



Recommendations for specific interventions for assessing and counseling to lower the risk of unintended pregnancies. Discuss with men and women at least annually or more frequently at provider discretion.

| Key Components | Recommendation and Level of Evidence |
|--|--|
| Assessment for risk of unintended pregnancy, with sensitivity to cultural and personal preferences | <p>Ask about: Sexual activity/involvement, past pregnancy and outcome. Intent to become pregnant or father a child [e.g., Do you plan to have any (more) children in the future? If so, how many children would you like to have? If not, what method will you use to avoid pregnancy?].¹ Understanding of preconception preparation - folate, prenatal vitamins, chronic medication adjustments, tobacco cessation, etc. Type and consistent use of birth control and protection (e.g., What method do you plan to use until you or your partner are ready to become pregnant? How sure are you that you will be able to use this method without any problems?)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.)</p> |
| Interventions to prevent unintended pregnancies | <p>Advise and discuss: Fertility awareness: patient's risk of pregnancy or contributing to an unintended pregnancy - premature birth, negative physical and mental health effects for children.² Risks and adverse outcomes associated with unintended pregnancies.</p> <p>Assess: Patient's knowledge of risks and methods, and readiness to make behavior changes. Availability of personally appropriate, high-quality, low-cost contraceptive methods. Methods used in the past, the feasibility of these methods. Understanding of risk: STI exposure; personal genetic or chronic disease history; history of travel to Zika³ impacted areas; HIV exposure status; personal health; high risk medication adjustment; tobacco, alcohol or other substance use. Awareness of healthy birth spacing or higher risk of pregnancies that begin less than 18 months from conclusion of previous pregnancy.⁴</p> <p>Assist patients in preventing unintended pregnancy by: Discussing benefits and risks of contraceptive methods⁵ (e.g., high risk of contraceptive pills in the setting of migraine with aura) [B]. Assess compliance/adherence of latex condom use for sexually transmitted infection prevention [B]. Offering emergency contraception as soon as possible (Plan B, Next Choice, or copper IUD) to women up to 5 days⁶ after unprotected or inadequately protected sexual intercourse and who do not desire pregnancy [D]. Offering written materials⁷ for education and planning, if needed. Referring to primary care provider, local health department, family planning clinic, or federally qualified health center.</p> <p>Arrange follow-up: If currently pregnant, discuss postpartum contraception, e.g., immediate postpartum long-acting reversible contraceptive (LARC).</p> |

¹Centers for Disease Control and Prevention [Reproductive Life Plan Tool for Health Professionals](#)

²[Guttmacher Institute Unintended Pregnancy in the United States Fact Sheet](#)

³[ACOG Practice Advisory on Zika Virus](#)

⁴[March of Dimes Birth Spacing and Birth Outcomes](#)

⁵Centers for Disease Control and Prevention [Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use](#)

⁶ACOG supports up to 5 days; FDA supports up to 3 days; Planned Parenthood supports up to 5 days

⁷Centers for Disease Control and Prevention [Preconception Health and Health Care My Reproductive Life Plan](#) (patient)

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 is based on the Centers for Disease Control and Prevention, Recommendations to improve preconception health and health care - United States, MMWR Recommendations and Reports. 2006;55(RR-06); and American College of Obstetricians and Gynecologists Practice Bulletin Number 112, May 2010. Individual patient considerations and advances in medical science may supersede or modify these recommendations.