



Prevention of Unintended Pregnancy in Adults 18 Years and Older

Recommendations for specific interventions for assessing and counseling to lower the risk of unintended pregnancies.

Eligible Population	Key Components	Recommendation and Level of Evidence	Frequency
Males and Females	Assessment for risk of unintended pregnancy ¹ , with sensitivity to cultural and personal preferences	<p>Ask about: Sexual activity/involvement, past pregnancy and outcome. Intent to become pregnant or father a child [e.g., Do you plan to have any (more) children at any time in your future? If so, how many children would you like to have? If not, what family planning method will you use to avoid pregnancy?]. Type and consistent use of birth control and protection (e.g., What family planning method do you plan to use until you or your partner are ready to become pregnant? How sure are you that you will be able to use this method without any problems?) 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.) If currently pregnant, discuss postpartum contraception, e.g. immediate post-partum LARC.</p>	At least annually; more frequently at the discretion of the health care provider [D]
	Interventions to prevent unintended pregnancies	<p>Advise and discuss: Patient's risk of pregnancy or contributing to an unintended pregnancy. Risks and adverse outcomes associated with unintended pregnancies.</p> <p>Assess: Patient's knowledge of risks and methods, and readiness to make behavior changes.</p> <p>Assist patients in preventing unintended pregnancy by: Discussing benefits and risks of contraceptive methods² (e.g., high risk of 35-year-old smoker on oral contraceptive) [B]. Assess compliance/adherence of latex condom use for sexually transmitted infection prevention [B]. Offering prescriptions. Offering emergency contraception as soon as possible (Plan B, Next Choice, or copper IUD) to women up to 5 days³ after unprotected or inadequately protected sexual intercourse and who do not desire pregnancy [D]. Offering written materials⁴ if needed. Referring to primary care provider, local health department, family planning clinic, or federally qualified health center.</p> <p>Arrange follow-up</p>	

¹Centers for Disease Control and Prevention [Reproductive Life Plan Tool for Health Professionals](#)

²Centers for Disease Control and Prevention [Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use](#)

³ACOG supports up to 5 days; FDA supports up to 3 days; Planned Parenthood supports up to 5 days

⁴Centers for Disease Control and Prevention [Preconception Health and Health Care My Reproductive Life Plan](#) (patient)

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 is based on the Centers for Disease Control and Prevention, Recommendations to improve preconception health and health care - United States, MMWR Recommendations and Reports. 2006;55(RR-06); and American College of Obstetricians and Gynecologists Practice Bulletin Number 112, May 2010. Individual patient considerations and advances in medical science may supersede or modify these recommendations.