Updated recommendations include:

This guideline has been re-formatted and only the following recommendations have content updates.

Assess males and females 12-17 years for risk of pregnancy. Be sensitive to cultural and religious beliefs, sexual orientation and gender identity with every patient.

Ask, at least annually, in a way that establishes trust:
- Behaviors and factors that increase risk of pregnancy (e.g., alcohol and substance abuse, lack of life goals, low self-esteem, poor school performance, dating at an early age, history of sexual abuse, inadequate support system, living in communities with low levels of education and income).
- Encourage adolescent to identify a supportive adult for adhoc issues.

Interventions to prevent pregnancy among patients at risk

Assist patients in preventing pregnancy by:
- Discussing abstinence, long-acting reversible contraceptives (LARC, e.g., IUD, implantable progestins) as a highly effective strategy for preventing unintended repeat pregnancy. Also discuss condom use, and other birth control methods.

Arrange:
- Minors may access sexual health services without parental consent. See summary of minor confidentiality laws*
- Antepartum care: before delivery, discuss and offer a full-range of contraceptive methods (including LARC) to be implemented before leaving the hospital.

Interventions to engage parents, guardians, caregivers, or other invested parties
- Converse with patient and parent/guardian/caregiver in a way that models being the adolescent’s advocate for making health decisions.
- Encourage the adolescent to identify a supportive adult in their environment, for ongoing conversation.

*Michigan Laws Related to Right of a Minor to Obtain Health Care Without Consent or Knowledge of Parents – The Network for Public Health Law