Emergency contraception has been available for more than 30 years. The Yuzpe regimen reduces the risk of pregnancy by 75% and levonorgestrel only pill prevents pregnancy by 87%. Copper containing intrauterine contraceptive device is the most effective as it reduces the risk of pregnancy by more than 99%. Despite being an effective backup for contraceptive failure, emergency contraceptives are seldom used. A United Kingdom telephone survey recorded only 12% of women who had ever used emergency contraceptives. Among women attending our birth control clinics, 63.7% women had heard of emergency contraceptive pills and 15.7% women had ever used it. Novel use of emergency contraception is an important aspect of preventive medicine as it helps to reduce unintended pregnancies.

Possible barriers to the use of emergency contraception include poor accessibility, women's negative attitude and physician bias. Since emergency contraception works within a limited time frame, failure to obtain an urgent medical appointment would affect its accessibility. Both Yuzpe and levonorgestrel pills have little side effects and are simple to use, hence over-the-counter sales or advanced provision of pills are implemented in many countries to facilitate early use of the pills. There are concerns that women who get emergency contraceptive pills easily may be sloppy with regular contraceptive use; however, there is no evidence to support this prediction. In France, a post-marketing survey on levonorgestrel-only emergency contraceptive pills showed that in real-world administration, the drug was well tolerated and there were no unexpected side effects. The pregnancy rate was similar to that chronicled in large-scale clinical trial.

Despite studies showing that advanced provision is a modest delivery mode in clinical settings, women might not accept it. In our study, only 48.7% supported advanced provision and 25.7% supported over-the-counter sales of levonorgestrel emergency contraceptive pills. Some of them worried about misuse and promotion of irresponsible behaviour. Others believed that drugs had side effects thus should not be used by themselves. Over-the-counter sales of levonorgestrel emergency contraceptive pills have been implemented in Europe, Australia and New Zealand. The acceptance by women was variable. Education is a crucial part in changing women's attitude and encouraging novel use of emergency contraceptives.

Few studies had been conducted among providers to assess their attitude towards emergency contraception. Our recent study showed that 54.2% of doctors supported advanced provision and 40.2% supported over-the-counter sales of emergency contraceptives. Among doctors who provided emergency contraception service, only 21.7% of private family physicians and 15.9% of private obstetrician-gynaecologists gave women emergency contraceptive pills in advance.

Among the three barriers discussed, the modification from prescription-only to more liberal delivery methods could be easily achieved through administrative procedures. Whether such improved access could successfully reduce the prevalence of unplanned pregnancy would depend on physicians' and clients' appreciation of the need for pre-emptive action before sex.

References: