

Teens and Emergency Contraceptive Pills: Issues for Health Care Providers & Educators

Use of emergency contraceptive pills (ECP) is a method of *preventing* pregnancy *after* unprotected intercourse, when regular contraception fails, or when a woman fears that her regular contraception may have failed. ECP is not the only method of emergency contraception available in the United States, but it is the method most commonly recommended for teenage women. As such, ECP is an option that could annually avert as many as 50 percent of pregnancies and consequent abortions among American teens.¹ ECP cannot cause abortion because the pills have *no* effect after a pregnancy is established.*

Although some doctors have been prescribing ECP for over 30 years, relatively few adolescents know about the use of oral contraceptives as emergency contraception. Fewer than one-third of teen females have heard of ECP or are aware that they can do anything to prevent pregnancy after sexual intercourse.^{2,3} Only 40 percent of teens who know about ECP also understand that the pills should be taken after, and not before, unprotected sex. Although teen females are slightly more likely than males to know when ECP should be taken (43 percent versus 37 percent, respectively)⁴ few teens understand that ECP is *most* effective when taken within 24 hours after unprotected sexual intercourse.

Moreover, teens who *do* know about ECP may experience actual (logistical) and perceived barriers to obtaining the pills. For example, health care providers' lack of knowledge about ECP is a barrier to teens' obtaining emergency contraception. In one survey of pediatricians with adolescent patients, only 20 percent reported prescribing ECP and only 24 percent counseled teens about ECP.⁵ Other logistical barriers include cost, time constraints, lack of insurance, lack of transportation, and clinics' hours of operation. Perceived barriers include teens' fears of confidentiality being violated, of procedures such as blood tests or pelvic exams, and of side effects.

Innovative Efforts Provide Information About and Access to ECP.

The general lack of information about and access to ECP underscores the need for multifaceted, targeted strategies to make ECP accessible to teens. A few case studies demonstrate innovative examples of national, state, and local strategies to provide information about and access to emergency contraception, especially ECP.

National Hotline & Web Site

Both the Emergency Contraception hotline (1.888.NOT.2.LATE) and Web site (<http://not-2-late.com>) provide information and a directory of providers willing to prescribe emergency contraception. Both the hotline and Web site also tell clinicians how they can be added to the directory. Those listed should be able to provide women with an appointment or a telephone prescription in less than 72 hours.

National Initiative to Expand Awareness of ECP

EC Does It is a pilot initiative that seeks to build the capacity of organizations across the United States to expand awareness of and access to emergency contraception. The initiative also seeks to defeat or repeal public and private sector policies that restrict access to ECP. Components of the initiative include demonstrating public support for ECP, creating new coalitions, and providing training and technical assistance at the grassroots level to increase communities' support for emergency contraception.⁶

Pharmacy Availability in Washington State

One project has made ECP more readily available to women in Washington State by allowing pharmacists to deliver the product. By June 1999, 130 participating pharmacies had provided 11,969 packages of ECP. Evaluation results indicated that women receiving ECP via a pharmacist were satisfied with the quality of care they received and valued the increased accessibility. Pharmacy records revealed that most women received ECP when the method is most effective – within 24 hours of unprotected sexual intercourse. Women in the state continue to be able to obtain ECP directly from pharmacists.⁷ Other states are examining the legal aspects of making ECP available through similar means.

* The American College of Obstetricians and Gynecologists and the American Medical Women's Association define pregnancy as beginning with the implantation.

A Culturally Specific Campaign in Philadelphia, PA

The Reproductive Health Technologies Project and Motivational Educational Entertainment (MEE Productions) recently introduced *After the Fact, After the Act* in Philadelphia, PA. This culturally specific ECP campaign – designed for low-income, African American women – uses multiple strategies to raise awareness about ECP, including radio and television public service announcements (PSAs), the Internet, community-based organizations, peer networks, street teams, and outreach.⁸

Social Marketing in Sacramento, CA

The Pacific Institute for Women’s Health and Population Services International developed a social marketing project in Sacramento, CA that promotes awareness of and access to ECP as a back-up contraceptive option among sexually active white, Latina, and African American women ages 15 to 24. The project aims to reduce the incidence of unintended pregnancy and abortion among young women. Project components include training health care providers to better promote and prescribe ECP, strategically mobilizing the community, a media campaign targeting young women, and evaluation.

