# 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.

<table>
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<th>Eligible Population</th>
<th>Key Components</th>
<th>Recommendation and Level of Evidence</th>
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| Males and females early/mid adolescence (12 - 15 years); Late adolescence (16 - 17 years) | Assessment for risk of pregnancy¹ | Ask, at least annually, in a way that establishes trust¹:  
- Sexual activity/involvement, past pregnancy and outcome.  
- 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. Were you pressured or forced to have sex when you did not want to?). Report all abuse to Michigan Department of Human Services at 855-444-3911.  
- Patient goals and future plans.  
- Encourage supportive adult involvement. |
| Patients at risk for pregnancy | Interventions to prevent pregnancy | Advise/Assess and discuss:  
- Patient's understanding of risks and readiness to make behavior changes  
- Patient's risk of pregnancy and STI/HIV, testing when appropriate; adapt counseling techniques based on patient readiness to make behavior changes.  
- 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 readiness to make behavior changes.  
- Discussing abstinence, condom use, long-acting reversible contraceptives (e.g. IUD, implantable progestins), 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 days² after unprotected or inadequately protected sexual intercourse and who do not desire pregnancy [D].  
- Encouraging consistent latex condom use for sexually transmitted infection 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 full sexual health services without parental consent. See toolkit for minor confidentiality laws³.  
- 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 | Converse with patient and parent in a way that models being the adolescent's advocate for making healthy decisions. |

¹Be sensitive to cultural and religious beliefs, sexual orientation and gender identity with every patient http://mqic.org/pdf/prevention_of_pregnancy_in_adolescents_12_to_17_years_provider_tool_for_dialogue.pdf  
²ACOG supports up to 5 days; FDA supports up to 3 days; Planned Parenthood supports up to 5 days  
³www.michigan.gov/teenpregnancy

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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. The National Campaign to Prevent Teen Pregnancy, (www.teenpregnancy.org). Individual patient considerations and advances in medical science may supersede or modify these recommendations.

Approved by MQIC Medical Directors, May 2010, 2012, 2014

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