thinking:

- *"While I do love Paul Rudd movies, I need to study for my final."*
- *"I should wear a condom…even though my girlfriend is on birth control, that's not 100% in preventing pregnancy."*
- *"Even though marijuana is legal, I'm worried about how it might affect my mood and work/school performance."*

Teens entering early adulthood have a stronger sense of their own individuality now and can identify their own values (/English/family-life/family-dynamics/communication-discipline/Pages/Share-Your-Values.aspx). They may become more focused on the future and base decisions on their hopes and ideals.

Friendships and romantic relationships become more stable. They become more emotionally and physically separated from their family. However, many reestablish an "adult" relationship with their parents, considering them more an equal from whom to ask advice and discuss mature topics with, rather than an authority figure.

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## How to help your child navigate adolescence

Children and their parents often struggle with changing dynamics of family relationships during adolescence. But parents are still a critical support throughout this time.

### Here are some things you can do:

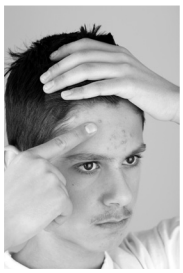
- **Help your child anticipate changes in their body**. Learn about puberty (/English/ages-stages/gradeschool/puberty/Pages/Physical-Development-of-School-Age-Children.aspx) and explain what's ahead. Reassure them that physical changes (/English/ages-stages/gradeschool/puberty/Pages/Physical-Development-of-School-Age-Children.aspx) and emerging sexuality (/English/ages-stages/teen/dating-sex/Pages/Teenage-Sexuality.aspx) is part of normal, healthy development. Leave room for questions and allow children to ask them at their own pace. Talk to your pediatrician when needed!
- **Start early conversations about other important topics**. Maintain open communication (/English/family-life/family-dynamics/communication-discipline/Pages/default.aspx) about healthy relationships (/English/ages-stages/teen/dating-sex/Pages/Expect-Respect-Healthy-Relationships.aspx), sex (/English/ages-stages/gradeschool/puberty/Pages/Talking-to-Your-Child-About-Sex.aspx), sexuality, consent, and safety (such as how to prevent sexually transmitted infection (/English/health-issues/conditions/sexually-transmitted/Pages/default.aspx) and pregnancy (/English/ages-stages/teen/dating-sex/Pages/Birth-Control-for-Sexually-Active-Teens.aspx), and substance use (/English/ages-stages/teen/substance-abuse/Pages/Drug-Abuse-Prevention-Starts-with-Parents.aspx)). Starting these conversations during early adolescence will help build a good framework for discussions later.
- **Keep conversations** (/English/family-life/family-dynamics/communication-discipline/Pages/How-to-Communicate-with-a-Teenager.aspx) **with your child positive**. Point out strengths. Celebrate successes.
- **Be supportive and set clear limits** (/English/family-life/family-dynamics/communication-discipline/Pages/Disciplining-Your-Child.aspx) **with high (but reasonable) expectations**. Communicate clear, reasonable expectations for curfews, school engagement, media use (/English/family-life/Media/Pages/How-to-Make-a-Family-Media-Use-Plan.aspx) and behavior, for example. At the same time, gradually expanding opportunities for more independence over time as your child takes on responsibility. Youth with parents that aim for this balance have been shown to have lower rates of depression and drug use.
- **Discuss risky behaviors (such as sexual activity and substance use) and their consequences**. Be sure to set a positive example yourself. This can help teens consider or rehearse decision-making ahead of time and prepare for when situations arise.
- **Honor independence and individuality**. This is all part of moving into early adulthood. Always remind your child you are there to help when needed.

The adolescent years can feel like riding a roller coaster. By maintaining positive and respectful parent-child relationships during this period, your family can (try to) enjoy the ride!

## More information

- What's Going On Inside the Teen Brain? (/English/ages-stages/teen/Pages/Whats-Going-On-in-the-Teenage-Brain.aspx)
- Ages and Stages: Teen (/English/ages-stages/teen/Pages/default.aspx)
- Ages and Stages: Puberty (/English/ages-stages/gradeschool/puberty/Pages/default.aspx)
- What is an Adolescent Health Specialist? (/English/family-life/health-management/pediatric-specialists/Pages/What-is-an-Adolescent-Health-Specialist.aspx)

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# Acne: How to Treat and Control It

Almost all teens get pimples, zits, or acne. Whether your case is mild or severe, there are things you can do to keep it under control. Read on to find out how.

## Causes of Acne

During puberty, your skin gets oilier. This can cause pimples. There are many myths about what causes acne, but there are really only 3 main causes.

1. **Hormones.** You get more of them during puberty. Certain hormones, called *androgens,* trigger the oil glands on the face, back, shoulders, and upper chest to begin producing more oil. This can cause acne in some people. Some girls get more pimples before and during their periods. This is caused by changes in the levels of hormones.
2. **Bacteria.** Bacteria called *Propionibacterium acnes* can be part of the cause of acne.
3. **Plugged oil ducts.** Small whiteheads or blackheads can form when the oil ducts in your skin get plugged with oil and skin cells. They can turn into the hard and bumpy pimples of acne.

## What Doesn't Cause Acne

Don't let people tell you it's your fault. It's not. Acne is not caused by

- **Dirt.** That black stuff in a blackhead is not dirt. A chemical reaction in the oil duct turns it black. No matter how much you wash your face, you can still get acne.
- **Contact with people.** You can't catch acne from or give acne to another person.
- **Food.** Even though soft drinks, chocolate, and greasy foods aren't really good for you, they don't cause acne directly. There is some information suggesting a diet high in sugar and starch may worsen acne, however. Some supplements such as whey protein may also worsen acne.

## What to Do and Not Do

If you have acne, here are some tips on what to do and not do.

- *Do* wash your face twice a day. In general, milder soaps and cleansers are better for your skin. If you play sports or work up a sweat, wash your face right afterward.
- *Do* wash or change your pillowcase 1 to 2 times per week. Residue from hair products and oils can worsen acne.
- *Do* eat a well-balanced diet.
- *Do* learn how to handle stress. Sometimes stress and anxiety can cause pimples. Try to keep your stress down by getting enough sleep and having time to relax.
- *Do* ask your doctor about medicines. If you have to take a prescription medicine, ask your doctor if it can cause pimples. Also ask your doctor what medicines would be best to treat your acne.
- *Don't* pop or pinch your zits. All this does is break open the lining of the oil ducts and make them redder and more swollen. This can also cause scars.
- *Don't* scrub your skin too hard—it irritates the skin. Other things that can irritate the skin are headbands, hats, chin straps, and other protective pads like football players use.
- *Don't* use greasy makeup or oily hair products. These can block oil ducts and make acne worse.

## Types of Medicines

There's no cure for acne, but there are over-the-counter and prescription medicines to help keep your acne under control. Also, acne usually clears up as you get older.

> **NOTE:** Check with your doctor before using any medicine. It is important to follow the directions. Also, you should try any new acne regimen for 3 months before giving up because it will take that long to see the maximal benefits.

### Over-the-counter Medicines

Medicine bought in stores off the shelf is called *over-the-counter* or *OTC medicine.* There are 2 types of OTC medicines for acne: benzoyl peroxide and adapalene.

- **Benzoyl peroxide.** Benzoyl peroxide wash, lotion, or gel is an effective acne treatment you can get without a prescription. It helps kill bacteria in the skin, unplug oil ducts, and heal pimples. There are a lot of different brands and different strengths (2.25% up to 10%).

  The gel may dry out your skin and make it redder than the wash or lotion. If that happens to you, you can try the wash or lotion.

  Benzoyl peroxide can be used as a wash in the morning or applied to the face after washing with a gentle cleanser. If using benzoyl peroxide as a wash, make sure you completely rinse it off before using a hand towel or getting dressed, as it may bleach cloth such as towels, clothing, and pillowcases.
- **Adapalene.** Adapalene is a topical medicine that is now available without a prescription. It is a very effective medicine for acne, especially when used in combination with benzoyl peroxide. It should be used nightly. This medicine may dry your skin out and make it red at first. Adapalene should be applied once a day at night after washing with a gentle cleanser.

### Prescription Medicine

Medicine the doctor orders from a pharmacy is called *prescription medicine*. There are 3 types of prescription medicines to treat acne: retinoid, antibiotics, and isotretinoin.

- **Retinoid.** If OTC medicines do not get your zits under control, your doctor may prescribe a stronger retinoid to be used on the skin (like Retin-A and other brand names). This comes in a cream or gel and helps unplug oil ducts. It must be used *exactly* as directed. Make sure to use sunscreen and try to stay out of the sun (including tanning salons) when taking this medicine. Retinoids can cause your skin to peel and turn red.

- **Antibiotics.** Antibiotics, in cream, lotion, solution, or gel form, may be used for "inflammatory" acne. Antibiotics in pill form may be used if the treatments used on the skin don't help.
- **Isotretinoin.** This is a pill that is used for more severe forms of acne and acne that has not improved with other conventional acne treatments. It must never be taken just before or during pregnancy. There is a danger of severe or even fatal deformities to unborn babies. Patients who take this medicine must be carefully supervised by a doctor knowledgeable about its usage, such as a pediatric dermatologist or other expert in treating acne. Isotretinoin should be used cautiously (and only with careful monitoring by a dermatologist and psychiatrist) in patients with a history of depression. Don't be surprised if your doctor requires a negative pregnancy test result, some blood tests, and a signed consent form before prescribing isotretinoin.

> **NOTE:** Birth control pills can be useful for treating young women with acne. However, taking birth control pills and other medicines may make both less effective. If you are on the pill, talk with your doctor about how it might affect your acne.

## How to Apply Topical Medicine

Apply a thin layer to the entire area where pimples may occur. Don't just dab it on top of your pimples. A pea-sized amount should be used to cover the entire face. You can use a "5-dot" method where a small dot-sized amount is applied to the forehead, each cheek, nose, and chin. Avoid the skin around your eyes.

## Remember

Here are things to keep in mind no matter what treatment you use.

- **Be patient.** Give each treatment enough time to work. It may take 3 to 6 weeks or longer before you see a change and 12 weeks for maximum improvement.
- **Be faithful.** Follow your treatment program every day. Don't stop and start each time your skin changes. Not using it regularly is the most common reason why treatments fail.
- **Follow directions.** Not using it correctly can result in treatment failure or troublesome side effects.
- **Only use your medicine.** Doctors prescribe medicine specifically for particular patients. What's good for a friend may not be good for you.
- **Don't overdo it.** Too much scrubbing makes skin worse. Too much benzoyl peroxide or topical retinoid cream can make your face red and scaly. Too much oral antibiotic may cause side effects.
- **Don't worry about what other people think.** It's no fun having acne, and some people may say hurtful things about it.
- **Try not to let it bother you.** Most teens get some acne at some point. Acne usually clears up as you get older. Remember that acne is temporary and there are a lot of ways to keep it under control.

**From Your Doctor**

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# How to Get Fit & Stay Healthy: Tips for Teens



Any type of regular physical activity can improve your fitness and your health—even walking, taking the stairs or mowing the lawn. The most important thing is that you keep moving!

## 4 benefits of physical activity

Being physically active can help:

1. **Keep you at a healthy weight.** Keep in mind that each person's healthy weight is different—it depends on your height and body size. Ask your pediatrician what a healthy weight is for you.
2. **Prevent heart disease.** Heart disease is the leading cause of death in the United States. Research has shown that the risk factors for heart disease start during childhood. A lack of physical activity is one of the major risk factors for heart disease.
3. **Strengthen your bones.** Regular exercise keeps bones healthy and can help prevent a bone disease called *osteoporosis.* This disease is common in older people and causes bones to break easily.
4. **Reduce stress.** We all have stress, but learning to cope with it is an important way to stay healthy. Many things can cause stress, like problems with parents or friends or the pressures of school. Changes in life, like moving to a new home or breaking up with someone, can also cause stress. Exercise can help you relax and helps your body handle stress.

## Know the basics: 4 types of fitness

To be fit, you might find it helpful to work on all aspects of fitness, including:

- **Aerobic endurance.** This is how well your heart, lungs, and blood vessels provide oxygen and nutrients throughout your body. When you exercise, you breathe harder and your heart beats faster. These changes help your body get the oxygen it needs. If you are not fit, your heart and lungs have to work extra hard, even during everyday things, like taking the stairs. Examples of aerobic activities are basketball, running, and swimming.
- **Muscle strength and endurance.** This type of fitness is the amount of work and the amount of time that your muscles can do a certain activity before they tire. The more fit you are, the longer you can play a sport, work out, or do other activities before you have to stop.
- **Flexibility.** This is how well you can move and stretch your joints, ligaments, and muscles through a full range of motion. For example, people with good flexibility can easily bend over and touch the floor.

