Michigan Quality Improvement Consortium Guideline

Prevention of Pregnancy in Adolescents 12 - 17 Years

The following guideline recommends specific interventions for open dialogue, assessment and non-judgmental counseling to lower the risk of pregnancy in adolescents.

Key Components, Recommendation and Level of Evidence

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:
- Sexual activity, past pregnancy and outcome.
- 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).\(^1\)
- Abuse (e.g., Were you pressured or forced to have sex when you did not want to?). Report all abuse to Michigan Department of Health and Human Services at 855-444-3911.

Introduce and discuss Planning for Pregnancy/preconception health.

Encourage adolescent to identify a supportive adult for adhoc issues.

Further assessment for at risk patients:
- Knowledge of reproduction and birth control methods.
- Consistent use of both birth control and sexually transmitted infection (STI) protection.
- Intent to conceive or father a child.

Interventions to prevent pregnancy among patients at risk

Advise/Assess and discuss:
- Patient's risk of pregnancy and STI/HIV testing when appropriate.
- Implications, consequences and adverse outcomes associated with pregnancy in relationship to life goals.

Assist patients in preventing pregnancy by:
- Developing a risk reduction plan based on patient's short- and long-term goals.
- Discussing abstinence, long-acting reversible contraceptives (LARC; e.g., IUD, implantable progestins) as a highly effective strategy for preventing unintended rapid repeat pregnancy.
- Also discuss condom use, and other birth control methods.
- Offering prescriptions, information on accessing condoms, and birth control resources when appropriate.
- Offering emergency contraception as soon as possible (Plan B, Next Choice, or copper IUD) to women up to 5 days\(^2\) after unprotected or inadequately protected sexual intercourse and who do not desire pregnancy. [D]

Encouraging consistent latex condom use for STI risk reduction. [B]

Referring to primary care provider, Ob-Gyn, local health department, family planning clinic, or federally qualified health center.

Arrange:
- Follow-up for testing, counseling or review of their risk reduction plan. Frequency of follow-up is based on risk.
- Minors may access sexual health services without parental consent. See summary of minor confidentiality laws.\(^3\)
- Confidentiality may be offered. However, for medical reasons, information may be provided to or withheld from the spouse, father of the child, or parent/guardian/caregiver without consent of the minor patient.
- Ensure follow-up that protects the adolescent's privacy and confidentiality. Obtain confidential phone number or other contact information from adolescent. Note: Loss of confidentiality may occur through the billing process.

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 healthy decisions.

Encourage the adolescent to identify a supportive adult in their environment, for ongoing conversation.

\(^1\)cdc.gov/teenpregnancy

\(^2\)ACOG supports up to 5 days; FDA supports up to 3 days

\(^3\)Michigan Laws Related to Right of a Minor to Obtain Health Care without Consent or Knowledge of Parents

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps. It is based on several sources, including: The State of Adolescent Sexual Health In Michigan; Michigan Department of Community Health, April 2010; and Kirby, D. Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy, November 2007; and Breuner CC, Mattson G, AAP Committee on Adolescence, AAP Committee on Psychosocial Aspects of Child and Family Health, Sexuality Education for Children and Adolescents. Pediatrics. 2016;138(2):e20161348. Individual patient considerations and advances in medical science may supplant or modify these recommendations.


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