

Counseling the Adolescent About Pregnancy Options

Sexuality is part of adolescent development, but some of its consequences, including premature sexual intercourse, pregnancy, and sexually transmitted diseases, have emerged as major health concerns for pediatricians. One million adolescent girls are estimated to become pregnant annually, and one third of these pregnancies end in abortion. The frequency with which pediatricians may encounter issues of pregnancy and abortion is high, and the reality of having to deal with these problems must be appreciated.^{1,2}

The Committee on Adolescence has prepared this statement with three guiding principles: (1) it should represent an unbiased guide to Academy Fellows faced with the problems of adolescent pregnancy and abortion; (2) none of the options offered will be universally preferred by either patients or physicians and, indeed, all carry the potential for patient disability; (3) the pediatrician, the adolescent patient, and other concerned individuals must be given adequate freedom of action to achieve their cumulative working decision.

The pediatrician should examine his or her own attitudes and beliefs about sexuality in the adolescent. Feelings about premarital sex, pregnancy, and abortion are personal, individual, and deeply rooted. Pediatricians and other health professionals must refrain from allowing their own sexual and moral standards to interfere with optimal care. For pediatricians who wish to counsel young people but lack the experience or confidence, there are numerous regional and national educational opportunities to learn about counseling teenagers. Some pediatricians may wish to participate in preceptorship training with professionals knowledgeable concern-

ing pregnancy counseling. If pediatricians decide not to counsel their teenage patients about sexual matters such as pregnancy and abortion, they have a responsibility to refer their patients to counseling facilities experienced and sensitive to the needs of adolescents.

IDENTIFICATION

Identification of pregnancy is the initial task. Early identification is important both to the teenager who decides to continue her pregnancy and therefore benefits from prompt entry into prenatal care and to the teenager who elects to terminate her pregnancy. Pregnancy symptoms, particularly in the younger adolescent, may be vague and non-specific. The pediatrician cannot always rely on the menstrual or sexual history of the patient to diagnose pregnancy. Denials may exist to such a degree that the teenager even deludes herself into thinking that pregnancy could not be the cause of her symptoms, even when it is obvious to all.

The physical diagnosis of pregnancy is dependent on the finding of an enlarged uterus during abdominal, pelvic, or rectal examination. The fetus may be detected by the examiner either by fetal movement or by fetal heart auscultation, or both.

Laboratory testing is essential to making an early diagnosis, and test results will become positive prior to the appearance of physical signs. The most accurate laboratory test available is a serum β -subunit human chorionic gonadotropin assay, which may show positive results as early as several days after conception. Currently available monoclonal human chorionic gonadotropin urine pregnancy tests are accurate and not costly, and some tests may show positive results before the first missed period. An equivocal result from either test would suggest the need to repeat the testing in 1 week. If questions remain regarding uterine size or the existence of a pregnancy, obstetrical consultation and ultrasonography may be arranged. Concurrent with pregnancy evaluation, testing for sexually transmitted diseases should be performed.³

This statement has been approved by the Council on Child and Adolescent Health.

The recommendations in this statement do not indicate an exclusive course of treatment or procedure to be followed. Variations, taking into account individual circumstances, may be appropriate.

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COMMUNICATION

The second issue to be confronted by the pediatrician is how to convey the information about the existence of a pregnancy. This information should always be given in a personal and private setting, preferably not by telephone. Adolescent patients of minority age in many states have legal rights protecting their privacy regarding the diagnosis and treatment of pregnancy, and information should not be offered to anyone, including the patient's parents, without the patient's permission. It is hoped that the pediatrician will be able to persuade the adolescent, particularly the younger adolescent, to include her parents or other adult surrogates, as well as the baby's father, in a full discussion of the issue. All nurturing and supportive people, such as social workers or clergy, can then be mobilized to assist in the solution of this problem.

MANAGEMENT

The third, and the most critical issue, is a discussion with the adolescent concerning her plans for the pregnancy. All other responsible parties permitted by law may be included in the discussion. Three basic options are available: (1) Continuing the pregnancy, keeping the child, and (a) raising the child together with the father, as a family unit; (b) raising the child with the help of other family members; or (c) raising the child alone, as a single parent. (2) Continuing the pregnancy and relinquishing the infant for adoption. (3) Having an abortion.

All of these options should be explored. Their discussion should be open, informative, and non-preemptory. Low income should not deprive an individual of any alternative. The patient should be encouraged to consider these options and return for as many visits as may be needed to reach a decision; however, she should understand the expedient nature of her decision. She should be encouraged to include her family and the father of the baby in these counseling sessions. (If reluctant to reveal identity of the father, the possibility of sexual abuse or incest should be considered.) When a tentative decision is reached, clarification of that decision with additional support and counsel should be offered. The unique knowledge of the pediatrician as professional, friend, and counselor may shed considerable light on the difficult choices facing the adolescent and may help make the final decision more appropriate for each patient.

If the patient decides to continue the pregnancy, the pediatrician should suggest immediate and appropriate obstetrical care. Guidelines for care of the pregnant adolescent can be found in the American

College of Obstetricians and Gynecologists' booklet "Adolescent Perinatal Health—A Guidebook for Services."⁴ A pediatrician can facilitate entry of the teenager into the health care system by referring her directly to an obstetrician or local/regional facility known to have adequate standards for managing both the emotional and medical aspects of pregnancy.

An important option for the pediatrician to discuss with the adolescent is the possibility of adoption. The pediatrician should be familiar with the available medical, legal, and counseling resources in the community regarding adoption to facilitate appropriate referral.

If abortion is the choice, the pediatrician needs to be aware of the various abortion techniques appropriate for different periods of gestation, the consequences of the methods of therapy, and pertinent local laws and available services. A general discussion of abortion and its complications for the adolescent is available for the interested pediatrician.⁵ When abortion counseling is in conflict with the physician's moral code, this should be explained to the patient. It is also important that the physician respect the adolescent's moral decision and legal right to terminate her pregnancy and not impose any barriers to health services from another source.

Ideally, pregnant teenagers should be referred to physicians or counselors knowledgeable and experienced in the problems and options for pregnant adolescents. Also, it is important for the pediatrician to follow-up the patient to ensure that there has been no adverse outcome to the referral or the termination process and to discuss the prevention of future unintended pregnancy.

Any pregnancy, wanted or unwanted, is a sensitive area of concern for all women, particularly the adolescent. A warm and accepting environment in which the adolescent feels sufficiently secure to explore her own feelings about pregnancy and its consequences is essential. Both premature parenthood and abortion may have serious and long-term consequences. It is important to ensure continuing help and support, irrespective of the decision made by the patient concerning her pregnancy.

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REFERENCES

1. American Academy of Pediatrics, Committee on Adolescence: Adolescent pregnancy. *Pediatrics* 1989;83:132-134
2. Baldwin W: Trends in adolescent contraception, pregnancy, and childbearing, in McAnarney ER (ed): *Premature Adolescent Pregnancy and Parenthood*. New York, Grune & Stratton, 1983, pp 351-371
3. American Academy of Pediatrics, Committee on Adolescence: Role of the pediatrician in management of sexually transmitted diseases in children and adolescents. *Pediatrics* 1987;79:454-456
4. The American College of Obstetricians and Gynecologists: *Adolescent Perinatal Health: A Guidebook for Services*. Washington, DC, American College of Obstetricians and Gynecologists, 1985
5. Greydanus DE: Abortion in adolescence, in McAnarney ER (ed): *Premature Adolescent Pregnancy and Parenthood*. New York, Grune & Stratton, 1983, pp 3-19

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