

Eighteen And Under



Just for Girls

What's normal anyway?

Breasts

Flat. Massive. Pert. Dangly. Everyone's different. Breasts grow at different rates and don't stop growing till you're about 21. It's quite normal for one breast to be slightly bigger than the other.

Fannies

On the inside, all girls' vaginas are pretty much the same size, although this will probably change if you have a baby. On the outside they can look very different. Often the inner lips hang down lower than the outer ones. The skin is darker, and wrinkly. Some people have one lip bigger than the other. All these things are totally normal.

Hymens

The hymen is a tiny piece of skin that covers the entrance to your vagina. It breaks very easily. Some people feel a sharp pain and notice a tiny bit of blood when it breaks. You can break it doing lots of things (like riding a horse) as well as having sex for the first time. Boys can't feel them, and not everyone bleeds so they can't tell whether you're a virgin or not.

Smells

Discharge is the name for the white sticky stuff you'll find in your pants once you've started puberty. It's just your body's way of keeping your vagina moist and healthy. It'll change during your cycle. About four or five days after your period finishes it'll go clear and stringy and you may feel more aroused. It can smell a bit musky and this is perfectly normal. If you've had unprotected sex and your discharge changes in colour or in smell, then go and visit your local doctor or clinic because you could have an STI. Remember even if you're under 16 you have the right to free, confidential advice about sex and contraception.

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FAQs

Is discharge from the vagina normal?

Yes this is perfectly normal - girls start to increase the amount of discharge (fluid) they produce as they go through puberty and the hormones start to work on the glands in the vagina and neck of the womb. Before puberty most girls have very little discharge. After puberty what is normal for one girl will not be normal for another. Some produce a lot of fluid whilst others produce very little. The purpose of the fluid is to keep the vaginal area moist and to protect against damage or infection. Throughout the month you will notice it varies a little in colour, what it feels like, how sticky it is and how much of it there is. It's not normal if the discharge becomes smelly, itchy or a different colour than usual. All these may mean you have an infection especially if you have put yourself at risk by having sex without using a condom. If the discharge seems different from what is normal for you then you should see a doctor or nurse - advice is free and confidential even if you are under 16.

Is my period normal?

Every girl's period is different. Some people have a period for three days, others can last a week. Some periods can be very light, whereas others can be very heavy. If your periods are heavy/clotted and painful then you should speak to your doctor.

My period is late/irregular.

The best thing to do if you are worried about your period is to visit your doctor or local clinic. Girls' periods can be irregular for many different reasons including stress and diet, but if you have had sex without using contraception and your period is late you should take a pregnancy test as soon as possible - you can get one from your local doctor or clinic.

How do you know you're pregnant?

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There is only one way to know for sure and that's by taking a pregnancy test. You can get a free test at your local doctors or clinic and they won't tell anyone else, including your parents. Alternatively you can buy pregnancy testing kits from your local chemist or supermarket, but to be absolutely sure it is always best to visit your local doctor or clinic too. You are at risk of pregnancy if you have sex without contraception on any occasion at any time. So if you miss a period seek advice straight away - remember even if you are under 16 advice is free and confidential.

Is it bad to masturbate too much?

Masturbation (wanking) is not harmful - no matter how often you do it. It is a perfectly natural part of both boys and girls sexual development. It's a personal and private thing to do, though, so you probably won't hear too many people talking about it! Try to be comfortable with whatever you do.

Cervical Screening

Why have a cervical smear test?

A smear test is a simple examination to check the health of a woman's cervix. It is called a smear test (or Pap smear) because the doctor or nurse takes a small sample of cervical cells and smears them onto a glass slide to be analysed under a microscope. If abnormal cells are found, in many cases they will go back to normal on their own, but sometimes they continue to develop. If left untreated, these cells may eventually develop into cancer. However, it usually takes more than ten years for this to happen, and cervical cancer can easily be prevented if abnormal changes are found and treated early.

Who should have a smear test?

