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Emergency Contraceptive Pills

Emergency contraception (EC), sometimes referred to as "the morning-after pill," is a back-up birth control method that is used within days of unprotected sex or in the event of a known contraceptive failure, such as a condom breaking. It is not intended for use as a regular contraceptive method. EC *prevents* a pregnancy from occurring, and should not be confused with medical abortion drugs – mifepristone (RU-486) or methotrexate – that end an established pregnancy.

In 1997, the Food and Drug Administration (FDA) declared EC pills – which contain the same hormones found in daily oral contraceptives – to be safe and effective. Today, there are two dedicated EC products on the market in the U.S. – Preven and Plan B. Certain types of oral contraceptives (and an IUD) can also act as emergency contraception. All currently require a prescription, although the FDA is considering a request from the Women's Capital Corporation, the maker of Plan B, to be able to sell the drug over the counter – a move supported by several major medical organizations.^{1,2,3} The request was reviewed by two FDA advisory committees, who recommended approval by a large margin in December 2003. The FDA is expected to render a final decision in mid-2004.

Emergency contraceptive pills contain either the combined hormones estrogen and progestin (as Preven does) or progestin only (found in Plan B). The most common and most widely studied EC regimen involves taking two doses of pills: the first within 72 hours after unprotected sex or contraceptive failure and a second 12 hours later.⁴ Recent research suggests that – at least for progestin products – the two doses of pills can be taken at the same time, and the "time window" after intercourse extended up to five days.⁵

Experts estimate that widespread use of emergency contraception could potentially prevent as many as 1.5 million of the approximately 3 million unintended pregnancies that currently occur each year in the U.S., including as many as 700,000 pregnancies that now result in abortion.⁶ Although health care providers have known about EC for three decades, awareness and use of this option remain low.

WOMEN'S KNOWLEDGE AND USE

- ◆ A nationally representative survey in 2003 found that two-thirds of women (68%) aged 18 to 44 are aware that there is something a woman can do to prevent pregnancy in the few days following sexual intercourse⁷ – an increase from 2000 when only half (51%) indicated awareness.⁸
- ◆ Studies indicate that women who obtain EC in advance are more likely than women who do not have a prescription on hand to use this back-up method when they need it. At the same time, the women with advance prescriptions are *not* more likely to have unprotected sex or to use EC repeatedly.⁹

EC: SAFETY, EFFICACY, AND SIDE EFFECTS

Studies indicate that EC inhibits or delays ovulation.¹⁰ Some research suggests that it alters the lining of the endometrium, thus inhibiting implantation of a fertilized egg; but other studies have found no endometrial effect.¹¹

Although no study has examined the long-term effect of taking EC (which contains the same hormones as birth control pills) once a pregnancy is established, studies of women who inadvertently continued to take their daily birth control pills during the early weeks of pregnancy show no evidence of negative effects on the fetus.¹²

Progestin-only Pills (Plan B)

Progestin-only EC pills reduce the likelihood of pregnancy by about 89 percent when taken within 72 hours.¹³ A recent study found them to be up to 87 percent effective when taken within 3 to 5 days.¹⁴ There are no known serious side effects associated with progestin-only EC; 23 percent of women experience nausea and six percent vomit.¹²

Combined Pills (Preven)

Combined EC pills reduce the likelihood of pregnancy by about 75 percent when taken within 72 hours.¹⁵ There are no known serious side effects associated with combined EC pills. Fifty-one percent (51%) of women experience nausea and 19 percent vomit.¹³

- ◆ In 2003, only 6 percent of U.S. women aged 18 to 44 reported ever using EC.⁷ Researchers analyzing abortion trends from 2000 – when only 2 percent of women reported ever using EC⁸ – estimate that 51,000 abortions were prevented by EC use that year, suggesting that increased use of this back-up method may have accounted for up to 43 percent of the total decline in abortion rates between 1994 and 2000.¹⁶

