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**MENSTRUAL DYSFUNCTION AND TREATMENT AMONG ADOLESCENTS WITH CONGENITAL HEART DISEASE**

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**Purpose:** With increasing survival rates, adolescents with congenital heart disease (CHD) may have more frequent and different reproductive health needs from the general population, and subspecialty clinics are often not equipped to address these needs. These analyses describe menstrual dysfunction and treatment among adolescent females with CHD.

**Methods:** Girls and young women, 14-21 years old, (N=100) who could independently complete an on-line questionnaire were recruited from cardiology clinics. Participants completed a survey that assessed their reproductive health status and treatment as it relates to their cardiac lesion(s). Our outcome measures were self-reported menstrual complaints (three items: dysmenorrhea, irregular periods or heavy periods), reported use of over the counter (OTC) pain relief such as acetaminophen, ibuprofen, or naproxen for dysmenorrhea, reported visit with a clinician (doctor or nurse) for a menstrual problem, reports of using hormones (birth control pills, estrogen, progestin, etc.) for a menstrual problem or for puberty, and ever use or current use of birth control. Descriptive statistics were used to characterize the frequency of events and bivariate analyses were conducted to examine associations with reported events.

**Results:** Mean age was 17.7 years (SD 2.2); 91% were white. Cardiac lesions were grouped by complexity: 26% with simple lesions, 40% with moderately complex lesions and 34% with complex lesions. Ten percent reported a heart transplant. A majority (83%) reported one or more menstrual complaints; 71% cramping, 44% irregular menses, 49% heavy periods and 88% reported any history of taking OTC pain relief. The patients who had menstrual complaints were significantly more likely to report use of OTC pain relief, (X2= 5.88, p =.02). Warfarin use was reported in 6% (N=3) of girls who reported heavy menstrual bleeding (n=49). Level of complexity and reported transplant were not associated with increased menstrual complaints (X2= 2.276, p =.13). Although 30% reported seeing a clinician for a menstrual problem, there was no association with actual self-reported menstrual problem (p =.222)-. Lesion complexity was associated with increased likelihood of seeing a clinician for a menstrual problem (X2= 7.22, p =.03). Almost a third (32%) of patients report having taken any hormones for menstrual problem or for puberty. Those with menstrual complaints were not more likely to report use of hormonal contraception (34% vs 35%, X2= 0.15, p =.902). However, girls who reported having sex were more likely to report using a birth control method (68% vs 17%, X2= 26.0, p <.0005).

**Conclusions:** A large majority of girls and young women with CHD reported menstrual dysfunction (83%). The overall proportion is consistent with reports of general populations of adolescents. However, heavy menstrual bleeding reports were higher (49%) and high use of OTC medication for menstrual pain creates concerns that menstrual disorders may be inadequately addressed. Thus gynecological needs of the adolescents with CHD may need to be specifically targeted by providers that feel comfortable with this population and their sometimes complex needs. Research reported in this abstract was supported by a postdoctoral training grant (T32) of the National Institutes of Health under award number 2T32GM008425-26.

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**50.**

**THE ROLE OF RELATIONSHIP CHARACTERISTICS ON USE OF COMBINATION HIV PREVENTION METHODS AMONG YOUNG BLACK AND LATINO HETEROSEXUAL ADOLESCENTS AND YOUNG ADULTS**


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**Purpose:** Young heterosexual Black and Latino AYAs living in urban communities with both elevated poverty and high HIV incidence are at increased risk for HIV infection. Use of combination HIV prevention methods (e.g., male and female condoms, HIV testing, STI screening, and PrEP) is a high-impact approach to reducing new HIV infections. However, relationship dynamics play a significant role in AYAs' consistently using these prevention methods. The purpose of this qualitative study is twofold: 1) to assess young Black and Latino heterosexual couples' attitudes towards and use of combination HIV prevention methods, and 2) to determine how relationship factors influence their use, or non-use, of combination HIV prevention methods.

