

Women's Health Care Providers' Experiences with Emergency Contraception

Introduction

For decades, health care providers have known that a short, stronger course of certain types of oral contraceptives taken shortly *after* unprotected sex significantly reduce the risk of pregnancy. This "back-up" birth control option – which the medical community calls "emergency contraception" or "EC" – is not intended for use as a regular contraceptive method. EC prevents a pregnancy from occurring, unlike the medical abortion drugs – mifepristone (RU-486) and methotrexate – which are used to *terminate* an established pregnancy.

In 1997, the Food and Drug Administration (FDA) declared the use of certain brands of oral contraceptives as EC to be a "safe" and "effective" means of preventing pregnancy. At the time, virtually all gynecologists and general practice physicians surveyed by the Kaiser Family Foundation agreed with this assessment and supported their use to protect against unintended pregnancy. Yet few were routinely discussing EC with their patients, and even fewer had prescribed this option more than a handful of times.

Today, there are two dedicated emergency contraceptive products available in the U.S.: Preven, a combined estrogen and progestin pill, approved in 1998, and Plan B, a progestin-only "mini-pill," approved in 1999. Both products require a prescription. Physicians can also still prescribe "off-label" use of certain daily oral contraceptives – a common practice in which an approved drug is used in a manner supported by research but not yet agreed to by the FDA. Before 1998, this was the only method of EC available to women in the U.S.

Since 1995, national surveys conducted by the Kaiser Family Foundation have tracked physician experiences with EC. The following is a detailed summary of findings from the most recent survey of 595 obstetricians and gynecologists (referred to as "gynecologists") and 195 internists, family practitioners, and general practitioners (referred to as "general practice physicians") conducted in the summer and fall of 2001. Where possible, comparisons are also made to data collected in previous surveys.

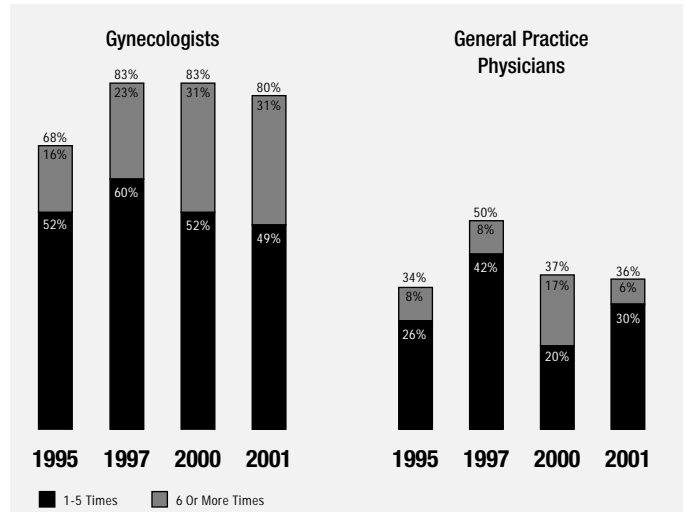
Summary of Findings

Prescribing Practices for Emergency Contraception

Nine in ten gynecologists and half of general practice physicians have ever prescribed EC. Within the most recent year, 80 percent of gynecologists and a third of general practice physicians reported doing so.

The *overall* proportion of gynecologists who prescribe EC has remained relatively constant since 1997. Among general practice physicians there was a decline between 1997 and 2000, but the rate has held constant since then; slightly fewer report prescribing EC *six or more times* in the last year (See Chart 1).

CHART 1
PRESCRIBING PRACTICES
Percent of physicians who prescribed emergency contraception in the past year...



Approximately two-thirds of physicians (62% of gynecologists and 69% of general practice physicians) report that patient interest in EC stayed about the same over the past year. Most of the rest (32% of gynecologists and 15% of general practice physicians) saw greater interest.

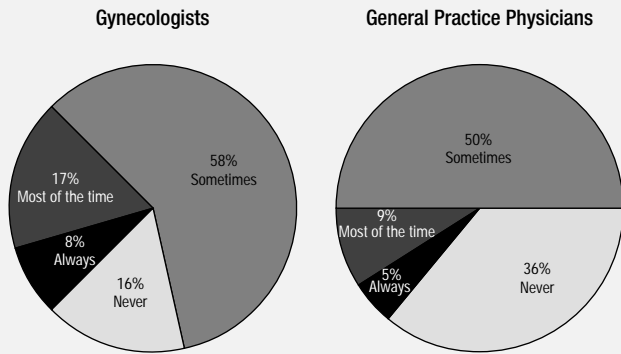
Counseling About "Back-Up" Birth Control

To this day, women's health care providers are unlikely to discuss EC as part of routine contraceptive counseling – just 25 percent of gynecologists and 14 percent of general practice physicians say they talk about this back-up method "always" or "most" of the time (See Chart 2). Still, surveys show that these physicians are having these conversations more often than in previous years. For instance, in 1997, half as many – just 10 percent of gynecologists and 9 percent of family practice physicians – were discussing EC "always" or "most" of the time.

