

Involving Health Care Professionals in Teen Pregnancy Prevention

Health care professionals play a critical role

Health care professionals and health care organizations and institutions can be major assets in a community's efforts to prevent teen pregnancy. While health care professionals primarily provide services and education to teens and parents in offices, clinics, schools, hospitals, and other health care facilities, they also can be significant participants in prevention activities and coalitions that are based in a community.

Because of the respect typically accorded them, physicians or nurses can be great allies in educating and influencing other professionals and in serving as visible spokespersons. Many

professional associations encourage their members to participate in teen pregnancy prevention efforts and have developed materials to assist them in doing so.

Health care organizations and institutions—such as hospitals, clinics, health maintenance organizations (HMOs), and other managed care or insurance organizations—also can play a role in a community's efforts to prevent teen pregnancy. Besides offering specific programs or services for their patients or members, they typically distribute educational materials that can include a focus on preventing teen pregnancy.

Which health care professionals should be involved?

A community can recruit from the full range of health care professions, though two types of physicians will likely come to mind first:

- obstetricians-gynecologists, who provide health care to adult and adolescent women; and
- pediatricians, who provide care for children and adolescents.

These two groups of doctors have long been involved in the issue of teen pregnancy prevention. A third group, family physicians, are also often willing to participate in community activities, especially when the emphasis is on prevention and education within families.

Other health care professionals who have had training in health education, family planning, or caring for pregnant teens also may be interested in efforts to reduce adolescent pregnancy. They include:

- licensed, registered nurses, who have 2-4 years basic nursing education and provide patient education in all health care settings;
- licensed, registered nurse practitioners, who have advanced education and provide a wide range of primary care services, including reproductive care;
- certified nurse-midwives, who have education in midwifery and nursing and offer reproductive health, pregnancy, childbirth, and newborn care; and
- physician's assistants, who are educated to provide medical care under the direction and supervision of physicians.

Where to find health care professionals

- To find physicians who might be interested in helping community efforts to prevent teen pregnancy, contact the local medical society or the local affiliate of the American College of Obstetricians and Gynecologists or the American Academy of Pediatrics (see the resources section for more information on these and other organizations).
- To find nurses, contact the local affiliate of the American Nurses Association, the American College of Nurse Midwives, or the Association of Women's Health, Obstetric, and Neonatal Nurses.
- Contact hospital departments of obstetrics and gynecology, pediatrics, nursing, and adolescent medicine. If there is a teaching hospital in the community, contact the residency programs in these specialties.
- Contact the local health department, women's health center, or community health center.
- Ask local foundations which health care professionals are known to be active on this issue.
- Speak directly with obstetrician-gynecologists, pediatricians, or other physicians to see whether they or someone they know would be interested in working on teen pregnancy prevention activities in the community.

Pregnancy prevention in the practice setting

Health care providers do a lot of one-on-one work to prevent teen pregnancy in their practices. In the course of regular check-ups, illness visits, and referrals, pediatricians, obstetrician-gynecologists, family physicians, nurse practitioners, certified nurse midwives, physician's assistants, and nurses can help parents and adolescents address questions of physical and sexual growth and development, abstinence, sexual activity, contraception, and protection against sexually transmitted infections. This assistance can occur in two main ways.

Helping parents talk to their children about sexuality issues

Almost all parents would like help in talking about sex with their children. Health care professionals can provide good, medically accurate information to parents and kids, and they can do so with a sense of authority. By offering information within the context of regular health services, they can make issues seem less threatening for both parents and children or teens. They can also encourage parents not only to explain the “facts of life” but also to communicate about relationships and values. A recent poster campaign suggested, for

example, that parents “teach their kids about sex, love, and what the difference is.”

Regular visits also provide a good opportunity for parents to raise any issues or concerns with the provider. These conversations should occur when their children are young, before a crisis situation might develop, and should continue into adolescence.

