

New policy is urged on Plan B for teens

November 26 2012, by Amina Khan

Doctors should give underage teenagers prescriptions for emergency contraceptives such as Plan B before they start having sex instead of waiting until a young patient's "plan A" goes awry, the American Academy of Pediatrics says in a new policy statement. It says doctors should also counsel teens on the options for emergency birth control as part of an overall strategy to reduce teen pregnancy.

The academy is issuing the new position paper, published online Monday by the [journal Pediatrics](#), as physicians and other [health experts](#) struggle to reduce the nation's high birthrate among adolescents.

Teen pregnancies in the U.S. have declined over the last 20 years, but the incidence is still the highest in the developed world, according to data released this year by the [Centers for Disease Control and Prevention](#).

The birthrate among Americans ages 15 to 19 dropped 44 percent between 1991 and 2010, to 34.3 births per 1,000 women, the CDC reported. But that's still about five times the teen birthrate in France and 2.5 times the rate in Canada, according to United Nations data. It also is higher than the rates in China and Russia.

Rates of sexual assault are highest among [teens](#) and young adults, according to the Justice Department's Office on Violence Against Women. And all in all, nearly 80 percent of teen pregnancies in the U.S. are unintended, occurring after unprotected sex or "underprotected" sex - when the contraceptive method of choice fails.

"That's tragic, really," said Dr. Cora Breuner, a physician at Seattle Children's Hospital who helped write the new policy statement as a member of the academy's Committee on Adolescence. "We really can do better. By providing more education and improving access to contraception and more education about family planning, we can do better."

It's a pressing issue, Breuner added, because babies born to teens have been shown to fare poorly compared with their peers. Among other problems, they are more likely to do worse in school and suffer behavior problems such as truancy and early sexual activity.

[Emergency contraceptives](#) such as levonorgestrel, if taken within three to five days, can prevent pregnancy by stopping the ovary from releasing an egg or by stopping sperm from fertilizing an egg. The drugs are also thought to change the uterine lining, thwarting a pregnancy that might otherwise take hold, according to the National Library of Medicine.

But emergency contraception pills are most effective when they're used within the first 24 hours after unprotected sex, Breuner said, and teens are more likely to use them if they're readily available. That's why it's imperative to give teens prescriptions ahead of time so that, when condoms break or they forget to take their birth control pills for more than two days, they can get the medication as soon as possible. The drugs are sold under the brand names Plan B and Next Choice, and their possible side effects include nausea, vomiting, diarrhea and an untimely menstrual cycle.

Young women who are 17 or older can already get emergency contraceptives over the counter, provided they can show proof of age and can cover the cost, which is often about \$50, though it varies.

Younger teens require prescriptions, and some pharmacies require

parental consent, according to the Emergency Contraception Website, a joint project of the Association of Reproductive Health Professionals and Princeton University's Office of Population Research. There are no state or federal requirements that parents of teens be notified when their children seek contraception, the site says.

Given that teens aren't likely to visit gynecologists for advice, pediatricians must be ready to provide as much information about contraception options as possible, said Dr. Jamie Lipeles, an OB-GYN at Marina Del Rey Hospital in Los Angeles who wasn't involved in drafting the academy's statement.

Many pediatricians don't prescribe emergency contraceptives for patients ahead of time, which the policy paper said may be linked to doctors' beliefs about whether it's appropriate for teens to be sexually active.

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