

Maintain Confidentiality in Adolescent Health Care

WHEREAS the American Academy of Family Physicians' (AAFP) Policy on Reproductive decisions states, "physicians should seek to, through extensive patient education and counseling, decrease the number of unwanted pregnancies," and

WHEREAS 78% of teen pregnancies are unplanned, and these pregnancies account for about 1/4 of all accidental pregnancies annually,¹ and

WHEREAS a sexually active teenager who does not use contraceptives has a 90% chance of becoming pregnant within one year,² and

WHEREAS the AAFP Policy on Patient/Physician Confidentiality states, "The privacy of adolescent minors should be respected. Parents should not, in some circumstances, have unrestricted access to the adolescent's medical records," and

WHEREAS AAFP Policy on Adolescent Health Care, Confidentiality further states, "protection of confidentiality is needed to appropriately address issues such as depression, suicide, substance abuse, domestic violence, unintended pregnancy and sexual orientation," and

WHEREAS AAFP Policy on Adolescent Health Care, Protecting Adolescents states, "A key tenet for all health professionals is to ensure that adolescents have access to the health services they need, including sexual and reproductive health services." And, while encouraging involvement of parents in adolescent decisions about sexual health, "if communication between the adolescent and parent cannot be facilitated, access to confidential health care for the adolescent patient must be ensured," and

WHEREAS Physician and Public Health organizations including the American Public Health Association (APHA), American Medical Association (AMA), Society for Adolescent Medicine (SAM), and American Academy of Pediatrics (AAP) also have policies supporting confidential access to contraceptives for minors,³⁻⁷ and

WHEREAS federal legislation has been introduced in the House and Senate as HR 3011 and SR 1279 (Parents Right to Know Act) that would prevent any clinic accepting federal funds through Title X of the Public Health Service Act from knowingly providing contraceptive drugs or devices to a minor without written notice to a custodial parent or guardian 5 days before providing the drugs or devices,^{8,9} and

WHEREAS any delay in contraception leaves patients at risk for unintended pregnancy. Timely initiation is especially important in regard to emergency contraception (EC), as its efficacy decreases over time from 95-75% and must be taken within a 5 days from an incident of unprotected intercourse to protect against unintended pregnancy,¹⁰ and

WHEREAS this legislation would delay minors from initiating contraception and completely bar their effective use of EC, and

WHEREAS in a recent study 60% of the minors receiving contraceptives in a family planning clinic reported that parents or guardians were already aware of their visiting the clinic to obtain prescription contraceptives,¹¹ now therefore be it

RESOLVED that the AAFP opposes federal legislation to mandate parental consent or notification for minors seeking contraceptives in publicly funded health care facilities, and continues to support confidentiality in sexual and reproductive health care for minor patients. This resolution will be proposed for consideration at the National Congress of Delegates for 2005.

¹Henshaw SK, Unintended pregnancy in the United States, *Family Planning Perspectives*, 1998, 30(1):24-29 & 46, Table1

²Harlap S, Kost K and Forrest JD, *Preventing Pregnancy, Protecting Health: A New Look at Birth Control Choices in the United States*, New York: AGI, 1991, Figure 5.4, p. 36.

³American Public Health Association. Policy 8224 Parental Notification of Prescription Contraceptives for Teenagers. Adopted January 1 1982. Available <http://www.apha.org/legislative/policy/policysearch/index.cfm?fuseaction=view&id=1028>

⁴ American Medical Association. Policy E-5.055 Confidential Care for Minors. Adopted June 1992; Updated June 1996. Available <http://www.ama-assn.org/ama/pub/category/8355.html>.

⁵American College of Obstetricians and Gynecologists (ACOG), *Health Care for Adolescents*, Washington, DC: ACOG, 2003.

⁶Society for Adolescent Medicine. Position Paper on Reproductive Health Care for Adolescents. *J Adolesc Health* 1991;123:649-61.

⁷Klein JD and the Committee on Adolescence. American Academy of Pediatrics. Adolescent Pregnancy: Current Trends and Issues. *Pediatrics* 2005;116:281-286.

⁸Parents Right to Know Act, S. 1279, 109th Cong., 1st Sess. (2005).

⁹Parents Right to Know Act, H.R. 3011, 109th Cong., 1st Sess. (2005).

¹⁰von Hertzen H, et al. Low dose mifepristone and two regimens of levonorgestrel for emergency contraception: a WHO multicentre randomized trial. *Lancet*. 2002;360:1803-10.

¹¹Jones, RK et al. Adolescents' Reports of Parental Knowledge of Adolescents' Use of Sexual Health Services and Their Reactions to Mandated Parental Notification for Prescription Contraception. *JAMA* 2005;293(3):340-8.