## Make physical activity a routine part of your life

Physical activity should be a regular part of your day, like brushing your teeth, eating and sleeping. It can be in gym class, joining a sports team, or working out on your own. Keep the following tips in mind:

- **Stay positive and have fun.** A good mental attitude is important. Find an activity that you enjoy. Ask a friend or family member to join you.
- **Take it one step at a time.** Small changes can add up to better fitness. For example, walk or ride your bike or use the stairs when you can.
- **Get your heart pumping.** Whatever you choose, make sure it includes aerobic activity that makes you breathe harder and increases your heart rate. Examples of aerobic activities are basketball, running or swimming.
- **Remember to warm up.** Do some easy exercises or mild stretching before you do any physical activity. This warms your muscles up and may help protect against injury. Stretching makes your muscles and joints more flexible too. It is also important to stretch out after you exercise to cool down your muscles.

## Other keys to a healthy lifestyle

In addition to exercise, here are some other ways to live a healthy lifestyle:

- **Spend less time in front of a screen**, like your cell phone, TV, or computer or video games. Or do some exercise while watching a video, movie, or TV show.
- **Eat 3 healthy meals a day**, including at 5 servings of vegetables and fruit, and 4 servings of low-fat dairy products.
- **Make sure you drink plenty of fluids** before, during, and after any exercise. Water is best.
- **Stop drinking sweetened beverages**, including sports beverages, or drink fewer of them.
- **Eat less junk food and fast food.** (They're often full of unhealthy fats, carbohydrates, salt and sugar.)

Pediatric Patient Education™
Expert advice from the American Academy of Pediatrics

# A Parent's Guide to Teen Parties

Parties are an important part of a teen's social life. But an unsupervised or poorly planned party can result in unwanted or even tragic consequences. Here are tips from the American Academy of Pediatrics about how parents and caregivers can help keep teens safe at parties.

## Facts About Teen Parties

- When a teen plans a party, news spreads very quickly via social media, and teen parties can grow too large for parents to control.
- Teen parties often start late at night and move from house to house.

## Facts About Alcohol and Drugs

- Teens often expect alcohol and marijuana at parties. Some parents believe that it is better to allow teens to drink in their home so they can keep them safe. While this idea may be well-intentioned, it is simply misguided. Parents cannot keep impaired teens safe.
- Alcohol and other drugs impair judgment. Teens are more likely to have sex, be involved in a violent incident, or be injured after using drugs or alcohol. All too frequently, teens die as a result of violence, unintentional injuries, or overdoses related to alcohol and other drugs.
- Alcohol affects teens differently than adults. For example, compared with adults, teens are more likely to remain awake, to wander about, or to drive a car while having a much greater degree of mental impairment.

## What Parents Need to Know

**Communication and honesty are important to keep your teen safe.** Teens whose parents talk with them regularly about drugs and alcohol are less likely to use substances than those whose parents don't. Tell your teens that you expect them not to use alcohol or other drugs at parties.

**Parent networking is the best prevention tool to combat underage drinking.** Get to know your teen's friends and their parents. If your teen is planning on going to a party, call the parents to ensure that they will be home and that they will not allow drugs or alcohol. If this is not possible, don't let your teen go.

**Parents are legally responsible for anything that happens to a minor who has been served alcohol or other drugs in their home.** If anyone brings alcohol or other drugs to your home, be prepared to contact their parents. And if someone comes to your home already intoxicated, make sure they get home safely. Help your teen feel responsible for this as well. Parents may be criminally or civilly liable if

- Alcohol is provided to a minor at a party they have organized.
- Someone's property is damaged.
- Someone is injured.
- Someone leaves and gets into a car crash and/or injures someone else.
- Someone dies.

**If you are hosting a teen party . . .**

- Understand the local laws about alcohol and other drugs. Laws about alcohol and drug use vary from state to state, so make sure you know what the laws are in your state.

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- Plan in advance. Go over party plans with your teen. Encourage your teen to plan non-alcohol–related group activities or games.
- Keep parties small. There should be 10 to 15 teens for each adult. Make sure at least one adult is always present. Ask other parents to come over to help you if you need help.
- Set a guest list. The party should be for invited guests only. No "crashers" allowed. This will help avoid the "open party" situation.
- Set a start and end time for the party. Check local curfew laws to determine an end time.
- Set party "rules" and your expectations. Discuss them with your teen before the party. Rules should include the following:
  - No tobacco, alcohol, or other drugs.
  - No one can leave the party and then return.
  - Lights are always left on.
  - Certain rooms of the house are off-limits.
- Have plenty of food and nonalcoholic beverages available. Also, put your alcohol and any prescription or over-the-counter medicines into a locked cabinet.
- Pick out a spot where you can see what is going on without being in the way. You can also help serve snacks and beverages.

**If your teen is going to a party . . .**

- Know where your teen is going and how long they will be there.
- Ask your teen to call you if the location of the party changes. Be sure to let your teen know where you will be during the party.
- Call the parent of the party host to make sure a parent will be home the entire time and supervising the party. Make sure that tobacco, alcohol, and other drugs will not be allowed.
- Talk with your teen beforehand about how to handle a situation where alcohol or other drugs are available at a party.
- Make sure your teen has a way to get to and from the party. Make it easy for your teen to leave a party by making it clear that they can call at any time for a ride home. Discuss why they might need to call you. Remind your teen to *never* ride in a car with a driver who has been drinking or using other drugs.
- Be up to greet your teen when they come home. This can be a good way to check the time and talk about the evening.
- If your teen is staying overnight at a friend's house after the party, verify this arrangement with the friend's parents and that they will be home.

Visit www.HealthyChildren.org for more information.

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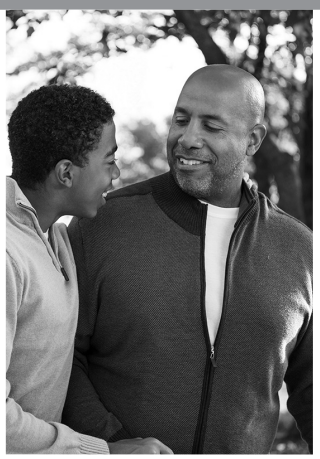
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# Smoking and E-cigarettes:

## What Parents Need to Know About the Risks of Tobacco Use

Many people think that the only people harmed by tobacco and nicotine use are smokers who have smoked for a long time. The fact is that tobacco and nicotine use can be harmful to **everyone.** This includes unborn babies and people who don't smoke.

If you smoke cigarettes, cigars, or pipes, or use (vape) e-cigarettes or use smokeless tobacco, such as chew or snuff, the best thing you can do for yourself and for everyone around you is to quit.

Here is information from the American Academy of Pediatrics about the many health risks related to tobacco use and tips for smokers on how to quit.

### Facts About Smoking

- Smoking causes 87% of lung cancer deaths. Lung cancer is the leading type of cancer in men and women.
- Every year in this country about 438,000 people die of diseases related to smoking.
- According to the American Cancer Society, smoking kills more people than alcohol, car crashes, suicide, AIDS, murder, and drugs combined.
- About one-third of teen smokers will die of a smoking-related disease.

### Smoking and Health Problems

Teen and adult smokers may experience health problems including

- Addiction to nicotine
- Long-term cough
- Faster heart rate
- Lung problems
- Higher blood pressure
- Less stamina and less endurance
- Higher risk of lung cancer and of other cancers
- More respiratory tract infections

Smoking also gives smokers bad breath, yellow teeth, and yellow fingernails; makes hair and clothes smell bad; and wrinkles skin.

### Smoking and the Harm to Unborn Babies

Smoking during pregnancy or exposing pregnant women to smoke can lead to many serious health problems for an unborn baby such as

- Miscarriage
- Preterm (premature) birth (born not fully developed)
- Lower birth weight than expected (possibly meaning a less healthy baby)
- SIDS
- Learning problems and attention-deficit/hyperactivity disorder (ADHD)

### Dangers of Secondhand and Thirdhand Smoke

When parents expose their children to smoke, or let others do so, they are putting their children's health in danger and sending a message that smoking is OK.

Secondhand smoke is the smoke a smoker breathes out. It's also the smoke that comes from the tip of lit cigarettes, lit pipes, or lit cigars. It contains about 4,000 different chemicals, many of which cause cancer. Because of exposure to secondhand smoke, about 3,400 nonsmokers die of lung cancer every year and 22,000 to 69,000 nonsmokers die of heart disease every year.

Breathing in smoke can cause

- Asthma attacks
- Respiratory tract infections (such as bronchitis or pneumonia)
- Lung problems
- Ear infections
- Sudden infant death syndrome (SIDS) (for babies younger than 1 year)

Thirdhand smoke is harmful too. It is the smoke left behind—the harmful toxins that stay in places where people have smoked previously. Thirdhand smoke can be found in walls, on the seats of cars, and even in someone's hair.

The best way to protect babies and children (and other people) from smoke is to make your home and car smoke-free all the time.

### Dangers of Alternative Forms of Tobacco

Many people believe that other forms of tobacco, such as e-cigarettes or chewing tobacco, are harmless. This is not true. Nicotine in e-cigarettes is addictive and can harm brain development. E-cigarettes and other tobacco products contain many dangerous chemicals and ingredients that can cause harm to the body.

### Facts About Electronic Cigarettes

Electronic cigarettes, also called e-cigarettes, vape pens, or vaping devices, are products that produce an aerosolized mixture containing flavored liquids and nicotine that is inhaled by the user. E-cigarettes can resemble traditional tobacco products, such as cigarettes, or common gadgets, such as flash drives or pens.

# Talking With Your Children and Teens About Smoking

Every day thousands of teens try smoking for the first time. Many young people know that smoking is not healthy but still think it's cool. A big reason for this is the media.

Smoking is the most preventable cause of death in the United States. As parents you can help prevent your children from smoking by

- Setting an example by not smoking or taking steps to quit if you are a smoker
- Talking with your children about why smoking is not a healthy choice
- Talking with your children about what they read, watch, or hear in the media about smoking and talking with them about how they can be influenced to try smoking

These products have grown rapidly, particularly among youths (teens and young adults). Youth use of e-cigarettes is a significant public health concern.

Here are some facts.

- E-cigarettes contain nicotine. Youths are especially vulnerable to nicotine addiction because their brains are still developing.
- E-cigarettes come in flavors that are appealing to children.
- Youths who use e-cigarettes are more likely to use traditional tobacco products, such as cigarettes.
- E-cigarettes are not recommended as a way to quit smoking.
- In some cases, e-cigarette devices have exploded, causing burns or fires.
- Long-term health effects on users and bystanders are still unknown.
- E-cigarettes can be used to smoke or vape marijuana, herbs, waxes, or oils.
- E-cigarettes are not approved for smoking cessation by the US Food and Drug Administration (FDA).

## How to Quit

Thousands of Americans have found a way to stop smoking. Quitting can be difficult, but it's not impossible. Here are some tips that might help.

- Think of reasons why you want to quit such as
  - You don't like having bad breath and stained teeth.
  - You don't want to risk getting cancer.
  - You don't like being addicted to nicotine.
  - You want to start leading a healthier life.
  - You do not want to waste your money.
  - Your family and friends don't like it.
- Pick a quit date and throw out all your cigarettes.
- Tell people you are quitting and ask for their support. This includes friends, family members, coworkers, teachers, and coaches. Ask friends not to offer you cigarettes. Invite a friend to quit with you.
- Ask your doctor about ways to quit. Learn all you can about quitting. Many tools are available to help people stop smoking. These include nicotine replacement therapy (if you are old enough) in the form of chewing gum, skin patches, nasal sprays, inhalers, or lozenges; medicine to help curb cravings; counseling (telephone-based, Web-based, or face-to-face); and support groups.
- Break the habit. Think of where and when you usually smoke, and figure out what you can do to break that habit. If you smoke first thing when you wake up, try meditation or doing a few stretches or sit-ups instead. If you smoke after a meal, go for a walk with a family member or friend instead. If you smoke with friends during breaks at work, do something to keep your hands busy. Video games can also help break the habit by keeping both hands occupied.
- Find alternatives to smoking. Drink water or a low-calorie drink, chew sugarless gum, or eat a healthy snack, such as sunflower seeds or apple slices. Plan ahead and be ready for the challenges you'll face while quitting.
- Keep your mind busy. Find activities to keep your mind off smoking such as working on a hobby, listening to music, talking to a friend, or exercising.
- Reward yourself. Take the money that you would have spent on tobacco and buy something for yourself.