Professional medical organizations have developed materials that an individual parent or adolescent can read or that can be distributed to parent or adolescent groups, such as:

- *Sex Education: A Bibliography of Educational Materials for Children, Adolescents, and Their Families*, a pamphlet distributed by the **American Academy of Pediatrics (AAP)**.
- *Teaching Your Children About Sexuality*, a booklet developed by the **American College of Obstetricians and Gynecologists (ACOG)**.
- pamphlets just for teens, also developed by **ACOG**.
- *Points for Parents*, fact sheets about growth and development

that will help parents understand the changes their child is going through, produced by the **American Medical Association (AMA)**.

Helping teen patients

Working with teens successfully in any health care setting involves creating an environment in which teens feel welcome and secure and in which they know their needs and interests are important to those providing the

services. Three elements are essential to this environment:

Teen-friendly offices. Health professionals who serve teens should design their offices in ways to make teens more comfortable, indicating to teens that the practice is interested in them and willing to discuss hard issues in a non-judgmental fashion. Some practices have a specific staff member designated to talk to teens and facilitate their care.

An example of materials developed to help parents talk with their children

This chart, adapted from the American College of Obstetricians and Gynecologists' booklet, *Teaching Your Children About Sexuality*, can help parents know what to talk about with their children and when to do it.

What Your Child Should Know

By age 5, children should:

- know correct terms for all sexual body parts
- understand the concept of gender: "boy" and "girl"
- know they have a right to say "no" to unwanted touch
- know where babies come from
- feel free to ask adults they trust about sexuality

By age 10, children should:

- understand the facts about reproduction in humans and animals
- know how male and female bodies grow and differ
- know that different sexual orientations exist
- understand basic facts about AIDS

By age 12, children should:

- understand that human sexuality is a normal part of life
- know that sexual feelings are normal
- know what changes to expect in their bodies, including menstruation and "wet dreams"
- understand that sex gives pleasure and is also the way to make a baby
- know about methods of birth control
- be aware of sexual abuse and other forms of sexual exploitation, and know how to respond to such dangers
- know how sexually transmissible diseases are transmitted, prevented, and treated

KEYS TO SUCCESS IN WORKING WITH TEEN PATIENTS

- **create a teen-friendly office**
- **ensure confidentiality**
- **provide teen-specific services**

A teen-friendly medical practice has a number of characteristics. It:

- schedules appointments quickly upon request;
- hires friendly, culturally-competent staff;
- has office hours that are convenient for teens;
- provides frequent follow-up visits;
- provides adequate time for the teen and health care provider to talk;
- provides confidential services, as appropriate;
- has a designated staff person whom teens can call if they have further questions;
- provides or refers for counseling services for such issues as violence, abuse, and sexual abuse;
- offers low-cost or free services; and
- welcomes teens' partners, as appropriate.

Some offices use a written, "teen friendly" reproductive health history questionnaire to start a conversation about sexual issues. This allows a teen to disclose information and ask questions about sexual issues as well as other issues that might be of

concern to her or him. For many teens, checking off or writing down questions and concerns is less embarrassing or threatening than doing so verbally. Seeing a sensitive subject on a questionnaire also tells the teen that the health care professional thinks this subject is important and normal.

Confidentiality. The issue of confidentiality for health care services to teens is complicated. Simply stated, there are some health care services that teens can get on their own. These vary from state to state but may include treatment for substance abuse, sexually transmitted infections, pregnancy, contraception, and other reproductive health services. Many teens say that they will not try to get needed health services if they think the health care provider will tell their parents what they are saying or doing. On the other hand, parents, who worry about their children, want to know what they're doing, particularly on an issue as important as sex—and, if their teenager is having a problem, want to help.