CHART 2

ROUTINE CONVERSATIONS

Percent of Providers Who Report Discussing Emergency Contraception as Part of Routine Contraceptive Counseling...



Similarly, the proportion of physicians who report *never* talking about EC as part of routine contraceptive counseling has been declining. Today, 16 percent of gynecologists and 36 percent of general practice physicians report *never* doing so, down from 46 percent and 62 percent, respectively, in 1997 – the year physicians were first asked about these practices. Among physicians who are not discussing EC with their patients, three-quarters (73% of gynecologists and 79% of general practice physicians) cite lack of patient demand as an important reason for their silence on this issue. Personal opposition also plays a role for 41 percent of gynecologists and 27 percent of general practice physicians, as do their concerns about EC’s safety and efficacy (20% and 30%, respectively) and their lack of knowledge about this option (10% and 43%, respectively).

Views on Increasing Access to EC

Some women’s health advocates have begun to explore ways to improve access to EC, in hopes that it will encourage more women to take advantage of this contraceptive option. So far, physicians’ response to these proposals has been mixed. Among physicians who have ever prescribed EC, only 25 percent of gynecologists and 15 percent of general practice physicians have offered or prescribed them prospectively so patients could have them on hand. Physicians are also split over whether women should be able to purchase emergency contraceptives over the counter: Just over half of gynecologists support this move, compared with two in five general practice physicians (See Chart 3).

Methodology

The Kaiser Family Foundation’s 2001 National Survey of Women’s Health Care Providers on Reproductive Health is a national random-sample survey of 790 physicians, including 595 obstetrician and gynecologists and 195 family practice physicians, internists, and general practitioners. The questionnaire was designed by staff at the Kaiser Family Foundation and Princeton Survey Research Associates (PSRA) and analyzed by staff at the Foundation. Interviews were conducted by telephone by PSRA between May 15-August 28, 2001. The sample was drawn from the American Medical Association’s Masterfile. The final response rate was 59 percent. The data have been weighted by age, gender, and region to be

representative of national samples of gynecologists and general practice physicians and to account in part for nonresponse. The margin of error is plus or minus 4 percent for gynecologists and plus or minus 7 percent for general practice physicians and may be larger for certain subsets presented in this analysis.

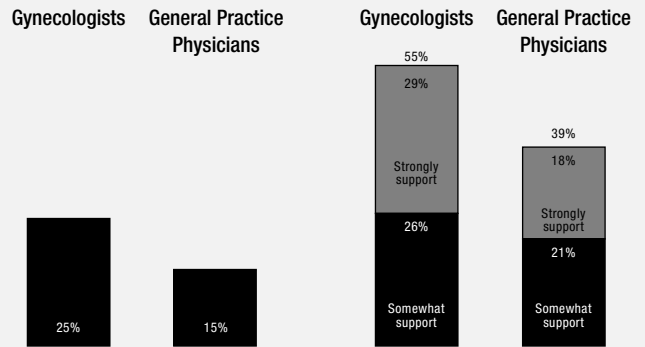
The data reported on here represents only a portion of the complete survey, which examines physicians’ attitudes and experiences with regard to a range of reproductive health issues, including medical abortion, EC, and scope of care. These findings are reported on separately in other reports and summaries prepared by the Foundation.

CHART 3

ACCESS TO EMERGENCY CONTRACEPTION

Percent of physicians who have prescribed emergency contraception prospectively for patients...

Percent of physicians who support over-the-counter access to emergency contraception...



Awareness and Use of Emergency Contraception Among Women of Reproductive Age

A national survey conducted by the Kaiser Family Foundation and SELF magazine in 2003 finds almost seven in 10 women ages 18-44 know there is something a woman can do to prevent pregnancy in the few days after sex if her birth control failed or she didn’t use contraception. This represents an increase since 1997 when two in five knew there was something a woman can do and 2000 when half of women were aware. About one in 20 women report ever using EC in 2003 – up from two percent of women in 2000 and one percent in 1997 (See Chart 4).

CHART 4

WOMEN’S KNOWLEDGE AND EXPERIENCES WITH EC

Percent of women ages 18-44 who know there is something a woman can do in the next few days to prevent pregnancy

Percent of women ages 18-44 who have ever used emergency contraception



The 2000 data comes from a Vital Signs survey conducted by the Foundation with Lifetime Television and the 1997 data is from the National Survey of Americans on Emergency Contraception.

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