## Resources

**American Academy of Pediatrics**
**Julius B. Richmond Center of Excellence**
AAP.org/RichmondCenter

**American Cancer Society**
800/ACS-2345 (800/227-2345)
www.cancer.org

**American Lung Association**
800/LUNG-USA (800/586-4872)
www.lungusa.org

**Centers for Disease Control and Prevention**
www.cdc.gov/tobacco/quit_smoking/index.htm

**Smokefree.gov**
800/QUIT-NOW (800/784-8669)
www.smokefree.gov

**Surgeon General**
https://e-cigarettes.surgeongeneral.gov

**Surgeon General Report "Preventing Tobacco Use Among Youth and Young Adults" (Consumer Booklet)**
www.cdc.gov/tobacco/data_statistics/sgr/2012/consumer_booklet/pdfs/consumer.pdf

**Truth Initiative**
www.truthinitiative.org

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Safe Driving...A Parent's Responsibility

tipp®
THE INJURY PREVENTION PROGRAM
A program of the American Academy of Pediatrics



# Safe Driving...A Parent's Responsibility

- You are your children's role model. Wear your seat belt on every trip in the car. If you drive without a seat belt, your children will likely copy your actions. The lap/shoulder belt is also your best protection in the event of a crash.
- For a proper seat belt fit, the lap belt should be worn low and flat across the hips, and the shoulder belt should be worn across the shoulder, never behind the back or under the arm. Teach older children to wear their lap/shoulder belts properly.
- On every trip, no matter how short, make sure that children ride buckled up. Infants and children should be fastened in a properly installed car safety seat. Older children should ride in booster seats with a lap/shoulder seat belt until the seat belt fits correctly (usually at about 4 feet 9 inches tall or 8–12 years old).
- **NEVER** put a child in a rear-facing car safety seat in the front seat of a car with a passenger airbag.
- Car safety seats should be placed in the back seat because it is the safest place to ride. Infants and toddlers should ride rear facing as long as possible, and children should use car safety seats or booster seats as long as possible, until they reach the weight or height limit set by the manufacturer.
- The rear section of a station wagon or the back of a pickup truck is the cargo area. No one should ride in a cargo area.
- People thrown from vehicles are 25 times more likely to die. Proper use of car safety seats, booster seats, and seat belts helps prevent this danger in a crash or hard stop.
- Take care to drive safely at all times as a good example for your children.

From Your Doctor

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# A Message to Parents of Teen Drivers

Traffic crashes are the leading cause of death for teens and young adults. More than 5,500 young people die every year in car crashes and thousands more are injured. Parents can play an important role in reducing these numbers and keeping their teens alive.

**The following are ways you can help keep teens safe on the road:**

- **Be a role model.** If you expect your teen to drive safely, you need to drive safely, too.
  - — Always wear your seat belt.
  - — Don't drink and drive. Never allow any alcohol or illegal drugs in the car.
  - — Don't eat, drink, talk or text on your cell phone, or do anything else that could distract you from your driving.
  - — Stay within the speed limit and obey all traffic signals.
- **Know the laws in your state.** It is important that you know and understand the graduated driver licensing (GDL) laws where you live. Specifically, you need to know the restrictions and limitations on teen drivers who have permits and provisional licenses. You must also learn about your own legal responsibilities for providing a good supervised driving experience for your teen.
- **Set specific rules.** Before you let your teen drive, set specific rules that must be followed (see Parent-Teen Driving Agreement handout).
  - — At first, the restrictions you set should be strict. You can gradually relax the rules after your teen has demonstrated safe driving. And the rules you set should depend on the maturity level of your teen.
  - — Because so many crashes occur in the first 6 months of unsupervised driving, your teen shouldn't drive teen passengers or drive after 9:00 pm at first. And don't ask your teen to give rides to younger siblings until he or she has had extensive driving experience.
  - — After your teen has demonstrated safe driving for 6 months, you might allow 1 passenger and a later curfew (for example, 10:00 pm). Before allowing more passengers, keep in mind that more passengers may make it more likely that your teen will have a crash. Studies show that 1 passenger increases the risk of a crash by 40%, 2 passengers doubles the risk, and 3 passengers almost quadruples the risk.
- **Enforce strict penalties.** Generally, penalties for breaking the contract should match the seriousness of the rule broken. Punishments for reckless driving, such as speeding or drunk driving, should be strict and may involve loss of driving privileges.
- **Take your teen on the road.** The 6 hours of driving practice in many driver education programs is not enough. Your teen needs a lot more supervised driving practice, and some nighttime driving is important, too. Some states require 50 hours of supervised practice. There are books, videos, and classes for parents on how to teach teen drivers. Remember that you'll probably need a lot of patience.
- **Contact the doctor if your teen is taking medicine** for attention-deficit/hyperactivity disorder (ADHD). The doctor can discuss with you and your teen the possible benefits of taking a short-acting medicine prior to driving at night. Evidence shows that medicine helps the teen driver with ADHD stay better focused and less distracted.
- **Check out the car.** Make sure the car your teen is driving is safe and in good condition. If your teen is buying a car, help your teen research safety ratings and find a mechanic to inspect the car. Air bags and lap-shoulder belts in the rear seat are important safety features.
- **Make a tough decision.** If you're concerned that your teen may not be ready to drive, you can prevent your teen from getting a license. All states allow parents to block their teen from getting a license if the teen is thought to be immature or reckless.

**For more information**

**American Academy of Pediatrics**
www.aap.org and www.HealthyChildren.org

**AAA Foundation for Traffic Safety**
www.aaafoundation.org

**National Highway Traffic Safety Administration**
www.nhtsa.gov

**National Safety Council**
www.nsc.org

**Network of Employers for Traffic Safety**
www.trafficsafety.org

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# Parent-Teen Driving Agreement

I, _____ , will drive carefully and cautiously and will be courteous to other drivers, bicyclists, and pedestrians at all times.

**I promise that I will obey all the rules of the road.**

- Always wear a seat belt and make all my passengers buckle up.
- Obey all traffic lights, stop signs, other street signs, and road markings.
- Stay within the speed limit and drive safely.
- Never use the car to race or to try to impress others.
- Never give rides to hitchhikers.

**I promise that I will make sure I can stay focused on driving.**

- Drive with both hands on the wheel.
- Never eat, drink, or use a cell phone to talk or text while I drive.
- Drive only when I am alert and in emotional control.
- Call my parents for a ride home if I am impaired in any way that interferes with my ability to drive safely.
- Always take my medicine on time (if I am taking medicine for ADHD) and not drive if I am unable to focus my attention completely on driving.

**I promise that I will respect laws about drugs and alcohol.**

- Drive only when I am alcohol and drug free.
- Never allow any alcohol or illegal drugs in the car.
- Be a passenger only with drivers who are alcohol and drug free.

**I promise that I will be a responsible driver.**

- Drive only when I have permission to use the car and I will not let anyone else drive the car unless I have permission.
- Drive someone else's car only if I have parental permission.
- Pay for all traffic citations or parking tickets.
- Complete my family responsibilities and maintain good grades at school as listed here: _____
  _____
- Contribute to the costs of gasoline, maintenance, and insurance as listed here:
  _____
  _____

**I agree to the following restrictions, but understand that these restrictions will be modified by my parents as I get more driving experience and demonstrate that I am a responsible driver.**

For the next _____ months, I will not drive after _____ pm.

For the next _____ months, I will not transport more than _____ teen passengers (unless I am supervised by a responsible adult).

For the next _____ months, I won't adjust the stereo or air conditioning/heater while the car is moving.

For the next _____ months, I will not drive in bad weather.

I understand that I am not permitted to drive to off-limit locations or on roads and highways as listed here: _____
_____

**I agree to follow all the rules and restrictions in this contract. I understand that my parents will impose penalties (see below), including removal of my driving privileges, if I violate the contract. I also understand that my parents will allow me greater driving privileges as I become more experienced and as I demonstrate that I am always a safe and responsible driver.**

**Penalties for contract violations**

| | |
|---|---|
| Drove after drinking alcohol or using drugs | No driving for _____ months. |
| Got ticket for speeding or moving violation | No driving for _____ months. |
| Drove after night driving curfew | No driving for _____ weeks/months. |
| Drove too many passengers | No driving for _____ weeks/months. |
| Broke promise about seat belts (self and others) | No driving for _____ weeks/months. |
| Drove on a road or to an area that is off-limits | No driving for _____ weeks/months. |

**Signatures**

Driver _____ Date _____

**Parent promise: I also agree to drive safely and to be an excellent role model.**

Parent (or guardian) _____ Date _____

Parent (or guardian) _____ Date _____

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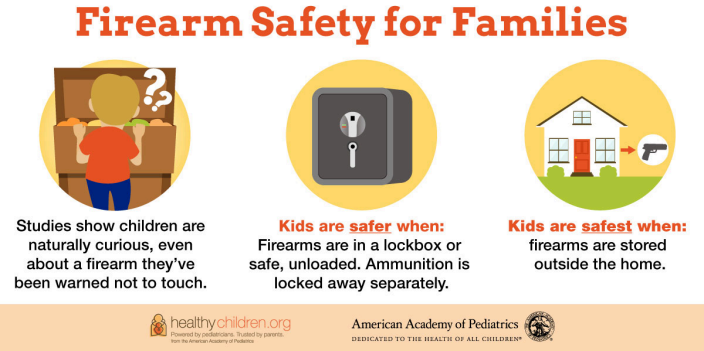
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# Guns in the Home: How to Keep Kids Safe

*By: Judy Schaechter, MD, MBA, FAAP*

Did you know that roughly a third of U.S. homes with children have guns? In fact, an estimated 4.6 million kids live with unlocked, loaded guns. That's a scary statistic when you think about the fact that even young toddlers are capable of finding unlocked guns in the home, and they are strong enough to pull the trigger.

As a parent, you may not realize what a serious risk a gun in the home is, especially for children.




**Firearms are now the leading cause of death for U.S. children and teens under the age of 18. And the reality is that having firearms in the home increases the risk of unintentional shootings, suicide and homicide. Read on to learn how to keep your child safe.**

## Unintentional shootings & gun injuries

Unintentional shootings happen to children of all ages. The two age groups most likely to unintentionally shoot themself or others are high schoolers between 14 and 17 years old, followed by preschoolers ages 5 and younger.

Research (https://www.cdc.gov/mmwr/volumes/72/wr/mm7250a1.htm) shows that about half of unintentional firearm injury deaths among children and teens between 2001 and 2021 took place in their homes—usually when the kids were playing or showing the gun someone else. Many had accessed the firearm, usually a handgun, from a nightstand (/English/safety-prevention/at-play/Pages/Is-There-A-Gun-Where-Your-Child-Plays-Asking-Can-Save-Lives.aspx)or other sleeping area.

Between 2015 and 2023, there were at least 3,200 (https://everytownsupportfund.org/press/everytown-releases-new-research-highlighting-2023-as-worst-year-for-unintentional-shootings-by-children/) unintentional shootings by children age 17 and younger. These resulted in 1,200 deaths and 1,815 nonfatal gun injuries, nearly all among other kids. And at least 1,000 preschoolers and toddlers managed to find a gun and unintentionally shoot themselves or someone else, often a sibling or friend, during this time.

## Suicide risk with guns in the home

Kids and teens are at an increased risk for suicide (/English/health-issues/conditions/emotional-problems/Pages/ten-things-parents-can-do-to-prevent-suicide.aspx) when there is a gun in the home too. Suicide rates in this population are four times higher than for those who live in homes without guns. In roughly the past decade, 40% of children and teens who died by suicide used guns. Nine out of 10 of these suicides were with guns that the victims accessed at their own homes or from a relative's home.

Doctor Asks: “Where Is Your Gun?”

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## Guns, kids & homicides

The risk of homicide is three times higher when there are guns in the home. Not only that, but 58% of shooting deaths in children and teens are homicides.




## The most effective way to keep kids safe

**The American Academy of Pediatrics (AAP) advises that the safest home for a child is one without guns.** The most effective way to prevent unintentional gun injuries, suicide and homicide to children and adolescents, research shows, is the absence of guns from homes and communities.

## What to do if you do keep a gun in your home

If you decide to keep guns in the home, be aware that many studies show that teaching kids about gun safety, or to not touch a firearm if they find one, is not enough. You can reduce the chances of children being injured, however, by following important safety rules:

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## Safe gun storage

All guns in your home should be ***locked and unloaded, with ammunition locked separately*** (https://www.youtube.com/watch?v=J1bWyBZSPzU&feature=youtu.be). Make sure children and teens can't access the keys or combinations to lock boxes or gun safes. And remember not to keep loaded, unlocked guns in the car, or anywhere else on your property, either.

## Safety steps when using firearms

When using a gun for hunting or target practice, keep the safety catch in place until you are ready to fire it. Before setting the gun down, always unload it. As much as a child may want to take a turn shooting, this is not a good idea. No matter how much instruction you may give about how to safely shoot a gun, children are not capable or responsible enough to handle a potentially lethal weapon.

# How to keep your kids safe in other homes

More than a third of all unintentional shootings of children take place in the homes of their friends, neighbors or relatives. That's why it is also important to make sure your kids are safe when they spend time where other people live.




Here's how to help ensure your children and their playmates do not come across an unsecured gun while they play:

## Add this question to your playdate checklist.

Even if you don't have guns in your own home, ask (/English/safety-prevention/at-play/Pages/Is-There-A-Gun-Where-Your-Child-Plays-Asking-Can-Save-Lives.aspx) about guns and safe storage at the other homes they visit. Just as you'd ask about pets, allergies, supervision and other safety issues before your child visits another home, add one more important question: "Is there an unlocked gun in your house?" If there is, reconsider allowing your child to play there or talk to them about keeping the guns unloaded and locked. *(See "5 Questions to Ask Before a Playdate* (/English/safety-prevention/at-play/Pages/Questions-to-Ask-Before-a-Playdate.aspx)*.")*

## Talk with your children about guns.

Remind your kids that if they ever come across a gun, they must stay away from it and tell you immediately.

