Public Health in Unintended Pregnancy and Prevention Care
Adolescent pregnancy is an important public health issue in which nurses play an important role. According to the CDC’s National Vital Statistics Report Births: Final Data for 2012, a total of 305,388 babies were born to women aged 15–19 years in 2012, for a live birth rate of 29.4 per 1,000 women in this age group. In comparison to other western countries, the U.S. has significantly higher rates of teen pregnancy and births and sexually transmitted infections. In addition, rates of teen births are higher in certain ethnic populations: the same report shows that in 2012 Black and Hispanic teens comprised 57% of U.S. teen births. The teen birth rates for Non-Hispanic Black and Hispanic adolescents were more than two times higher than the rate for non-Hispanic White teens, and the American Indian/Alaska Native teen birth rate was nearly twice as high as the White teen birth rate.

Teen pregnancy and childbearing bring substantial social and economic costs. The CDC reports that high school drop out rates are high – only half of teen mothers have received a high school diploma by their early twenties compared to 90% on non-parenting teens. In addition, the children of teen moms are more likely to experience underachievement in school, have more health problems, face higher unemployment and incarceration rates and are more likely to
become teen parents. These effects remain for the teen mother and her child even after researchers have adjusted for factors that increase a teenager’s risk for pregnancy, such as growing up in poverty, having parents with low levels of education, growing up in a single-parent family, and having poor performance in school. The CDC’s site About Teen Pregnancy shows that teen pregnancy and birth accounted for at least $9.4 billion in costs to U.S. taxpayers for increased health care and foster care, increased incarceration rates among children of teen parents, and lost tax revenues in 2011.

Primary Prevention: To address the need to improve the life opportunities of adolescents facing significant health disparities, the CDC lists teen pregnancy prevention as one of its top six priorities in public health. Evidence-based teen pregnancy prevention programs typically address knowledge, skills, beliefs, attitudes related to teen pregnancy and identifies the following key issues:

- Knowledge of sexual issues, HIV, other STDs, and pregnancy (including methods of prevention).
- Perception of HIV risk.
- Personal values about sex and abstinence.
- Attitudes toward condoms (pro and con).
- Perception of peer norms and sexual behavior.
- Individual ability to refuse sex and to use condoms.
- Intent to abstain from sex or limit number of partners.
- Communication with parents or other adults about sex, condoms, and contraception.
- Individual ability to avoid HIV/STD risk and risk behaviors.
- Avoidance of places and situations that might lead to sex.
- Intent to use a condom.

Primary Prevention can make a difference. According to the Guttmacher Institute, teen pregnancy, birth and abortion rates are declining to record lows and rates are declining across all ethnic populations. Pregnancies among 18–19-year-olds constituted the majority (69%) of teen pregnancies. This age group reports increasing rates of sexual activity yet proportionally fewer of them become pregnant. The likely reason is improved contraceptive use, the use of more effective methods and the greater availability of contraceptive services.
Liz - Inadequate Sexuality Education
(Patient Situation #3)

The Patient
Liz is 14 and hasn’t been feeling well for a couple of weeks. She took a home pregnancy test last night and it was positive. She is scared and confused and doesn’t know whom she can talk to.

The Setting
A school-based health center located within the local high school. In this school district, the advanced practice nurse on staff at the health center cannot provide contraceptive methods. In schools without a health center, the school nurse generally can provide medications such as acetaminophen or ibuprofen if a parental consent form is on file but would not be able to provide students with contraceptive methods. In either case, the nurse is aware of local community resources for reproductive health care including contraceptive care, screening for sexually transmitted diseases and pregnancy options.

The school does not have a comprehensive sexuality education curriculum and science classes do not include the biology of conception as part of the curriculum. There is a one-day “sex ed” course taught as part of gym class but the gym teacher has not been given the opportunity to receive additional training or education to teach the course. The gym teacher is not comfortable with the subject matter and believes parents should be the ones to discuss sex with their kids because it is a private matter.
Case: Liz is 14. She hasn’t been feeling well for a few weeks and took a home pregnancy test that was positive. She became sexually active 2 months ago. She hasn’t started menstruating and did not think she could get pregnant.

Common Concern: Does not know how to tell her parents she is pregnant.

Personality: Plays on the high school basketball team and likes going to the mall.
What Happened

Nurse: Hi Liz. You look so upset, tell me what’s going on.

Liz: I took a test last night and I’m pregnant. I don’t know what to do. I haven’t even gotten my period yet, I don’t know how this happened!

Nurse: You mean you missed your period? How long ago?

Liz: No! I’ve never even gotten my period. The gym teacher said that you can’t get pregnant if you’ve never gotten your period.

Nurse: We’ll talk about this. First, though, can I ask you some personal questions about your sexual activity?

Liz: I guess so.

Nurse: Ok. Have you had intercourse, meaning penis in your vagina?

Liz: Yeah. My boyfriend and I started having sex a couple of months ago.

Nurse: Do you have an idea of when you might have gotten pregnant?

Liz: I don’t know. Wait, are you going to tell my parents?

Nurse: No matter what you decide to do about this pregnancy, it will be important to have support. Legally, you do not need to involve your parents in this decision. However, it might be good for you to discuss this situation with them. Let’s discuss your feelings about involving your parents in your decision.

