Emergency Contraception (EC)

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FPA believes that emergency contraception is an integral part of full contraceptive choice. EC has a vital role to play either when contraception might have failed or after unprotected sexual intercourse, and increasing access to EC is important in preventing unintended pregnancy.

1. FPA believes that there will always be a need for EC. No method of contraception is 100 per cent reliable, and women and men do not use contraception consistently or correctly all of the time.
2. FPA believes that individuals can only make positive choices about EC when they have access to accurate and impartial information. Lack of awareness and knowledge of EC are directly related to low uptake of both emergency hormonal contraception and the intrauterine device (IUD).
3. FPA would like to see awareness of and access to EC increased further, including through advanced prescribing of emergency hormonal contraception (EHC), greater knowledge of the IUD as a method of EC, use of alternative settings for provision, and greater use of Patient Group Directions (PGDs) which enable health professionals such as nurses and pharmacists to prescribe emergency hormonal contraception.
4. FPA supports over the counter pharmacy provision of EHC, as we believe that enabling women to obtain emergency contraception quickly from pharmacies is a measure that safeguards women's health. However, FPA believes that women should always have the option of obtaining EHC free of charge.
5. FPA believes that all professionals involved in the provision of contraceptive services, including EC, must be appropriately trained, updated and resourced.
6. FPA believes that EHC should not be used instead of a regular form of contraception, because it is less reliable than other forms of contraception used correctly and consistently.
7. FPA believes that improving access to EC is a cost-effective measure which benefits public health by helping to prevent unintended pregnancies.

Regardless of future improvements to information, services or contraceptive use, EC will remain a vital "back-up" contraceptive for women seeking to avoid an unintended pregnancy. Currently no method of contraception is 100 per cent effective, and in addition methods may be used incorrectly or not at all. In a recent survey, around half of women who had used EC did so either because of condom failure or because they had missed their regular oral

contraceptive[1]. We also know that some people, for a range of reasons, do not always negotiate contraceptive use before sexual intercourse takes place.

There are two types of hormonal EC as well as emergency IUDs. Emergency contraception can be very effective, especially if women choose to have an IUD fitted or if they take emergency hormonal contraception as soon as possible after unprotected sex. However, emergency contraception is not as effective as using other methods of contraception regularly and does not protect people against sexually transmitted infections.

It is important that accurate and up to date information is available on all methods of EC, to enable women to make appropriate choices. Although recent statistics show that 91 per cent of women aged 16–49 were aware of EHC, just under half (48 per cent) knew that it can be taken up to 72 hours after sex (these statistics only reflect awareness of one method of hormonal contraception, the period of effectiveness after sex varies between the two methods). Less than half (40 per cent) of women were aware of the IUD as a method of EC and only 13 per cent knew that the emergency IUD was effective if inserted up to five days after sex[2].

EC may prevent or delay ovulation or fertilisation of an egg or prevent a fertilised egg from implanting in the womb. Some people have expressed concerns that emergency contraception acts to induce an abortion. However, medical research and legal opinion are quite clear that EC (hormonal or IUD) prevents pregnancy and cannot cause an abortion. This was most recently clarified in a case at the High Court in 2002 during which the judge ruled that “there is no established pregnancy prior to implantation”[3]. Pregnancy begins at implantation and abortion can only take place after a fertilised egg has implanted in the womb. However, those who believe that life begins at fertilisation may choose not to use emergency contraception.

FPA supports pharmacy provision of emergency hormonal contraception, as we believe that enabling women to obtain EHC quickly from pharmacies is a measure that safeguards women’s health. In 2007–08, just over 40 per cent of all women using EHC had obtained it directly from a pharmacy, which clearly demonstrates the importance of pharmacy provision in promoting access[4]. It remains important for women to be able to access emergency contraception free of charge if they wish to do so. Over the counter pharmacy provision should complement, rather than replace, free of charge access through other services and pharmacists must be able to signpost women to these services.

FPA calls for more widespread advanced prescribing of EHC for women who may need it. Advance provision is appropriate for women who are worried about their contraceptive method failing, or who cannot get emergency contraception easily. Some studies[5] have shown that women are more likely to use EHC after unprotected sex if they have it in advance rather than having to visit a health professional. They also show that advance supply is safe, effectively used by women and does not increase the incidence of unprotected sex or lead to repeated use of the method.

Further information

Faculty of Sexual and Reproductive Healthcare, *FSRH guidance: emergency contraception* (London: FSRH, 2006)
FPA, *Your Guide to Emergency Contraception* (London: FPA, 2009)
FPA factsheets on *Contraception: patterns of use* (2007) and C*ontraception: past, present and future* (2010)
FPA policy on *Contraception* (2011)

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[1] Office for National Statistics, *Contraception and Sexual Health 2008/09* (London: ONS, 2009) NB statistics refer to women aged 16–49
[2] *Ibid*
[3] Smeaton v Secretary of State for Health [2002] EWHC 610 (Admin), 2002
[4] *Op cit* no 1
[5] Glasier A 'Emergency contraception: is it worth all the fuss?' *BMJ*, vol 333, no 7568 (16 September 2006) pp 560-561.