**Methods:** Twenty-three male-female couples were recruited via street-intercept in the South Bronx. Couples completed an interview session which included a brief demographic and sexual behavior survey, a 60-minute semi-structured individual interview, and a 60-minute semi-structured dyadic interview. All interviews were audio-recorded, transcribed verbatim, and uploaded to Nvivo. Four coders independently reviewed all interview transcripts. Thematic analysis was used to analyze data. Discrepancies in coding were discussed among all coders until agreement was reached.

**Results:** Couples reported having ever used the following prevention methods in their current relationship: male and female condoms (54.3% and 2.2%, respectively), HIV testing (63%), and STI testing (39.1%). PrEP use was not reported among any of the couples. In general, couples reported very favorable attitudes towards using combination HIV prevention methods; most couples also expressed a willingness to use multiple HIV prevention methods with their partner. However, there was significant variation between and within couples regarding the number and type of prevention methods they were willing to use. Three main themes emerged: the "newness" of the relationship, seriousness of the relationship, and level of trust within the relationship.

**Conclusions:** Overall, Black and Latino heterosexual couples reported being willing to use combination HIV prevention methods. Our findings indicate, however, that relationships factors play a significant role in young couples' decision to use multiple prevention methods within their relationships. In order to meet our national goal of reducing the number of new HIV infections Black and Latino AYAs, more research exploring the impact of relationship dynamics on sexual decision-making is needed.



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**51.**

**UNMET NEED FOR RISK REDUCTION COUNSELING AND PREP AMONG YOUNG WOMEN AT RISK FOR HIV**

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**Purpose:** Pre-exposure prophylaxis (PrEP) for HIV can reduce acquisition up to 96%. Women currently account for 20% of new HIV infections in the United States. The Centers for Disease Control and Prevention (CDC) recommends HIV counseling and testing services (CTS) for sexually active women diagnosed with a bacterial sexually transmitted infection (STI), and that PrEP be offered to women who have an HIV-positive sexual partner, engage in injection drug use (IDU), or who inconsistently use condoms with a partner of unknown HIV status. The purpose of this study is to evaluate provider sexual risk reduction counseling behaviors and adherence to HIV CTS and PrEP education/prescription guidelines.

**Methods:** Data was extracted from the Women's BioHealth Study, a longitudinal study of young women aged 13-29 years seeking routine gynecologic or obstetric care in pediatric, adolescent medicine, and obstetrics/gynecology clinics within a large academic medical center in Baltimore, Maryland. The STIs considered were Chlamydia trachomatis (CT), Neisseria gonorrhea (NG), Mycoplasma genitalium (MG), and Trichomonas vaginalis (TV). Patients provided demographic and sexual risk data at baseline through a self-reported questionnaire and were notified of results. Eligibility criteria for inclusion in this analysis was: 1) a prior negative HIV test and 2) diagnosis of a bacterial STI, self-reported injection drug use, having an HIV seropositive partner, or inconsistent condom use with a partner of unknown HIV status. Assessment of documented provider HIV and STI risk reduction counseling behaviors were gathered from the Electronic Medical Record (EMR) using a standardized data extraction form. Descriptive statistics and logistic regression analyses were performed.

**Results:** Of the 688 patients enrolled, 23% (N=159) were positive for an STI (CT 10%, NG 5%, TV 38%, MG 62%). Among HIV-seronegative patients, 145 were eligible for PrEP counseling based on diagnosis of a bacterial STI (N=145) and/or self-reported injection drug use (N=3). Of the women eligible for PrEP intervention (N=145), the mean age was 21.5 years (SD 3.6), 92% were African American, 90% reported having one male partner, 6.9% reported consistent condom use, and 41% (N=60) were pregnant. STI treatment was documented for 55% of pregnant women and 80% of non-pregnant women. Non-pregnant women had 84.4 times the odds of receiving general risk reduction counseling compared to pregnant women (OR 84.4; 95% CI: 27.9, 255; $p<0.001$). Non-pregnant women under the age of 25 had 136 times the odds of receiving risk reduction counseling as compared to pregnant women over the age of 25 (OR 136; 95% CI: 34.08, 542.41; $p<0.001$). Only one woman (0.69%) eligible for PrEP counseling was offered PrEP.