While health care providers have some legal obligations regarding confidentiality, most

FOR HELP IN ADDRESSING CONFIDENTIALITY ISSUES

See the policies and materials developed by:

- the American College of Obstetricians and Gynecologists
- the American Academy of Pediatrics
- the American Academy of Family Physicians
- the Society for Adolescent Medicine

want to establish a relationship with teens that will encourage discussion of risky behavior or problems. At the same time, they want to establish a relationship with the parents that is helpful and supportive. As one physician recently described it:

“When I explain the teen’s right to confidentiality, I emphasize to the mother that we’re not trying to exclude her from her daughter’s life or from concerns about her daughter’s health. At the same time, I explain to both the mother and daughter that I feel it is important for the daughter to have a relationship with me on a confidential basis.... Something else I do...is offer the mothers the opportunity to speak with me confidentially. That not only allows the mother to feel more included in the process, but also allows me to get a lot of valuable information” (Hillard, 1997).

Teen-specific services. In some communities, hospitals, clinics, health departments, and

physicians’ offices have developed health care services just for teens. These programs often use other teens to help with education and to make their peers more comfortable. Here are a few examples:

Valley Community Clinic, in North Hollywood, California, operates a Teen Clinic that provides low-cost or free reproductive health services to teenagers. It hires and trains teen staff members to create a supportive environment for other teens. The clinic serves an ethnically and racially mixed population of males and females, pregnant and parenting adolescents, and parents of adolescents from urban and suburban neighborhoods. It also provides services in schools and juvenile detention facilities.

The **Gateway Family Health Center**, in Nashua, New Hampshire, operates the Teen-to-Teen Clinic, a walk-in clinic for teens only, one afternoon and one evening each week in a rural/suburban area. In the waiting area for the teen clinic, which is separate from the main clinic’s waiting area, refreshments and computer games are available. Adolescents have been trained as peer educators and are available to talk about abstinence, sexuality, and birth control, often in conjunction with the other staff.

As part of its comprehensive adolescent pregnancy prevention program, New York's **Children's Aid Society** provides health and medical services on site once weekly with the cooperation of the Mount Sinai Adolescent Health Center. Each

adolescent in the Children's Aid Society program receives a complete physical exam, including a gynecologic exam for females, health education and counseling services, medical follow-up care, and urgent care services.

Involving health care professionals in community pregnancy prevention activities

Programs can help health care professionals assist a community's efforts to prevent teen pregnancy by asking them to expand their role beyond traditional caregiving. For example, programs can ask providers to make presentations to groups of adults or teens on the subjects of adolescent growth and development, sexuality, birth control, and other subjects. Schools, churches, or other community organizations can invite health care professionals to speak to groups of parents about teen sexuality in ways that will help parents examine the difficult issues regarding their own values and their children. They also can speak to teens as part of organized educational programs. The checklist on the next page contains suggestions for programs to help speakers prepare.

Programs can also ask providers to:

- advise community coalitions, school boards, and other groups that are developing and carrying out teen pregnancy initiatives to ensure that information is medically and scientifically sound;
- evaluate educational or media materials for community

WAYS HEALTH CARE PROFESSIONALS CAN PARTICIPATE IN COMMUNITY ACTIVITIES

- **make presentations**
- **advise community coalitions**
- **help develop and evaluate materials**
- **serve on boards and committees**
- **serve as spokespersons**

Checklist for health professional speakers

When asking a health care professional to make a presentation, programs can help by:

Describing the program's expectations for this presentation

1. What are the objectives?
2. What should this speaker accomplish?
3. Why has this speaker been invited?
4. Why is the event being held at this time? Is there a crisis?
5. Is the speaker being asked to speak as an individual, as a professional representative, or as a representative of a specific group? How will he or she be identified on the program?

Describing the anticipated audience

1. What is the approximate number in attendance?
2. What are their ages, interests, social status (married, single, one or both sexes)?
3. What are their educational and professional backgrounds?
4. What are the values of the audience (homogeneous, heterogeneous, conservative, radical)?
5. What does "sex education" or "family life education" mean to this audience?
6. Will there be media coverage—print press, radio, TV?

