

Adolescent Health Care

The American College of Nurse-Midwives (ACNM) supports the following measures to improve the health and well-being of adolescents in the United States:

- Legislation to increase school- and community-based health education programs, including reproductive, gender, and neurodiverse inclusive sexual health education and preventive health care information programs, that are evidence-based and sensitive to societal and public health issues.
- Funding of government programs designed to improve access to care, including Title X (family planning), State Children's Health Insurance Programs (reproductive health), school-based health clinics, and Title V block grants (maternal-child health).
- Adolescent reproductive and sexual health program evaluation research aimed at increasing the practice of evidence-based, adolescent health
- Continued development, implementation, and integration of school- and community-based programs that address prevention, recognition, and treatment of adolescent intimate partner violence (IPV) and violence against transgender and gender-variant people within a sociocultural-political context.
- Provision of confidential services for adolescents, health care providers, and insurers that encourage family and peer involvement, as appropriate, for the health and social circumstances of the adolescent.
- Promotion of intergenerational models of care that emphasize education of the parents or parental figures of preadolescents and adolescents regarding communication, developmental changes, and positive health and lifestyle behaviors.
- Networking with other organizations to improve healthy behaviors in adolescents.
- Opposition to any limitations on access to essential services, such as sexually transmitted infection screening and treatment, gender-affirming care, fertility preservation for transgender and gender-nonconforming adolescents, family planning, emergency contraception, mental health services, IPV/sexual assault care, and sexual health education.
- Interdisciplinary educational initiatives to develop competent health care providers and services for preadolescents and adolescents and that consider individual and unique developmental needs.
- Interdisciplinary educational initiatives to develop competent and inclusive health care providers and reproductive, sexual, and fertility services for

- preadolescents and adolescents who identify as LGBTQIA2S+ (lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, 2-spirit).
- Acknowledgment of the roles that structural and systemic racism and oppression have played in health outcomes, including reproductive and sexual health, for racial-, sexual-, and gender-minority youth.
- Funding of research and program initiatives aimed at disrupting the structural and systemic causes of health disparities for racial-, sexual-, and genderminority youth.

Background

Adolescence is a time of exploration and emerging independence and represents the transition from childhood to adulthood. As teenagers explore these social, emotional, mental, and physical changes, they encounter decisions and experiences that may shape their ongoing sexual, reproductive, and mental health. With their newfound independence, teenagers face new challenges, including sexually transmitted infections, pregnancy, substance use, violence, mental health issues, abuse, and accidental trauma. One in 4 adolescent people with a cervix is infected with at least one sexually transmitted infection. Sexually transmitted infections, such as those caused by Neisseria gonorrhoeae and Chlamydia trachomatis, are more common in adolescents than in any other age group; however, other sexually transmitted infections, including primary and secondary syphilis and those caused by human papillomavirus, are also seeing a steady rise.¹ Syphilis infections between 2014 and 2016 rose 24.5% in individuals age 15 to 19 years and by 25.4% in individuals age 20 to 24 years. Teenage pregnancy rates have declined over the last several decades; however, the United States continues to experience one of the developed world's highest teenage pregnancy rates, including disproportionately high rates among Black, Indigenous, and adolescents of color.^{2,3} The teenage pregnancy rates among non-Hispanic Black and Hispanic adolescents are 2 times those of non-Hispanic white adolescents.² IPV, mental health issues, and drug and alcohol use are increasingly common in teenagers. Mental health issues, such as depression and suicide, are steadily increasing in adolescents, with suicide now being the second leading cause of death in adolescents.⁴

Despite these alarming statistics, adolescents remain one of the most underserved health care populations in the United States, and their health concerns may often be ignored. Adolescents are often uninsured or underinsured, and the availability of appropriate services is very limited. Other barriers to access include out-of-pocket co-payments, limited transportation, a lack of culturally appropriate care, a lack of gender-affirming care, and concerns about confidentiality. These barriers and health disparities are amplified for racial, sexual, gender, and neurodiverse teenagers, who have faced marginalization in the health care setting and who lack access to competent health care providers.⁵ Education around lifestyle and sexual health and access to person-centered, gender-affirming care are critical tools for health-demoting behavior and illness prevention among adolescents. Health care providers must also work to understand and dismantle the structural and systemic causes of adolescent health disparities affecting neurodiverse and racial-, sexual-, and gender-minority adolescents.

The Role of the Certified Nurse-Midwife/Certified Midwife

The midwifery model of care emphasizes education and family and person-centered care throughout the lifespan, which makes midwives ideal health care providers for adolescent women and for transgender and gender-variant people. In addition, midwives offer important services to the parents and parental figures of adolescents. The complex issues that face adolescents in today's society demand interdisciplinary attention, and certified nurse-midwives and certified midwives function well as part of the interdisciplinary team. Midwives promote healthy behaviors and facilitate the development of lifelong positive lifestyle choices. Midwifery care is culturally sensitive and developmentally appropriate. Midwives respect the growing independence, privacy, and learning needs of the maturing adolescent.