**Conclusions:** Young women seeking routine gynecologic and obstetric care have an unmet need for STI and HIV CTS and are rarely offered PrEP counseling. Pregnant women are particularly vulnerable for non-receipt of sexual risk reduction counseling and HIV CTS services and should be a targeted for intervention given the potential impact of recurrent or untreated STI diagnosis (including HIV) on maternal-child health outcomes.

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**52.**

**"THE STRUGGLES OF FERTILITY ARE MORE DIFFICULT THAN THE STRUGGLES OF CANCER": ADOLESCENT AND YOUNG ADULT CANCER SURVIVORS' PERSPECTIVES ON FERTILITY PRESERVATION**

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**Purpose:** Oncologists rarely begin conversations with adolescent and young adult (AYA) cancer survivors on the possibility of treatment-related infertility and fertility preservation (FP) options. As a result, many AYA cancer survivors receive insufficient information about the reproductive consequences of cancer treatment. This study analyzed FP-related experiences and factors that influenced such discussions from the understudied perspective of AYAs. We also examined how and when AYAs prefer their healthcare providers address fertility.

**Methods:** A total of 40 AYA cancer survivors, (35 females, age range at diagnosis 17-29 years) participated. Seven were part of a focus group recruited from a local AYA cancer support group and 31 completed an online survey posted on cancer-related social media platforms. Those who completed the online survey were also invited to participate in a phone interview (n=15) that explored experiences in greater depth. Focus group, survey, and interview questions centered on FP experiences and consequences, quality of life, mental health and recommendations for medical providers. Focus group and interview transcripts were analyzed using grounded theory.

**Results:** Though the majority of participants were introduced to FP at diagnosis (63%) most were dissatisfied with the quality of the information, too overwhelmed to process the long-term implications, and had to seek additional resources on their own. Slightly more than half of participants pursued FP. Among those who pursued FP, many women felt unprepared for the invasive nature of the process. One woman stated, "The surgery to get the eggs is really painful…I was not warned about that." Those who declined or were unable to access FP described grief, loss of identity, mental health consequences, and relationship stress. One participant noted, "The grief is overwhelming...My legacy is ending with me and that has been really hard for me to grasp." Factors perceived to influence FP conversations included disease severity, patient characteristics (age, income, medical knowledge and geographic location), and provider characteristics (levels of knowledge and sensitivity). One young man explained, "The doctors weren't experienced with a 17 year old. There was a lot of treating me like a really young child. I got very little information." Participants identified a need for AYA-friendly brochures at clinics to explain the possible physical and emotional consequences that treatment can have on fertility. AYA wanted oncologists to initiate conversations, discuss all FP options, provide specific fertility-related data, and collaborate with other health care providers to refer patients to reproductive specialists and mental health counseling. Final recommendations included that fertility-related aspects of cancer treatment be shared at diagnosis and revisited over the course of treatment. Many participants indicated they had difficulty recalling information shared at the initial diagnosis.

**Conclusions:** Findings underscore the need for physician-initiated, consistent, and ongoing conversations with AYAs regarding the fertility-related effects of cancer treatment and possible courses of action. FP information should be presented in an accessible manner that allows AYAs to revisit material. Integration of mental health services that directly address FP decisions will improve the quality of life for AYA cancer survivors.

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**53.**

**A FEASIBILITY PILOT OF A HEALTH COACHING INTERVENTION TO INCREASE CONTRACEPTIVE CONTINUATION IN YOUNG WOMEN**

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**Purpose:** Although several evidence-based interventions to reduce contraceptive discontinuation among young women under age 25 years exist, none are tailored to meet young women's unique developmental needs. We conducted a feasibility pilot of a health coaching intervention to improve contraceptive continuation in this population.

