# Position Statement

## Emergency Contraception

***FPWA supports availability of emergency contraception over the counter, with evidence showing easy access doesn't promote unsafe practices.***

FPWA supports women having access to safe and effective contraception, including emergency contraception (EC). EC contains a progestogen-type hormone and prevents pregnancy occurring. EC is not an abortifacient, as it will not interfere with an established pregnancy. Research also shows that EC mainly works by preventing fertilization (while highly effective when taken before ovulation, it has little or no effect post-ovulation[1]). Numerous studies have confirmed EC's high efficacy when taken within 72 hours of intercourse, but show it can still have some effect if taken up to 120 hours afterwards.[2]

EC is currently available over the counter at pharmacies in many European countries, as well as in Canada and parts of the US and New Zealand. It has been available over the counter in Australia since 2004, a move strongly supported by FPWA as it allows more women to access it quickly (particularly those in rural and remote areas where health services are lacking).

Due to EC's relatively recent over the counter availability, accurate data on its use is not currently available, though an Australian study suggests many women are unaware EC can be accessed over the counter or provides effectiveness beyond the next morning (The West Australian, 17 November 2006). As the effectiveness of EC is time-dependant, and its use has the potential to reduce the incidence of unintended pregnancy, it is of concern if the method is being underused.

FPWA seeks to improve access to EC for all women by:

- promoting awareness of EC and its availability
- initiating education programs for health professionals incorporating information around EC
- disseminating information around EC to the wider community
- advocating for availability of advance purchase of EC and affordability for women of all demographics
- supporting ongoing research around EC

There is no evidence supporting the common concern that easy access to EC promotes unsafe practices. Studies show that women who are easily able to obtain EC have increased and earlier use[3,4], maintain use of prior contraceptive methods[5]

---

[1] Novikova, N., Wiesburg, E., Stanczyk, F.Z., Croxatto, H.B. & Fraser, I.S. (2007). Effectiveness of levonorgestrel emergency contraception given before or after ovulation – a pilot study. *Contraception* 75(2): 112-118

[2] Von Hertzen, H., Piaggio, G., Ding, J. et al. (2002). Low does mifepristone and two regimes of levonorgestrel for emergency contraception: a WHO multicentre randomised trail. *Lancet* 360:1803-1810

[3] Soon, J.A., Levine, M., Osmond, B.L., Ensom, M.H.H. & Fielding, D.W. (2005). 'Effects of making emergency contraception available without a physician's prescription: a population based study', *Canadian Medical Association Journal* 172(17): 878-883

[4] Killick, S.R. & Irving, G. (2004). 'A national study examining the effect of making emergency contraception available without prescription', *Human Reproduction* 19(3): 553-557

and are not more likely to engage in risky sexual behaviour or use EC repeatedly.[5,6] With a percentage of unintended pregnancies most certainly due to contraceptive failure (given no current method is 100% effective), the need for ongoing ready access to EC cannot be underestimated. Studies have suggested that when prescribed in advance, EC may have an effect on reducing unintended pregnancy rates.[3]

As EC doesn't provide any protection against sexually transmissible infections (STIs), nor is it as effective at preventing pregnancy as other methods of contraception, it is not an appropriate method for women to use on a regular basis. However, its repeated use poses no known health risks.[7] FPWA supports women who have had unprotected intercourse being offered STI testing.

FPWA believes:

- prompt and easy access to EC is crucial to efficacy
- women should be informed of the availability of EC and its place within the contraceptive repertoire
- women should receive accurate and equitable information about EC from health professionals

There are no evidence-based contraindications or definitive side effects associated with EC use (other than pregnancy), nor is there definitive information on the outcomes of pregnancies after failed EC. From post marketing surveillance it appears that there is a small but at this stage unquantified risk of an ectopic pregnancy after failed EC and because of this women who do not have a normal period following the use of EC should see their doctor[8]. However, there is a reduction in the overall risk of ectopic pregnancy in women taking EC, due to the prevention of most pregnancies. There is also reassurance from the absence of an increased risk of congenital abnormalities in women who have continued to inadvertently take the combined oral contraceptive pill whilst pregnant.[9]

Pharmacists are required to follow a strict protocol to ensure EC is appropriate prior to supplying it and steps are in place to make sure clients receive appropriate care. The protocols around dispensing EC in Australia were developed in close consultation with Family Planning doctors and the role of pharmacist training has been positively evaluated in the UK.[10] FPWA expects any pharmacist who decides not to stock EC for ethical or moral reasons, to refer clients to a pharmacy who does, supporting a woman's decision to manage her own health and fertility.

© Family Planning Association of WA (Inc) May 2007

---

[5] Glasier, A. & Baird, D. (1998). 'The effects of self-administering emergency contraception', *The New England Journal of Medicine* 339(1): 1-4

[6] Jackson, R.A., Schwarz, E.B., Freedman, L. & Darney, P. (2003). 'Advance supply of emergency contraception: effect on use and usual contraception – a randomized trial', *Obstetrics and Gynaecolog*y 102(1): 8-16

[7] Rowlands, S. et al. (2000). 'Repeated use of hormonal emergency contraception by younger women in the UK', *The British Medical Journal of Family Planning* 26(3): 137-43.

[8] Harrison-Woolrych, M & Woolley, J (2003) 'Progestogen-only emergency contraception and ectopic pregnancy', *Journal of Family Planning and Reproductive health Care* 29 (1): p5-6.

[9] Guilleband, J. (2004). Contraception: your questions answered – 4th edition, Churchill Livingstone: London, UK p 254

[10] Bacon, L. et al. (2003). 'Training and supporting pharmacists to supply progestogen-only emergency contraception', *Journal of Family Planning and Reproductive Health Care* 29(2): p 17-22