

**Resolution to Promote Evidence Based Contraceptive Practices  
by the NYSAFP and the AAFP**

WHEREAS the American Academy of Family Physicians (AAFP) “supports the use of evidence-based and explicitly stated clinical practice guidelines” that are “developed using rigorous evidence-based methodology,”<sup>1</sup> and

WHEREAS the American Academy of Family Physicians (AAFP) “is concerned about the sexual health of adults and believes physicians should provide patient education and counseling to both men and women to decrease the number of unwanted pregnancies,”<sup>2</sup> and

WHEREAS the AAFP asserts that family physicians should be prepared to provide “information about ... the provision of contraceptives for routine pregnancy prevention” and to engage patients in “discussion of all forms of contraception, where to obtain them, and the reliability of each,”<sup>2</sup> and

WHEREAS since the mid-1990s guidelines published by the World Health Organization (WHO), the United States Agency for International Development (USAID) and the International Planned Parenthood Federation (IPPF) “allow for the provision of hormonal contraception without requiring a pelvic examination,”<sup>3</sup> and

WHEREAS “quick-start” initiation of hormonal contraception, a protocol under which birth control may be started at any point in the menstrual cycle, and the first birth control pill taken in the office on the day of prescription, results in significantly higher contraceptive adherence,<sup>4</sup> and

WHEREAS the American College of Obstetricians and Gynecologists stated in a 2007 Committee Opinion that, “top tier methods of contraception, including IUDs... should be considered as first-line choices for both nulliparous and parous adolescents”<sup>5</sup> as currently available IUDs do not increase the chances of infertility, PID, or STIs in nulliparous and/or young women, and

WHEREAS a 2008 study by the Guttmacher Institute found that only 39% of family physicians insert IUDs, only 56% allow new hormonal contraceptive users to delay the pelvic exam, and only 13% offer the quick-start pill initiation protocol,<sup>6</sup> indicating that many family physicians continue to follow out-of-date contraceptive protocols, now therefore be it

RESOLVED that the NYSAFP promote education and evidence-based practices regarding contraception at its Scientific Meetings and CME courses; and further be it

RESOLVED that the delegates to the AAFP COD present a resolution to support improvement in the AAFP web site, Scientific Meetings, CME courses, and Clinical Guidelines to make a concerted effort to promote education and evidence-based practices regarding contraceptive care.

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<sup>1</sup> AAFP Statement of Policy on Clinical Practice Guidelines. 1994, updated 2008  
<http://www.aafp.org/online/en/home/policy/policies/c/clinicalpractguidelines.html>

<sup>2</sup> AAFP Statement of Policy on Contraceptive Advice. Updated 2007.  
<http://www.aafp.org/online/en/home/policy/policies/c/contraceptiveadvice.html>

<sup>3</sup> Sawaya GF, Harper C, Balistreri A, Boggess J, Darney P. Cervical neoplasia risk in women provided hormonal contraception without a pap smear. *Contraception* 2001 (63)2: 57-60

<sup>4</sup> Lesnewski R and Prine L. Initiating Hormonal Contraception. *American Family Physician* 2006 74(1): 105-112

<sup>5</sup> ACOG Committee Opinion No. 392. Intrauterine devices and adolescents. *Obstetrics and Gynecology*. 2007 110(6): 1493-5

<sup>6</sup> Landry, David; Wei, Junhow, and Frost, Jennifer. Public and private providers' involvement in improving their patients' contraceptive use. *Contraception* 2008 78: 42-51.