

Position Statement

Emergency Contraception

Sexual Health Quarters (SHQ) supports availability of the emergency contraceptive pill over the counter; with evidence showing easy access does not promote unsafe practices.

SHQ supports women having access to safe and effective contraception, including emergency contraception. There are two types of emergency contraception currently available in Australia including emergency contraceptive pills (ECPs) and copper intrauterine device (IUD) insertion. This position statement refers specifically to emergency contraception using progestogen-only pills.

Emergency contraceptive pills (ECPs) contain the progestogen levonorgestrel which can prevent pregnancy from occurring. Levonorgestrel is not an abortifacient, as it will not interfere with an established pregnancy. Research shows that ECPs work by preventing fertilisation or delaying ovulation¹. While highly effective when taken before ovulation, they have little or no effect post-ovulation². If taken before ovulation ECPs prevent the luteinizing hormone (LH) surge, which is necessary for release of the egg¹. Studies show high efficacy of ECPs when taken up to 96 hours after intercourse; however, between 96 and 120 hours efficacy is uncertain³.

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

Although the ECP has been available in Australia for some time, comprehensive data on its use is not currently available. One Australian study found that women had a high level of awareness of the ECP, but more information and education was still needed about how to use it and where to access it⁴. In another study, poor knowledge of emergency contraception was found in Australian university students, including a misunderstanding that it can only be used the 'morning after'⁵. Many women do not know that the ECP is safe, effective beyond 24 hours after intercourse, and readily available at pharmacies without requiring a visit to the doctor.^{5,7}

This lack of knowledge may act as a barrier to ECP use in the event of unprotected sexual intercourse.^{5,6,7} As the effectiveness of the ECP is time-dependent, and its use has the potential to reduce the incidence of unintended pregnancy, it is of concern if the method is being underused.

SHQ seeks to improve access to all types of emergency contraception for all women by:

- Promoting awareness of emergency contraception and its availability
- Initiating education and training programs for health professionals incorporating information around emergency contraception
- Disseminating information around emergency contraception to the wider community
- Advocating access and affordability of all types of emergency contraception
- Supporting ongoing research around emergency contraception

There is no evidence supporting the common concern that easy access to the ECP promotes unsafe practices. Studies show that women who are easily able to obtain the ECP have increased and earlier use^{6,7}, maintain regular use of prior contraceptive methods^{8,9} and are not more likely to engage in risky sexual behaviour or use the ECP repeatedly.^{8,10,11} However, no published study has demonstrated that increasing access to emergency contraception reduces unintended pregnancy rates, and further research is needed to explain this.^{6,9,14}

As emergency contraception does not 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.¹² SHQ supports women who have had unprotected intercourse being offered STI testing.

SHQ recognises:

- Prompt and easy access to emergency contraception is crucial to its efficacy
- Women should be informed of the availability of emergency contraception and its place within the contraceptive repertoire
- Women should receive accurate information about emergency contraception from health professionals

There are no evidence-based contraindications to the ECP other than known pregnancy, although the ECP has not been shown to cause harm to an existing pregnancy. The rate of ectopic pregnancy following ECP use does not exceed the rate observed in the general population¹³. There is a reduction in the overall risk of ectopic pregnancy in women taking the ECP, due to the prevention of most pregnancies¹⁴.

The risk of birth defects does not increase if pregnancies occur after use of progestogen-only ECP¹⁴. 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 pregnant¹⁴.

Pharmacists are required to follow a strict protocol to ensure the ECP is appropriate prior to supplying it and steps are in place to make sure clients receive appropriate care. The protocols around dispensing ECPs in Australia were developed in close consultation with Family Planning doctors and the role of pharmacist training has been positively evaluated in the UK¹⁵. SHQ expects any pharmacist who decides not to stock the ECP 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.

References

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i. Services able to provide IUD insertion within the short time frame (120 hours after unprotected sex) in Australia are limited. These devices are not subsidised under the Pharmaceutical Benefits Scheme (PBS) and as a one-off cost are more expensive than ECPs, but can provide highly effective long acting (up to 5 to 10 years) reversible contraception.

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