

## EMERGENCY CONTRACEPTION IN THE AMERICAS

### *What is EC?*

Emergency contraception (EC) is commonly known as the "morning-after" pill, though manufacturers, advocates and providers have tried to distance themselves from this term because it conveys the idea that EC can only be used the day after unprotected sexual contact. In fact EC pills have been proven effective at preventing pregnancy for up to three days afterwards (though they are most effective in the first 24 hours), and an IUD can be used up to five days afterwards. Moreover, the term "emergency" effectively conveys that EC is a last-resort method of preventing unwanted pregnancy, and should not be relied on in place of regular contraceptive methods.

EC comes in two forms, pills and the copper releasing intra-uterine device (IUD). While the IUD has been proven more effective at preventing pregnancy, its use is more complicated, which often acts as a deterrent. Both methods carry certain side effects, so the decision about which method to use is a matter for discussion between a woman and her healthcare provider.

EC pills come in two different forms. They can be administered as a high dose of oral contraceptives (OC - about 40 birth control pills). They can also be administered as pills manufactured and designated specifically to be used as emergency contraception (EC - usually 2 pills). Both forms act to make the uterine environment unsuitable for the fertilization of an ovum (egg). Neither form has been proven more effective at preventing pregnancy than the other. The advantage of using OC pills as an emergency contraceptive is that they are more readily available than pills designated specifically for EC, the most common side effects of OC pills are nausea, vomiting, spotting and headaches. The advantage of using EC pills is that there are only two pills to take, and the side effects are substantially less severe.

The IUD is a copper-releasing device which is inserted into the uterus, and it makes the uterine environment unsuitable for the implantation of a fertilized egg. Although this method is somewhat more complicated than EC in the form of pills, an important advantage is that the IUD can be left in place following its insertion and used as a regular method of contraception. The most common side effects of using the IUD method are cramping and pain for the first 24 hours. Unlike EC pills, inserting an IUD can terminate a pregnancy once it has begun.

### *The Debate About EC*

EC has been a controversial and often divisive issue across the Americas since the method first came to public attention. EC in the form of oral contraceptives is available throughout the Americas (anywhere birth control is legal), though knowledge of its existence is neither common nor promoted (this includes most of the US and Canada). While EC is included in the family planning norms of many countries in the region, pills designated specifically for EC are available in only a few countries (see table 1).

Understanding the social and political response to EC requires that we examine the main arguments used to denounce it:

- Use of EC constitutes an abortion
- Use of EC encourages "promiscuous behaviour" (increased sexual activity)
- EC will cause women/men to abandon other methods of contraception

The main proponents of the first objection, that EC constitutes an abortion, are the Catholic Church in many countries, religious fundamentalists and political conservatives. While Catholic doctrine states that a pregnancy begins with a fertilized ovum, medically a woman is considered to be pregnant when a fertilized ovum implants itself in the lining of her uterus, because only then can it grow into a fetus. EC cannot terminate a pregnancy once it has begun, thus it is not an abortifacient, though it is often confused with the "abortion pill" (RU-486, mifepristone, mifeprex). The function of EC pills is to prevent the fertilization of the ovum by preventing ovulation, or by interfering with sperm so that it cannot fertilize the ovum.

EC is not prevalent enough in the Americas for existing data to support the second and third arguments. However in European studies, neither EC, nor any contraceptive method has been statistically proven to increase sexual activity among users. In response to both of these objections we must stress the importance of marketing EC properly. It must be presented to women as a fall-back, or a last resort if all else fails.

### *Advocating for EC*

Women have been the primary supporters for the legalization and promotion of EC for one reason: EC is an effective last resort to prevent an unwanted pregnancy before it begins - whether it results from unprotected sex, rape, incest or the failure of other contraceptive methods (for example if the condom breaks). The main argument used to lobby governments and healthcare officials has been that EC is one way to reduce the number of abortions, which is especially important in countries where abortion is illegal and often carries with it adverse health consequences. Advocacy for the legalization or promotion of EC should focus around certain key points:

- The training of medical staff/service providers in the acceptance and promotion of EC. It is important to emphasize that EC does not only apply to cases of rape. To this end, EC should be made available through family planning clinics/reproductive healthcare centres as well as hospitals.
- EC is not an abortifacient - advocates must emphasize EC's potential to reduce the number of unwanted pregnancies and therefore abortions, a desirable goal whether abortion is legal or not.