Education in Boulder County, CO

The Boulder County Health Department launched the Unintended Pregnancy Project to educate students at the University of Colorado and residents of Boulder about ECP and to reduce the rate of unintended pregnancies. The university campus and nine local businesses participated in the program, displaying posters and wallet-sized information cards. Patrons of the businesses – almost half were men – took over 5,000 cards. In all, the project distributed nearly 14,000 cards. Evaluation showed that, among women who sought ECP during the seven-week program, 50 percent did so because of a broken condom and 33 percent did so after unprotected sexual intercourse. Twice as many packages of ECP were prescribed in April 2000 as compared to April 1999, and the Health Department felt confident that the program increased awareness of ECP.

Actions to Increase Teens’ Awareness of and Access to ECP

Studies show that, once informed about ECP, approximately three-quarters of young women report that they would be likely to take the pills if they needed them.² The following actions will strengthen professionals’ ability to educate youth about ECP and ensure availability for them.

Health Care Providers Can Commit to Providing ECP.

- *Register* to be included in the directory of providers on the emergency contraception hotline.
- *Make ECP available in various settings.* Sexually active teens may not visit family planning clinics if they are using condoms. Provide ECP in *both* clinical (family planning clinics, school-based health centers, and physicians’ offices) and non-clinical settings (pharmacies, community-based organizations, and local health departments).
- *Make ECP available through a variety of providers.* Depending on local regulations, doctors, nurses, midwives, pharmacists, school nurses, and community health workers, among others, may provide ECP.

Health Care Providers Can Improve Service Delivery.

- Create “teen-friendly” office policies and/or procedures that welcome youth.
- *Ensure clients receive information about and access to ECP.* Educate **all** staff, including receptionists, volunteers, and medical assistants, on the office policies and/or procedures.
- *Simplify the response for times when young women call and report having had unprotected sexual intercourse.* Take a medical history over the phone, assess the young woman for ECP, and call in a prescription to her pharmacy.
- *Accommodate walk-in appointments,* especially for pregnancy testing. Use this as an opportunity to counsel the young woman about ECP and, if she wishes, provide her with ECP for future use.
- *Provide telephone referral* to another ECP provider that may be more financially and/or logistically convenient for a teen.
- *Develop formal referral networks* among family planning clinics, hospitals, health maintenance organizations, school-based health centers, physicians’ offices, community-based organizations, pharmacies, and local health departments. These networks can provide women with round-the-clock access to ECP.
- *Provide specific instructions on the office’s voice mail and a sign on the door on how to access ECP* whenever the office/clinic is closed.

Health Care Providers Can Educate Teens about ECP – Before They Need It!

- *Provide teens with information about where to obtain and how to use ECP.* Posters and patient education pamphlets should be noticeable in waiting areas. Provide teens with the specific language in which they can request ECP over the telephone, for example, “I need to speak to someone about emergency contraceptive pills.”

- *Counsel female and male youth* about ECP during routine visits, including sports physicals, annual check-ups, and vaccinations.
- *Invite a young woman's male partner* into counseling sessions and educate the couple together about ECP. Increase young men's comfort by providing magazines and posters that target men in the waiting room.
- *Provide young women with a prescription for ECP during routine visits. Better yet, provide young women with ECP.* Anticipatory provision ensures that young women can use ECP as soon as possible after unprotected sexual intercourse. Young women who have ECP in advance may begin treatment sooner than those with a prescription that will have to be filled.

Health Care Providers Can Provide Teens with ECP – When They Need It.

- *Assure teens that all ECP services are confidential*, whether the services occur face-to-face or over the telephone. Prominently display the confidentiality policy on posters and on the client intake forms. Warn teens if using their parents' medical insurance may result in the health plan sending parents any forms for billing or services rendered.
- *Use a system of sliding-scale fees* to provide low-cost or free access to ECP. The cost of ECP and related services may deter many teens from obtaining ECP.
- *Provide ECP **without** a pelvic examination or pregnancy test*, reducing financial and psychological barriers. Experts assert that neither is necessary prior to dispensing ECP.
- *Phone prescriptions into a pharmacy for ECP when young women call* and schedule a follow-up appointment with them for a later date.
- *Encourage teens seeking ECP to adopt a regular contraceptive method in the future.* Providing ECP can create a bridge to regular reproductive health care for sexually active teens. If the teen is at also risk for HIV and other sexually transmitted diseases (STD), use the opportunity to counsel the teen about using dual methods – condoms to prevent HIV/STD *and* another form of effective contraception to prevent pregnancy.
- *Ensure that teens who have been forced or coerced into genital sexual activity* receive ECP, HIV/STD testing and counseling, contraceptive counseling, and referral to important social services, as mandated by law.

