



# 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.

| Eligible Population                                                                       | Key Components                                | Recommendation and Level of Evidence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Frequency                                                                          |
|-------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Males and females early/mid adolescence (12 - 15 years); Late adolescence (16 - 17 years) | Assessment for risk of pregnancy <sup>1</sup> | <p><b>Ask in a way that establishes trust through dialogue and body language about<sup>1</sup>:</b></p> <ul style="list-style-type: none"> <li>♦ Sexual activity/involvement, past pregnancy and outcome (e.g. Have you ever had any type of sex [vaginal, anal or oral sex]?)</li> <li>♦ Behaviors and factors that increase risk of pregnancy (e.g. alcohol and substance abuse, depression, low self-esteem, poor school performance, dating at an early age, history of sexual abuse, lack of parental support, living in communities with low levels of education and income)</li> <li>♦ Abuse (e.g. Have you ever been forced to have sex or be involved in sexual activities when you didn't want to?). If abuse is suspected, file DHS-3200 with state agency.</li> <li>♦ Patient goals and future plans (e.g. Where do you see yourself in 5 years? How would becoming a parent change that?)</li> <li>♦ Encourage supportive adult involvement. (e.g. Do you have a parent or other trusted adult in your life that you can openly and in comfort talk with? If none, offer community resources or your clinic when appropriate.)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Annually; more frequently at the discretion of the health care provider <b>[D]</b> |
|                                                                                           | More detailed assessment for at risk patients | <ul style="list-style-type: none"> <li>♦ Knowledge of reproduction and birth control methods (e.g. What do you know about abstinence [saying no to sex], condoms, birth control, HIV/AIDS, or other sexually transmitted infection [STI]? Ask, what else would you like to know?)</li> <li>♦ Consistent use of birth control or protection (e.g. If you do have sex, what do you use to prevent pregnancy and STI [condoms/birth control pills]?)                             <ul style="list-style-type: none"> <li>- If contraception is used, assess (e.g. What are you using? How often do you use that method? What are some reasons why you wouldn't use that method?)</li> </ul> </li> <li>♦ Intent to become pregnant or father a child (e.g. What are your thoughts about pregnancy or becoming a parent? When do you see that happening for you?)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                    |
| Patients at risk for pregnancy                                                            | Interventions to prevent pregnancy            | <p><b>Advise/Assess</b> and discuss:</p> <ul style="list-style-type: none"> <li>♦ Patient's understanding of risks and readiness to make behavior changes (e.g. Do you feel you are at risk of getting pregnant? How much risk, on a scale of 1-10? What are you doing to keep yourself from getting pregnant?)</li> <li>♦ Patient's risk of pregnancy and STI/HIV; adapt counseling techniques based on patient readiness to make behavior changes.</li> <li>♦ Implications, consequences and adverse outcomes associated with pregnancy in relationship to life goals.</li> </ul> <p><b>Assist</b> patients in preventing pregnancy by:</p> <ul style="list-style-type: none"> <li>♦ Developing a risk reduction plan based on patient's readiness to make behavior changes.</li> <li>♦ Discussing abstinence, condom use and other birth control methods.</li> <li>♦ Offering prescriptions, information on accessing condoms, and birth control resources when appropriate.</li> <li>♦ Encouraging consistent latex condom use for sexually transmitted infection risk reduction. <b>[B]</b></li> <li>♦ Referring to primary care provider, family planning clinic, local health department, or federally qualified health center when needed.</li> </ul> <p><b>Arrange</b> follow-up for testing, counseling or review of their risk reduction plan. Frequency of follow up is based on risk.</p> <ul style="list-style-type: none"> <li>♦ Minors at this age may access full sexual health services without parental consent. See toolkit for minor confidentiality laws<sup>2</sup>.</li> <li>♦ 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 without consent of the minor patient.</li> <li>♦ Ensure follow up that protects the adolescent's privacy and confidentiality. Obtain confidential phone number or other contact information from adolescent.</li> </ul> |                                                                                    |
| Parents, guardians or other invested parties                                              | Interventions to engage parents               | <p><b>Converse with patient and parent in a way that models being the adolescent's advocate for making healthy decisions:</b></p> <ul style="list-style-type: none"> <li>♦ It is good that you are both here. It can be very helpful to have an adult to talk with about these important decisions.</li> <li>♦ I see taking care of your health is important to you.</li> <li>♦ I realize that making decisions to take care of yourself first are not always easy.</li> <li>♦ I am glad to see that you have support for making healthy decisions.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |

<sup>1</sup> Be sensitive to cultural and religious beliefs, sexual orientation and gender identity with every patient.

<sup>2</sup> [www.michigan.gov/teenpregnancy](http://www.michigan.gov/teenpregnancy)

**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, December 2007 and Douglas, K. Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy. May 2001. The National Campaign to Prevent Teen Pregnancy, ([www.teenpregnancy.org](http://www.teenpregnancy.org)). Individual patient considerations and advances in medical science may supersede or modify these recommendations.