

Emergency contraception Impact on abortion rates

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Effectiveness of 'hormonal' EC

- Efficacy – RCT EC vs. placebo
- Estimates – risk on day of cycle
- Combined E/P 47- 74% < 72 hrs (*Trussell et al 1999, 2003*)
- Levonorgestrel 59-94% (*Lancet 1998*)

Use of EC

- Used by minority abortion
- Lack knowledge,unaware at risk, stigma, accessibility
- Within 72 hrs (120 hrs)
- Difficulty obtaining prescription, clinic
- Modelling cut induced abortions by 50%



EC – Improved accessibility ?

- Pharmacist
- Pharmacy EC Britain (2001) :
- *Marston et al BMJ 2005*
- Cross sectional surveys for UK office National statistics
- 2000-2002 (yr before & 2 yrs after)
- Interviewer administered questionnaire
- Questions on contraceptive use and EC use
- ~ 2000 women 16-49 yrs



Impact of EC at pharmacy

- EC Pharmacy 33% in 2002 cf. nil
- EC use/yr unchanged (6% one, 2% more)
- Predictors of use same -younger, single
- No change in % regular contraceptive
- Concl- changed where obtain EC only

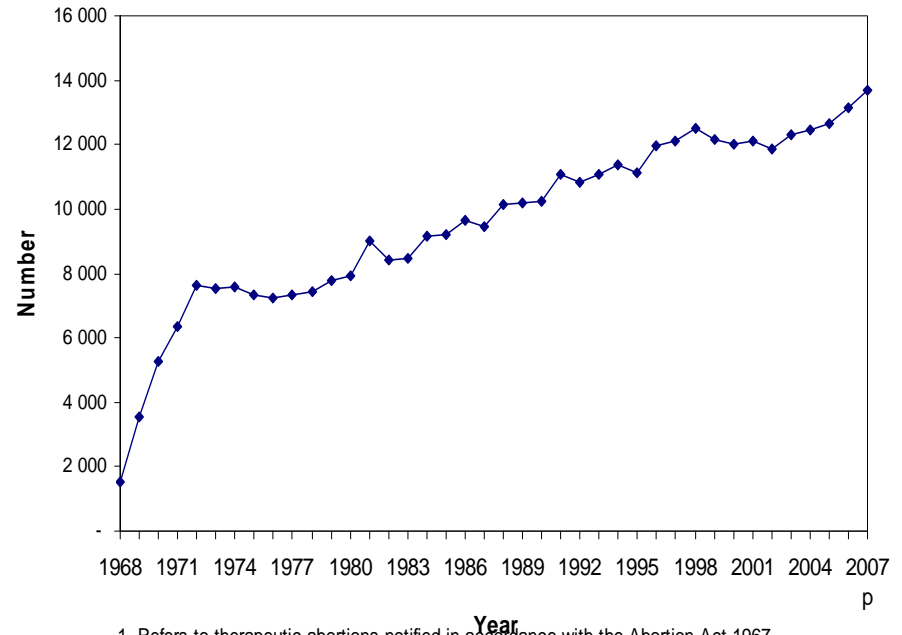
Abortion rates

15-44yrs:

- England and Wales
- 16.9 per 1000 in 2000 cf.
- 18.6 per 1000 in 2007

- Scotland
- 11 per 1000 in 2000 cf.
- 13 per 1000 in 2007

Abortions performed in Scotland, 1968-2007^p



1 Refers to therapeutic abortions notified in accordance with the Abortion Act 1967.

p Provisional.

Source : Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967

ISD Scotland

Advance Provision of EC Meta- analysis 2007 (Polis et al)

- Meta analysis
- 8 RCT = 6,389 participants, 4 countries
- Control varied
- Most levonorgestrel (1 mifepristone, 3 Yuzpe)
- Self reported use EC
- Pooled outcomes

Advance Provision of EC (Polis et al 2007)

Outcome	No. Studies	No. Participants	OR (95% CI)
Pregnancy at 12 months	4	4690	1.0 (0.78-1.29)
Pregnancy at 6 months	7	6035	0.91 (0.69-1.19)
Pregnancy for levonorgestrel	4	3674	0.87 (0.67-1.13)
STI	3	2829	0.99 (0.73-1.34)

Advance Provision of EC (Polis et al 2007)

Outcome	No. Studies	No. Participants	OR (95% CI)
Ever use EC	7	6327	2.52 (1.72-3.7)
Mean time UPSI and EC	1	986	-14.07 (-16.77, -12.43)

Advance EC vs Control

- No sig difference in pregnancy rates
- No difference in regimen
- No difference STI
- More use EC
- Quicker Use EC

Conclusion

- Pharmacy provision EC does not reduce abortion
- Advance provision EC does not reduce unintended pregnancy
- EC not be solution reduce abortion rates
- Promote more effective methods contraception