

## *Repeated Use of Emergency Contraception: The Facts*



Repeat use of emergency contraception or over reliance on the method is a concern sometimes mentioned by health providers, policy makers and the public.<sup>1-5</sup> The facts are that emergency contraception is safe, even when used more than once in a cycle. In addition, studies have found that repeat use of more than a few times in a one year period is uncommon, even when women have easy access to the method.

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### ***How often do women use ECPs more than a few times a year?***

Studies investigating how often women use ECPs have found that using it more than four times in one year is uncommon. A study of general practice patients in the UK found that less than one percent of ECP users requested ECPs more than three times in a year.<sup>6</sup> Another study among family planning clinic attendees in the UK found that 23% had used the method more than twice in a year, but only 6% had used it more than four times.

### ***Does increasing the availability of ECPs lead women to adopt more risky sexual behavior, to abandon ongoing contraceptive methods, or to repeatedly use ECPs?***

Studies around the world indicate that advance provision of ECPs does not lead women to abandon ongoing contraception, to have unprotected sex more frequently, or to repeatedly use ECPs.<sup>9-10</sup> In fact, the studies show that women with easier access to ECPs are more likely to use it when needed, potentially reducing unintended pregnancy.

### ***Are ECPs safe when used repeatedly?***

The World Health Organization guidelines on ECP service delivery state, “Although frequent use of emergency contraceptive pills is not recommended, repeat use poses no health risks and [health risks] should never be cited as a reason for denying women access to treatment.”<sup>11</sup>

There are no medical contraindications to ECPs when used occasionally, for example, once a month or less. If use exceeds this amount, the contraindications to regular combined or progestin-only oral contraceptives *might* apply.<sup>12</sup> There is no direct data on this issue, however, and extrapolating from long-term oral contraceptive use might not be appropriate because ECP use involves much shorter exposure to hormones. A woman would have to use combined ECPs approximately 3 times in a month in order to be exposed to the same amount of estrogen as a long-term low-dose combined pill user. Such a frequency of use is rare. Even for women with contraindications to estrogen, taking ECPs is likely safer than carrying an unwanted pregnancy to term. In such cases, women should be offered progestin-only ECPs as often as needed.

ECPs cause more side effects than other hormonal methods, although these are not serious and last only a short time. The most common side effects are menstrual irregularities and nausea.<sup>13</sup> In a study of repeat postcoital use of 0.75 mg of levonorgestrel (half the dosage used in the levonorgestrel-only ECP regimen), 70% of the participants reported menstrual irregularities. A high proportion of the women in this study dropped out early because of the side effects. This may indicate that the side effects themselves would deter repeat use of ECPs.<sup>14</sup>

## How effective are ECPs when used repeatedly?

Biologically, there is no reason to suspect that the effectiveness of ECPs would decrease with repeat use; however this issue has not been studied. It is important to note that the cumulative failure rate of ECPs over a number of uses is higher than the failure rate for one use because of the simple statistical fact that the probabilities of the individual events are compounded.

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## Recommendation

Medical and behavioral research conducted to date does not provide any basis for limiting the number of times that women use ECPs, in a year or in a month. In every single case, ECPs are safer than pregnancy, in particular when pregnancies are unintended and women do not have access to safe abortion services. Women should use ECPs as often as needed. However, counseling should include the following messages: ECPs are less effective at preventing pregnancy than other non-emergency hormonal contraceptive methods; women choosing to take ECPs should start the method as early as possible after unprotected sex, since ECPs are more effective the earlier they are initiated;<sup>15</sup> ECPs don't protect against STIs and that barrier methods should be used if the woman is at risk. Finally, repeat ECP use may indicate that a woman requires further counseling on other contraceptive options.<sup>12-13</sup>

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