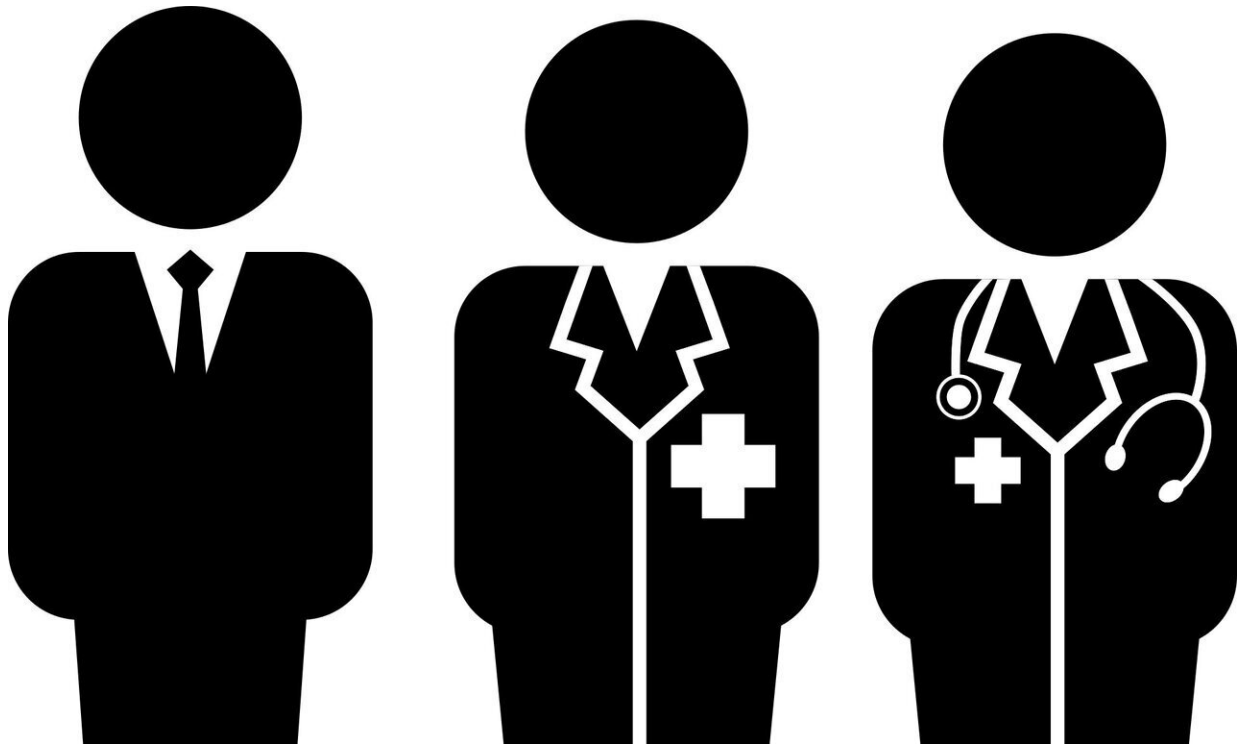


Emergency contraception is hard to find in Georgia, rural pharmacies

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If you're looking for Plan B in Georgia, you may have to call around to find it—particularly if you live in a small town.

Emergency [contraception](#) is a time-sensitive medication. The sooner a person takes the drug after having sex, the more likely it will work at

preventing an [unwanted pregnancy](#).

But new research from the University of Georgia found only 57% of Georgia pharmacies stocked Plan B, which is also known as levonorgestrel. And less than 1% reported stocking the more effective, prescription-only [emergency contraceptive](#) ulipristal acetate, known by the brand name ella.

Rural pharmacies were less likely to have Plan B than stores in [metropolitan areas](#). Women in rural and low-income areas historically face challenges in accessing preventive care, including contraception. Published in the [Journal of Pharmacy Practice](#), the study suggests that [poor access](#) to emergency contraception, a safe and effective contraceptive option, may exacerbate already [high rates](#) of unintended and teen pregnancies in those areas.

"Reproductive care can sometimes be hard to access, particularly in the South. Georgia has poorer reproductive care outcomes than many other parts of the country, such as higher rates of unintended pregnancy and maternal mortality," said [Rebecca Stone](#), lead author of the study and a clinical associate professor in the [College of Pharmacy](#). "Emergency contraception is like other reproductive health services: We need to take steps to ensure equal access for everybody in our state."

Pharmacists know about Plan B, but many don't have it in stock

Researchers contacted 518 pharmacies in both metropolitan and rural parts of Georgia for the study. Callers asked pharmacists whether the drugstore had "something that [they could] use after sex to not get pregnant."

Most pharmacists discussed Plan B with the caller, regardless of whether it was in stock at their pharmacy. And more than 10% of those who did not have it stocked still provided counseling to the patient and offered to order the drug or referred them to another pharmacy that may have the medication.

But one out of every four pharmacists said emergency contraception was not available at the store and ended the call.

Of the pharmacists who discussed Plan B as an option with the caller, 80% said the drug wouldn't work or that they weren't sure whether it would work after 72 hours.

This is in line with the package insert from the drug manufacturer. But it's outdated.

Plan B is most effective in the first three days after sex. But it can still help prevent pregnancy for up to five days.

"In our current environment, pharmacists are extremely busy and may be hard-pressed to spend a lot of time answering patient questions and still get their work done," Stone said. "They often rely on the manufacturer package insert information to answer questions, and in this case it isn't fully accurate. I think that unfairly sets pharmacists up to provide inaccurate information."

Health care providers often don't know about alternative 'morning-after' pill

In many European countries, ulipristal acetate is sold over the counter. But the U.S. is often slower to grant medications over-the-counter status. Reproductive health medications in particular receive an extra level of

scrutiny other medications don't. As a result of its prescription-only status and early-on manufacturing issues, many health professionals aren't even aware the Plan B alternative exists.

Less than 2% of pharmacists contacted for this study even mentioned ella as an option for emergency contraception, and only 0.4% told the caller it was in stock at their pharmacy. (A follow-up call by researchers showed that around 3% of the pharmacies actually did have the medication in stock.)

"ella works better at preventing pregnancies than Plan B, particularly for women who are overweight or are using emergency contraception four to five days after sex," Stone said. "But studies have shown that many physicians don't know this drug is available. Patients don't know about it. And our research showed that most Georgia pharmacists don't know about it either."

Stone has given talks at multiple [pharmacy](#) conferences on emergency contraception options and is working with industry partners to offer continuing education courses on the subject.

"I'm a strong advocate for [pharmacist](#)-prescribed contraception and emergency contraception because it expands patient access to these products," said Stone, referencing the 17 states where pharmacists can prescribe self-administered and emergency contraception. "In states where pharmacists prescribe these products, pharmacists have more opportunities to keep their clinical skills fresh with continuing education courses that are developed as part of their state prescribing protocols. And if they're prescribing it, they may be more likely to keep it in stock."

More information: Rebecca H. Stone et al, Emergency Contraception Access and Counseling in Metropolitan and Nonmetropolitan

Pharmacies in Georgia, *Journal of Pharmacy Practice* (2021). [DOI: 10.1177/08971900211052821](https://doi.org/10.1177/08971900211052821)

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