

# Emergency Contraception: Are Patients Aware of Their Options?

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# Unintended Pregnancies

- Estimated to account for ~40% of all pregnancies in Canada
- 2011
  - Canadian hospitals and clinics reported total of 92 524 induced abortions/ terminations
  - Newfoundland 1026 reported in 2011
  - Reporting is mandatory for all hospitals
  - No legislative requirement for clinics to report (therefore, these numbers are likely conservative estimates)

# Emergency Contraception

- All forms of contraception used following intercourse and prior to implantation
- Primary mode of action= prevention of ovulation and possible prevention of fertilization (not abortion inducing- a common misconception)
- Not preventing implantation of fertilized egg, as was once believed

# Canadian Options- Hormonal Methods

- Plan B
  - Two oral doses of 750µg of progestin levonorgestrel 12 hours apart
- NorLevo
  - Similar method, but only give one dose of 1.5mg levonorgestrel
- RCTs demonstrate 85% effectiveness rate for typical use with these methods
- Most effective if taken as early as possible, recent results show these methods can be effective for up to 120 hours following unprotected intercourse
- Single and double doses are equally effective

# Yuzpe

- Two doses of 100µg ethinyl estradiol and 500µg levonorgestrel taken 12 hours apart
- Combined hormonal products are not an approved form on emergency contraception in Canada, but still remain widely used
- Do not use if women have absolute contraindication to estrogen use
- Side effects (primarily nausea and vomiting) are more common

# Copper IUD

- Works best if inserted within the first 72 hours of intercourse
- Insertion up to 7 days can prevent pregnancy
- Ideal choice if patient presents within three to seven days following intercourse
- Plus, it provides women with continued contraception

# Availability

- 2005 Health Canada enabled women access to emergency contraceptive pills without a prescription and without consultation with a pharmacist

# Research Question

- Despite supposed easier access to emergency contraceptive methods, TA or induced abortions in Newfoundland remains high
- Are women in St. John's undergoing a therapeutic abortion in either a hospital or clinic setting aware of the emergency contraceptive options available?
- Want to use the information gathered in this survey to improve contraceptive education and knowledge to enhance its use
- Identify barriers to its use and develop strategies to limit them

# Objectives

- Determine the knowledge of emergency contraceptive options for women undergoing therapeutic abortions in either a hospital or clinical setting in St. John's.
- Identify demographic characteristics of women who lack knowledge of emergency contraceptive options to help target future educational efforts.
- Assess whether access to emergency contraceptive methods is easily available without a prescription and without discussion with a pharmacist.
- Gather information on contraceptive methods utilized by women who are undergoing therapeutic abortion and possible reasons for failure of that method.

# Brief Review of the Literature

- Results from around the world consistently show that women lack knowledge of their emergency contraceptive options, especially in third world countries.
- November 2012: American College of Obstetricians and Gynecologists published a committee opinion on access to emergency contraception.
  - outlined barriers to
  - list of recommendations including removal of age restrictions to enable over-the-counter access for all women and increasing funding to family planning clinics
  - encouraged support for media campaigns to help clarify misconceptions that exist around emergency contraception
  - providing women with advanced prescriptions
  - integrating emergency contraception counseling into all clinic visits for women of reproductive age.

- Wall and Brown (May 2006): critique regarding pharmacists' refusal to dispense emergency contraception to women because of personal values. They argue that "access to legitimately prescribed medications should not be dependent upon one's race, religious convictions, private behavior, or political affiliations" and that to refuse to fill medications is to "exploit patients by using them as a means to another goal rather than treating their clinical problems."
- Aksu et al (2010) descriptive, cross-sectional study of 257 women in Turkey using face-to-face interviews at an obstetrics and gynecology clinic to assess knowledge, use and barriers to emergency contraception.
  - 42% of those surveyed had never even heard of emergency contraception.
  - Several barriers were identified (lack of awareness, misconception that the pills were abortion inducing and that they were not available without a prescription)

- Meng et al (2009): survey using face-to-face interviews
  - 49% of women seeking an abortion in Shanghai, China had used emergency contraceptive pills at some time in their life
  - 58% of the women who had used emergency contraception continued to have repeated unprotected intercourse in the same cycle after taking the pills
  - women of reproductive age not only need access to emergency contraception but also need to be educated on how to use it correctly
- Similar results were found using surveys in Sweden, India and Nigeria. The studies completed in India and Nigeria highlighted that access to emergency contraception is imperative in these countries as the number of induced abortions by untrained personnel is high and often leads to significant morbidity and mortality.

