



Options Counseling for the Pregnant Adolescent Patient

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Each year, more than 500 000 girls and young women younger than 20 years become pregnant. It is important for pediatricians to have the ability and the resources in their offices to make a timely pregnancy diagnosis in their adolescent patients and provide them with nonjudgmental pregnancy options counseling. Counseling includes an unbiased discussion of the adolescent's legal options to either continue or terminate her pregnancy, supporting the adolescent in the decision-making process, and referring the adolescent to appropriate resources and services. Pediatricians who choose not to provide such discussions should promptly refer pregnant adolescent patients to a health care professional who will offer developmentally appropriate pregnancy options counseling. This approach to pregnancy options counseling has not changed since the original 1989 American Academy of Pediatrics statement on this issue.

The US teen-aged pregnancy rate decreased to its lowest point in 30 years in 2011, whereas teen-aged abortion rates dropped to their lowest rates since legalization.¹ These declines have been attributed not to reduced sexual behaviors by teenagers but to more effective use of contraception, including long-acting reversible contraceptives.^{2,3} Despite these achievements, more than 550 000 girls and young women younger than 20 years (nearly 5% of all adolescent girls) became pregnant.¹ Nearly 60% of adolescent pregnancies in 2010 resulted in live births, one-quarter were terminated by induced abortion, and the remainder were ended through miscarriage or stillbirth.⁴ Approximately 80% of pregnancies among adolescents 15 to 19 years of age are unintended.⁵ Given the prevalence of teen-aged pregnancy, a pediatrician is likely to make the diagnosis of pregnancy in a patient several times during his or her career. With expertise in adolescent development and experience working with families, the pediatrician is the most appropriate health care provider to counsel the pregnant adolescent about pregnancy options and support her in the decision-making process. Since its first policy statement on the subject in 1989, the American Academy of Pediatrics (AAP) continues to affirm that pregnant adolescents should

abstract

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Dr Hornberger was responsible for all aspects of writing and editing the manuscript, reviewed and responded to questions and comments from reviewers and the Board of Directors, and approved the final manuscript as submitted.

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DOI: <https://doi.org/10.1542/peds.2017-2274>

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PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

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FINANCIAL DISCLOSURE: The authors have indicated they have no financial relationships relevant to this article to disclose.

To cite: Hornberger LL and AAP COMMITTEE ON ADOLESCENCE. Options Counseling for the Pregnant Adolescent Patient. *Pediatrics*. 2017;140(3):e20172274

be counseled in a nonjudgmental, developmentally appropriate manner about all legal pregnancy options.^{6,7}

PREGNANCY OPTIONS

Once the diagnosis of pregnancy is made, supportive individuals for the patient can be identified to the best of the pediatrician's ability and, with the patient's approval, brought into a discussion of pregnancy options. Depending on the estimated gestational age of the pregnancy, the adolescent usually has the following options available:

- carrying her pregnancy to delivery and raising the infant;
- carrying her pregnancy to delivery and making an adoption or kinship care plan; and
- terminating her pregnancy.

It is advisable that the pediatrician present all options in a factually accurate and nonjudgmental manner while respecting the patient's personal, family, and spiritual beliefs and cultural practices. The patient's psychosocial development and any limitations for abstract and future thinking need to be appreciated, especially in the case of a younger adolescent.

Continuing the pregnancy is the most common choice made by pregnant adolescents, although the medical risks associated with it remain unclear. Identifying obstetric risks associated with adolescent pregnancy has been challenging because of confounding factors such as socioeconomic status, maternal weight gain, and adequacy of prenatal care. Although the authors of several recent studies have found that adolescents are at a higher risk of complications, such as preterm delivery, small-for-gestational-age infants, and neonatal death, than mothers in their twenties,⁸⁻¹¹ other study authors have indicated similar obstetric risks between the 2 groups.¹²⁻¹⁴ Pregnant adolescents are less likely than older women to receive early and adequate prenatal care,^{15,16}

so efforts should be made to facilitate a prompt referral to a prenatal care provider should the adolescent decide to continue her pregnancy.

In contrast to the obstetric risks, the psychosocial risks associated with adolescent parenting are well-established. Although, with ambition and support, many adolescent mothers achieve their personal aspirations and raise healthy, successful children, they face significant challenges. Less than 40% of adolescent girls who have a child before 18 years of age receive a high school diploma by age 22. Nearly two-thirds of adolescent mothers receive public assistance, and as they proceed into adulthood, their chances of living in poverty increase. Most adolescent mothers receive no child support from their child's father. Generally, the children of adolescent mothers perform worse academically and are more likely to repeat a grade or drop out of high school. The daughters of adolescent mothers are more likely to repeat the cycle and become adolescent mothers themselves.¹⁷⁻¹⁹

The challenges unique to teen-aged parents and their children, along with suggestions for support by pediatricians, are outlined in the AAP clinical report "Care of Adolescent Parents and Their Children."²⁰

Although many adolescents will choose to parent, some may not be in a position to do so and may consider kinship care, whereby a grandparent or other relative serves as parent to the infant. This may be through an informal, private arrangement or through the child welfare system, varying state by state.²¹ Kinship care may allow the adolescent to continue to be involved with her child as well as the opportunity to take on the responsibilities of parenthood in the future.

