

# Emergency Contraception: Safe, Effective, and Underused

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Family physicians play a vital role in women's reproductive health. We provide a wide range of services to women of reproductive age. Emergency contraception is one tool that all family physicians should be ready to use. In the United States, over half of pregnancies are unintended at the time of conception. Half of these end in abortion. Women who have unintended pregnancies are at greater risk of depression, physical abuse, and the end of the relationship with the father, and are more likely to drink or smoke early in the pregnancy. Children born of unintended pregnancies are at much greater risk of low birth weight, neglect, and abuse.

Widespread use of emergency contraception (EC) could potentially cut the number of unintended pregnancies in half. Emergency contraception means methods used *after* intercourse to *prevent* pregnancy. Conception is most likely if a woman has intercourse 1-3 days before ovulation. EC works primarily by preventing or delaying ovulation, such that fertilization cannot occur. Once a fertilized egg is implanted, EC has no effect. It cannot cause an abortion.

Emergency contraceptive pills include one or both of the hormones used in oral contraceptives. It is provided in two doses, taken 12 hours apart. The combination pill ("Yuzpe regimen") includes both ethinyl estradiol and levonorgestrel. For over 30 years, clinicians and pharmacists in the U.S. provided this to patients as birth control pills cut out from monthly packages, such as Ovral or Nordette. In 1997, the FDA took the unusual step of publishing a "letter of approvability," encouraging pharmaceutical companies to apply for an indication for this product, citing efficacy, safety and important public health benefits. In 1998, the first dedicated emergency contraceptive in the U.S. was approved, called Preven, made by Gynetics. Then in 1998, a large WHO study demonstrated improved efficacy and fewer side effects by using levonorgestrel alone. This formulation was approved in 1999, and is marketed as Plan B by Women's Capital Corporation.

EC is safe and effective. There are no medical contraindications to its use, including in women who should not use oral contraceptives (because its use is time-limited). Possible side effects include nausea and vomiting, and the next menstrual period may come earlier or later than usual. If a woman is already pregnant she should not use it, simply because it will not work. There is no suggestion that it could harm a baby or a

pregnancy. It reduces the chance of pregnancy by 75-95%, depending on the regimen used and the timing. The sooner it is used after intercourse the more effective. After use of EC, a woman's chance of pregnancy is about 1-2%.

Because use of EC is time-sensitive, one of the most effective ways to use it is to prescribe it to female patients before they need it. It is helpful to have preprinted prescription pads available in the office, and to provide prescriptions to women who do not wish to become pregnant at every annual exam or family planning visit. It is often on weekends or evenings that people are in need of emergency contraception, so it is important that the nurses taking call for your office know that

EC is available. You may wish to write a protocol to permit them to call EC prescriptions for patients after hours. Sample protocols are available from Family Tree Clinic. The essential questions are simple:

1. When did you have unprotected intercourse? (EC is most effective used within 72 hours, but still reduces the chance of pregnancy 50% on days 4 and 5).
2. When was your last menstrual period? (If over a month, consider pregnancy testing before prescribing EC.)
3. Was your last menstrual period normal? (If not, consider a pregnancy test.)

There are a number of simple ways family physicians can make

EC more accessible to our patients. Try to accommodate same-day appointments for EC, or call it in on the phone. Train front desk staff about EC so they can inform patients and get them in quickly. Post signs in your office to say that EC is available. Enter into a collaborative agreement with a community pharmacist to provide EC to your patients when your office is closed – call us at Family Tree Clinic for assistance.

Emergency contraception is safe, effective, and underused. Family physicians are a vital link in bringing this valuable tool to patients.

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## ORAL CONTRACEPTIVES FOR USE AS EMERGENCY CONTRACEPTION

Name	Pills Per Dose
Ovral	2 white pills
Nordette	4 orange pills
Levlen	4 orange pills
Levora	4 white pills
Lo/Ovral	4 white pills
Triphasil	4 yellow pills
Tri-Levlen	4 yellow pills
Trivora	4 pink pills
Alesse	5 pink pills
Levlite	5 pink pills
Ovrette	20 yellow pills