Adolescent pregnancy is at an extreme rate within the United States, especially for minority adolescents of Hispanic and Non-Hispanic Black ethnicity/race, who reside within low socioeconomic geographic areas.

**Background**

The Center for Disease Control and Prevention (2017) has prioritized adolescent pregnancy due to the nearly 230,000 unintended pregnancies documented in 2015 among adolescents. Yet there has been an overall 8% decrease of adolescent pregnancy from previous years found in Figure 1, the decrease results from comprehensive sex education and promotion of barrier contraceptive use, which opposes current abstinence-based curriculums within various school districts.

This creates an unprecedented responsibility for healthcare providers to properly and adequately disseminate comprehensive sex education to adolescents within the allocated time of the patient-provider visit, especially within school health clinics.

**Methods and Frameworks**

- 5081 articles identified through database searches
- 990 articles removed after initial screening of titles
- 91 abstracts reviewed for eligibility
- 54 articles excluded for irrelevance
- 13 full text articles reviewed for eligibility
- 12 articles excluded for irrelevant findings or duplicate publications
- 58 articles included in the literature review
- 7 articles remained as potential background articles

**Results**

**Conclusions**

Incorporating the Social Cognitive Theory framework within adolescent sexual health education is one key factor to honing in self-efficacy in healthy decision-making among adolescents.

Further evidence-based support is demonstrated through Erikson’s Stages of Psychosocial Development and Piaget’s Theory of Cognitive Development.

**References**

Theoritical frameworks in support of adolescent pregnancy prevention

Incorporating the Social Cognitive Theory framework within adolescent sexual health education is one key factor to honing in self-efficacy in healthy decision-making among adolescents.

**Problem Statement**

Adolescent pregnancy is at an extreme rate within the United States, especially within school health clinics.

**Aim**

Addressing adolescent sexual health education at the grass roots will further increase healthcare providers’ awareness and engagement in preventing adolescent pregnancy. In turn, this will further standardize collaborative initiatives in increasing adolescent sexual health knowledge and positive decision-making.

**Systematic review guided by three specific questions:**

1. What are the facilitators and barriers to prevention of adolescent pregnancy?
2. What are theoretical frameworks that support the prevention of adolescent pregnancy?
3. What are the avenues of successful memory retention for prevention of adolescent pregnancy?

**Facilitators and barriers to the prevention of adolescent pregnancy**

Though most states prefer the abstinence-based prevention programs as opposed to comprehensive sex education programs, evidence demonstrates a practice gap in addressing adolescents who may have harmful sexual health thoughts and concerns if they choose to participate in sexual health risk behaviors (Alexander, Jemmott, Teitelman, & D’Antonio, 2015).

Comprehensive sex education programs prove to be more of a realistic approach to educating adolescents on healthy sexual health practices due to the education of barrier methods against pregnancy and other risks, should adolescents choose to partake in sexual behavior.

**Theoretical frameworks in support of adolescent pregnancy prevention**

Incorporating the Social Cognitive Theory framework within adolescent sexual health education is one key factor to honing in self-efficacy in healthy decision-making among adolescents.

Further evidence-based support is demonstrated through Erikson’s Stages of Psychosocial Development and Piaget’s Theory of Cognitive Development.

**Avenues of successful memory retention for adolescent pregnancy prevention**

Interprofessional collaboration should occur between healthcare providers and school sexual health education using the Lean Transformation framework to narrow and/or close the practice gap found within adolescent sexual health knowledge due to the limitations of the abstinence-based prevention programs provided within school settings.

**Recommendations**

1. Collaborate: Healthcare providers should collaborate with school sexual health educators to identify the practice gap among adolescents related to sexual health.
3. Commit: Implement evidence-based process, and commit to continuous re-assessments using the Plan-Do-Study-Act (PDSA) cycle.

**Figure 1**

The Center for Disease Control and Prevention (2017) has prioritized adolescent pregnancy due to the nearly 230,000 unintended pregnancies documented in 2015 among adolescents. Yet there has been an overall 8% decrease of adolescent pregnancy from previous years found in Figure 1, the decrease results from comprehensive sex education and promotion of barrier contraceptive use, which opposes current abstinence-based curriculums within various school districts.

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