



## Complete Summary

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### GUIDELINE TITLE

Adolescent pregnancy: current trends and issues.

### BIBLIOGRAPHIC SOURCE(S)

Klein JD. Adolescent pregnancy: current trends and issues. Pediatrics 2005 Jul;116(1):281-6. [74 references] [PubMed](#)

### GUIDELINE STATUS

This is the current release of the guideline.

All clinical reports from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

## COMPLETE SUMMARY CONTENT

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## SCOPE

### DISEASE/CONDITION(S)

Pregnancy

### GUIDELINE CATEGORY

Counseling  
Prevention

### CLINICAL SPECIALTY

Family Practice  
Obstetrics and Gynecology  
Pediatrics

### **INTENDED USERS**

Physicians

### **GUIDELINE OBJECTIVE(S)**

- To review current trends and issues related to adolescent pregnancy, update practitioners on this topic, and review legal and policy implications of concern to pediatricians
- To provide pediatricians with recent data on adolescent sexuality, contraceptive use, and childbearing as well as information about preventing adolescent pregnancy in their communities and in clinical practice

**Note:** This guideline does not address diagnosis of pregnancy or management of the transition to prenatal care.

### **TARGET POPULATION**

Adolescents

### **INTERVENTIONS AND PRACTICES CONSIDERED**

Counseling and advocating to prevent adolescent pregnancy, including confidential screenings for sexual activity and pregnancy risk as well as for sexually transmitted disease (STD) risk and abuse and ensuring that all adolescents have knowledge of and access to contraception

### **MAJOR OUTCOMES CONSIDERED**

- Rates of sexual activity and contraceptive use among adolescents
- Adolescent pregnancy and birth rates
- Medical risks of adolescent pregnancy
- Psychosocial complications of adolescent pregnancy

## **METHODOLOGY**

### **METHODS USED TO COLLECT/SELECT EVIDENCE**

Searches of Electronic Databases

### **DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE**

Not stated

### **NUMBER OF SOURCE DOCUMENTS**

Not stated

**METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE**

Not stated

**RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE**

Not applicable

**METHODS USED TO ANALYZE THE EVIDENCE**

Review

**DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE**

Not stated

**METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Expert Consensus

**DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Not stated

**RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS**

Not applicable

**COST ANALYSIS**

A formal cost analysis was not performed and published cost analyses were not reviewed.

**METHOD OF GUIDELINE VALIDATION**

Peer Review

**DESCRIPTION OF METHOD OF GUIDELINE VALIDATION**

Not stated

**RECOMMENDATIONS**

**MAJOR RECOMMENDATIONS**

## **Clinical Considerations for the Pediatrician**

1. Encourage adolescents to postpone early sexual activity and encourage parents to educate their children and adolescents about sexual development, responsible sexuality, decision-making, and values.
2. Be sensitive to issues relating to adolescent sexuality and be prepared to obtain a developmentally appropriate confidential sexual history from all adolescent patients. Because medical complications are possible, offer confidential screenings for sexual activity and pregnancy risk as well as for sexually transmitted disease (STD) risk and abuse as a routine part of all adolescent care encounters.
3. Help ensure that all adolescents have knowledge of and access to contraception including barrier methods and emergency contraception supplies. As stated in the American Academy of Pediatric (AAP) policy statement "Folic Acid for the Prevention of Neural Tube Defects (AAP, 1999)," recommend folic acid supplementation for all women of childbearing age who are capable of becoming pregnant, especially sexually active women who do not plan to use effective contraception or abstain from sexual intercourse.
4. Encourage and participate in community efforts to delay onset of sexual activity and to prevent first and subsequent adolescent pregnancies and advocate for implementation and investments in evidence-based programs that provide comprehensive information and services to youth. These efforts may vary widely from one community to another but should be directed at the specific needs of youth in that community.
5. Be aware of options and resources for adolescents and advocate for comprehensive medical and psychosocial support for all pregnant adolescents in the community. When diagnosing pregnancy, discuss pregnancy options or refer the patient for counseling; discuss adoption, abortion, and prenatal care; and provide follow-up. Tailor prenatal care to the medical, social, nutritional, and educational needs of the adolescent and include child care and contraceptive information.
6. Assess the adolescent mother's abilities to care for her children and have resources available for referral and assistance before neonatal discharge.
7. Advocate for the inclusion of the adolescent mother's partner and/or father of her child in pregnancy and parenting programs when appropriate. These programs should provide access to education and vocational training, parenting skills classes, and contraceptive education.
8. Serve as a resource for the pregnant teenager and her infant, the teenager's family, and the father of the infant to ensure that optimal health care is obtained and appropriate support is provided.

## **CLINICAL ALGORITHM(S)**

None provided

## **EVIDENCE SUPPORTING THE RECOMMENDATIONS**

## **REFERENCES SUPPORTING THE RECOMMENDATIONS**

[References open in a new window](#)

## **TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS**

The type of evidence supporting the recommendations is not specifically stated.

## **BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS**

### **POTENTIAL BENEFITS**

Prevention of adolescent pregnancy

### **POTENTIAL HARMS**

Not stated

## **QUALIFYING STATEMENTS**

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The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

## **IMPLEMENTATION OF THE GUIDELINE**

### **DESCRIPTION OF IMPLEMENTATION STRATEGY**

An implementation strategy was not provided.

## **INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES**

### **IOM CARE NEED**

Staying Healthy

### **IOM DOMAIN**

Effectiveness  
Patient-centeredness

## **IDENTIFYING INFORMATION AND AVAILABILITY**

### **BIBLIOGRAPHIC SOURCE(S)**

Klein JD. Adolescent pregnancy: current trends and issues. Pediatrics 2005 Jul;116(1):281-6. [74 references] [PubMed](#)

### **ADAPTATION**

Not applicable: The guideline was not adapted from another source.

**DATE RELEASED**

2005 Jul

**GUIDELINE DEVELOPER(S)**

American Academy of Pediatrics - Medical Specialty Society

**SOURCE(S) OF FUNDING**

American Academy of Pediatrics

**GUIDELINE COMMITTEE**

Committee on Adolescence

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**FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST**

Conflicts of interest are disclosed during the *Pediatrics* editorial submission process and via American Academy of Pediatrics procedure. If there are none stated, then no conflicts are identified or disclosed.

**GUIDELINE STATUS**

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**GUIDELINE AVAILABILITY**

Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Policy Web site](#).

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

#### **AVAILABILITY OF COMPANION DOCUMENTS**

None available

#### **PATIENT RESOURCES**

None available

#### **NGC STATUS**

This NGC summary was completed by ECRI on July 27, 2005. The information was verified by the guideline developer on August 23, 2005.

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Date Modified: 9/15/2008

