



## **EMERGENCY CONTRACEPTION**

### Preamble

***The Public Health Association of Australia notes the following circumstances related to emergency contraception:***

1. Emergency Contraception (EC) is used to prevent an unwanted pregnancy occurring after unprotected intercourse.<sup>1</sup> A woman may use EC when she has used no contraception, contraception has failed, or in cases of sexual assault. EC has had a number of names, the 'morning after' pill; emergency contraception and postcoital contraception or intervention.<sup>2</sup> There are different methods of EC although not all are available in Australia. The most commonly used method is a course of high dose oestrogen and progestogen pills taken within 72 hours of unprotected sexual intercourse (Yuzpe) or the insertion of an intrauterine device (IUD) up to 5 days post intercourse<sup>2</sup>. Also used in Australia is a course of levonorgestrel. Now rescheduled in Australia, Postinor-2 is a pre-packaged levonorgestrel kit now available over the counter from a pharmacist, or as a prescription item from a medical practitioner. Overseas, mifepristone (RU486) is available, an option not currently available in Australia.
2. Difficulties have arisen over the terminology used by health practitioners. Many researchers and providers of EC have suggested changing from the more commonly used name the *morning after pill* to *emergency contraception* because many women incorrectly assume the hormonal pills can only be used the morning after an episode of unprotected intercourse.<sup>3,4,5</sup>
3. EC is currently under-utilised in Australia. Despite over the counter availability, there are many barriers preventing greater use of emergency contraception including a lack of knowledge of emergency contraception, as well as political, economic and social issues which all contribute to the low uptake of EC use in Australia and elsewhere.<sup>3,6</sup>
4. Many studies have highlighted that the most common sources of knowledge about EC are popular media, friends, and school education, with GPs low on the list.<sup>7,4,5,13</sup>
5. Recent studies have found that the sooner EC is taken after unprotected intercourse, the more effective it is.<sup>8</sup> The high-dose progestogen regimen appears to be better tolerated and more effective than the Yuzpe regimen.<sup>8</sup>

6. Recent Australian statistics show that termination of pregnancy is one of the most common surgical procedures performed each year.<sup>9</sup> In Australia there are approximately 80,000 terminations performed each year, possibly higher as women do not always claim the Medicare rebate, choosing to bear the costs rather than risk exposure.<sup>10</sup> A 1998 study estimated that using emergency hormonal contraception could prevent 3 out of 4 potential unwanted pregnancies.<sup>11</sup>

***The Public Health Association of Australia affirms the following principles:***

7. The primary public health goal in the area of unwanted pregnancy must be prevention. As agreed in 1989 and confirmed in the 2005 PHAA, *Abortion in Australia: Public Health Perspectives* booklet, the health status of women and their children is enhanced when safe and reliable methods of fertility control are available.<sup>12</sup>
8. Both men and women should be offered access to safe, affordable, acceptable and accessible choices in order to control their fertility. Priority should be given to maximum provision of a wide range of contraceptive choices to both men and women.
9. Women should be given information about EC as a contraceptive option when discussing contraception with their health care provider, so that they have the opportunity to make an informed decision about whether they will use EC if the need arises.
10. Hormonal emergency contraception should be available to all women to keep at home in case the need for emergency contraception ever arose, because for optimal effectiveness, EC should be commenced within 24 hours.
11. Patient information sheets accompanying the oral contraceptive pill and condoms should contain information about emergency contraception.

***What should be done and by whom:***

***Towards the primary public health goal of prevention of unwanted pregnancy***

12. PHAA should advocate for an investigation of the value of levonorgestrel being available as a subsidised item on the pharmaceutical benefits list.
13. Changes in education for health care providers need to be made so that they are aware that emergency contraception is not an abortifacient and that, it is a safe effective contraceptive mechanism for reducing the number of unwanted pregnancies in Australia.
14. School sexuality education must include detailed information on what to do if a contraceptive failure has occurred.
15. Doctors and other health care providers should discuss emergency contraception in their general contraception consultations.