- Jamieson et al (1999): demonstrated in a population of American women, 71% of the patients presenting to an abortion clinic had no real knowledge of the existence of emergency contraceptive options.
- recommended that contraceptive education, directed especially towards adolescents, should be encouraged.

# The Study

- Administration of a questionnaire to women undergoing a TA in either a hospital or clinical setting in the Eastern Health Region (specifically in St. John's)
- While awaiting their procedure (or the day before) an information sheet detailing the risk and benefits of participation is handed out
- Completion is entirely voluntary
- Patients complete questionnaires privately
- All completed (or not completed surveys) are sealed in an envelope and placed in a secure location until review during data collection by the research team

# Study Subjects

- All women of reproductive age who present to a clinic or hospital in the Eastern Health region, specifically in St. John's, for therapeutic abortion will be asked to participate in the study.

# Sample Size Calculation

- This study involves completion of a voluntary questionnaire. Therefore, a convenience sample based on the number of women who volunteer will be sampled. The time period of the study will be approximately six months therefore ideally at least 100 women will complete the survey, a recruitment number similar to previous studies in the literature.

# Timetable

- Surveys are currently being handed out on Thursdays at Health Sciences Centre

Intrauterine Device (IUD)- must be used within \_\_\_\_\_ days \_\_\_\_\_ days

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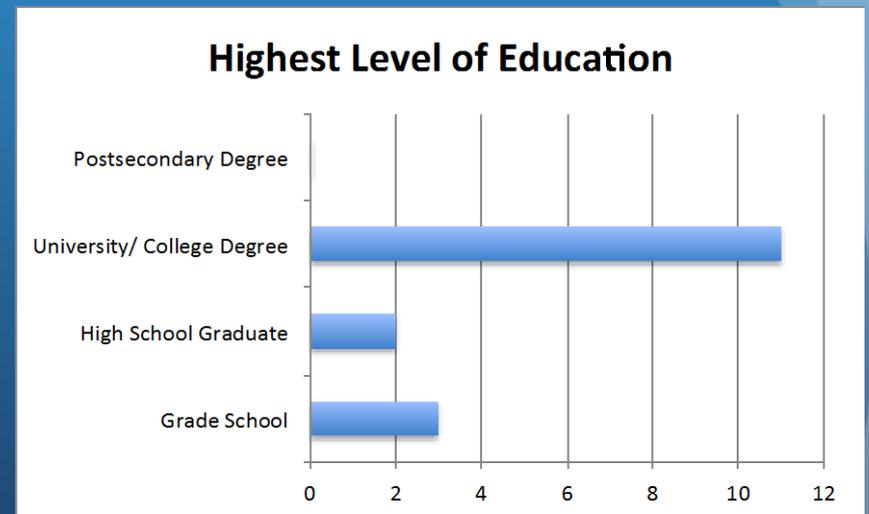
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# (Very) Preliminary Results

To date, 16 out of 27 (59%) surveys were completed

# Demographic Characteristics of Responders:

- Average age= 29
- Ethnicity= 81% white, 19% other
- Originally from Newfoundland & Labrador= 94%
- Highest level of education
  - Grade school 19%
  - High school graduate 13%
  - University/ College Degree 69%
  - Postsecondary Degree none



