



## Emergency Contraception (Post Coital Contraception)

### Background

Despite the availability of highly effective methods of contraception, many pregnancies are unplanned and unwanted, carry an excessive risk of morbidity and mortality, and often lead to unsafe abortion.

Emergency Contraception (EC) prevents pregnancy for women who experience contraceptive failure or do not use a regular contraceptive method, as well as for women who experience unplanned intercourse, including coerced sex or rape.

The availability of EC differs widely. It is well-known and frequently used in some countries but still not available in others.

There are four established and well documented methods of EC. Two are hormonal methods:

1. the progestin-only emergency contraception method (POEC)
2. the combined estrogen-progestin regime (Yuzpe method)

One is a mechanical method:

3. insertion of a copper-releasing intra-uterine device (Copper IUD)

The 4th method is Mifepristone 10 mg which is not yet registered in Europe.

The hormonal methods can be used if taken within 72 hours after intercourse. It should be emphasized that effectiveness increases when taken as soon as possible after the unprotected intercourse.

IUD insertion is equally effective up to 5 days but requires a medical consultation, as does the Yuzpe method.

POEC and the combined estrogen-progestin regime do not interrupt pregnancy as there is no evidence of an anti-implantation effect.

**IPPF EN** wants Emergency Contraception to be available, affordable and easily accessible to all individuals living in Europe for reasons of:

- **HEALTH**, as it provides an efficient and low-risk method that involves a simple procedure and a minimum of side effects.

- **CHOICE**, as it offers the possibility to avoid an unwanted pregnancy.
- **RIGHTS**, as it gives access to an effective, affordable and safe post-coital contraceptive.

**IPPF EN recommends that:**

- Information about EC should be widely disseminated. Special attention should be given to EC in sexual and reproductive health programmes for young people.
- Information about EC methods should be provided by health personnel and integrated into guidelines for sexual and reproductive health services.
- The POEC should be promoted as the safest and easiest method because it requires no medical examination.
- Because of the necessity for prompt access, POEC is the ideal method for over-the-counter (OTC) availability.
- The registration of Mifepristone 10 mg should be promoted in Europe.

**Member Associations should:**

- Whenever possible, provide counselling to women who are using EC so that they are aware of the potential risk for STIs. It is also the right moment to promote the use of regular contraception.
- Inform women that after using hormonal emergency contraception their menstrual period should occur within a timeframe of one week before or after the expected menstruation date. If they have intercourse in the same cycle after EC pills have been taken, the risk of pregnancy still exists and they should be advised to use contraception for the rest of the cycle.
- Inform women to consult health personnel if their expected menstruation is more than seven days late or lighter than usual because there might still be a possibility that they are pregnant
- Inform that there is no need to delay starting oral contraception until the onset of the next menstrual period – it can be started the day after taking hormonal EC.