**Methods:** Between March and December 2017, sexually-active women ages 14-21 years who initiated a new contraceptive method (pill, patch, vaginal ring, shot, intrauterine device [IUD], or implant) in 30 days prior to enrollment were recruited from three pediatric clinics affiliated with the Children's Hospital of Philadelphia. Two sites were Title X-funded adolescent family planning clinics; one was an adolescent medicine referral clinic. At baseline, participants completed a socio-demographic questionnaire, and a contraceptive needs assessment interview that explored participants' contraceptive preferences, along with social and environmental factors influencing contraceptive use and pregnancy intentions. The intervention included five consecutive, monthly health coaching sessions in the first 6 months after contraceptive initiation. Coaches were reproductive health educators trained to use motivational interviewing and acceptance-based communication strategies to activate participants' intrinsic motivations to correctly and consistently use contraception. Five feasibility outcomes were assessed: recruitment success (eligible participants who were approached that enrolled), retention (enrolled participants who completed study activities), continuation rate (continued correctly and consistently using contraception throughout follow-up period based on self-report and medical record review); and participant satisfaction with the intervention (measured with 6-items).

**Results:** Of 95 women approached, 37 (39%) enrolled. Four were recruited to pilot the baseline visit only. Of the 33 followed for 6 months, most were non-Hispanic Black (n=22, 66.7%) or non-Hispanic White (n=5, 15.2%). The mean age was 17.2 (SD 2.2) years, with most still in high school (n=23, 69.7%) and single/never-married (n=31, 96.9%). At enrollment, 20 (60.6%) initiated the pill, patch, ring, or shot at enrollment; 13 (39.4%) had an IUD or implant placed. Five (15.2%) attended no visits after baseline, 2 (6.1%) attended one coaching visit, 4 (12.1%) attended two coaching visits, 1 (3.0%) attended three coaching visits, 12 (36.4%) attended four coaching visits, and 9 (27.3%) attended all five coaching visits. Only 1 (3.0%) dropped-out after completing the first coaching visit. Average attendance across all coaching sessions was 67% (n=33) and ranged from 64% at the first coaching visit to 71% at the final coaching visit. Contraceptive continuation rates were high at 96.6% (n=29) at the final coaching visit for those who attended at least one coaching visit. Regarding satisfaction, 93.9% felt the coach treated them with dignity and respect; 95.5% believed the coach took their questions and concerns seriously, and respected their values; 95.5% felt comfortable talking with the health coach, and felt they got useful information during the coaching sessions; 97.0% would recommend the coaches to friends or family.

**Conclusions:** Retention rates, program acceptability, and high contraceptive continuation rates were all favorable. Health coaching is a potentially valuable approach for reducing unintended pregnancy rates in young women.

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**54.**

**ADOLESCENT DISCUSSION OF SEXUAL AND REPRODUCTIVE HEALTH CARE TOPICS WITH PROVIDERS – RESULTS FROM A NATIONALLY REPRESENTATIVE PROBABILITY SURVEY OF U.S. ADOLESCENTS 14-17 YEARS**

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**Purpose:** National practice guidelines encourage providers address sexual and reproductive health (SRH) as part of routine adolescent preventative care visits, yet little data address how frequently clinicians actually adhere to these recommendations. We used nationally representative data to examine the prevalence of adolescents who reported discussing SRH topics with their health care provider, and how these experiences differed by sexual orientation, gender, age and race/ethnicity.

