

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 008  
(A-18)

Introduced by: Women Physicians Section

Subject: Health Care Rights of Pregnant Minors

Referred to: Reference Committee on Amendments to Constitution and Bylaws  
(Peter H. Rheinstein, MD, JD, MS, Chair)

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1 Whereas, Some states require parental consent or parental notice for pregnant minors to  
2 receive prenatal care tests and procedures such as prenatal genetic testing, epidural block and  
3 cesarean section; and  
4

5 Whereas, In some cases, states allow only certain groups of minors--such as those who are  
6 married or already parents--to consent to related prenatal care tests and procedures<sup>1</sup>; and  
7

8 Whereas, Four states (Kansas, Nevada, New Hampshire, West Virginia) allow a minor who is  
9 considered "mature" to consent to related prenatal care tests and procedures<sup>1</sup>; and  
10

11 Whereas, One state (North Dakota) allows a minor to consent to prenatal care during the first  
12 trimester while requiring parental consent for prenatal care during the second and third  
13 trimesters<sup>1</sup>; and  
14

15 Whereas, Thirteen states (Arizona, Connecticut, Indiana, Iowa, Louisiana, Maine, Nebraska,  
16 Ohio, Rhode Island, South Dakota, Vermont, Wisconsin, and Wyoming) have no relevant policy  
17 or case law regarding minors' authority to consent to prenatal care<sup>1</sup>; and  
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19 Whereas, In some states, such as Indiana and Ohio, without relevant policy or case law, people  
20 under age 18 who are in labor cannot consent to their own health care or anything considered to  
21 be elective, such as an epidural block<sup>2,3</sup>; and  
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23 Whereas, An epidural block is the most common type of pain relief used for childbirth in the  
24 United States<sup>4</sup>; and  
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26 Whereas, There are reports of parents withholding consent for interventions such as epidural  
27 blocks as a form of punishment for minors becoming pregnant<sup>5</sup>, and  
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29 Whereas, Current AMA policy does not oppose restrictions on consent-related rights<sup>6</sup>; therefore  
30 be it  
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32 RESOLVED, That our American Medical Association work with appropriate stakeholders to  
33 support legislation allowing pregnant minors to consent to related tests and procedures from the  
34 prenatal stage through postpartum care (Directive to Take Action); and be it further  
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36 RESOLVED, That our AMA oppose any law or policy that prohibits a pregnant minor to consent  
37 to prenatal and other pregnancy related care, including, but not limited to, prenatal genetic  
38 testing, epidural block, and Cesarean section. (Directive to Take Action)

Fiscal note: Modest - between \$1,000 - \$5,000.

Received: 05/01/18

**References:**

1. An Overview of Minors' Consent Law. Available at <https://www.guttmacher.org/state-policy/explore/overview-minors-consent-law>.
2. Treat Teenage Moms Like Moms, Not Children. Available at <https://www.nytimes.com/2018/02/13/opinion/teenage-mothers-children.html>.
3. State laws put teenage moms in a double-bind. Available at <http://www.idsnews.com/article/2017/10/editorial-state-laws-put-teenage-moms-in-a-double-bind>.
4. Medications for Pain Relief during Labor and Delivery. Available at <https://www.acog.org/Patients/FAQs/Medications-for-Pain-Relief-During-Labor-and-Delivery#what>.
5. Some States Make It Hard for Teen Moms to Get Pain Relief in Childbirth. Available at <https://www.npr.org/sections/health-shots/2017/09/28/554033177/some-states-make-it-hard-for-teen-moms-to-get-pain-relief-in-childbirth>.
6. AMA Code of Medical Ethics. Available at <https://www.ama-assn.org/delivering-care/confidential-health-care-minors>.

**Relevant AMA Policy:**

Confidential Health Services for Adolescents H-60.965

Our AMA:

- (1) reaffirms that confidential care for adolescents is critical to improving their health;
- (2) encourages physicians to allow emancipated and mature minors to give informed consent for medical, psychiatric, and surgical care without parental consent and notification, in conformity with state and federal law;
- (3) encourages physicians to involve parents in the medical care of the adolescent patient, when it would be in the best interest of the adolescent. When, in the opinion of the physician, parental involvement would not be beneficial, parental consent or notification should not be a barrier to care;
- (4) urges physicians to discuss their policies about confidentiality with parents and the adolescent patient, as well as conditions under which confidentiality would be abrogated. This discussion should include possible arrangements for the adolescent to have independent access to health care (including financial arrangements);
- (5) encourages physicians to offer adolescents an opportunity for examination and counseling apart from parents. The same confidentiality will be preserved between the adolescent patient and physician as between the parent (or responsible adult) and the physician;
- (6) encourages state and county medical societies to become aware of the nature and effect of laws and regulations regarding confidential health services for adolescents in their respective jurisdictions. State medical societies should provide this information to physicians to clarify services that may be legally provided on a confidential basis;
- (7) urges undergraduate and graduate medical education programs and continuing education programs to inform physicians about issues surrounding minors' consent and confidential care, including relevant law and implementation into practice;
- (8) encourages health care payers to develop a method of listing of services which preserves confidentiality for adolescents; and
- (9) encourages medical societies to evaluate laws on consent and confidential care for adolescents and to help eliminate laws which restrict the availability of confidential care.

Citation: (CSA Rep. A, A-92; Reaffirmed by BOT Rep. 24, A-97; Reaffirmed by BOT Rep. 9, A-98; Reaffirmed: Res. 825, I-04; Reaffirmation A-08; Reaffirmed: CMS Rep. 2, I-14)

[See also:](#)

[2.2.1 Pediatric Decision Making](#)

[2.2.2 Confidential Health Care for Minors](#)