

# ACOG recommends expanding OTC contraception access

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deny access. Cost issues should be addressed when improving access to hormonal contraception. A necessary intermediate step to increase access to contraception may include pharmacist-provided contraception, but the ultimate goal should be over-the-counter access to hormonal contraception. The ACOG supports over-the-counter hormonal contraception access with no restrictions on age. Over-the-counter access should be expanded to include [oral contraceptive pills](#), vaginal rings, the contraceptive patch, and depot medroxyprogesterone acetate.

"A move to over-the-counter status would complement, not replace, policies that ensure availability of the full range of contraceptive options and safeguard access to a robust network of qualified family planning providers," Isley said in a statement.

**More information:** [Abstract/Full Text](#)

In a Committee Opinion published in the October issue of *Obstetrics and Gynecology*, the American College of Obstetricians and Gynecologists (ACOG) presents recommendations for expanding over-the-counter access to hormonal contraception.

Michelle Isley, M.D., and Rebecca H. Allen, M.D., M.P.H., from the ACOG Committee on Gynecologic Practice, have broadened and replaced the college's initial recommendations on over-the-counter access to [contraception](#).

The authors note that one reason for inconsistent or nonuse of contraception is barriers to access; for some contraceptive users, the requirement for a prescription can represent an obstacle. Women are capable of using self-screening tools to determine their eligibility for hormonal contraceptive use. Before initiating [hormonal contraception](#), pelvic and breast examinations, cervical cancer screening, and sexually transmitted screening are not required and should not be used as reasons to

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