## Guns in the media

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Make sure your children understand that gun violence they may see on TV, in movies, and in video games they play at home or friends' homes is not real. They need to be told—and probably reminded again and again—that in real life, children are killed and hurt badly by guns. Although the popular media (/English/news/Pages/Virtual-Violence-Impacts-Children-on-Multiple-Levels.aspx) often romanticize gun use, children need to learn that these weapons can be extremely dangerous.

## More information

- Is There an Unlocked Gun Where Your Child Plays? (/English/safety-prevention/at-play/Pages/Is-There-A-Gun-Where-Your-Child-Plays-Asking-Can-Save-Lives.aspx)
- Teen Suicide Risk: What Parents Should Know (/English/health-issues/conditions/emotional-problems/Pages/Which-Kids-are-at-Highest-Risk-for-Suicide.aspx)
- 12 Things Parents Can Do to Prevent Suicide (/English/health-issues/conditions/emotional-problems/Pages/ten-things-parents-can-do-to-prevent-suicide.aspx)
- Gun Deaths: Urgent Public Health Crisis Affecting Children & Teens (/English/news/Pages/firearm-deaths-spike-almost-30-percent-during-pandemic-gun-homicides-rise-35-precent-from-2019-20.aspx)
- AAP Releases Updated Gun Violence Prevention Recommendations (/English/news/Pages/firearms-violence-prevention-demands-a-public-safety-approach-like-regulation-of-motor-vehicles.aspx)
- Uvalde pediatrician recounts horror of school shooting, urges gun control advocacy (https://publications.aap.org/aapnews/news/22431/Uvalde-pediatrician-recounts-horror-of-school?searchresult=1) (AAP News)

## About Dr. Schaechter:



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# Cell Phone Safety

## Ten Tips for Teens

**Sameer Hinduja, Ph.D. and Justin W. Patchin, Ph.D.**




Cell phones are wonderful tools that enable us to do amazing things every day. Here's how to make sure yours doesn't lead to major life problems.

**1. Keep your cell phone keypad locked** (and the PIN or passcode safe and private), so that others can't grab it, unlock it, and use it to get you into trouble when you're not looking.

**2. Do not take any cell phone pictures or video that are sexual in nature.** First off, if they involve nudity or even partial nudity, they are illegal and classified as child pornography - a felony offense in all states. The intent of the parties does not matter, nor does whether permission was granted. Second, they have the tendency to get into the hands of the wrong people. Think about your reputation.



**3. Remember that having a cell phone is a privilege and not a right.** Treat it as such. Appreciate that your parents have allowed you to have one (and often purchased it for you), and you'll earn more of their respect. Many youth have sabotaged their future (e.g., admission into college, scholarships, job opportunities, legal problems and costs, criminal prosecution, being placed on sex offender registries) because they have misused electronic devices and social media. It is NOT worth it.

**4. Do not send texts or capture pictures or video on your phone that you wouldn't feel comfortable sharing with your parents.**

**5. Remember that all of the text, photos, and videos you create with your phone are often saved and retrievable as digital evidence** (even years later). They are sometimes stored on the servers of your cell phone provider, in your phone's Cloud account, or on the flash memory or SIM card of your phone (or any other phone which has sent or received them) - even if you have deleted them.

**6. Schools can take your cell phone** when they have reasonable suspicion that it has been involved in a violation of school policy or the law. Request that your parent be present when you give it to them.



**7. Never text and drive.** No text is worth losing your life over, or taking someone else's. If something is urgent, pull the vehicle over to a safe place before dealing with it.

**8. Only give out your phone number to people you know for sure you can trust.**

**9. Ask yourself how you'd feel** if the text you sent or the picture or video you captured were broadcast all across the school, and all across the Internet. Even if you personally don't send it around, others can and often do.



**10. Don't respond to texts from numbers and people you don't know.** Learn how you can block certain individuals (via their cell phone numbers) from contacting you. Don't subject yourself unnecessarily to people who are mean or immature when you can easily keep them from sending you any messages.




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- **Get 9 to 10 hours of sleep** every night.
- **Don't use tobacco** products (like cigarettes, e-cigarettes or vapes), drink alcohol, or use substances like cannabis.

## More information

- Healthy Active Living: AAP Policy Explained
- Healthy Self-Care for Teens
- Burnout in Young Athletes: How to Keep the Fun in Sports
- Preventing Overuse Injuries in Sports

**Last Updated** 7/9/2024

**Source** Get Fit, Stay Healthy (Copyright © 2022 American Academy of Pediatrics)

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# Sexting

## Advice for Teens

**Sameer Hinduja, Ph.D. and Justin W. Patchin, Ph.D.**




Sharing pictures with romantic partners is a natural part of any relationship. It's important, however, that you are doing so safely, responsibly, and appropriately. Exchanging explicit (nude) images is not only illegal if you are underage, it also can lead to some major life complications that can affect you for years. It can get you in trouble with your parents, your school, and even the police, your reputation could be ruined, and it may be used to blackmail you. Think twice before taking an explicit picture of yourself, or sending one of yourself—or someone else—to another person. Follow these basic principles to avoid dealing with heavy fallout.

**1. DELETE ANY EXPLICIT IMAGES SENT TO YOU.** Even simply having these images on your phone could land you in a heap of trouble.

**2. DO NOT DISTRIBUTE EXPLICIT IMAGES.** If someone sends you an explicit image of themselves or someone else, do not pass it on to anyone else. Try to think about how you would feel if someone sent similar pictures of you to someone else that you didn't know or wouldn't want to see.

**3. IGNORE OR FLAT-OUT REJECT ANY REQUESTS FROM OTHERS FOR INAPPROPRIATE IMAGES.** It is just not worth it, no matter how much you like the other person—even if you think you can trust them. The potential risk is just too high. If they really care about you, they will understand.

**4. BLOCK INDIVIDUALS WHO MAKE YOU UNCOMFORTABLE WITH HOW THEY TALK TO YOU** (or what they send to you).

**5. DISTRACT THE PERSON REQUESTING INAPPROPRIATE PICTURES FROM YOU.** Engage them in conversation about something else, or direct them to a cool YouTube video or meme you just saw. If they continue to ask about the pics, let them know that they should just chill out.



**6. DON'T SUPPORT YOUR OWN OBJECTIFICATION.** You are not a piece of meat. You don't want people to like you because of your body, but because of your mind and heart. Giving in and sending explicit images just feeds their appetite for more, and continues to devalue your worth and reduces you to an object for their satisfaction (and then, sadly, their disposal).

**7. SEXTING DOESN'T DEFINE A HEALTHY, FUNCTIONAL ROMANTIC RELATIONSHIP.** Sure, it's fun, flirtatious, and risqué, but remember that these images could be seen by a wider audience (including your parents, teachers, or the police) and don't necessarily convey maturity and experience.

**8. SEND IMAGES THAT ARE SUGGESTIVE, BUT NOT EXPLICIT.** Keep private parts covered at all times. It's fine to send your partner a picture, just make sure it's PG-13 and not X-rated. Even so, realize that these too may be shared others. If you wouldn't be concerned if your whole school (or grandma!) saw it, its probably ok.

**9. IF YOU RECEIVE (OR SOMEONE SHOWS YOU) AN EXPLICIT IMAGE OF SOMEONE YOU KNOW, CONTACT THAT PERSON TO TELL THEM THAT THEIR IMAGES ARE BEING CIRCULATED.** You would want someone to tell you if an image or video of yours like that was going around.

**10. INFORM AN ADULT IF YOU ARE CONCERNED ABOUT THE WELL-BEING OF THE PERSON IN THE IMAGE.** If you are worried about the person who is in the picture or video, whether they are a friend or not, you may need to get help from an adult you trust.

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Illustration by
Billy Nuñez, age 16

# NEXT STOP ADULTHOOD: TIPS FOR PARENTS

## AS YOUR CHILD BECOMES AN ADULT

- Becoming an adult does not happen overnight; it occurs over time and in steps.
- Letting go is a difficult but also rewarding part of life.
- Help your teen learn the responsibilities that come with being an adult.
- Relating to your child as an adult is new for both you and your child.

Becoming a young adult is exciting, difficult, and scary for both parents and teens. It is a time of increasing independence and change, no matter what the situation. For example:

- Going to college
- Moving out
- Starting a job
- Staying at home

## TEACH INDEPENDENCE

Learning to be independent does not happen overnight. Just like getting a driver's license, it occurs over time and in steps.

- Learner's permit—learning new skills with supervision
- License with limitations—taking on some responsibilities, but with parental support
- Full license—being fully responsible for one's own actions

Parents need to give up much of the control over many of their young adult's decisions. But parents still worry about their child's safety, health, and success. This is where you need to trust the job you have done as a parent.

## LET GO, BUT STAY CONNECTED

Parents give guidance and feedback to their children at every age, but giving advice to a young adult is different from telling a child what to do or teaching a child how to do something.

### Giving and getting advice.

Young adults need to know that everybody needs advice and help from others for the rest of their lives. Parents now need to be open to getting advice and feedback from their adult children.

### Effective communication is an important part of this new relationship.

Open and honest communication is key. Even though some topics may be difficult or even embarrassing for you, this is the basis of a healthy adult relationship with your child.

### Understanding each other may be difficult.

There may be times when you do not agree with each other, and conflicts may occur. Try not to let getting mad or angry turn into a fight. Fights don't solve problems; they make new ones.

### Be a role model.

Solve problems and conflicts with respect for your teen. Acknowledge and apologize when you are wrong. This is an excellent way to teach your child how to peaceably solve conflicts with others.


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## HELP TEENS LEARN RESPONSIBILITY

As teens gain the privileges that come with being adults, they need to understand the responsibilities toward others and the community that come with these privileges. Decisions that adults make have adult consequences, both good and bad, that they will need to live with.

### Do less.

Parents need to stop doing things for their teens, like making lunch or running an "emergency" load of wash, that teens can do for themselves. Parents who complain most bitterly about their teens' irresponsibility are often the ones who don't make their kids do anything for themselves.

### Let consequences happen.

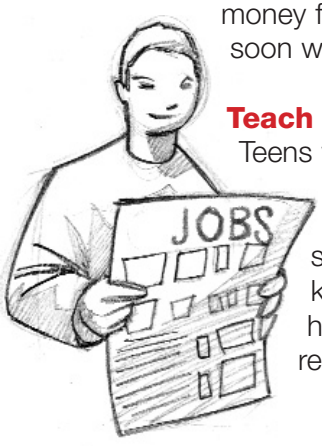
There is no need to come up with special punishments to discourage irresponsibility. Simply let nature take its course.

- Forgotten homework assignments result in lower grades or having to do make-up work.
- Not putting clothes into the hamper means that there might be nothing but dirty clothes to wear.

Of course, it is hard to stand by and see your child suffer embarrassment or defeat. A parent naturally wants to jump in and help. Remind yourself that the most helpful thing you can do is allow your child to learn to take responsibility, the sooner the better.

### Give a regular allowance, but no extras.

When you are seen as a source of ready cash, your child has no incentive to handle money responsibly. Decide on a fair amount, and discuss how to budget by spending a little and saving for larger purchases. Then refuse to pay for any items that are not needed. If teens don't have money for something they want, they soon will learn to budget.




### Teach ways to be more organized.

Teens who have trouble staying organized can appear irresponsible. By teaching specific skills, like always putting keys in a particular spot, you are helping your child become a responsible adult.

### Help your teen think through options.

Adolescents make large, life-changing decisions, like whether to drink, smoke, have sex, or go to college. They also make smaller but still important decisions, like whether to try out for soccer or use the time for studying or an after-school job.

One way to help with decisions is to sit down together and actually write down the answers to the following questions:

- What is the difficulty?
- What are possible solutions?
- What are consequences of each solution?
- Which of those consequences is most desirable from a practical, personal, moral, or legal point of view?

## RELATING AS ADULTS

As children become adults, the way children and parents relate needs to change. The goal is to respect each other as adults.

### Continue sharing, listening, and asking questions.

Parents want to hear about how their "kids" are doing. It is also important for children to know "what's going on" with their parents.

Having lunch or dinner together is a good way to keep up-to-date with each other and have fun at the same time. Don't stop being interested in each other's lives.

## LIVING AT HOME

### Everyone needs to help with the work of the family.

Whether the chores are divided up using a formal schedule or everyone just pitches in when they can, everyone needs to help out at home.

You might want to have a family meeting to decide who does what. It's all about fairness.

### A pleasant place to live.

Teens and young adults need to know that they can't play their music so loudly that it disturbs others. Everyone needs to pick up clothing and other items in spaces they share, especially hallways and bathrooms.


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**"Living in the same home means that we need to treat each other with courtesy and respect."**

## A space to call their own.

Even in small homes, providing teenagers with a space to call their own is important. This allows them the freedom to express themselves and to develop their own sense of self-discipline.

For example, they can decorate their room as they wish and keep it as messy or neat as they choose, within reason. It is within your rights to insist that a room be picked up if it starts to smell bad or affects the home.

## Being safe.

Parents always will be concerned about their children. But as children get older, they need to begin to assume some responsibility for their own safety.

For example, when parents communicate curfews as a matter of safety, it is more likely to be accepted. Teens and young adults need to know that if they are not able to make the curfew, they need to get in touch with the person who is waiting up for them.