**Methods:** Data are the 2018 National Survey of Sexual Health and Behavior (NSSHB) – an online, nationally-representative, probability survey of individuals 14-49 years of age in the United States conducted by GfK Research (GfK) (Menlo Park, CA, USA). GfK constructs nationally representative probability research panels using address-based sampling recruitment methodology via the U.S. Postal Service's Delivery Sequence File (DSF) to cover approximately 98% of all US households, including harder-to-reach individuals, such as young adults and minorities. Design weights adjust for population characteristics and any nonresponse. We have used this methodology for seven waves of the NHSSB, resulting in several dozen publications. The analytic sample for our study included 820 (18.0% of total sample [N=4554]) adolescents who were children of adult household heads who also participated in the survey. Outcome variables were SRH topic addressed with provider (all no/yes: pregnancy prevention, sexual orientation, STD/HIV prevention, sexual difficulties [e.g. painful sex, erectile function or vaginal lubrication], STI testing and being sexually active). We used logistic regression – adjusted for complex sampling design and population weights in Stata (15.0; all p<.05) – to examine differences in the odds of SRH discussion with provider by sexual orientation label (heterosexual/sexual minority [ref: lesbian, gay, bisexual, asexual or something else]), age (14-15 [ref] vs. 16-17), gender (male/female [ref]) and race/ethnicity (majority/minority [ref]).

**Results:** The majority (72.8%) of adolescents reported having a routine care visit in the past year. Half of providers asked about current sexual activity, while only a third talked about pregnancy prevention (30.5%). One fifth conversed with their clinician about STD/HIV prevention (22.0%) or about STI testing (20.7%). About one in ten providers addressed sexual orientation (9.7%) or sexual difficulties (13.3%). Conversations about pregnancy (OR=1.56-2.25), STD/HIV prevention (OR=1.78-2.16) and current sexual activity (OR=1.60-1.99) were more frequent with older and racial minority adolescents as compared to younger and White youth. Females had higher odds that males of talking to their providers about pregnancy prevention (OR=1.51), while a greater percent of older adolescents reported being asked about sexual activity (OR=1.65). Sexual minority youth and adolescents of color had three times higher odds of a provider's offering them an STI test (OR=2.52-2.83) and about twice the odds of being asked by a provider if they were currently sexually active (OR=1.60-1.99). There were no differences in discussions of sexual difficulties.

**Conclusions:** Despite national guidelines recommending SRH counseling as part of adolescent preventative care visits, health care providers infrequently and inconsistently address topics key to risk and prevention during encounters with young people. Targeted interventions should focus on strengthening the regularity and depth of clinicians' SRH conversations regardless of adolescent demographic or history.

**Sources of Support:** Church & Dwight, Inc.

**55.**

## TIME TO SUBSEQUENT DIAGNOSIS OF A SEXUALLY TRANSMITTED INFECTION FOLLOWING INFECTIONS WITH MYCOPLASMA GENITALIUM AND TRICHOMONAS VAGINALIS IN URBAN FEMALES


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**Purpose:** Mycoplasma genitalium (MG) and Trichomonas vaginalis (TV) may cause gynecologic complications and increase the risk of other sexually transmitted infections (STIs). The objective of this study was to examine the time to a subsequent diagnosis of an STI after an MG infection and after an TV infection.

**Methods:** The Women's BioHealth Study is a prospective, longitudinal human-subjects approved study of female adolescents and adult women, ages 13-29 years. Participants were initially tested for TV, MG, Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (GC) via Aptima Gen-Probe transcription-mediated amplification. Participants positive for MG and/or TV at baseline were eligible for re-testing for MG and TV. A chart review was performed for participant positive at baseline for MG and/or TV to obtain the results of subsequent molecular STI testing during the 9 months following enrollment in the study. Wet prep results were not reviewed. Kaplan-Meier survival analyses and Logrank testing were performed. Cox proportional hazard models were performed for the baseline infection statuses with MG, CT, GC, and TV and each separate model controlled for age. Statistical analyses were performed using STATAv14.