The Department of Health recommends that women between the ages of 20 and 64 have routine cervical smears every three to five years as part of the

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NHS Screening Programme. Women in this age group who are registered with a GP should be sent a letter and information leaflet when it is time to have their smear test. Some women also keep their own personal records of test dates and results so they know when they're due for screening even if they don't receive a reminder.

Statistics show that a woman's risk of cervical cancer is cut by 84% if she has a smear test every five years, and 91% if she has a smear every three years. Some recommendations suggest women should have annual smear tests to reduce the risk even further (an additional 1-2%), but in the UK, you will need to go to a private clinic if you would like to have yearly smear tests. Private clinics offer cervical smears for about £60 (see resources).

If you're under 20 years old

There is disagreement about whether or not women who are under 20, and are sexually active, should have smear tests. While teenagers may be exposed to sexually transmitted infections, severe cervical abnormalities and cancer are extremely rare in women under the age of 20. In addition, the cervical cells of teenage girls may still be developing, and this can make it difficult to tell if cell changes are a natural part of the growth process or are pre-cancerous. Some GPs and clinics will not offer smear tests to women under 20, but others may. If you are under 20 and are concerned about your sexual health, talk to your doctor or nurse practitioner. If you don't want to tell your GP that you're sexually active, contact a well-woman, family planning or sexual health clinic.

It's ultimately your decision whether or not to have a cervical smear test. If you are unsure about having the test, you may want to consider the following information: Although cervical screening is not 100% accurate, 80-90% of cervical abnormalities are detected through regular smear tests, and can therefore be treated early to prevent cancer.

It's estimated that NHS cervical screening saves more than 1,000 lives each year.

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For most women a smear test is not painful.

Some women find the smear test uncomfortable or embarrassing. The examination only takes a few minutes and could save your life.

If you're over 64 years old

If you are over 64 and your last three smear results were normal you will no longer be invited for regular smears. Research suggests that women who have a history of normal smears are unlikely to develop cervical cancer at this age. If you are over 64 and have recently had an abnormal smear, however, you will continue to be scheduled for screening until you have had three normal results. If you have never had a cervical smear, or can't remember the last time you did, you may want to consider talking to your doctor or nurse about scheduling a smear test.

If you've never been sexually active

Cervical cancer is extremely rare in women who have never been sexually active, therefore most recommendations suggest women don't need to have smears until they've had sex. More than 90% of cervical cancers are linked to the sexually transmitted infection HPV (human papilloma virus), so if you have had sexual intercourse or genital-to-genital contact with a man or a woman, even just once, you should have regular smear tests.

If you have sex with women only

Lesbian women, even those who have never had sex with a man, are still at risk of developing abnormal cervical changes and should get regular smear tests.

If you've had a hysterectomy

Some women who've had a hysterectomy are still at risk of developing abnormal cells and should continue to have regular smear tests. If your

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womb was removed but you still have your cervix, you should continue to go for regular smears. If your womb and cervix were removed to prevent or treat cancer, you may still be asked to have a regular vaginal smear (also called a vault smear).

This is similar to a cervical smear but the cell samples are taken from high in your vagina. If your womb and cervix were removed for a benign (non-cancerous) condition, such as fibroids or heavy bleeding, you do not need to have any more smear tests.

If you're pregnant

A cervical smear does not interfere with a pregnancy and is a routine part of ante-natal care. If you had a smear a few months before getting pregnant, you will probably not be offered another one, but if it's been more than a year, you will be advised to have a smear test.

The smear test - what to expect

You can have a smear test at your local GP surgery or at a sexual health, family planning, GUM or well-woman clinic. Most smear tests are done by female doctors or nurse practitioners, but if you want to be sure the person taking your smear sample is a woman, make your preference clear when you make your appointment. When a male doctor or nurse does a smear, it is generally recommended that a female assistant be in the room as well.

It's best to try to schedule your smear test for the middle of your menstrual cycle - about half way between one period and the next. It's easiest to get a good cell sample from your cervix at this time. A smear cannot be taken during your period because it's too difficult to get an adequate sample of cells, so keep this in mind when scheduling your appointment.