**"You have to be home by 11:00 because the streets aren't safe after that. If you can't be home by then, please give me a call."**

Connected Kids are Safe, Strong, and Secure

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# Talking With Your Teen About Sex

Youths are exposed to sexual messages every day—on the TV, on the internet, in movies, in magazines, and in music. Sex in the media is so common that you might think teens today already know all they need to about sex. They may even claim to "know it all," so sex is something you just don't talk about. Unfortunately, only a small amount of what is seen in the media shows healthy sexual behavior or gives correct information.

Your teen needs a reliable, honest source to turn to for answers, and the best source is you. You may feel uneasy when talking with your teen about sex, but your guidance is important. Beyond the basic facts about sex, your teen needs to learn from you about your family values and beliefs. This needs to be an ongoing discussion and not just one "big talk."

Here is information from the American Academy of Pediatrics to help you talk with your teen about this important and sensitive subject.

## Why should I talk with my teen about sex?

You are the best person to teach your teen about sex, relationships, love, commitment, and respect, both through discussion and by your own example.

Parents often fear that if they talk about sex, their teen may want to try it. Teens are curious about sex, whether you talk with them about it or not. Studies show that teens whose parents talk openly about sex are actually more responsible in their sexual behavior.

Your guidance is important. It will help your teen make better-informed decisions about sex. Teens who don't have the facts about sex and look to friends and the media for answers are the most likely to get into trouble, such as getting sexually transmitted infections (STIs) or becoming pregnant.

Talking about sex should begin when your children first ask questions like "Where do babies come from?" If you wait until your children are teens to talk about sex, they will probably learn their first lessons about sex from other sources. Studies show that children who learn about sex from friends or through a program at school, instead of their parents, are more likely to have sex before marriage. Teens who openly discuss sex with their parents are sexually active at a later age than those who don't.

## What should I tell my teen about sex?

Communication between parents and teens is very important. Your teen may not share the same values as you, but that possibility shouldn't stop you from talking about sex and sexuality.

**Before children reach their early teen years, they should know about**

- Correct body names and functions of male and female sex organs
- Puberty and how the body changes (When and how the body changes is different for each child.)
- Menstruation (periods)
- Sexual intercourse and the risk of getting pregnant or getting an STI or virus, including HIV (the virus that causes AIDS)
- Your family values about dating, sexual activity, cigarettes, alcohol, and drugs

**During the teen years, your talks about sex should focus more on the social and emotional aspects of sex and on your values. Be ready to answer questions like**

- When can I start dating?
- When is it OK to kiss a boy or girl?
- How will I know when I'm ready to have sex?
- Is oral sex really sex?
- Won't having sex help me keep my boyfriend or girlfriend?
- How do I say no?
- What do I do if someone tries to force me to have sex?

Answer your teen's questions according to your values, even if you think your values are old-fashioned. If you feel strongly that sex before marriage is wrong, share this feeling with your teen and explain why you feel that way. If you explain the reasons for your beliefs, your teen is more likely to understand and adopt your values.

**Other topics include**

- **Peer pressure.** Teens face a lot of peer pressure to have sex. If they aren't ready to have sex, they may feel left out. But about 50% of teens wait until after high school to have sex, and there are benefits of waiting. Abstinence from sex (oral, vaginal, and anal) provides 100% protection against getting STIs and becoming pregnant, and it provides less emotional stress if there's a breakup.
- **Sex and STIs.** Teens need to know that having sex exposes them to the risk of getting STIs. The only sure way to prevent STIs is not to have sex. Common STIs include chlamydia, gonorrhea, human papillomavirus (HPV) infection, herpes, HIV/AIDS, and trichomoniasis. HPV is the main cause of anal, cervical, and penile cancer.
- **Reducing the risk of getting STIs.** Condoms (male or female) are the safest method to reduce the risk of getting most STIs and should always be used. Also, postponing sex until the later teen years or adulthood reduces the risk. If both partners are abstinent before marriage or are in a long-term, mature relationship; have never had an STI; and have sex only with each other, the risk is eliminated.
- **Monogamy.** Many teens have heard that monogamy is "safe sex"; however, they misunderstand and believe that having one partner and then switching and having another partner and then switching again is monogamy. Monogamy can mean having only one sexual partner at a time or only one sexual partner in a lifetime. Being in a sexual relationship with one person for a long time lowers the rate of infection, compared to being sexually active with more than one person or someone who changes partners after some time.
- **Birth control.** Teens need to know about birth control whether they decide to have sex or not. If your teen doesn't know about birth control, an unplanned pregnancy might result. Teens are able to access birth control from a health care professional without parental permission in many states.

  Teens also need to keep in mind that birth control pills, the birth control shot, contraceptive patches, rings, implants, and intrauterine devices prevent only pregnancy; they don't protect against getting STIs, including HIV/AIDS. Condoms and another reliable birth control method need to be used each time to help reduce the risk of getting STIs and becoming pregnant.

- **Date rape.** Date (or acquaintance) rape is a serious problem for teens. It happens when a person your teen knows—for example, a date, friend, or neighbor—forces your teen to have sex. Make sure your teen understands that "no always means no." Also, dating in groups, instead of alone, and avoiding drugs and alcohol reduce the risk of experiencing date rape.
- **Sexuality.** This is a difficult topic for many parents, but your teen probably has many questions about heterosexuality, homosexuality, and bisexuality. Many teens and young people go through a stage when they wonder, "Am I gay?" It often happens when a teen is attracted to a friend of the same sex or has a crush on a teacher of the same sex. This is common and doesn't necessarily mean your teen is gay, lesbian, or bisexual. Sexual identity may not be firmly set until adulthood. If your teen is gay, lesbian, or bisexual, your love and acceptance is important.
- **Masturbation.** Masturbation is a topic few people feel comfortable with talking about. It's a normal and healthy part of human sexuality and shouldn't be discouraged. Discuss this in terms of your values. Talk with your pediatrician if your child can't limit masturbation to a private place—for example, a bedroom or bathroom.

## How do I talk with my teen about sex?

Sex is a very personal and private matter. Many parents find it difficult to talk with their children about sex. Teens may be too embarrassed, not trust their parents' advice, or prefer not to talk with their parents about it. But sex is an important topic to talk about.

**Here are tips that may help make talking with your teen easier.**

- **Be prepared.** Read about the subject so that your own questions are answered before talking with your teen. Practice what you plan to say with your spouse or partner, a friend, or another parent. This step may make it easier to talk with your teen when the time comes. Speak calmly and clearly.
- **Be honest.** Let your teen know that talking about sex isn't easy for you, but you think it's important that information about sex comes from you. And even though you would prefer that your values be accepted, decisions about sex are ultimately up to your teen. If your teen disagrees with you or gets angry, take heart, you have been heard. These talks will help your teen develop a solid value system, even if it's different from your own.
- **Listen.** Give your teen a chance to talk and ask questions. It's important that you give your full attention.
- **Try to strike a balance.** While teens need privacy, they also need information and guidance from parents. If your teen doesn't want to talk with you about sex and tells you that it's none of your business, be firm and say that it is your business. Your teen should know that you're asking out of love and concern, especially because sex can lead to potentially harmful situations. If your teen is quiet when you try to talk about sex, say what you have to say anyway. Your message may get through.
- **Ask for help.** If you just can't talk with your teen about sex, ask your pediatrician; a trusted support such as a relative, schoolteacher, counselor, or nurse; or a religious leader such as a minister, priest, or rabbi for help. Also, many parents find it useful to give their teens a book on human sexuality and say, "Take a look at this, and let's talk."

Visit HealthyChildren.org for more information.

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# Making Healthy Decisions About Sex

Before you decide to have sex, or if you are already having sexual intercourse (oral, vaginal-penile, or penile-anal), you need to know how to stay healthy. Even if you think you know everything you need to know about sex, take a few minutes and read on. Your doctor wants to make sure you know the facts.

## Important Reminders

- No one should be forced or pressured to have sex! If you are ever forced or pressured to have sex, it's important to never blame yourself and to tell an adult you trust as soon as possible. Medical and counseling supports are available to help someone who has been forced or pressured to have sex.
- Using alcohol and drugs can affect your choices about sex. Too many teens have sex without meaning to when they drink alcohol or use drugs.

## Are You Ready for Sex?

Sex can change your life and relationships. Having sex may affect the way you feel about yourself or how others feel about you.

Many teens believe that waiting until they are ready to have sex is important. The right time is different for each teen. For example, some teens may want to wait until they are adults or married, or they may want to wait until they feel their relationship is ready.

**You may feel your relationship is ready when**

- You can be completely honest and trust the other person, and the other person can trust you. A good idea is to talk about sex with the lights on and clothes on!
- You can talk with the person about difficult topics such as feelings, other relationships, whether the person has had a sexually transmitted infection (STI), or condoms or pregnancy prevention.
- You can be responsible, by protecting yourself and your partner against STIs and pregnancy with condoms and birth control.
- You can respect the other person's decisions about not having sex and about using protection.
- You can have sex in a private place.

However, if you are in love or really like someone, you may ignore the signs of an unhealthy relationship.

**Here are signs that your relationship is not ready for sex.**

- Your partner is jealous or possessive. For example, your partner prevents you from spending time with your family or other friends, texts you constantly, or checks your cell phone to read your texts.
- Your partner pressures you to have sex and doesn't respect your reasons for not wanting to have sex.
- Your partner controls you by bullying you or by threatening to hurt himself or herself if you end the relationship.
- Your partner doesn't respect your desire to use condoms or birth control.

## Why Wait?

There's nothing wrong if you decide to wait. Not everyone is having sex.

About half of all teens in the United States have never had sex. If you decide to wait, plan how you are going to say no so you are clearly understood. Stay away from situations that can lead to sex, such as being alone with someone who has been pressuring you or using alcohol or drugs. If your partner doesn't support your decision to wait, he or she may be the wrong person for you.

**Here are reasons why waiting to have sex makes sense.**

- Sex can lead to pregnancy. Are you ready to be pregnant? If you become pregnant, you have to make difficult decisions such as becoming a teen parent, placing a child for adoption, or ending the pregnancy. Are you ready to make these sorts of decisions? What will be the effect of a pregnancy on your health, finances, education, relationships, or family?
- Sex has health risks. A lot of infections can be spread during sex. STIs include chlamydia, gonorrhea, "trich" (trichomoniasis), hepatitis B, herpes, HIV (the virus causing AIDS) infection, human papillomavirus (HPV) infection, or syphilis. Some infections are treatable, but some persist throughout a lifetime.
- Sex can lead to emotional pain and distractions. You may feel sad or angry if you let someone pressure you into having sex when you're not ready. You may also feel sad or angry if you choose to have sex but your partner breaks up with you. Your partner may tell other people you both had sex even if it was supposed to be private.

## How Can You Prevent Getting a Sexually Transmitted Infection?

You can't tell by looking at or talking with someone whether they have an STI since many STIs don't cause symptoms. Nothing works perfectly to prevent STIs except for not having sex (abstinence); however, if you're going to have sex, here are tips to keep in mind.

- Using a barrier method, such as a condom or dental dam, is the best way to reduce the risk of getting STIs.
- Remember to use a barrier method every time you have sex, no matter what other type of birth control you and your partner might also use.
- To make sure you stay healthy, get regular medical checkups. You can also get a vaccine to protect against HPV.
- If you have had sex in the past, or are having sex, it's important to get tested for STIs.

## What Do You Need to Know About Barrier Protection (Condoms)?

Condoms work best when used correctly. External (male) condoms have about a 98% chance of preventing pregnancy, and internal (female) condoms have a 95% chance, but they must be used each time you have sex and used correctly. When they are not used correctly, external condoms may have only an 82% chance of preventing pregnancy, while internal condoms may be effective only 79% of the time. External condoms are available to purchase without any age restrictions at stores, including convenience stores, and pharmacies. Internal condoms may require a prescription. Most teens use latex external condoms.

Here are tips to keep in mind.

- Never use external and internal condoms at the same time; they might tear.
- Follow the instructions on the package to make sure you are using condoms in the right way. To learn more about how to use

condoms and other barriers, visit the Centers for Disease Control and Prevention "Condom Effectiveness" web page at www.cdc.gov/condomeffectiveness/index.html.

- Check the expiration date on the package. Don't buy or use expired condoms.
- You can carry condoms with you at all times, but do not store them where they will get hot or damaged (eg, in the glove compartment of a car or in a wallet). Heat can damage a condom, and the condom may then tear or break more easily.

## What Types of Birth Control Are Effective?

Talk with your doctor about birth control or contraception. Your doctor can answer questions about safe and effective methods, side effects, and costs. Most contraception is covered by insurance. Here are some forms of birth control, from the most effective forms at preventing pregnancy to the least. None of these methods prevent STIs, so it's important to also use barrier protection.

**Contraceptive implant** is a tiny, flexible rod that a doctor inserts into the inside of the arm, between the shoulder and the elbow. It slowly releases a hormone that prevents pregnancy for 3 to 5 years. When used as prescribed, it is about 99% effective at preventing pregnancy.