- Where appropriate, provision of EC should be combined with counselling about regular contraceptive methods. This is especially important in the case of adolescents or those who are engaging in risky sexual behaviour.
- Foster awareness in the community about the existence of EC - it is only effective for 1-3 days after unprotected sexual contact. Women need to know about EC beforehand to ensure its effectiveness and to avoid an unwanted pregnancy. Lack of knowledge, or mis-information about EC is one of the primary obstacles to its use. Women, in particular young/adolescent women should be targeted by information (leaflet) campaigns.
- Cost-effectiveness - EC in the form of combined oral contraceptives is a readily-available option for many communities. In this case the pills are not packaged as Emergency Contraception, so providers must be made aware of the possibility of using oral contraceptives as EC. Moreover, the cost of providing EC is far outweighed by the cost of providing abortions, or post-abortion care in the case of complications from illegally-obtained abortions.

COUNTRY	OC Available	Dedicated EC product
ANTIGUA	Yes	
ARGENTINA	Yes	Imediat / Imediat-N
BAHAMAS	Yes	
BARBADOS	Yes	
BELIZE	Yes	
BERMUDA	Yes	
BOLIVIA	Yes	
BRAZIL	Yes	Norlevo / Postinor-2
CANADA	Yes	Plan B / Preven
CHILE	Yes	Postinor-2 * (Tentative)
COLOMBIA	Yes	Postinor
COSTA RICA	Yes	
CUBA	Yes	Postinor-2
DOMINICAN REP.	Yes	Immediat
ECUADOR	Yes	
EL SALVADOR	Yes	Norlevo
GUATEMALA	Yes	
GUYANA	Yes	
HAITI	Yes	
HONDURAS	Yes	
JAMAICA	Yes	Postinor-2
MEXICO	Yes	Vika / Postinor-2 *
NICARAGUA	Yes	
PANAMA	Yes	
PARAGUAY	Yes	Immediat
PERU	Yes	Norlevo
PUERTO RICO	Yes	
SURINAME	Yes	
TRINIDAD & TOB.	Yes	Postinor
UNITED STATES	Yes	Plan B / Preven
URUGUAY	Yes	Immediat / Postinor
VENEZUELA	Yes	Norlevo / Postinor-2

\* Indicates that although a dedicated EC product is legal, it is not distributed and therefore not available.

**Note:** Existence of EC in either form does not indicate that it is widely available or actively promoted by healthcare providers. In many of the countries in which EC could be available in the form of oral contraceptives, providers refuse to share this knowledge with women, or do not even possess the knowledge themselves.

Compiled using data from The Emergency Contraception Website <http://ec.princeton.edu/worldwide/default.asp> and the Consortium on Emergency Contraception <http://www.cecinfo.org/html/res-product-issues.htm>

#### REFERENCES

1. "Emergency Contraception" Population Council Programme Briefs [http://www.popcouncil.org/frontiers/orta/pbriefs/ec\\_1.html](http://www.popcouncil.org/frontiers/orta/pbriefs/ec_1.html) (See also <http://www.popcouncil.org/rhfp/ec.html> sections on Brazil, Ecuador Honduras, Mexico and Nicaragua)
2. Croxatto, H.B. et al. "Mechanism of Action of Hormonal Preparations Used for Emergency Contraception: A Review of the Literature". *Contraception* 63 (3), 2001. <http://www.arhp.org/journal.htm>
3. "Emergency Contraceptive Pills" Fact Card No.7. International Planned Parenthood Federation. May 2000 <http://www.ippf.org/resource/contracards/index.htm> (available in English and Spanish).
4. "Case Studies in Emergency Contraception from Six Countries" Global Reproductive Health Forum [http://www.hsph.harvard.edu/grhf/SAsia/suchana/0507/glasier\\_etc.html](http://www.hsph.harvard.edu/grhf/SAsia/suchana/0507/glasier_etc.html)
5. Visit the website of The Consortium on Emergency Contraception <http://cecinfo.org>
6. NOT-2-LATE.COM - The Emergency Contraception Website - Information about EC in Spanish and English, sponsored by Princeton University <http://ec.princeton.edu>

Countries in which emergency contraception is available in the form of oral contraceptives (OC available) and pills specifically designated for emergency contraception (dedicated EC product).