PROVIDER ATTITUDES AND PRACTICES

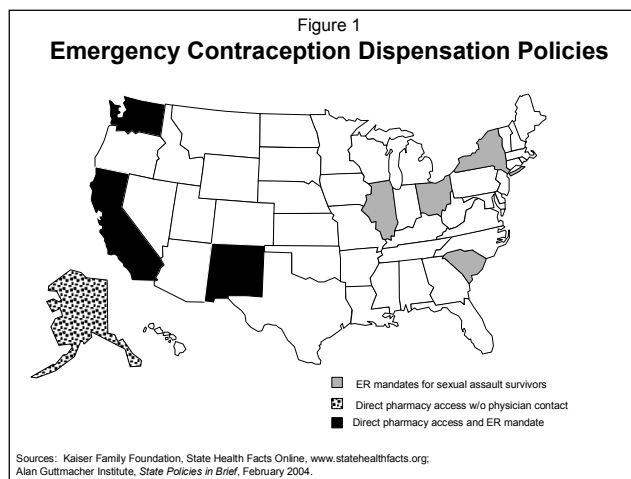
- ◆ Most women obtain EC by contacting – and often visiting – a health care provider to get a prescription.
- ◆ Nine in 10 (89%) gynecologists and half (50%) of family practice physicians report *ever* having prescribed EC. In 2001, most gynecologists (80%) and a third (36%) of general physicians said they had done so in the previous year, but generally only a handful of times.¹⁷
- ◆ In 2001, nearly a third of gynecologists (31%) and 6 percent of general practice physicians reported prescribing EC six or more times in the previous year.¹⁷
- ◆ Although gynecologists and family practice physicians say they consider EC to be "safe" and "effective," few routinely discuss this option with their patients. Just 25

percent of gynecologists and 14 percent of general practice physicians say that they always or usually include discussion of EC in routine counseling.¹⁷

- ◆ Health care providers can write EC prescriptions for their patients as a precaution, *before* a woman might need them – a practice endorsed by the American College of Obstetricians and Gynecologists.³ In 2001, only 25 percent of gynecologists and 15 percent of general practice physicians who had ever prescribed EC said they have offered or provided it to their patients in advance.¹⁷
- ◆ Some providers, including Planned Parenthood clinics, will screen women over the phone and call in a prescription.

ACCESS ISSUES

- ◆ A 2002 Pennsylvania survey found that only 35% of pharmacists could fill a prescription for EC the same day they were contacted. Eight in ten pharmacists who could not fill a prescription indicated that they did not have the products in stock. Just one-third of pharmacists correctly identified the time frame in which EC must be taken.¹⁸
- ◆ A 2002 survey in Albuquerque, New Mexico found that just 20% of pharmacies stocked EC. The most common reason cited for not stocking the product was “perceived lack of need,” such as the response that customers did not ask for EC or that past stock had expired on the shelves.¹⁹
- ◆ A New York State Comptroller’s office study estimated that easier access to EC could save the state \$452 million annually, and prevent 122,000 unintended pregnancies and 82,000 abortions each year. This study was based on previous estimates that EC has the potential to prevent half of unintended pregnancies.²⁰



STATE AND FEDERAL ACTION

- ◆ Five States – WA, CA, AK, NM, and HI -- allow women to obtain EC directly from a pharmacist, without first obtaining a prescription by visiting or contacting their health care provider.²¹
- ◆ Seven states- CA, IL, NM, NY, OH, SC, and WA - require that emergency room staff provide information about EC or offer the pills themselves to women who have been sexually assaulted.²¹ A 2002 survey of emergency rooms in Catholic hospitals in the U.S. found that just 28 percent will provide a woman who has been raped with EC.²²
- ◆ A bill has been introduced in Congress (HR 2527) that would require emergency rooms in all states to provide EC to women in cases of sexual assault.

- ◆ Congressional legislation (HR 1812) has been introduced to fund national education campaigns about EC.
- ◆ Efforts to restrict teens’ and college students’ access to EC have also been initiated. For example, federal legislation (HR 926) has been introduced to prohibit federally-funded elementary or secondary schools from providing EC to students.

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