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.

Key Components, Recommendation and Level of Evidence

Assess all patients, 12-17 years old, for risk of pregnancy. Be sensitive to cultural and religious beliefs, and sexual orientation and gender identity with every patient.

Ask, at least annually, in a way that establishes trust:

Trauma-informed psychosocial assessment and appropriate referrals as needed for mental health, abuse, substance use, etc.

Sexual health history using an inclusive risk assessment.[1]

Reproductive health history that assesses for past pregnancy and outcome.[2]

Behaviors and factors that increase risk of pregnancy (e.g., alcohol and substance abuse, lack of life goals, low self-esteem, poor school performance, dating at an early age, history of sexual abuse, inadequate support system, living in communities with low levels of education and income).[3]

Per state law[4], report all abuse, that you are legally required or permitted to report to the Michigan Department of Health & Human Services at 855-444-3911; Provide local intimate partner violence resources or national hotline at 1-800-799-7233; Provide local sexual violence resources or MI hotline at 855-864-2374 (VOICES4); If patient is a victim of trafficking or at-risk call 888-373-7888; If imminent danger is present, call 9-1-1 immediately. See adolescent friendly relationship resources.[5]

Encourage every patient to identify a trusted adult for ongoing conversation and support.

Further assessment for at risk patients:

Knowledge of reproduction and birth control methods.

Consistent use of both birth control and sexually transmitted infection (STI) protection.

Discuss intent to have a child using the Client-Centered Reproductive Goals and Counseling Flow Chart.[6] (e.g., "Do you think you might like to have children (more children) at some point?", "When do you think that might be?", "How important is it to you to prevent pregnancy (until then?)")

Interventions to prevent pregnancy among patients at risk

Advise/Assess and discuss:

Patient's risk of pregnancy and STIs/HIV; Provide testing when appropriate.

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 short- and long-term goals.

Discussing abstinence, condom use, birth control methods[7], including long-acting reversible contraceptives (LARC; e.g., IUD, implantable progestins) as a highly effective strategy for preventing unintended pregnancies. See adolescent friendly sexual health resources.[8]

Offering prescriptions, information on accessing condoms, STI treatment for patient and partner (EPT; Expedited Partner Therapy[9]), and birth control resources when appropriate.

Offering emergency contraception (e.g., Plan B, Next Choice, copper IUD) as soon as possible, preferably within 3 days but up to 5 days[10], after unprotected or inadequately protected sexual intercourse and for those who do not desire pregnancy. **[D]**

Encouraging consistent latex condom use for STI 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.

Per state law[11], minors may access sexual health services without parental consent (See summary of Michigan minor confidentiality laws). Minor access to confidential services is secured by law.[11] Carefully consider risk and benefit to the minor when involving the spouse, father of child, or parent/guardian during confidential services. The adolescent should be consulted on information shared when confidentiality must be broken. Ensure all billing processes protect the patient's privacy and confidentiality. Obtain confidential phone number or other contact information from patient, if needed.

Antepartum care: before delivery, discuss and offer a full range of contraceptive methods, including LARCs, to be implemented before leaving the hospital.

Interventions to engage parents/guardians, or other trusted adults

Converse, when appropriate, with patient and parent/guardian or trusted adult in a way that models being the patient's advocate for making their own healthy decisions.

Encourage every patient to identify a trusted adult for ongoing conversation and support.

1 Taking an Affirming Sexual History (Fenway Health); Taking a Sexual History (SIECUS); Guide to Taking a Sexual Health History (CDC)

2 Reproductive Life Plan (Before and Beyond)

3 www.cdc.gov/teenpregnancy

4 Michigan Child Protection Law (Act 238 of 1975); Resources for Mandated Reporters (MDHHS)

5 Futures without Violence; Love is Respect

6 Client-Centered Reproductive Goals & Counseling Flow Chart (PATH Questions)

7 Beyond the Pill Birth Control Education Materials (UCSF); CAP Adolescent Birth Control Options Grid

8 Bedsider; Sex, etc.; Scarleteen; Power to Decide; I Wanna Know

9 State of Michigan Guidelines for the Provision of Expedited Partner Therapy for Select Sexually Transmitted Infections (MDHHS)

10 Refer to manufacturer's package insert

11 Michigan Laws Related to Right of a Minor to Obtain Health Care without Consent or Knowledge of Parents (NPHL)

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; and Breuner CC, Mattson G, AAP Committee on Adolescence, AAP Committee on Psychosocial Aspects of Chid and Family Health, Sexuality Education for Children and Adolescents. Pediatrics. 2016;138(2):e20161348. Individual patient considerations and advances in medical science may supersede or modify these recommendations. ACOG Committee Opinion 2019 Counseling Adolescents About Contraception, AAP Updated Recommendations on Contraception and Adolescents 2020.Flaherty, E. Stirling, J. The Committee on Child Abude and Neglect; The Peditrician's Role in Child Maltreatment Prevention. Pediatrics October 2010; 126 (4). Garner, A. Yogman, M; Committee on Psychosocial Aspects of Child and Family Health, Section for Development and Behavioral Pediatrics, and Council on early Childhood Toxic Stress: Partnering with Families and Communities to Promote Relational Health. Pediatrics August 2021; 148 (2). UpToDate: Pregnancy in adolescents. This topic last updated: Jun 21, 2023.