**Intrauterine devices** (IUDs) are small T-shaped devices placed inside the uterus by a doctor. They are highly effective at preventing pregnancy and may also be prescribed to help decrease menstrual bleeding and pain. The copper IUD contains a small amount of natural copper and prevents pregnancies for up to 10 to 12 years. There are 2 levonorgestrel IUDs, both of which contain a hormone and prevent pregnancy for 3 to 7 years, depending on which one is used. When used as prescribed, they are about 99% effective at preventing pregnancy.

**Contraceptive injection** or depot medroxyprogesterone acetate (DMPA) is a shot given every 12 weeks. When used as prescribed, it is 99% effective at preventing pregnancy; however, when used typically (eg, women may now and then forget to get a shot exactly on time), it is 94% effective at preventing pregnancy.

**Birth control pills (the "pill"), patch, and ring** all contain 2 hormones, an estrogen and a progestin.

- Birth control pill. You take 1 pill each day. When used as prescribed, they are about 99% effective at preventing pregnancy. However, when used typically (eg, women may now and then forget to take a pill), they are 91% effective at preventing pregnancy.
- Birth control patch is an adhesive patch placed onto the skin. You wear the patch for 3 weeks, remove the patch for 1 week, put on a new patch at the end of the fourth week, and repeat these steps. When used as prescribed, it is about 99% effective at preventing pregnancy. However, when used typically (eg, women may now and then forget to replace the patch on time), it is 91% effective at preventing pregnancy.
- Birth control ring. You insert the ring into your vagina near your cervix, it stays in for 3 weeks, and you remove it for 1 week and have your period. Then you get a new ring from the pharmacy and insert it again for another 21 days. When used as prescribed, it is about 99% effective at preventing pregnancy. However, when used typically (women may now and then forget to put in a new birth control ring on time), it is 91% effective at preventing pregnancy.

## What Are Other Types of Birth Control?

Here are types of birth control that are less common and not as effective at preventing pregnancy.

**Withdrawal.** The male "pulls out" before he ejaculates, or "comes." It does not prevent pregnancy or STIs. Even a small amount of sperm can lead to pregnancy or an STI.

**Natural family planning (the rhythm method).** You avoid having sex during certain times of your monthly cycle. Because teens tend to have more irregular periods, this method is less effective at preventing pregnancy.

**Spermicides.** These are creams and foams used during sex to kill sperm. They may add protection to other methods (eg, barriers) but are not effective when used alone. They can irritate the skin and increase the risk of getting STIs.

**Vaginal sponge.** This is a small, round sponge coated with spermicide. It is inserted into a female's vagina up to 24 hours before intercourse and can be left in place after intercourse. It should be removed after 24 hours of use.

## What Is Emergency Contraception?

Emergency contraception (EC) is a form of birth control that you use after you have unprotected sex. Unprotected sex includes not using birth control, condoms breaking or slipping off during sex, or forgetting to use birth control.

Emergency contraception can be taken up to 5 days after unprotected sex but is most effective when taken as soon as possible after sex.

You can buy EC pills over the counter, without a prescription. One type of EC pill available over the counter is levonorgestrel at 1.5 mg, which is most effective on days 1 to 3, but can be taken up to 5 days, after unprotected intercourse. Although EC pills are expensive, they are covered by many insurance plans. If you are concerned about the cost of EC pills, visit The Emergency Contraception website (https://ec.princeton.edu) for tips on finding lower-cost pills.

Another type of EC pill is ulipristal acetate at 30 mg, which is more effective later (on days 4 and 5) and you can get only with a prescription from your doctor.

A doctor can also put in a copper IUD that will provide both EC and regular birth control.

## Remember

If you decide to have sex, it's important you know the facts about birth control, infections, and emotions. Deciding when to become sexually active, how to protect yourself from STIs, and how to prevent pregnancy can be confusing. These are important decisions and are worth talking about with adults who care about you, including your doctor.

Visit HealthyChildren.org/TeenSexualHealth for more information.

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# Your Birth Control Choices

| Method | How to Use | Impact on Bleeding | Things to Know | How well does it work?* |
|---|---|---|---|---|
| **External Condom**<br> | • Use a new condom each time you have sex<br>• Use a polyurethane condom if allergic to latex | None | • Can buy at many stores<br>• Can put on as part of sex play/foreplay<br>• Can help prevent early ejaculation<br>• Can be used for oral, vaginal, and anal sex<br>• Protects against HIV and other STIs<br>• Can decrease penile sensation<br>• Can cause loss of erection<br>• Can break or slip off<br>• Does not need a prescription | 87% |
| **Internal Condom**<br> | • Use a new condom each time you have sex<br>• Use extra lubrication as needed | None | • Can put in as part of sex play/foreplay<br>• Can be used for anal and vaginal sex<br>• May increase vaginal/anal pleasure<br>• Good for people with latex allergy<br>• Protects against HIV and other STIs<br>• Can decrease penile sensation<br>• May be noisy<br>• May be hard to insert<br>• May slip out of place during sex<br>• May require a prescription from your health care provider | 79% |
| **Diaphragm**<br>Caya® and Milex®<br> | • Put in vagina each time you have sex<br>• Use with spermicide every time | None | • Can last several years<br>• Costs very little to use<br>• May protect against some infections, but not HIV<br>• Using spermicide may raise the risk of getting HIV<br>• Should not be used with vaginal bleeding or infection<br>• Raises risk of bladder infection | 83% |
| **Emergency Contraception Pills**<br>Progestin EC (Plan B® One-Step and others) and ulipristal acetate (ella®)<br> | • Works best the sooner you take it after unprotected sex<br>• You can take EC up to 5 days after unprotected sex<br>• If pack contains 2 pills, take both at once | • Your next monthly bleeding may come early or late<br>• May cause spotting | • Available at pharmacies, health centers, or health care providers: call ahead to see if they have it<br>• People of any age can get progestin EC without a prescription<br>• May cause stomach upset or nausea<br>• Progestin EC does not interact with testosterone, but we don't know whether Ulipristal acetate EC does or not<br>• Ulipristal acetate EC requires a prescription<br>• May cost a lot<br>• Ulipristal acetate EC works better than progestin EC if your body mass index (BMI) is over 26.<br>• Ulipristal acetate EC works better than progestin EC 3-5 days after sex | 58 - 94% |

*Typical Use

| Method | How to Use | Impact on Bleeding | Things to Know | How well does it work?* |
|---|---|---|---|---|
| **Fertility Awareness**<br>Natural Family Planning<br> | • Predict fertile days by: taking temperature daily, checking vaginal mucus for changes, and/or keeping a record of your monthly bleeding<br>• It works best if you use more than one of these methods<br>• Avoid sex or use condoms/spermicide on fertile days | • Does not work well if your monthly bleeding is irregular | • Costs little<br>• Can help with avoiding or trying to become pregnant<br>• Use a different method on fertile days<br>• This method requires a lot of effort<br>• Does not require a prescription | 85% |
| **The Implant**<br>Nexplanon®<br> | • A clinician places it under the skin of the upper arm<br>• It must be removed by a clinician | • Can cause irregular bleeding and spotting<br>• After 1 year, you may have no monthly bleeding at all<br>• Cramps often improve | • Long lasting (up to 5 years)<br>• You can become pregnant right after it is removed<br>• It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS)<br>• May cause mood changes | › 99% |
| **IUD: Copper**<br>ParaGard®<br> | • Must be placed in uterus by a clinican<br>• Usually removed by a clinician | • May cause cramps and heavy monthly bleeding<br>• May cause spotting between monthly bleeding (if you take testosterone, this may not be an issue) | • May be left in place for up to 12 years<br>• You can become pregnant right after removal<br>• It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS)<br>• Rarely, uterus is injured during placement | › 99% |
| **IUD: Hormonal**<br>Liletta®, Mirena®, Skyla® and others<br> | • Must be placed in uterus by a clinican<br>• Usually removed by a clinician | • May improve cramps<br>• May cause lighter monthly bleeding, spotting, or no monthly bleeding at all | • Uses levonorgestrel, a progestin<br>• May be left in place 3 to 8 years, depending on which IUD you choose<br>• You can become pregnant right after removal<br>• It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS)<br>• Rarely, uterus is injured during placement | › 99% |

*Typical Use

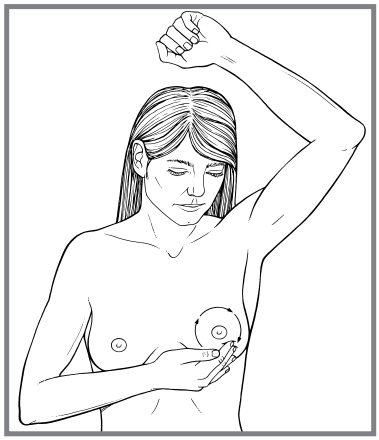
| Method | How to Use | Impact on Bleeding | Things to Know | How well does it work?* |
|---|---|---|---|---|
| **The Patch**<br>Ortho Evra®<br> | • Apply a new patch once a week for three weeks<br>• No patch in week 4 | • Can make monthly bleeding more regular and less painful<br>• May cause spotting the first few months | • You can become pregnant right after stopping patch<br>• Can irritate skin under the patch<br>• This method contains estrogen - it is unclear if estrogen interacts with testosterone | 93% |
| **The Pill**<br> | • Take the pill daily | • Often causes spotting, which may last for many months | • Can improve PMS symptoms<br>• Can improve acne<br>• Helps prevent cancer of the ovaries<br>• This method contains estrogen - it is unclear if estrogen interacts with testosterone<br>• You can become pregnant right after stopping the pills<br>• May cause nausea, weight gain, headaches, change in sex drive - some of these can be relieved by changing to a new brand | 93% |
| **Progestin-Only Pills**<br> | • Take the pill daily | • Can make monthly bleeding more regular and less painful<br>• May cause spotting the first few months | • You can become pregnant right after stopping the pills<br>• It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS)<br>• May cause depression, hair or skin changes, change in sex drive | 93% |
| **The Ring**<br>ANNOVERA®<br>Nuvaring®<br> | • Insert a small ring into the vagina<br>• Monthly Ring: Change ring each month<br>• Yearly Ring: Change ring each year | • Can make monthly bleeding more regular and less painful<br>• May cause spotting the first few months<br>• Can increase vaginal discharge | • There are two types: a monthly ring and a yearly ring.<br>• One size fits all<br>• Private<br>• You can become pregnant right after stopping the ring<br>• This method contains estrogen - it is unclear if estrogen interacts with testosterone | 93% |
| **The Shot**<br>Depo-Provera®<br> | • Get a shot every 3 months (13 weeks)<br>• Give yourself the shot or get it in a medical office | • Often decreases monthly bleeding<br>• May cause spotting or no monthly bleeding | • Each shot works for up to 15 weeks<br>• Private for user<br>• Helps prevent cancer of the uterus<br>• May cause weight gain, depression, hair or skin changes, change in sex drive<br>• It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS)<br>• Side effects may last up to 6 months after you stop the shots | 96% |

*Typical Use

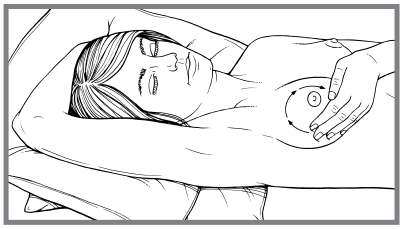
# Breast Self-Exam

Once a month, right after your period, you should examine your breasts. Although breast cancer is rare in young women, it usually can be cured if found early, and a breast self-exam is the best way to find it.

## Do the following to examine your breasts:



1. Stand in front of your mirror with your arms at your sides and see if there are any changes in the size or shape of your breasts. Look for any puckers or dimples, and press each nipple to see if any fluid comes out. Raise your arm above your head and look for changes in your breasts from this position.



2. Lie down and place a towel or pillow under your right shoulder. Place your right hand under your head. Hold your left hand flat and feel your right breast with little, pressing circles. Think of each breast as a pie divided into 4 pieces. Feel each piece and then feel the center of the "pie" (the nipple area).
3. Now put your right arm down at your side, and do the same thing on the outside of the breast, starting under the armpit.
4. Repeat steps 2 and 3 for the other breast.

Most women have some lumpiness or texture to their breasts; breasts are not just soft tissue. Get to know your breasts, then be alert for any lumps or other changes should they ever appear. Remember, most lumps and changes are not cancerous. However, if you think you have found a lump or notice any other changes, don't press or squeeze it; see your pediatrician.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

Illustrations by Lauren Shavell

## From your doctor

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# Relationships, Safety, and Violence

Every woman has the right to live her life safely and free of violence. Yet one in four women in the United States experiences intimate partner violence,[1] including domestic abuse, verbal and emotional abuse, and stalking. Women experience violence in many ways, from physical abuse to sexual assault and from financial abuse to sexual harassment or human trafficking. Whatever form it takes, violence against women can have serious long-term physical and emotional effects. If you've experienced violence or abuse, it is never your fault, and you can get help.