As primary health care providers, midwives can provide intergenerational care and educate parents and parental figures regarding changes and developmental issues that are unique to adolescents. Studies have indicated that communication between parents and preadolescents is key to promoting positive health behaviors.^{6,7} Furthermore, establishing midwifery care in adolescents affords the opportunity to foster long-term relationships that can provide continuity of ongoing person-centered, culturally humble care that continues into the childbearing years and beyond.

REFERENCES

- 1. Shannon CL, Klausner JD. The growing epidemic of sexually transmitted infections in adolescents: a neglected population. Curr Opin Pediatr. 2018;30(1):137-143. doi: 10.1097/MOP.0000000000000578
- 2. Fuller TR, White CP, Chu J, et al. Social determinants and teen pregnancy prevention: exploring the role of nontraditional partnerships. *Health Promot Pract.* 2018;19(1):23-30. doi: 10.1177/1524839916680797
- 3. McClellan K, Temples H, Miller L. The latest in teen pregnancy prevention: long-acting reversible contraception. J Pediatr Health Care. 2018;32(5):e91-e97. doi: 10.1016/j.pedhc.2018.02.009
- 4. Smith AU, Reidy D, Norris AE. Teen dating violence and suicide risk among bisexual adolescents. J Adolesc Health. 2020;67(5):685-691. doi: 10.1016/j.jadohealth.2020.04.014
- 5. Rider GC, McMorris BJ, Gower AL, et al. Health and care utilization of transgendered and gender nonconforming youth: a population-based study. *Pediatrics*. 2018;141(3):e20171683. doi: 10.1542/peds.2017-1683
- 6. Aventin A, Gough A, McShane T, et al. Engaging parents in digital sexual and reproductive health education: evidence from the JACK trial. Reprod Health. 2021;17(1):132. doi: 10.1186/s12978-020-00975-y

7. Brown C, Eisenberg ME, McMorris B, et al. Parents matter: associations between parent connectedness and sexual health indicators among transgender and gender-diverse adolescents. Perspect Sex Reprod Health. 2020;52(4):265-273. doi: 10.1363/psrh.12168

ADDITIONAL RESOURCES

American College of Obstetricians and Gynecologists. ACOG Committee opinion No. 651: menstruation in girls and adolescents: using the menstrual cycle as a vital sign. Obstet Gynecol. 2015;126(6):e143-e146. doi: 10.1097/AOG.000000000001215

Centers for Disease Control and Prevention. Reproductive health: teen pregnancy. Communitywide initiatives. Updated August 4, 2016. Accessed August 31, 2021. https://www.cdc.gov/teenpregnancy/projectsinitiatives/communitywide.html?CDC AA refVal=https%3A%2F%2Fwww.cdc.gov%2Ft eenpregnancy%2Fprevent-teen-pregnancy%2Findex.htm

Centers for Disease Control and Prevention. Sexually transmitted diseases: adolescents and young adults. Updated April 8, 2021. Accessed July 30, 2021. https://www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm

Chen D, Matson M, Macapagal K. Attitudes toward fertility and reproductive health among transgender and gender-nonconforming adolescents. J Adolesc Health. 2018;63(1):62-68. doi: 10.1016/j.jadohealth.2017.11.306

Committee on Adolescent Health Care. Confidentiality in adolescent healthcare: committee opinion no. 803. American College of Obstetricians and Gynecologists. April 2020. Accessed August 31, 2021. https://www.acog.org/clinical/clinical-guidance/committeeopinion/articles/2020/04/confidentiality-in-adolescent-health-care

Hendrick CE, Cance JD, Maslowsky J. Peer and individual risk factors in adolescence explaining the relationship between girls' pubertal timing and teenage childbearing. J Youth Adolesc. 2016:45:916-927. doi: 10.1007/s10964-016-0413-6

Gavin LE, Catalano RF, David-Ferdon C, et al. A review of positive youth development programs that promote adolescent sexual and reproductive health. J Adolesc Health. 2010;46(suppl 3):S75-S91. doi: 10.1016/j.jadohealth.2009.11.215

Guttmacher Institute. An overview of consent to reproductive health services by young people. November 1, 2021. Accessed August 31, 2021. https://www.guttmacher.org/print/statepolicy/explore/overview-minors-consent-law

Holmes LG, Shattuck PT, Nilssen AR. Sexual and reproductive health service utilization and sexuality for teens on the autism spectrum. J Dev Behav Pediatr. 2020;41(9):667-679. doi: 10.1097/DBP.0000000000000838

Institute of Medicine. Adolescent Health Services: Missing Opportunities. National Academies Press; 2009.

Leonardi M, Frecker H, Scheim AI. Reproductive health considerations in sexual and/or gender minority adolescents. J Pediatr Adolesc Gynecol. 2019;32(1):15-20. doi: 10.1016/j.jpag.2018.09.010

McNeely C, Blanchard J. The Teen Years Explained: A Guide to Healthy Adolescent Development. Johns Hopkins Bloomberg School of Public Health, Center for Adolescent Health; 2009.

Note. Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American Midwifery Certification Board, Inc (AMCB), formerly the American College of Nurse-Midwives Certification Council, Inc (ACC).

Source: ACNM Board of Directors

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