

Study finds ER visits related to emergency contraception dropped significantly over 14-year period

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Following federal approval for over-the-counter emergency contraception in 2006, emergency departments across the U.S. saw

dramatic decreases in related visits and medical charges, a new study suggests.

Emergency room visits related to emergency contraception fell by 96%, from 17,019 to 659, while total related hospital expenses decreased by \$7.2 million—from \$7.6 million to \$385,946—between 2006 and 2020. The most notable decrease was between 2006–2007 for people primarily seen for emergency contraception.

The Michigan Medicine led findings appear in *JAMA Network Open*.

"Emergency departments are important sites for accessing emergency contraception given their 24-hour access and high acuity care," said senior author Erica Marsh, M.D., professor of obstetrics and gynecology at the University of Michigan Medical School and chief of the division of reproductive endocrinology and infertility at U-M Health Von Voigtlander Women's Hospital, of Michigan Medicine.

"We believe this is the first study to specifically examine the association between relevant policy changes and disparities and trends in emergency department visits related to emergency contraception utilization."

A disproportionate rate of younger, low income, Black, Hispanic and Medicaid insured patients were also seen for emergency contraception related visits compared to other emergency department services, researchers found.

"We found an over-representation of certain demographic groups utilizing emergency departments for emergency contraception," Marsh said. "This aligns with previous outpatient research suggesting ongoing barriers to over the counter emergency contraception access and or increased emergency department utilization for other reasons, including [sexual assault](#)."

Previous research led by Marsh and colleagues found that [sexual assault related ER visits increased by more than 10-fold over the last decade](#).

Emergency contraception traditionally includes contraceptive methods used to prevent pregnancy in the first few days after unprotected intercourse, sexual assault, or contraceptive failure.

Although the FDA approved the first dedicated product for emergency contraception in 1998, over the counter approval didn't come until 2006 for adults, followed by minors in 2013. The Patient Protection and Affordable Care Act also mandated emergency contraception insurance coverage in 2012.

While decreases in emergency contraception ER visits may have started before 2006, the steep decline between 2006–2007 suggests an association, authors say.

Barriers still persist

Researchers analyzed national data of more than 2 million emergency department visits among female-identifying patients aged 15–44 during the 14-year period.

Northeast hospitals comprised 44 to 59% of emergency contraception related [emergency room visits](#) despite comprising only 17–19% of other ER visits.

Meanwhile, southern hospitals made up 4.5 to 17% of emergency contraception related visits despite consistently averaging more than 40% of other types of emergency department visits in 2006.

"Our analysis suggests ongoing barriers in over-the-counter emergency contraception and disparities in utilization for certain populations,"

Marsh said.

"Future policies should reduce barriers to make [emergency contraception](#) safe and affordable to all."

More information: Trends in Encounters for Emergency Contraception in US Emergency Departments, *JAMA Network Open* (2024).

Provided by University of Michigan

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