Michigan Quality Improvement Consortium Guideline

July 2016

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
Males and females early/mid adolescence (12 - 15 years); Late adolescence (16 - 17 years)	Assessment for risk of pregnancy[1]	**Ask, at least annually, in a way that establishes trust:**[1] 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 Health and Human Services at 855-444-3911. Introduce and discuss My Reproductive Life Plan Encourage supportive adult involvement
	More detailed assessment for at risk patients	Knowledge of reproduction and birth control methods. Consistent use of birth control or protection. Intent to become pregnant or father a child.
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, long-acting reversible contraceptives (e.g. IUD, implantable progestins) as a highly effective strategy for preventing unintended rapid repeat pregnancy, 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 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 sexual health services without parental consent. See toolkit for 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 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.
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.

[1]Be sensitve to cultural and religious beliefs, sexual orientation and gender identity with every patient - MQIC Provider Dialogue Tool

[2]ACOG supports up to 5 days; FDA supports up to 3 days; Planned Parenthood supports up to 5 days

[3]Teen Pregnancy Prevention Initiative MI Minor Consent Laws, Consent for Care and Confidential Health Information

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 and Unplanned Pregnancy, **(www.teenpregnancy.org)**. Individual patient considerations and advances in medical science may supersede or modify these recommendations.