



Comments of IMAP on emergency contraception

At its November 2006 meeting, IPPF's International Medical Advisory Panel (IMAP) discussed a recent claim¹ that, despite making emergency contraception more widely available, the UK and other countries have experienced no reductions in the rates of abortion or unintended pregnancy.

The Panel noted that abortion and pregnancy rates are determined by such a multiplicity of demographic and other factors that a causal association with availability of emergency contraception could easily be missed. There is no doubt about the efficacy of the methods as shown by clinical studies. In real life the effectiveness of emergency contraception could be lower because women who have unprotected intercourse do not always perceive themselves to be at risk of pregnancy.² Nevertheless, emergency contraception remains an important option.³ The Panel concluded that the existing IMAP Statement on Emergency Contraception⁴ remains valid and no change in current guidance is warranted.

Referring back to its Statement the Panel noted that, for the woman exposed to a single act of unprotected sexual intercourse (eg., through lack of contraceptive use, condom breakage, missed pills, or sexual assault), the levonorgestrel-only regimen cuts the risk of pregnancy by 60-93% and the combined "Yuzpe" regimen by 56-89% - estimates derived from clinical studies, since randomised placebo-controlled trials would not be ethically feasible. Direct comparisons show levonorgestrel to be more effective than the combined regimen. The Panel reiterated that emergency contraception should not be used for routine pregnancy prevention since the cumulative pregnancy rate for frequent use of emergency contraceptive pills is higher than that with regular contraception. However, if there is a further episode of unprotected intercourse in a cycle where emergency contraception has been used, it can be repeated.

IPPF Member Associations have a key role in promoting emergency contraception as an entry point to regular contraception, which remains the most effective way to reduce unwanted pregnancy. Information on emergency contraception should be available to all women who may need the method. Whether contained in product pamphlets or offered by a service provider, it should include guidance on the following: correct use; possible side-effects and their management; risk of pregnancy (detection and management of possible failure of the emergency contraception to prevent pregnancy); changes in the menstrual pattern; preferences for regular contraception; and risk of sexually transmitted infection. Member Associations can fulfil an important function in distributing these messages, as well as in advocating for easy access to emergency contraception in their local communities.

References

1. Glasier A. Emergency contraception: is it worth all the fuss? *BMJ* 2006; **333**: 560-1
2. Lakha F, Glasier A. Unintended pregnancy and use of emergency contraception among a large cohort of women attending for antenatal care or abortions in Scotland. *Lancet* 2006;**368**: 1782-7
3. Trussell J, Raymond EG. Preventing unintended pregnancy: let us count the ways. *Lancet* **368**: 1747-8
4. IMAP Statement on Emergency Contraception. *IPPF Med Bull* 2004; **38** (no.1): 1-3