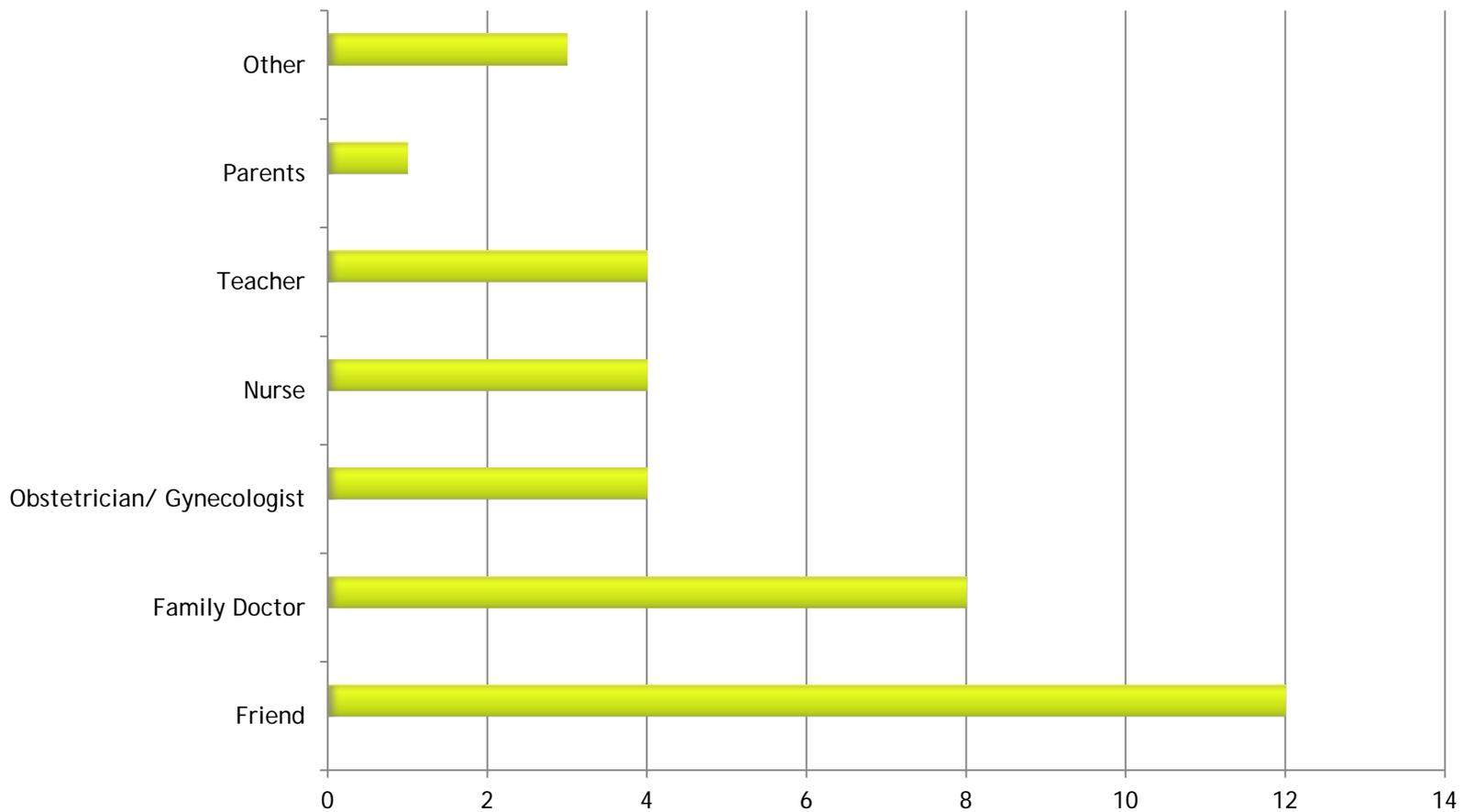
# Knowledge

- All responders had heard of at least one of the following terms: emergency contraception, postcoital contraception and/ or morning after pill
  - 100% had heard of the morning after pill
  - 9 of the 16 responders had heard the term emergency contraception

# Brief explanations of the terms included the following:

- “pill you take the next morning to prevent pregnancy”
- “pill to take to avoid pregnancy”
- “medication to release endometrial lining”
- “plan B”
- “high dose of birth control”
- “take after unprotected sex”
- “plan B: to be taken within 48-72 hours (?) after unprotected sex/ “accident” ”