Explaining the meeting format

1. Will the presenter give a speech or be a part of a roundtable or panel discussion?
2. Will there be a question-and-answer period following the presentation?
3. What is the size and type of the room? (Audiences may be more comfortable asking intimate questions in a living room atmosphere than in a formal lecture hall.)
4. Are there other speakers? Who are they? What are their topics? What is likely to be their point of view? In what order are they speaking?
5. Is this a single talk or part of series?
6. If it is part of a series, how were the previous presentations received? Will the audience be hostile or receptive from the previous presentations? What subjects will follow this speaker?

Adapted from ACOG's *Family Life Education: A Checklist for Getting Involved*

programs, or advise groups as they develop their own materials to ensure that information is accurate and up-to-date;

- serve as board and committee members for community coalitions and help with fundraising; and
- carry the teen pregnancy prevention message to the community as a spokesperson.

This last role—spokesperson—can be particularly helpful in reaching health professional organizations, such as medical societies, state chapters of the American Academy of Pediatrics, state sections of the American College of Obstetricians and Gynecologists, or nursing organizations.

In some communities, health care professionals have developed

teen pregnancy prevention programs of their own. For example:

The ACOG Pennsylvania section has developed the **PROGRESS Program**—Pennsylvania Residents in Ob-Gyn Reaching out to Educate StudentS—which trains obstetrics-gynecology residents to educate high school students in ways to avoid unwanted sexual experiences, pregnancy, and sexually transmitted diseases. This ACOG section works with local school boards to arrange for residents to visit local high schools to present their program.

ACOG also has developed a comprehensive resource kit for health care professionals, *Adolescent Sexuality: A Presentation Resource Kit*, which contains slides, outlines for presentations, sample community and adolescent educational materials, and background articles.

Involving health care organizations and institutions in community pregnancy prevention activities

Health care organizations and institutions, such as hospitals, clinics, managed care and insurance companies, and health maintenance organizations, can also assist local efforts to

prevent teen pregnancy. For example, they can:

- offer individuals to serve as advisors and board or committee members;

- provide personnel and financial resources for projects and programs;
- coordinate needed adolescent health services as part of a comprehensive program; and
- organize a specific service or prevention program for their adolescent patient population.

CASE IN POINT

Medical West Associates

This Blue Cross and Blue Shield HMO organized an adolescent pregnancy program among five health centers in western Massachusetts. They created a multidisciplinary team that included providers, nurses, and reception staff from the departments of pediatrics, obstetrics and gynecology, nursing, and mental health. By gathering data on the numbers of teen pregnancies within the plan for the baseline year and examining the services that were currently offered, the team found that the health plan:

- often saw teens for illness visits but did not ask them about sexual activity;
 - rarely provided contraceptive counseling;
 - had no clear policy about timing well-adolescent visits;
 - had the receptionist give all adolescent pregnancy tests results by telephone and scheduled no follow-up visits; and
 - provided no routine postpartum discussion of birth control and did not track postpartum visits for teens.
- To fix these problems, the team made several changes. It:
- developed a pediatric department policy requiring that adolescents have annual checkups;
 - changed the adolescent medical record so that the following issues had to be tracked: sexual activity, risk screening, contraceptive counseling, and referrals for pelvic exams for females;
 - developed an adolescent reproductive health questionnaire for all teen exams;
 - created a policy to immediately refer for counseling any patient identified as high risk;
 - trained volunteer providers and nurses to be contraception counselors;
 - created an obstetric department policy to determine postpartum birth control choices at the 28th week of pregnancy and to provide birth control to the adolescent before her departure from the hospital;
 - provided all adolescents who requested pregnancy tests with appointments with a provider skilled in options and contraceptive counseling; and
 - began tracking and following up all canceled adolescent postpartum visits.

