

Emergency contraception: Advance provision does not reduce pregnancy rates

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Providing emergency contraception to women in advance of need does not reduce pregnancy rates, despite increased use and faster use after unprotected sexual intercourse. These are the findings according to a new review published in *The Cochrane Library*.

Women who take emergency contraception up to five days after unprotected sex are less likely to become pregnant. But there are many reasons why women may not be able to access emergency contraception within this time frame. In some countries, for instance, emergency contraceptives are not available over the counter and it can be difficult to arrange an appointment with a doctor on public holidays or weekends. One proposed solution is to provide women with a set of emergency contraceptive pills to keep for immediate use, should it be needed.

The review included 11 trials and involved a total of 7,695 women from the US, China, India and Sweden. The researchers looked at the effect of advance provision of emergency contraception on rates of [pregnancy](#) and sexually transmitted infections (STIs), as well as on [sexual behaviour](#) and contraceptive use. They found that women with advance access to emergency contraception had similar rates of pregnancy as women who did not receive the medication in advance. Women given emergency contraception in advance were no more likely to have unprotected sex, to contract STIs, or to change their use of other contraceptive methods. However, women with advance provision did take the medication an average of 13 hours sooner after sex, and were more likely to use emergency contraception at all.

"Our review suggests that strategies for advance provision of emergency contraception which have been tested to date do not appear to reduce unintended pregnancy at the population level," says lead researcher Chelsea Polis of the Johns Hopkins Bloomberg School of Public Health. "At the same time, advance provision does not appear to increase the risk of [unprotected sex](#) or sexually transmitted infections, and does not change use of other contraceptive methods."

"Some women may not use emergency contraception when needed, even if they have it in advance. Like condoms, [emergency contraception](#) will not work if it is not used," says Polis. "Women should still be given information about and easy access to emergency [contraception](#), because it is a safe and effective way to prevent unintended pregnancies for individual [women](#) who will use it when needed."

Provided by Wiley

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