## Where Did You Learn About the Previous Terms?

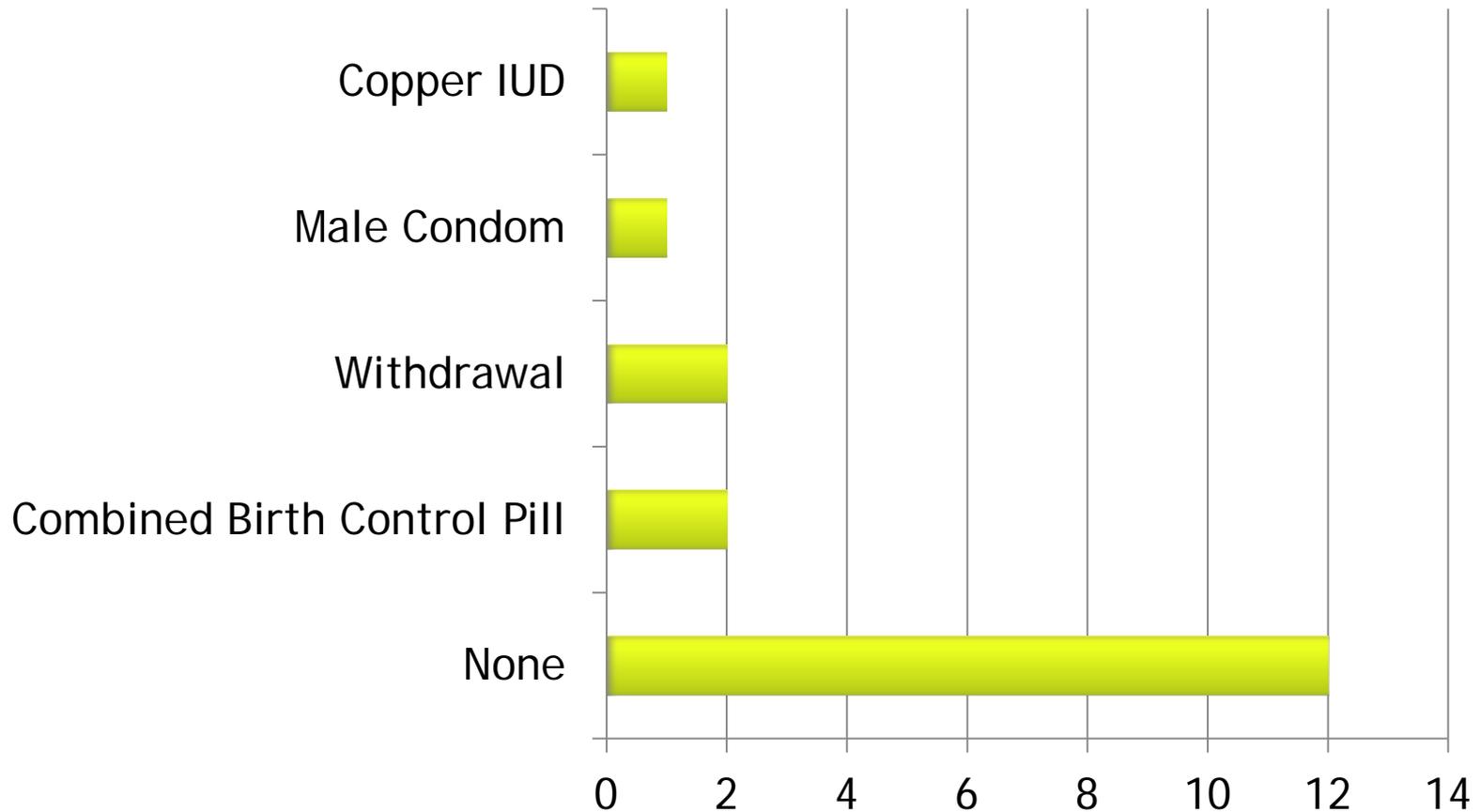


Other Sources Included: own curiosity, psychology class, resident assistant (in university), TV, internet

# When to take Emergency Contraception..

- Most answered that the morning after pill had to be used within the range of 1 to 3 days
- Only one person responded to the use of IUD
  - They answered it had to be used within 0 days

## Method of Birth Control Used When Patient Got Pregnant:



# Access:

- 14 of 16 patients answered (2 did not respond) that emergency/ postcoital contraception or the morning after pill could be obtained from a pharmacy/ drug store
- 14 of 16 patients answered (2 did not respond) that they did not attempt to access emergency contraception

## Reasons for not attempting to access emergency contraception include:

- "I didn't think I was pregnant"
- "Was going to keep it"
- "No valid reason"
- "Did not realize that I had intercourse at time in cycle where I was able to get pregnant"
- "It was too late"
- "I trusted my IUD and a second form of B.C."
- "was assured type of antibiotics wouldn't affect it/ went to doctor at 1.5 weeks pregnant was told and put off due to his religious beliefs"
- "It was a planned pregnancy"
- "don't know"

# Data Analysis

- Statistical analysis will be performed with SPSS 19.0 and WinPEPI computer programs when final results are available. Categorical variables will be compared using chi-square test. Multivariable logistic regression analysis adjusted for age, parity, ethnicity, birthplace, and education level will be used to identify predictors of knowledge and use of emergency contraception.

# Limitations

- The population in this study is women of reproductive age undergoing therapeutic abortion in a hospital or clinical setting, thus limiting the generalizability of the study. The knowledge of emergency contraception in the general population will not be evaluated, as there will be no information from women who have successfully used emergency contraception and thus prevented a pregnancy. Additionally, this study involves a voluntary survey, thus subjecting it to selection bias.

Stay Tuned for More  
Results...

Questions? Comments?



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