



Pediatricians: Prescribe Morning-After Pills in Advance

Wading into the incendiary subject of birth control for young teenagers, the American Academy of Pediatrics (AAP) on Monday called on the nation's pediatricians to counsel all of their adolescent patients about emergency contraception and make advance prescriptions for it available to girls under 17.

Because current federal policy bans over-the-counter sales of the pills to girls under 17, having a prescription on hand could help younger teens obtain emergency contraception more quickly than if they have to contact a physician only after they need it.

Calling the AAP decision "significant," Susan Wood, former assistant commissioner for women's health at the Food and Drug Administration (FDA), said, "it's not often you see physician organizations saying that their patients are better off without the physician involvement."

It is anyone's guess whether pediatricians will heed their organization's recommendation, but AAP leaders are optimistic.

"We do hope that pediatricians read the policy statement and follow the recommendations," said Dr. Cora Breuner, a pediatrician at Seattle Children's Hospital who led the AAP panel that produced the recommendations. "The Academy prides itself on a devoted membership."

Emergency contraception for adolescents has been one of the most politically fraught areas in healthcare for almost a decade.

In 2005 the FDA declined to approve any over-the-counter sales of Plan B, a "morning-after pill," overruling its panel of outside experts as well as its own scientists. Last December the FDA reversed that stance and moved to approve over-the-counter sales with no age limits. But Health and Human Services Secretary Kathleen Sebelius overruled it, ordering that for girls under 17 the pills remain available only by prescription.

The policy means that women in their 20s, 30s, or beyond must also present proof of age, and that teenagers "face a significant barrier if they suddenly need emergency con-

traception at midnight on a Saturday," said Wood, who resigned from the FDA in 2005 over its Plan B decision and is now director of the Jacobs Institute of Women's Health at George Washington University in Washington, D.C.

The most common form of emergency contraception is a high dose of a regular birth-control pill such as Plan B and Plan B One-Step from Teva Pharmaceutical Industries Ltd or Next Choice from Watson Pharmaceuticals Inc. They generally sell for \$10 to \$80 and, although they can work as long as 120 hours after unprotected sex, are most effective in the first 24 hours.

All work by preventing ovulation, not by stopping the implantation of a fertilized egg. "These are not abortifacients," said Breuner.

Greater use of emergency contraception

A 2006-08 survey found that 14 percent of sexually experienced girls had used emergency contraception, up from 8 percent in a 2002 survey. The most common reason was condom failure, but 13 percent of the girls said it was because of rape.

A 2010 analysis of seven randomized studies of emergency contraception found that having a morning-after prescription in hand did not increase teens' sexual activity or decrease use of standard contraceptives but did increase use of the pill and shorten the time before a teenager used it after sex.

"It's just common sense that requiring a prescription is a barrier," said Bill Alpert, chief program officer of the National Campaign to Prevent Teen and Unplanned Pregnancy. "If an august and respected medical group like AAP is suggesting providing emergency contraception to minors is OK, that is a big deal."

That is especially so when teens face other obstacles to getting emergency contraception. For instance, in a 2012 study that had 17-year-olds telephone pharmacies asking about morning-after pills, only 57 percent of them correctly told the caller that she could get the drugs without a prescription.

Another barrier is that some physicians refuse to provide the prescriptions to teenagers, while others do so only in cases of rape, AAP's research shows, suggesting that the refusal "may be related to the physician's beliefs about whether it is OK for teenagers to have sex."

But pediatricians, said AAP in its policy statement, "have a duty to inform their patients about relevant, legally available treatment options," even those "to which they object."

There are no good data on how many physicians write prescriptions ahead of time for emergency contraception. "But we do know that pediatricians don't even talk about it, let alone offer advance prescriptions," said Breuner. "We tend not to like bringing up stuff that's controversial."

One factor in the AAP's recommendation, which is being published in the journal "Pediatrics," is that although teen

pregnancies in the United States have declined since 1991, the rate is higher than in most other developed countries. The percent of 15- to 18-year-olds who report ever having intercourse - just over 40 percent, according to the U.S. Centers for Disease Control and Prevention - is, however, lower than in many developed countries. In other words, fewer of America's teens are having sex but more are getting pregnant.

"We think this is a big deal," Breuner said of the new recommendation. "The mothership of pediatricians has come out in favor of encouraging routine counseling and advance emergency-contraception prescriptions as one part of a public health strategy to reduce teen pregnancy."