Parents’ involvement in minors’ reproductive health decisions

Each state has different laws regarding a minor’s right to consent to health care services without parental permission. The Guttmacher Institute brief, An Overview of Minors’ Consent Law, provides background information and includes a chart with laws by state on minors’ right to consent without parental permission to contraception, STI, abortion, prenatal care, and medical care for minor’s child. If Liz decided to have an abortion and she lives in a state that requires parental consent, there may be an option to obtain a judicial bypass, an order from a judge that would allow her to terminate the pregnancy without parental consent or notification. In Minor’s Rights Versus Parental Rights: Review of Legal Issues in Adolescent Health Care (Maradiegue, A., 2013) provides a detailed historical overview of privacy and confidentiality laws for minors obtaining contraception and abortion, and discusses the clinical implications for practice.
What Happened (continued)

Liz: OK we can talk about my parents, but right now I’m thinking about how I will talk to my boyfriend.

Nurse: Let’s discuss your boyfriend.

Liz: We’ve been fighting a lot lately. I dunno, maybe having a baby will make us closer. I know he’d be a great dad, and I’ve been babysitting since I was, like, 10.

Screening for intimate partner violence

In addition, the nurse needs to screen Liz for intimate partner violence (IPV) including sexual coercion. Depending on what Liz tells her and the state in which they are located, the nurse may be obligated to report the situation to the school and possibly the state health department. The Child Welfare Information Gateway from the U.S. Department of Health and Human Services’ Administration for Children and Families provides information on how to report suspected child abuse or neglect, including IPV, hotlines to call, and state-specific information for providers.

The nurse should ask outright if Liz feels safe and happy in her relationship, what happens when they fight and what they tend to fight about. The nurse needs to
remain open and non-judgmental and should not ask Liz to leave the relationship. If needed, the nurse can refer Liz to a social worker or domestic violence advocate.

It is possible that Liz would not disclose violence the first time she was asked. Disclosing violence to someone can take time because victims are often afraid of how they will be perceived and may be afraid of being blamed for the violence. The nurse could follow up with her and assess her safety by asking her every time they meet; this way Liz knows the nurse cares and is always available to talk. Maintaining a non-judgmental and open demeanor is essential to building the trust needed for a victim to feel safe enough to open up about her situation.

What Happened (continued)

Nurse: Liz, there is a really wonderful woman I think you should meet who will be able to talk you through all of your options. Her name is Gloria and she works at the community health center downtown. She will be able to help you make a decision that feels right to you. Once you have decided what to do, Gloria will make sure you get connected to the care and resources you need. Let's go ahead and call her together right now together and schedule an appointment for you.

Providing referrals for unintended pregnancy care

Providing appropriate and effective referrals is an important part of good patient care. Many women may have difficulty navigating an appointment to an abortion facility, a prenatal clinic or adoption agency. All too often patients are lost to follow up, which can have serious consequences for pregnant patients who are in need of services. While not all services are provided on site at the school based health center, this nurse has a strong relationship with the staff at the local family planning clinic so she can connect students to care that she is unable to provide at the school.

This presentation Giving Pregnancy Test Results: A Primer for Nursing Students serves as a guide for nursing students on giving pregnancy test results, identifying immediate health concerns, providing referrals, and an overview of laboratory pregnancy tests is provided. Recommendations are given on specific questions to ask and counseling language to use when providing negative and positive test results, and working with a patient who is ambivalent about the test results.
What Happened (continued)

The nurse is able to schedule an appointment with Gloria at the health center for the following afternoon.

Nurse: I’m glad you will be able to see Gloria tomorrow. Shall we talk about what you would like to say to your parents?

Liz: Yes, I’m so nervous!

How can the nurse support Liz to involve her parents in her decision?

Nurse: OK, Liz, you seem ready to talk with your parents tonight. Now, if you’d like, we can talk about how you became pregnant.

The nurse could role play with Liz to build her skills and confidence to have a discussion with her parents about the pregnancy. The nurse could use Mom, Dad I’m Pregnant, a resource from the Abortion Care Network, that is for young people, partners, and parents around disclosing a pregnancy, how to respond, and the options for next steps. They could also look the TeenHealth website, which offers advice for teens dealing with pregnancy, to help prepare Liz to have this conversation with her parents.

Liz: I just don’t understand how this happened if I haven’t gotten my period.
Male and female anatomy related to conception

The nurse could begin with explaining male and female anatomy to Liz as it relates to conception. To help with this discussion, the nurse could show Liz the Keep Your Rebel Covered Series from the University of Nevada, Las Vegas Health Center, which show and explain details of male and female anatomy, as well as the physiology of sexual intercourse, fertilization and the implantation processes.

What if Liz was the third student with the same situation in the past 2 months?

The nurse may realize that this is not only an issue for this particular patient but there may be a larger problem at the school. The nurse would need to make the school administration aware of the situation, and could propose several initiatives.

The nurse could work with the school administration to develop and implement a comprehensive sexuality education program in the school. It seems that what is being taught in the one-day session as part of gym class is inadequate to help students understand their sexuality and protect themselves from unintended pregnancy.

One strategy could include an “open education hour” during lunch or some other convenient time so that students could drop by and have their questions answered. This allows the nurse to be more available for students and would provide the opportunity to correct any misconceptions by the students and provide a safe space for teens.

It would be important to involve the parents, school community, and local youth groups to identify initiatives that could be implemented in the community to address the problem of teen pregnancy. Initially, the nurse and the school administration could use existing forums such as parent/teacher boards and town meetings to introduce the issue. Then sub-committees and/or a task force could be formed to develop initiatives aimed at addressing the issue of teen pregnancy in the community.
References