Before your smear

- Don't have sexual intercourse in the 24 hours before your smear test. Sperm, spermicidal gel, and lubricants may make it difficult to get a

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good sample of cells. If you are using vaginal pessaries to treat an infection, don't have a smear test for at least a week after treatment has finished.

- If you use a vaginal oestrogen cream for menopause symptoms, do not apply it on the day of your smear.
- Do not douche or use a tampon for at least two days before your smear.

The smear appointment

Many women find the thought of a cervical smear worse than the actual smear itself. A smear test only takes about five minutes, and while it may be a little uncomfortable, it should not hurt. You will be asked to undress from the waist down and lie on your back on the examination table. You should be given a blanket or sheet to put over yourself, but if you aren't, and you would like one, just ask. The doctor or nurse will ask you to bend your knees and let them fall open. Some women find this position difficult, so if you can't lie this way, say so. You may be able to have the smear lying on your side with your knees drawn up in the foetal position.

The doctor or nurse will then insert a speculum into your vagina (see illustration). The speculum holds the vaginal walls open so your cervix can be seen. You may feel a slight pressure as the speculum pushes against your vagina.

If your cervix is at an angle which makes it difficult to see, the doctor or nurse may ask you to help by pressing your hands on your lower abdomen, bringing your knees further up toward your chest, sitting up slightly or putting your hands under your buttocks. A good practitioner will explain the process as s/he goes along, but if you have any questions, ask for an explanation.

Once your cervix is visible, the doctor or nurse will use a tiny brush or spatula to gently scrape off a sample of your cervical cells. The cells are then smeared onto a glass slide for a technician to look at under a

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microscope in a laboratory. Your doctor will remove the speculum and that's it — the smear test is done.

You may also be offered a pelvic examination before or after your smear test. This is to check the health of your womb (uterus) and takes only a few minutes. It's sometimes called a bi-manual exam because the doctor or nurse uses both hands to feel for any unusual lumps or bumps in your pelvic area. With one gloved hand s/he will put two fingers inside your vagina while pushing gently on your abdomen with the other. You will be asked if you feel any pain or discomfort. Tell the doctor if it hurts even if you are not asked.

The results of your smear test should be sent to you in writing within six weeks (two weeks if your smear was at a private clinic). If you haven't had a letter within that time, contact the surgery or clinic and ask for them to check your file. If they tell you your results over the phone, or in person, make sure to get a written confirmation as well.

Liquid-based cytology (LBC)

A new type of smear test, which uses liquid to store cells from the cervix, has been shown to be more accurate than the traditional slide smear, resulting in fewer false-negatives and inadequate smears. The sample is taken just like a standard smear, but instead of smearing the cells onto a glass slide, the top of the spatula, or brush, is placed in a small tube filled with preservative liquid. This enables the laboratory to separate out mucus and blood before analysing the cells.

With liquid-based cytology the sample cells can also be tested for HPV (the sexually transmitted infection linked to 99% of cervical cancers) and chlamydia. This helps to identify HPV early - before cell changes have begun - and gives women with the virus the opportunity to have more frequent screening. If the results show both cell changes and HPV, the woman may be referred more quickly for tests and treatment.

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LBC is already used in some private clinics and may be available at some NHS clinics as part of ongoing trials. If the results of these trials show that LBC is cost-effective, it may be more widely available on the NHS within the next couple of years.

Polarprobe

The polarprobe is a small imaging instrument designed to scan the cervix for cell changes. Rather than scraping a sample of cells from your cervix, the polarprobe would scan your cervix, using electric impulses and light pulses to identify normal, pre-cancerous and cancerous tissue, and the results would be available at the end of the exam. This is a new technology still in its developmental stages. It may be some time before this technology is available for use.

Vaccine

Researchers are working to develop two types of vaccines for HPV - the sexually transmitted infection linked to 99% of cervical cancers. One of the vaccines would be used to treat people with HPV and/or cervical cancer, while the other would protect people who have not yet been infected. The latter, preventive vaccine has been shown to be very effective in recent clinical trials.