Conclusion

There are many different ways in which individuals and the community can use the knowledge, skills, and resources of health care professionals, institutions,

and organizations. Rather than being unapproachable, health care professionals are ready and willing to help—but they might need an invitation to get involved.

References

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Healthy Mothers, Healthy Babies Coalition. (October 1995). *Adolescent pregnancy prevention: A*

compendium of programs. Washington, DC: Author.

Hillard, P. (1997). Preserving confidentiality in adolescent gynecology. *Contemporary Adolescent Gynecology*, 2(3), 4-5.

Programs mentioned in this chapter

Children's Aid Society

350 E. 88th St.
New York, NY 10128
(212) 949-4379

Medical West Associates

Blue Cross and Blue Shield
444 Montgomery St.
Chicopee, MA 01020
(413) 594-3111

Teen-to-Teen Clinic

Gateway Family Health Center,
Reproductive Health
268 Main St.
Nashua, NH 03060
(603) 883-1626

Valley Community Clinic

5648 Vineland Ave.
North Hollywood, CA 91601
(818) 763-1718

Other useful resources

Many health professional organizations can provide speakers and materials for teen pregnancy prevention programs. Most national organizations have state or local chapters. By contacting the parent organization, programs can locate local resources for their projects.

The American College of Obstetricians and Gynecologists

Department of Adolescent Health Care

P.O. Box 96920
Washington, DC 20090-6920
(202) 638-5577
www.acog.org
Adolhlth@acog.org

The American Academy of Pediatrics

P.O. Box 927
Elk Grove Village, IL 60007-1098
(847) 228-5005
Fax: (847) 228-5097
www.aap.org

The American Academy of Family Physicians

8880 Ward Parkway
Kansas City, MO 64114
(816) 333-9700
www.aafp.org
fp@aafp.org

The American Medical Association

Department of Adolescent Health
515 N. State St.
Chicago, IL 60611
(312) 464-5000
www.ama.org

The American Nurses Association

600 Maryland Ave., SW
Suite 100 West
Washington, DC 20024 2571
(800) 274-4ANA
(202) 554-4444
www.ana.org

The American College of Nurse-Midwives

818 Connecticut Ave., NW, Suite 900
Washington, DC 20006
(202) 728-9860
Fax: (202) 728-9897
www.acnm.org
info@acnm.org

The National Association of Nurse Practitioners in Reproductive Health

503 Capitol Court, Suite 300
Washington, DC 20002
(202) 543-9693
www.nanprh.org

The National Medical Association

1012 12th St., NW
Washington, DC 20001
(202) 347-1895
www.nmanet.org

The Society for Adolescent Medicine

1916 NW Copper Oaks Circle
Blue Springs, MO 64015
(816) 224-8009
www3.uchc.edu/~sam

The Association of Reproductive Health Professionals

2401 Pennsylvania Ave., NW,
Suite 350
Washington, DC 20037-1718
(202) 466-3825
Fax: (202) 466-3826
www.arhp.org

The American Hospital Association

One North Franklin
Chicago, IL 60606
(312) 422-3000
Fax: (312) 422-4796
www.aha.org

American Hospital Association members include individual hospitals, other health care organizations, and individuals in the health care field.

The American Medical Women's Association

801 N. Fairfax St., Suite 400
Alexandria, VA 22314
(703) 838-0500
Fax: (703) 549-3864
www.amwa-doc.org
info@amwa-doc.org

The American Medical Women's Association is an organization of over 10,000 women physicians and medical students and other members of the medical profession and the public who support women's health issues.

The Association of Women's Health, Obstetric, and Neonatal Nurses

2000 L St., NW, Suite 740
Washington, DC 20036
(800) 673-8499
Fax: (202) 728-0575
www.awhonn.org

The American Association of Health Plans

1129 20th St., NW, Suite 600
Washington, DC 20036-3421
(202) 778-3200
www.aahp.org

The American Association of Health Plans represents more than 1,000 health maintenance organizations, preferred provider organizations, and other managed care entities.