Never before have there been as many good choices for birth control as there are today. Nonetheless, the numbers of unintended pregnancies and abortions in Canada are unacceptably high. In 1998, more than 110,000 abortions were performed; about 33 for every 100 live births.1,2 So what’s happening?

In an imperfect world, no method of birth control is perfect, and we all know people are not perfect: condoms break or are not used, diaphragms slip, pills are forgotten, forced sexual intercourse occurs.

For more than 30 years, we have had methods of reducing the chance of pregnancy when accidents, carelessness, or forced sexual intercourse occur. Methods of postcoital contraception were first developed for use after rape, but their broader applicability was soon envisioned. These original therapies used high doses of estrogen.

Emergency method only

In the 1970s, research done in Canada by Dr. Albert Yuzpe showed that a combination of estrogen and progestin, found in many commonly used birth control pills, was a safe and effective method for reducing the risk of pregnancy after unprotected sexual intercourse. This concoction became popularly known as the “morning after pill.” This therapy is now more accurately referred to as the “emergency contraceptive pill” because it is effective for 72 hours and is to be used as an emergency method only, rather than as an ongoing method of contraception.

Last year Health Canada approved Plan B®, a new product that contains progestin only and has a lower incidence of side effects. It has slightly better efficacy than the Yuzpe regimen. Yet women still have unwanted pregnancies.

Not used when needed

Emergency contraception (EC) is a woman’s last chance to prevent an unwanted pregnancy. If we are going to use EC appropriately, we need to address two factors: lack of proper knowledge about this therapy and inadequate access to it. A United Kingdom study of teenagers seeking abortions deduced that most pregnancies resulted from situations in which risk of pregnancy could have been predicted at the time of conception, and pregnancy might have been prevented if EC had been used.3 A 1999 Canadian study showed that 71% of women presenting at an abortion clinic had no factual knowledge about EC.4

Even women who know about EC can have difficulty accessing it. In Canada (with the exception of British Columbia where pharmacists can prescribe it), EC is available only by prescription from a physician or nurse practitioner, which can make it very hard to get quickly. Although there is a 72-hour window for its administration, recent studies suggest that the efficacy of the medication is greater the sooner it is taken after sexual intercourse.5 Because the need for EC often occurs after hours or on weekends when access to physicians and prescriptions can be difficult, the onus is on physicians to ensure that their patients have access to EC when they need it.

Lack of access can also be the result of attitudes among both physicians and patients. Some physicians discourage use of EC by projecting their belief that the need for it is caused by irresponsible sexual behaviour. Many women, particularly adolescents, are too ashamed or embarrassed to approach their physicians for EC or are afraid of being judged.

Educating patients during office visits

Family physicians are the main providers of information about and options for birth control, and it should be an essential part of routine patient care. A patient who is considering EC should be fully informed about the method, including its efficacy, side effects, and potential risks. The patient should understand that EC is not a replacement for regular contraception and should be encouraged to return to regular contraception after the emergency contraception has been used.

No matter who a patient sees in an office setting, all physicians must approach the topic of EC in a non-judgmental and supportive manner. This is not only important for the patient’s health, but also for their emotional well-being. Patients who feel comfortable discussing EC with their physician are more likely to use it effectively and avoid future unintended pregnancies.
for Canadian women. As such, we are ideally situated to provide both information and access to EC in a nonjudgmental and supportive manner. We must ensure that both our female and male patients know the facts about EC and are aware that EC is available when required. Periodic health examinations or visits for sexual health concerns should prompt physicians to determine patients’ basic knowledge about EC and their potential need for it. If required, information about EC with a plan for access can be given at that time.

We must also develop strategies for ensuring that our patients have access to EC. A prescription for EC, with detailed information about its risks, benefits, and use can be given in advance to women who might need it. Providing a telephone prescription will also facilitate access should a woman find that she needs EC. Office receptionists and any on-call groups need to support this issue and be alert to the urgent nature of such requests.

As a resource in our communities, we can work with local public health departments, planned parenthood groups, gynecologists, pediatricians, and pharmacists to ensure that EC is available during off-hours to any woman who needs it. Ensuring that there is a point of access to the drugs is essential. A prescription is of no use if the only pharmacy is closed on Sundays. This might mean working with the local hospital emergency department to ensure easy access.

The National Advisory Committee on Emergency Contraception was developed in recognition that the number of unwanted pregnancies is a serious public health concern for which there is underused preventive treatment. Representatives of the Society of Obstetricians and Gynaecologists of Canada, Planned Parenthood Federation of Canada, Canadian Pharmacists Association, and the College of Family Physicians of Canada are working collaboratively to develop strategies to promote appropriate use of this therapy. With the support of numerous medical organizations, the committee is lobbying for a change in regulatory status for these drugs so that they can be obtained without prescription. Emergency contraceptive pills are already available without prescription in France and the United Kingdom.

**Drug elicits strong feelings**

Making EC easily accessible often elicits strong feelings. Some individuals and groups argue that it is an abortifacient. It is critical to explain that the therapies used in Canada will not interfere with an established pregnancy; they can only prevent one from happening. Others worry that it will cause couples to behave irresponsibly. A United Kingdom study where women were provided with EC in advance showed that they used it appropriately and did not “abuse” it.6 Part of educating potential users is clarifying that EC does not work as well as regular contraceptive methods. Its role is not to replace more effective methods but to decrease the risk of pregnancy when a mistake or accident happens. When users are given accurate information, easier access to EC will decrease the number of abortions and the number of unwanted pregnancies rather than influence sexual behaviour.

Women’s ability to control whether and when they bear children is of fundamental importance to their health, to the health of their families, and to the health of our society. Family physicians must ensure that women have the information and tools they need to prevent pregnancy and thus maintain health. In this imperfect world this includes the option of using EC. Have a look at the article summarizing the Society of Obstetricians and Gynaecologists of Canada’s recent guidelines for EC (page 1261). Let’s get EC out there.

Dr Dunn is an Assistant Professor in the Department of Family and Community Medicine at the University of Toronto in Ontario, and is on active staff at Sunnybrook and Women’s College Health Sciences Centre.

**Correspondence to:** Dr Sheila Dunn, Regional Women’s Health Centre, 790 Bay St, Toronto, ON M5G 1N8

**References**