**Results:** There were 747 participants recruited in the overall study and 22% were positive for MG and/or TV. Most participants were black (81%) and the mean age was 22.2 years (SD 3.7 years). Twenty-three percent of participants positive at baseline for MG and/or TV had a subsequent CT, GC, and/or TV infection within 9 months after enrollment. For individuals with baseline MG and/or TV infections, there was no difference in the Kaplan-Meier curves showing time to a subsequent diagnosis with CT, GC, and/or TV between participants positive and negative for MG at enrollment (p=0.54) and between participants positive and negative for TV at enrollment (p=0.11). In contrast, for individuals with baseline MG and/or TV infections, there was a statistically significant difference in the Kaplan-Meier curves showing time to a subsequent diagnosis of CT, GC, and/or TV between participants positive and negative for GC at baseline (p=0.005). Controlling for age, there was no difference in the risk of a subsequent diagnosis of CT, GC, and/or TV based upon baseline MG infection status (Hazard ratio [HR] 0.85 [95% CI 0.43-1.67]), TV infection status (HR 1.57 [95% CI 0.83-2.99]), or CT infection status (HR 1.93 [95% CI 0.82-4.53]) for participants with MG and/or TV infections at enrollment. Controlling for age, patients with a baseline GC infection and also MG and/or TV infection were more likely to have a subsequent diagnosis of a CT, GC, and/or TV (HR 3.88 [(95% CI 1.12-13.49].

**Conclusions:** Subsequent STIs among females following a diagnosis of MG and/or TV are common. Individuals with co-infection with GC and MG and/or TV are at increased risk of a subsequent diagnosis of an STI after their initial infections. A limitation of this study is that the analyses do not differentiate between persistent, recurrent, and untreated infections. However, given the high rates of subsequent infection, providers should consider subsequent STI testing for individuals with prior MG and/or TV.



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**56.**

**DATING VIOLENCE PREVENTION CURRICULUM EFFECTS ON MIDDLE SCHOOL YOUTH**

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**Purpose:** Middle schools serve as a setting to provide prevention services to a convened population of adolescents in a community. Most middle school aged youth have not initiated dating relationships. Evidence supports the need for access to education about healthy relationships and dating violence prevention among a community wide general population. However, many schools and districts face challenges adopting and implementing an evidence-based dating violence prevention curriculum because they rarely acknowledge the time constraints or curriculum demands of local educators. During the 2016-2017 academic school year, trained teachers implemented the Me & You curriculum with school-aged youth among middle schools in a binational, tri-state region. The Me & You curriculum was developed to meet the education standards set by state, school district directives, teacher needs and requests, and the culture of the student body. This study describes the pre-post survey curriculum effects on middle school youth after their participation in a dating violence prevention curriculum developed to meet local needs.

**Methods:** The evaluation plan included a pre- and post-test survey, implemented prior to and immediately following curriculum implementation. Survey variables were derived from a compendium of variables for violence prevention and selected to answer evaluation questions about the impact of the curriculum on youth. We calculated descriptive statistics for theoretical constructs related to the curriculum and compiled scales for model and measurement purposes. A paired-samples t-test was conducted on a sample of 1,234 middle school students to determine significant differences in scaled responses, before and after curriculum implementation.

**Results:** Data showed statistically significant differences for the "Relationships with Others" scale before implementation ($M=3.90$, $SD=4.67$) and after ($M=2.59$, $SD=2.99$); $t(531)=5.377$, $p=0.000$; as well as the "Dating Wrong/Right" scale before implementation ($M=4.00$, $SD=1.98$) and after ($M=2.15$, $SD=2.00$); $t(531)=15.098$, $p=0.000$. No statistically significant differences were found for the "Anger Equals Love", "What Someone Sometimes Deserves", and "People to Turn to" scales.

**Conclusions:** These results suggest that implementing dating violence prevention curricula can positively affect middle school age students' perceptions of healthy relationships with others and behaviors that are right and/or wrong with a dating partner. Evidence from this evaluation, along with the tailored approach to meet the school districts' and teachers' needs, suggests a valid justification for implementing this program with youth in this community. This program offers the opportunity for the school setting to offer dating violence prevention programs in schools while recognizing this is only one approach and setting to increase awareness and education to promote healthy behaviors while decreasing the rate of teen dating violence.

**Sources of Support:**