Updated recommendations include:

**Added to first sentence:** support patient reproductive goals and opportunities for healthy pregnancy

**Assessment for risk of unintended pregnancy, with sensitivity to cultural and personal preferences**

Ask about:
- Omitted: Intent to become pregnant or father a child [e.g., Do you plan to have any (more) children in the future? If so, how many children would you like to have? If not, what method will you use to avoid pregnancy?]
- **Added:** Patient’s reproductive goals/desire for a pregnancy (e.g., “Do you think you might like to have children (more children) at some point?”, “When do you think that might be?”, “How important is it to you to prevent pregnancy (until then?)”)
- **Added:** Social support for a healthy pregnancy
- **Added:** Per state law[^4], report all abuse that you are legally required or permitted to report to the Michigan Department of Health & Human Services at 855-444-3911; Provide **local intimate partner violence resources** or national hotline at 1-800-799-7233; provide **local sexual violence resources** or MI hotline at 855-864-2374 (VOICES4); If patient is a **victim of trafficking or at-risk** call 888-373-7888; if imminent danger present, call 9-1-1 immediately.
- Omitted: Report all abuse to Michigan Department of Health and Human Services at 855-444-3911

**Interventions to prevent unintended pregnancy: [added: support reproductive goals]**

Advise and discuss:
- Omitted: premature birth, negative physical and mental health effects for children
- **Added:** Since the evidence for negative impacts of unintended pregnancy is not well established with research, we suggest replacing with advise about the importance of preconception health to assure readiness for healthy pregnancy and importance of prenatal care.
- Omitted: associated with unintended pregnancies
- **Added:** related to substance misuse

Assess:
- **Added:** Patient’s satisfaction with current method
- **Added:** and depression, social isolation or other mental health risks.

Assist patients [added: with reaching their goals] by:
- **Added:** patient preferences … (e.g., menstrual-related problems, cardiovascular risks of combined hormonal contraceptives.
- Omitted: high risk of contraceptive pills in the setting of migraine with aura regulation of
- **Added:** Ulipristal Acetate (Ella), Levonorgestrel (Plan B, Next Choice) … (Paragard)

Arrange follow-up:
- **Added:** prenatal care … and other reversible and permanent contraceptives
Updated references

2Centers for Disease Control and Prevention Before Pregnancy Planning for Pregnancy (Patient)
3PATH flow Chart Client-Centered Reproductive Goals & Counseling; Client-Centered Contraceptive Counseling Toolkit/Handouts
4Social Welfare Act (280 of 1939), MI. MCL § 400.11, §400.11a – 400.11f; Resources for Mandated Reporters; A Model Protocol for Joint Investigations of Vulnerable Adult Abuse, Neglect and Exploitation
5Guttmacher Institute Unintended Pregnancy in the United States Fact Sheet
6https://www.CDC.gov/Zika/prevention
7March of Dimes Birth Spacing and Birth Outcomes
8CDC Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use
9ACOG; Planned Parenthood and Contraceptive Technology support use of emergency contraception (EC) up to 5 days after unprotected sexual intercourse based on research; FDA labels Ulipristal Acetate for EC up to 5 days and Levonorgestrel up to 3 days. Hatcher RA, et al (editors), *Contraceptive Technology*, 21st Ed. New York: Ayer Company Publishers, Inc. 2018; 329-365.