## Q: Am I being abused?

**A:** Signs of abuse may include a partner or family member:

- Keeping track of everything you do, where you go, and who you're with
- Being jealous, controlling, or angry
- Demeaning you (putting you down or humiliating you in front of others)
- Physically hurting, or threatening to hurt, you or your loved ones
- Forcing you to have sex or other intimate activity

## Q: What can I do if I'm being abused?

**A:** Your safety is the most important concern. **If you are in immediate danger, call 911.**

If you are not in immediate danger, consider these options:

- **Get medical care.** If you are injured, go to a local hospital emergency room or urgent care center.
- **Call a helpline for free, anonymous help.** Call one of the hotlines listed on this fact sheet for 24-hour support and numbers for other resources, such as local domestic violence shelters.
- **Make a safety plan to leave.** You don't have to leave an abusive relationship right away. A safety plan with a safe place to go and a list of important documents and medicines to take will help if you need to leave in a hurry.
- **Save the evidence.** Keep evidence of abuse, such as pictures of your injuries or threatening emails or texts, in a place the abuser cannot get to.
- **Talk to someone.** This might be a supportive family member, friend, co-worker, or spiritual leader. Look for ways to get emotional help, like a support group or mental health professional.
- **Consider getting a restraining order.** Protection orders, often called restraining orders, are meant to keep you safe from a person who is harassing or hurting you. The police can arrest a person who violates a restraining order and charge them with a crime.

## Q: What should I do if I've been sexually assaulted or raped?

**A:** If you can, get away from the person who assaulted you and get to a safe place as fast as you can.

- **Don't wash or clean your body.** Don't wash, brush, or clean any part of your body, including your teeth. You might wash away important evidence. Don't change clothes, if possible. Don't touch or change anything at the scene of the assault. That way, the local police will have physical evidence from the person who assaulted you.
- **Get medical care.** Call 911 or go to your nearest hospital emergency room. The doctor or nurse may give you medicine to prevent HIV and some other sexually transmitted infections (STIs) and emergency contraception to prevent pregnancy.



DEPARTMENT OF HEALTH & HUMAN SERVICES USA
OWH OFFICE ON WOMEN'S HEALTH

Ask if there is a sexual assault forensic examiner (SAFE) or a sexual assault nurse examiner (SANE) available. This person has special training to use a rape kit to collect evidence.

- **If you think you were drugged,** talk to the hospital staff about testing for date rape drugs, such as Rohypnol and GHB (gamma-hydroxybutyric acid). Date rape drugs pass through the body quickly and may not be detectable by the time you get tested.
- **Reach out for help.** The hospital staff can connect you with local sexual assault and rape resources that can help you cope with emotions and trauma afterward.
- **Report the assault or rape to the police.** You do not have to decide whether to press charges while at the hospital. An advocate or counselor can help you understand how to report the crime.
- **If the person who assaulted you was a stranger, write down as many details** as you can remember about the person and what happened.

## Q: What are the effects of violence against women?

**A:** Violence against women, including sexual or physical violence, is linked to physical and mental health problems.

**Physical effects of sexual violence can include:**

- Vaginal bleeding or pelvic pain
- Unwanted pregnancy
- Sexually transmitted infections (STIs)
- Trouble sleeping or nightmares
- Health problems such as arthritis, asthma, digestive problems, heart problems, and problems with the immune system
- Chronic pain
- Migraine headaches
- Stress

**Long-term mental health effects can include:**

- Post-traumatic stress disorder (PTSD)
- Depression
- Anxiety

## For more information…

about relationships, violence and safety, call the OWH Helpline at 800-994-9662 or contact the following organizations:

**Centers for Disease Control and Prevention, (CDC), HHS**
800-232-4636 • *www.cdc.gov*

**National Coalition of Anti-Violence Programs**
212-714-1141 • *www.avp.org/index.php*

**National Domestic Violence Hotline**
800-799-SAFE (7233) • *www.thehotline.org*

**National Sexual Assault Hotline**
800-656-HOPE (4673) • *www.rainn.org*

**Victim Connect Resource Center, National Center for Victims of Crime**
855-484-2846 • *www.victimconnect.org*

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[1] Reference: Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

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# Pelvic Inflammatory Disease (PID)

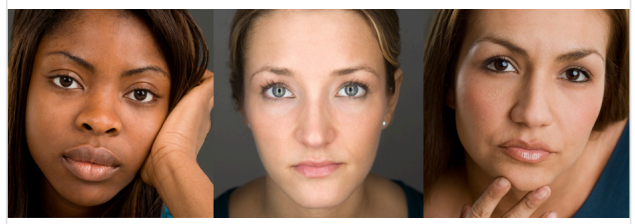
SEXUALLY TRANSMITTED INFECTIONS

DECEMBER 13, 2023

# About Pelvic Inflammatory Disease (PID)

**KEY POINTS**

- Untreated sexually transmitted infections (STIs) can cause pelvic inflammatory disease (PID), a serious condition, in women
- 1 in 8 women with a history of PID experience difficulties getting pregnant.
- You can prevent PID if you know how to protect yourself. This fact sheet answers basic questions about PID.



## What it is

### What is PID?

Pelvic inflammatory disease (PID) an infection of a woman's reproductive organs. It is a complication often caused by some STIs, like chlamydia and gonorrhea. Other infections that are not sexually transmitted can also cause PID.

## Signs and symptoms

### How do I get PID?

You are more likely to get PID if you

- Have an STI and do not get treated
- Have more than one sex partner
- Have a sex partner who has sex partners other than you
- Have had PID before
- Are sexually active and are age 25 or younger
- Douche
- Use an intrauterine device (IUD) for birth control. However, the small increased risk is mostly limited to the first three weeks after the IUD is placed inside the uterus by a doctor

### How can I reduce my risk of getting PID?

The only way to avoid STIs is to not have vaginal, anal, or oral sex.

If you are sexually active, you can do the following things to lower your chances of getting PID:

- Being in a long-term mutually monogamous relationship with a partner who has been tested and has negative STI test results
- Using latex condoms the right way every time you have sex

## How it spreads

### How do I know if I have PID?

There are no tests for PID. A diagnosis is usually based on a combination of your medical history, physical exam, and other test results. You may not realize you have PID because your symptoms may be mild, or you may not experience any symptoms. However, if you do have symptoms, you may notice

- Pain in your lower abdomen
- Fever
- An unusual discharge with a bad odor from your vagina
- Pain and/or bleeding when you have sex
- Burning sensation when you urinate
- Bleeding between periods

You should

- Be examined by your doctor if you notice any of these symptoms
- Promptly see a doctor if you think you or your sex partner(s) have or were exposed to an STI
- Promptly see a doctor if you have any genital symptoms such as an unusual sore, a smelly discharge, burning when peeing, or bleeding between periods
- Get a test for chlamydia and gonorrhea every year if you are sexually active and younger than 25 years of age
- Have an honest and open talk with your health care provider if you are sexually active and ask whether you should be tested for other STIs

# Prevention

## How can I reduce my risk of getting PID?

The only way to avoid STIs is to not have vaginal, anal, or oral sex.

If you are sexually active, you can do the following things to lower your chances of getting PID:

- Being in a long-term mutually monogamous relationship with a partner who has been tested and has negative STI test results
- Using latex condoms the right way every time you have sex

# Testing

## Can PID be cured?

Yes, if PID is diagnosed early, it can be treated. However, treatment won't undo any damage that has already happened to your reproductive system. The longer you wait to get treated, the more likely it is that you will have complications from PID. While taking antibiotics, your symptoms may go away before the infection is cured. Even if symptoms go away, you should finish taking all of your medicine. Be sure to tell your recent sex partner(s), so they can get tested and treated for STIs, too. It is also very important that you and your partner both finish your treatment before having any kind of sex so that you don't re-infect each other.

You can get PID again if you get infected with an STI again. Also, if you have had PID before, you have a higher chance of getting it again.

# Treatment and recovery

## What happens if I don't get treated?

If diagnosed and treated early, the complications of PID can be prevented. Some of the complications of PID are

- Formation of scar tissue both outside and inside the fallopian tubes that can lead to tubal blockage
- Ectopic pregnancy (pregnancy outside the womb)
- Infertility (inability to get pregnant)
- Long-term pelvic/abdominal pain

SOURCES

**CONTENT SOURCE:**

National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention; About Division of STD Prevention

SOURCES


- American College of Obstetricians and Gynecologists (ACOG). Pelvic Inflammatory Disease. ACOG Patient Education Pamphlet, 1999.
- Westrom L and Eschenbach D. In: K. Holmes, P. Sparling, P. Mardh et al (eds). Sexually Transmitted Diseases, 3rd Edition. New York: McGraw-Hill, 1999, 783-809.

# STDs and HIV - CDC Fact Sheet



## People who have STDs are more likely to get HIV, when compared to people who do not have STDs.

### Are some STDs associated with HIV?

Yes. In the United States, people who get syphilis, gonorrhea, and herpes often also have HIV, or are more likely to get HIV in the future.

### Why does having an STD put me more at risk for getting HIV?

If you get an STD you are more likely to get HIV than someone who is STD-free. This is because the same behaviors and circumstances that may put you at risk for getting an STD can also put you at greater risk for getting HIV. In addition, having a sore or break in the skin from an STD may allow HIV to more easily enter your body.

### What activities can put me at risk for both STDs and HIV?

- Having anal, vaginal, or oral sex without a condom;
- Having multiple sex partners;
- Having anonymous sex partners;
- Having sex while under the influence of drugs or alcohol can lower inhibitions and result in greater sexual risk-taking.

### What can I do to prevent getting STDs and HIV?

The only way to avoid STDs is to not have vaginal, anal, or oral sex. If you are sexually active, you can do the following things to lower your chances of getting STDs and HIV:

- Choose less risky sexual behaviors;
- Use condoms consistently and correctly;
- Reduce the number of people with whom you have sex;
- Limit or eliminate drug and alcohol use before and during sex;
- Have an honest and open talk with your healthcare provider and ask whether you should be tested for STDs and HIV;
- Talk to your healthcare provider and find out if pre-exposure prophylaxis, or PrEP, is a good option for you to prevent HIV infection.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of STD Prevention

CS280191D

## If I already have HIV, and then I get an STD, does that put my sex partner(s) at an increased risk for getting HIV?

It can. If you already have HIV, and then get another STD, it can put your HIV-negative partners at greater risk of getting HIV from you.

Your sex partners are less likely to get HIV from you if you

- Use antiretroviral therapy (ART). ART reduces the amount of virus (viral load) in your blood and body fluids. ART can keep you healthy for many years, and greatly reduce your chance of transmitting HIV to sex partners, if taken consistently.
- Choose less risky sexual behaviors.
- Use condoms consistently and correctly.

The risk of getting HIV may also be reduced if your partner takes pre-exposure prophylaxis, or PrEP, after discussing this option with his or her healthcare provider and determining whether it is appropriate.

## Will treating STDs prevent me from getting HIV?

No. It's not enough.

If you get treated for an STD, this will help to prevent its complications, and prevent spreading STDs to your sex partners. Treatment for an STD other than HIV does not prevent the spread of HIV.

If you are diagnosed with an STD, talk to your doctor about ways to protect yourself and your partner(s) from getting reinfected with the same STD, or getting HIV.

## Where can I get more information?

HIV/AIDS and STDs
www.cdc.gov/std/hiv/

PrEP (pre-exposure prophylaxis)
www.cdc.gov/hiv/basics/prep.html

Division of STD Prevention (DSTDP)
Centers for Disease Control and Prevention
www.cdc.gov/std

CDC-INFO Contact Center
1-800-CDC-INFO
(1-800-232-4636)
https://wwwn.cdc.gov/dcs/ContactUs/Form

