



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 ¹	<p>Ask in a way that establishes trust through dialogue and body language about¹:</p> <ul style="list-style-type: none"> ♦ Sexual activity/involvement, past pregnancy and outcome (e.g. Have you ever had any type of sex [vaginal, anal or oral sex]?) ♦ 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) ♦ 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. ♦ Patient goals and future plans (e.g. Where do you see yourself in 5 years? How would becoming a parent change that?) ♦ 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.) 	Annually; more frequently at the discretion of the health care provider [D]
	More detailed assessment for at risk patients	<ul style="list-style-type: none"> ♦ 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?) ♦ 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"> - 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?) ♦ 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?) 	
Patients at risk for pregnancy	Interventions to prevent pregnancy	<p>Advise/Assess and discuss:</p> <ul style="list-style-type: none"> ♦ 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?) ♦ Patient's risk of pregnancy and STI/HIV; adapt counseling techniques based on patient readiness to make behavior changes. ♦ Implications, consequences and adverse outcomes associated with pregnancy in relationship to life goals. <p>Assist patients in preventing pregnancy by:</p> <ul style="list-style-type: none"> ♦ Developing a risk reduction plan based on patient's readiness to make behavior changes. ♦ Discussing abstinence, condom use and other birth control methods. ♦ Offering prescriptions, information on accessing condoms, and birth control resources when appropriate. ♦ Encouraging consistent latex condom use for sexually transmitted infection risk reduction. [B] ♦ Referring to primary care provider, family planning clinic, local health department, or federally qualified health center when needed. <p>Arrange 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"> ♦ Minors at this age may access full sexual health services without parental consent. See toolkit for minor confidentiality laws². ♦ 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. ♦ Ensure follow up that protects the adolescent's privacy and confidentiality. Obtain confidential phone number or other contact information from adolescent. 	
Parents, guardians or other invested parties	Interventions to engage parents	<p>Converse with patient and parent in a way that models being the adolescent's advocate for making healthy decisions:</p> <ul style="list-style-type: none"> ♦ It is good that you are both here. It can be very helpful to have an adult to talk with about these important decisions. ♦ I see taking care of your health is important to you. ♦ I realize that making decisions to take care of yourself first are not always easy. ♦ I am glad to see that you have support for making healthy decisions. 	

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

² 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, April 2010; 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). Individual patient considerations and advances in medical science may supersede or modify these recommendations.