Adoption is an important option for the pediatrician to discuss with the adolescent.²² Today, making an adoption plan for a newborn infant is

relatively uncommon. The number of never-married women younger than 45 years who made adoption plans for their newborn infants declined from nearly 9% before 1973 to <1% in the mid-1990s.²³ More recent and adolescent-specific data are difficult to obtain.²⁴ It is believed that nearly half of infants whose birth mother voluntarily made an adoption plan are adopted by someone who knew the mother before the adoption, including relatives.²⁵ Most birth mothers who make an adoption plan for their child are adult women; only one-quarter of birth mothers who make an adoption plan for their child are younger than 20 years. Most women who make this choice have completed high school, and many have completed some college or vocational training. Many have given birth previously. Pregnant teenagers choosing to make an adoption plan for their child are often more mature in their thinking, have personal goals, and recognize limitations in their ability to parent well at this point in their lives.²⁶

Grief, thoughts about the relinquished child, guilt and shame, and effects on other relationships are common among birth parents who make an adoption plan for their child.^{27,28} Under the right circumstances, open adoptions, in which birth and adoptive families have some form of contact, may be possible and can be beneficial in this regard.²⁹⁻³¹ Pediatricians should be familiar with reputable adoption services in their area that can offer further information about adoption.

Many pregnant adolescents will consider abortion and should be offered accurate information about it.³² It is important for pediatricians to be knowledgeable about both medical and surgical procedures that may be used to terminate a pregnancy³³ and of their availability in the community or region. Medical and surgical abortions are safe when performed by licensed

and experienced physicians. The mortality associated with childbirth is many times higher than that associated with legal abortion.³⁰ Although they can occur with both types of abortions, rates of complications are low.^{34–36} Concerns about possible late effects of induced abortion, including infertility, increased cancer risks, or mental health issues, are not supported by current evidence.^{37–40} Feelings of grief and loss can follow an abortion, and the pediatrician should be prepared to offer resources for emotional support after the procedure. Adolescents who are considering pregnancy termination should be referred to a trained abortion provider for more detailed information and counseling.

The pediatrician should be cognizant of local laws affecting the availability of pregnancy termination services, requirements for parental notification or consent, and the cost for such services.^{41,42} Out-of-pocket costs for abortion services can be substantial for patients and families. Lack of funds can cause delays, which potentially lead to the need for more complicated and more costly procedures.⁴³ The pediatrician should be familiar with sources of financial assistance that may be available in his or her community or state.

CLAIMS OF CONSCIENCE

The topics of premarital sex, teen-aged pregnancy and parenting, adoption, and abortion can evoke strong personal feelings. Some pediatricians may feel limited in their ability to present and discuss all legal pregnancy options with a pregnant adolescent because of claims of conscience. Pediatricians

generally can refuse to perform procedures they consider medically inappropriate. However, refusal may constitute an imposition of the pediatrician's moral beliefs on the patient.⁴⁴ The pediatrician must respect the pregnant adolescent's right to choose the course that best suits her and must not impose barriers to receiving the health information and services she desires. Should a pediatrician realize that he or she cannot counsel the adolescent patient about all pregnancy options, the patient should be referred promptly to another capable and willing professional.⁴⁴

CONCLUSIONS AND RECOMMENDATIONS

The adolescent with an unplanned pregnancy faces a difficult decision, one that likely will have lifelong impact. The AAP reaffirms its position that pregnant adolescents have the right to be informed and counseled on all legal pregnancy options. Pediatricians should take the following steps:

1. Inform the pregnant adolescent of the options, which include carrying the pregnancy to delivery and raising the infant, carrying the pregnancy to delivery and making an adoption or kinship care plan, or terminating the pregnancy;
2. Be prepared to provide a pregnant adolescent with basic, accurate information about each of these options in a developmentally appropriate manner, support her in the decision-making process, and assist in making connections with community resources that will provide her with quality services during and after her pregnancy; and

3. Examine their own beliefs and values to determine if they can provide nonjudgmental, factual pregnancy options counseling. If they cannot, they should facilitate a prompt referral for counseling by another knowledgeable professional in their practice setting or community who is willing to have such discussions with adolescent patients.

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ABBREVIATION

AAP: American Academy of Pediatrics

FUNDING: No external funding.

POTENTIAL CONFLICT OF INTEREST: The authors have indicated they have no potential conflicts of interest to disclose.

COMPANION PAPER: A companion to this article can be found online at www.pediatrics.org/cgi/doi/10.1542/peds.2017-2273.

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Pediatrics 2017;140;

DOI: 10.1542/peds.2017-2274 originally published online August 21, 2017;

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Pediatrics 2017;140;

DOI: 10.1542/peds.2017-2274 originally published online August 21, 2017;

The online version of this article, along with updated information and services, is located on the World Wide Web at:

<http://pediatrics.aappublications.org/content/140/3/e20172274>

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