Emergency Contraception
Policy Position Statement

Key messages: Affordable provision of effective contraception is an essential health service and is cost-effective in reducing the impact of unintended pregnancies on individuals, the health system and society.

Key policy positions: 1. Priority policy changes required are:

- Preventing unintended pregnancies through effective contraception including the use of long acting reversible contraceptive use is a public health goal.

- Ensuring all people of reproductive age receive education that is free of discrimination, enabling the choice of contraceptive options that are safe, reliable, affordable and acceptable.

- Improved education for consumers and health care professionals to better the knowledge, reduce access barriers including costs for priority populations and support the use of emergency contraceptives.

2. Access to safe, affordable emergency contraception should be improved.

3. A national comprehensive sexual and reproductive health strategy should be developed.

Audience: Federal, State and Territory Governments, policy makers, program managers, other professional and non-government groups.

Responsibility: PHAA Women’s Health Special Interest Group

Date adopted: 26 September 2018

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Emergency Contraception

Policy position statement

PHAA affirms the following principles:

1. A comprehensive national sexual and reproductive health strategy would deliver the best outcomes including improved awareness of emergency contraception methods and access to them.

2. All people of reproductive age, particularly young women should receive evidence-based information about emergency contraception and where to access it.

3. All information and education that is provided should be free from discrimination or bias, and from a variety of sources, enabling the choice between all suitable contraceptive options including emergency contraception methods.

4. Emergency contraception methods should be affordable and governments should ensure universal access, particularly for priority groups such as adolescents and women with low incomes and those who have been sexually assaulted. This may require specialised settings and funding arrangements.

5. Health professionals should be aware of the suitability and benefits of emergency contraception methods to ensure they are provided within the range of contraception options in consultations as well as information about them should women wish to access ECPs from pharmacies.

6. Health professionals should be trained to insert and remove copper intrauterine contraception devices; or be able to provide suitable, affordable and timely referral pathways.

7. A copper intrauterine contraception device should be offered where possible.¹

PHAA notes the following evidence:

8. Sustainable Development Goal targets relate to emergency contraception:
   - SDG 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
   - SDG 5.6: Ensure universal access to sexual and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

9. Preventing unintended pregnancies through effective contraceptive use is a public health goal.

10. Emergency contraception (EC) provides women with a safe and effective opportunity to prevent pregnancy after unprotected intercourse, especially in cases of sexual assault.

11. Emergency contraceptive methods include emergency contraceptive pills (ECPs): progestogen-only (levonorgestrel) and a selective progesterone receptor modulator (ulipristal acetate), as well as the copper-releasing intrauterine contraceptive device.²³
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12. A copper-releasing intrauterine contraceptive device is the most effective form of EC, regardless of body weight and is the only method to provide ongoing contraception if left in place. 2

13. There is no evidence that EC causes an abortion or harm to a very early pregnancy. 4

14. The method of action for ECPs involves the prevention of fertilisation of a female’s egg by delaying ovulation or in the case of a copper-releasing intrauterine contraceptive device prevention a fertilised egg from implanting in the uterus. 4

15. There are no routinely collected contraception usage data, including EC, that are reliable and comprehensive in Australia.

16. EC methods can be used by all women, have few side effects and have no impact on long term fertility. 4, 5

17. Limited available data suggests that EC uptake is relatively low in Australia 6, 7, knowledge gaps remain 8 and information about all options are not always provided by health professionals. 9-12

PHAA seeks the following actions:

18. A comprehensive national sexual and reproductive health strategy should be developed to raise awareness of emergency contraception by health professionals and the community. The strategy should honour our commitment to the Sustainable Development Goals and be monitored against agreed indicators.

19. Accurate information about the full range of contraceptive options including emergency contraception methods should be provided during contraceptive consultations with doctors, practice nurses, gynaecologists and pharmacists.

20. State, Territory and Federal Governments should ensure that all school health curricula include detailed information about the full range of contraceptive options including emergency contraception methods.

21. Health professionals, including doctors and nurse practitioners, registered nurses and midwives, and pharmacists, should have access to resources and training to improve their knowledge and practical skills on emergency contraception methods, and on how best to impart knowledge about contraceptive options to their patients and consumers particularly adolescents and women who have been sexually assaulted.

22. Adequate Medicare rebates and pharmaceutical benefits are required for contraceptive consultations, prescriptions, insertion and removal of copper intrauterine devices that do not lead to financial disincentives for health professionals or those seeking contraception. The role of nurse practitioners and practice nurses in these rebates and benefits need to be further explored.

23. Subsidies for emergency contraceptive pills are required especially for young women and innovative approaches to distribution to increase access should be considered such as vending machines.

24. National data about emergency contraception use should be routinely collected.
PHAA resolves to:

1. The PHAA will work with key stakeholders to improve the acceptability of and women’s access to emergency contraception methods and will advocate for:
   - A comprehensive sexual and reproductive health strategy that includes emergency contraception and addresses the domains identified in the Melbourne Proclamation and the Sustainable Development Goals.
   - Improved community education across the lifespan to support access to all suitable contraceptive options, including emergency contraception methods.
   - Standardised education and in-service training for health professionals (pharmacists, GPs, nurse practitioners, registered nurses and midwives, gynaecologists and sexual health doctors) that includes emergency contraception methods.
   - Reduction in barriers to emergency contraception methods such as cost and geographic location.

ADOPTED 2018

References