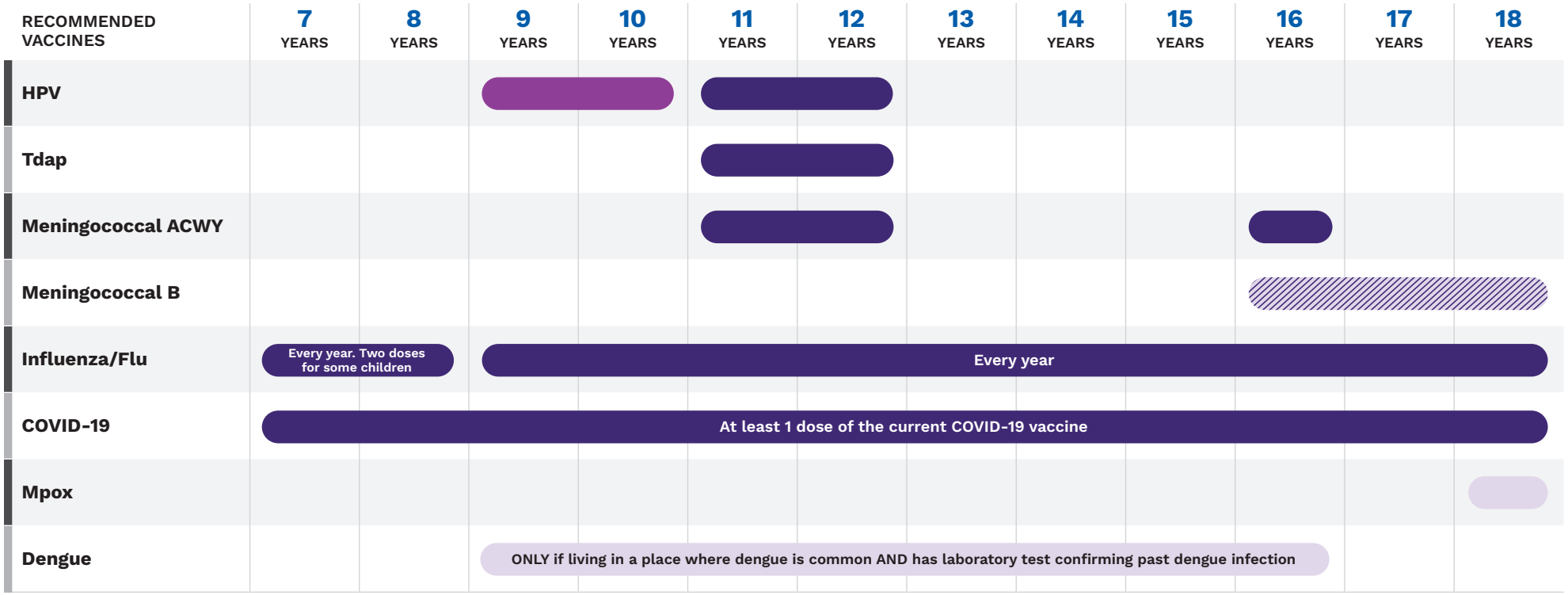
CDC National Prevention Information Network (NPIN)
https://npin.cdc.gov/disease/stds
P.O. Box 6003
Rockville, MD 20849-6003
E-mail: npin-info@cdc.gov

American Sexual Health Association (ASHA)
http://www.ashasexualhealth.org/stdsstis/
P. O. Box 13827
Research Triangle Park, NC 27709-3827
1-800-783-9877

# Older children and teens need vaccines too!

## 2025 Recommended Immunizations for Children 7–18 Years Old

**Want to learn more?**
Scan this QR code to find out which vaccines your child might need. Or visit **www2.cdc.gov/vaccines/childquiz/**




**KEY**

- ALL children in age group should get the vaccine
- ALL children in age group can get the vaccine
- SOME children in age group should get the vaccine
- Parents/caregivers should talk to their health care provider to decide if this vaccine is right for their child

**Talk to your child's health care provider for more guidance if:**

1. Your child has any medical condition that puts them at higher risk for infection or is pregnant.
2. Your child is traveling outside the United States. Visit **wwwnc.cdc.gov/travel** for more information.
3. Your child misses any vaccine recommended for their age or for babies and young children.


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**FOR MORE INFORMATION**
Call toll-free: **1-800-CDC-INFO (1-800-232-4636)**
Or visit: **www2.cdc.gov/vaccines/childquiz/**

AAFP AMERICAN ACADEMY OF FAMILY PHYSICIANS

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

# What diseases do these vaccines protect against?

7-18 YEARS OLD

| VACCINE-PREVENTABLE DISEASE | DISEASE COMPLICATIONS | NUMBER OF VACCINE DOSES |
|---|---|---|
| **HPV** (Human papillomavirus)<br>Contagious viral infection spread by close skin-to-skin touching, including during sex | Genital warts and many types of cancers later in life, including cancers of the cervix, vagina, penis, anus, and throat | 2 or 3 doses |
| **Tetanus** (Lockjaw)*<br>Infection caused by bacterial spores found in soil and dust everywhere; spores enter the body through wounds or broken skin | Seizures, broken bones, difficulty breathing, death | 1 dose at age 11-12 years<br>Additional doses if missed childhood doses<br>1 dose for dirty wounds |
| **Diphtheria***<br>Illness caused by a toxin produced by bacteria that infects the nose, throat, and sometimes skin | Swelling of the heart muscle, heart failure, coma, paralysis, death | 1 dose at age 11-12 years<br>Additional doses if missed childhood doses |
| **Pertussis** (Whooping Cough)*<br>Contagious bacterial infection of the lungs and airway; spread through air and direct contact | Infection of the lungs (pneumonia), death; especially dangerous for babies | 1 dose at age 11-12 years<br>Additional doses if missed childhood doses<br>1 dose every pregnancy |
| **Meningococcal****<br>Contagious bacterial infection of the lining of the brain and spinal cord or the bloodstream; spread through air and direct contact | Loss of arm or leg, deafness, seizures, death | 2 doses.<br>Additional doses may be needed depending on medical condition or vaccine used. |
| **Influenza** (Flu)<br>Contagious viral infection of the nose, throat, and sometimes lungs; spread through air and direct contact | Infection of the lungs (pneumonia), sinus and ear infections, worsening of underlying heart or lung conditions, death | 1 dose each year<br>2 doses in some children aged 6months through 8 years |
| **COVID-19**<br>Contagious viral infection of the nose, throat, or lungs; may feel like a cold or flu. Spread through air and direct contact | Infection of the lungs (pneumonia); blood clots; liver, heart or kidney damage; long COVID; death | 1 or more doses of the current COVID-19 vaccine depending on health status. For more information: **www.cdc.gov/covidschedule** |
| **Mpox**<br>Contagious viral infection spread through close, often skin-to-skin contact, including sex; causes a painful rash, fever, headache, tiredness, cough, runny nose, sore throat, swollen lymph nodes | Infected sores, brain swelling, infection of the lungs (pneumonia), eye infection, blindness, death | 2 doses |
| **Dengue**<br>Viral infection spread by bite from infected mosquito; causes fever, headache, pain behind the eyes, rash, joint pain, body ache, nausea, loss of appetite, feeling tired, abdominal pain | Severe bleeding, seizures, shock, damage to the liver, heart, and lungs, death | 3 doses |

***Tdap** protects against tetanus, diphtheria, and pertussis

****Healthy adolescents:** Meningococcal ACWY vaccine (2 doses); Meningococcal B vaccine (2 doses if needed).

# HPV (human papillomavirus)



## Did you know?

- **Cervical cancer** affects about 13,000 women each year, and more than 4,000 of them die of the disease.
- **There is a virus that can lead to cervical cancer.** It's called HPV, which stands for *human papillomavirus*. It's a common virus passed on by genital contact.
- **There are about 40 different types of HPV that can cause genital infection.** Most are not serious and do not even cause any symptoms. Most come to an end in 1 to 2 years.
- **Some types of HPV can cause serious health problems** including
  - ~ Cervical cancer in women
  - ~ Other cancers of the genital area in women and men
  - ~ Genital warts in women and men

## How common is HPV?

HPV is very common. In fact, more than 50% of people who are sexually active will get HPV at some point in their lives. HPV is most common in young men and women in their late teens and early 20s. Because so many types of HPV have no symptoms, it is easily spread between sex partners.

**HPV is very common. In fact, more than 50% of people who are sexually active will get HPV at some point in their lives.**

## How to prevent HPV

### Vaccine

A new vaccine recently approved by the Food and Drug Administration can prevent many, but not all HPV infections. The vaccine protects against 4 types of HPV—the types that cause 70% of cervical cancer and 90% of genital warts. Studies have found that the vaccine is almost 100% effective against the 4 types, is safe, and has very few side effects.

The vaccine (a 3-shot series) is recommended for females 11 to 12 years of age. This is because girls this age are usually not yet sexually active. It is also recommended for females between the ages of 13 and 26 years who have not been vaccinated, did not finish the 3-shot series, or are not yet sexually active.

Studies are now being done to find out if the vaccine works in women and men older than 26 years.

**The vaccine (a 3-shot series) is recommended for females 11 to 12 years of age.**

## Other ways to prevent HPV

### Abstinence

The only sure way to prevent HPV is to abstain from all sexual activity. This is a good policy for teens and young adults. Adults can reduce their risk of HPV by limiting the number of partners they have.

### Condoms

Condoms do not completely prevent HPV because there is still some genital contact even when condoms are used. However, a condom should always be used because it can lower the risk of genital warts and cervical cancer as well as other sexually transmitted infections.

## Other ways to prevent cervical cancer

### Regular Pap tests

Regular Pap tests (also called Pap smears) are still an important way to prevent cervical cancer, *even for females who have had the HPV vaccine*. A Pap test is a simple test done in the doctor's office in which small amounts of cells are taken from the cervix and tested in a lab. Pap tests can detect cell changes in the cervix *caused by HPV* before they turn into cancer.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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From your doctor

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

American Academy of Pediatrics
Web site—www.aap.org

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# Meningococcal B Vaccine:

## *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

## 1. Why get vaccinated?

**Meningococcal B vaccine** can help protect against **meningococcal disease** caused by serogroup B. A different meningococcal vaccine is available that can help protect against serogroups A, C, W, and Y.

**Meningococcal disease** can cause meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, loss of limbs, nervous system problems, or severe scars from skin grafts.

Meningococcal disease is rare and has declined in the United States since the 1990s. However, it is a severe disease with a significant risk of death or lasting disabilities in people who get it.

Anyone can get meningococcal disease. Certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*, the bacteria that cause meningococcal disease
- People at risk because of an outbreak in their community

## 2. Meningococcal B vaccine

For best protection, more than 1 dose of a meningococcal B vaccine is needed. There are two meningococcal B vaccines available. The same vaccine must be used for all doses.

Meningococcal B vaccines are recommended for people 10 years or older who are at increased risk for serogroup B meningococcal disease, including:

- People at risk because of a serogroup B meningococcal disease outbreak
- Anyone whose spleen is damaged or has been removed, including people with sickle cell disease
- Anyone with a rare immune system condition called "complement component deficiency"
- Anyone taking a type of drug called a "complement inhibitor," such as eculizumab (also called "Soliris"®) or ravulizumab (also called "Ultomiris"®)
- Microbiologists who routinely work with isolates of *N. meningitidis*

These vaccines may also be given to anyone 16 through 23 years old to provide short-term protection against most strains of serogroup B meningococcal disease, based on discussions between the patient and health care provider. The preferred age for vaccination is 16 through 18 years.

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## 3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of meningococcal B vaccine**, or has any **severe, life-threatening allergies**
- Is **pregnant or breastfeeding**

In some cases, your health care provider may decide to postpone meningococcal B vaccination until a future visit.

Meningococcal B vaccination should be postponed for pregnant women unless the woman is at increased risk and, after consultation with her health care provider, the benefits of vaccination are considered to outweigh the potential risks.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting meningococcal B vaccine.

Your health care provider can give you more information.

## 4. Risks of a vaccine reaction

- Soreness, redness, or swelling where the shot is given, tiredness, headache, muscle or joint pain, fever, or nausea can happen after meningococcal B vaccination. Some of these reactions occur in more than half of the people who receive the vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

## 5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at **www.vaers.hhs.gov** or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

## 6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at **www.hrsa.gov/vaccinecompensation** or call **1-800-338-2382** to learn about the program and about filing a claim.

## 7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at **www.fda.gov/vaccines-blood-biologics/vaccines**.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**.

# Meningococcal ACWY Vaccine:
## *What You Need to Know*

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## 1. Why get vaccinated?

**Meningococcal ACWY vaccine** can help protect against **meningococcal disease** caused by serogroups A, C, W, and Y. A different meningococcal vaccine is available that can help protect against serogroup B.

**Meningococcal disease** can cause meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, loss of limbs, nervous system problems, or severe scars from skin grafts.

Meningococcal disease is rare and has declined in the United States since the 1990s. However, it is a severe disease with a significant risk of death or lasting disabilities in people who get it.

Anyone can get meningococcal disease. Certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*, the bacteria that cause meningococcal disease
- People at risk because of an outbreak in their community

## 2. Meningococcal ACWY vaccine

**Adolescents** need 2 doses of a meningococcal ACWY vaccine:

- First dose: 11 or 12 years of age
- Second (booster) dose: 16 years of age

In addition to routine vaccination for adolescents, meningococcal ACWY vaccine is also recommended for **certain groups of people**:

- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
- People with HIV
- Anyone whose spleen is damaged or has been removed, including people with sickle cell disease
- Anyone with a rare immune system condition called "complement component deficiency"
- Anyone taking a type of drug called a "complement inhibitor," such as eculizumab (also called "Soliris"®) or ravulizumab (also called "Ultomiris"®)
- Microbiologists who routinely work with isolates of *N. meningitidis*
- Anyone traveling to or living in a part of the world where meningococcal disease is common, such as parts of Africa
- College freshmen living in residence halls who have not been completely vaccinated with meningococcal ACWY vaccine
- U.S. military recruits

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## 3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of meningococcal ACWY vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone meningococcal ACWY vaccination until a future visit.

There is limited information on the risks of this vaccine for pregnant or breastfeeding women, but no safety concerns have been identified. A pregnant or breastfeeding woman should be vaccinated if indicated.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting meningococcal ACWY vaccine.

Your health care provider can give you more information.

## 4. Risks of a vaccine reaction

- Redness or soreness where the shot is given can happen after meningococcal ACWY vaccination.
- A small percentage of people who receive meningococcal ACWY vaccine experience muscle pain, headache, or tiredness.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

## 5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

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