16. Data should be collected by family planning clinics and other places where emergency contraception is requested, so that accurate scientific data can be presented to policy makers.
17. The terms *postcoital contraception* and *morning after pill* should be discouraged and *emergency contraception* should be adopted as the most appropriate name.
18. A dedicated consumer education program should be developed by health care providers and public health advocates to ensure the public are given quality health information about emergency contraception and its availability in Australia.

***The Public Health Association of Australia resolves to:***

19. Urge the state branches to encourage the development of quality information and educate the community about the nature and availability of EC.
20. Take action to investigate the feasibility of levonorgestrel emergency contraception kits being listed on the PBS.
21. Encourage relevant general practitioner organisations to ensure GPs are adequately and regularly briefed about emergency contraception options available in Australia.
22. Lobby key stakeholders and professional organisations to endorse this policy and develop guidelines to assist with putting the principles of this policy into practice.
23. Continue its advocacy role with other organisations that have identified and prioritised the need to increase knowledge of and access to safe contraceptive options for all Australian women.
24. Urge Branches of PHAA to write to all State Departments of Education to include information about emergency contraception in health and personal development curricula.

***References:***

1. Trussell J, Koenig J, Ellertson C, Stewart F. Preventing unintended pregnancy: the cost-effectiveness of three methods of emergency contraception. *Am J Public Health* 1997;87: 932-937.
2. Glasier A. Emergency postcoital contraception. *New Engl J Med* 1997; 337: 1058-1064.
3. Cates W Jr, Raymond EG. Annotation: emergency contraception - parsimony and prevention in the medicine cabinet. *Am J Public Health* 1997; 87: 909-910.

4. Jamieson MA, Hertweck SP, Sanfilippo JS. Emergency contraception: lack of awareness among patients presenting for pregnancy termination. *J Paediatric Adolescent Gynaecology* 1999; 12:11-15.
5. Smith BH, Gurney EM, Aboulela L, Templeton A. Emergency contraception: a survey of women's knowledge and attitudes. *Br J Obstetrics Gynaecology* 1996; 103: 1109-1116.
6. Weisberg E, Fraser IS, Carrick SE, Wilde FM. Emergency contraception. General practitioner knowledge, attitudes and practices in New South Wales. *Med J Aust* 1995; 162:136-138.
7. Pyett PM. Postcoital contraception: who uses the 'morning after pill'? *Aust NZ J Obstetrics Gynaecology* 1996; 36: 347-350.
8. Task Force on Postovulatory methods of Fertility Regulation. Randomised control trial of levonorgestrel versus the Yuzpe regime of combined oral contraceptives for emergency contraception. *Lancet*, 1998: 352:428-433.
9. Chan A, Sage LC. Estimating Australia's abortion rates 1985-2003. *Med J Aust*. 2005 May 2;182(9):447-52.
10. Nickson C, Smith AM, Shelley JM. Intention to claim a Medicare rebate among women receiving private Victorian pregnancy termination services. *Aust N Z J Public Health*. 2004 Apr; 28(2):120-3.
11. Trussell J, Rodriguez G, Ellertson C. New estimates of the effectiveness of the Yuzpe regimen of emergency contraception. *Contraception* 1998; 57: 363-369.
12. Abortion in Australia: Public Health Perspectives, 3<sup>rd</sup> edition. Canberra: PHAA, 2005. Available at <http://www.phaa.net.au/abkit/abkit.htm>
13. WHO Consensus Statement on Emergency Contraception. *Contraception* 1995;52:211-213.
14. McDonald G, Amir A. Women's knowledge and attitudes about emergency contraception: A survey in a Melbourne women's health clinic. *Australia and New Zealand Journal of Obstetrics and Gynaecology* 1999; 39:460-4.

***Adopted at the 1999 Annual General Meeting of the Public Health Association of Australia, revised in September 2002 and revised at the PHAA AGM on 28 September 2005 in Perth.***