Educators Can Make Certain that Teens Know about ECP.

- *Commit to learning about ECP.*
- *Include accurate information on ECP in sexuality education curricula.*
- *Provide students with information about the emergency contraception hotline and Web site.*
- *Write about ECP for high school, college, and local newspapers.*

Everyone Can ...

- *Learn about what other communities, states, and nations have done.*
- *Mobilize the community.* Present information on ECP to youth activist groups, public health officials, school boards, PTAs, community clubs, professional associations, and community-based organizations.
- *Start a public education campaign* to raise awareness and increase support for ECP. Ensure that the campaigns are culturally appropriate for the target audience.
- *Place advertisements* about ECP in local newspapers and on local radio and television stations.
- *Develop ECP materials* that target specific adolescent populations, including teen parents, males, young women of color, runaway and homeless youth, and gay, lesbian, and bisexual teens.
- *Distribute ECP materials*, such as posters, postcards, and brochures, in community centers, restaurants, retail establishments, arenas, nightclubs, teen centers, and other places that youth frequent.
- *Develop ECP materials targeting parents.* Distribute the materials in businesses, restaurants, retail establishments, health clubs, community centers, religious institutions, and places that parents frequent.
- *Encourage the entertainment industry to include ECP* in story lines in shows that target youth.
- *Support progressive legislation* to allow collaborative drug therapy agreements – pharmacist and physician protocols that authorize pharmacists to deliver ECP in specific situations. Pharmacists can contact the American Pharmaceutical Association to ascertain if collaborative drug therapy agreements are permitted in their states and can work with the Association to implement procedures in their pharmacies.
- *Advocate for funding for research on emergency contraception*, including biomedical, programmatic, social science, and service delivery research.

Other Sources of Information and Materials

Emergency Contraception Hotline

A project of the Office of Population Research
Princeton University, Princeton NJ, and
The Reproductive Health Technologies Project
Washington, DC
P: 888.NOT.2.LATE
Web site: <http://not-2-late.com>

A Clinician's Guide to Providing Emergency Contraceptive Pills

Pacific Institute for Women's Health
2999 Overland Avenue, Suite 111
Los Angeles, CA 90064
P: 310.842.6828
Web site: www.piwh.org (available free online)

American College of Obstetricians & Gynecologists (ACOG). Emergency oral contraception. *ACOG Practice Patterns 1996; No. 3:1-8.*

ACOG Resource Center
409 12th Street, SW
PO Box 96920
Washington, DC 20090-6920
P: 202.863.2518
Web site: www.acog.org

Emergency Contraception: Resources for Providers

Program for Appropriate Technology in Health
Planned Parenthood Federation of America
Marketing Department
810 Seventh Avenue
New York, NY 10019
P: 800.669.0156 (request document #5410)

APhA Special Report – Emergency Contraception: The Pharmacist's Role

American Pharmaceutical Association (APhA)
2215 Constitution Avenue, NW
Washington, DC 20037-2985
P: 800.237.APhA
Web site: www.aphanet.org

Federal Register (regarding emergency contraception)

U.S. Food and Drug Administration
P: 800.342.2722 (request document #0265)
Web site: www.fda.gov/opacom/fedregister/cd96107.htm
(available free online)

Emergency Contraceptive Pills: A Resource Packet for Health Care Providers and Programme Managers

(available in English and Spanish)
Consortium for Emergency Contraception
8930 Camp Road
Welcome, MD 20693
Web site: www.cecinfo.org (most of the packet is available free online)

Comprehensive Family Planning and Reproductive Health Training Curriculum, Module 5: Emergency Contraceptive Pills

Pathfinder International, Medical Services
9 Galen Street, Suite 217
Watertown, MA 02172
P: 617.924.7200
Web site: www.pathfind.org (available free online)

References

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- 5 Sills *et al.* Associations among pediatricians' knowledge, attitudes, and practices regarding emergency contraception. *Pediatrics* 2000;105:954-6.
- 6 The ProChoice Resource Center. *EC Does It.* Port Chester, NY: PCRC, 2000. Retrieved from <http://www.prochoiceresource.org/html/training/ecdoesit.htm> on July 31, 2000.
- 7 Consortium for Emergency Contraception. *Medical and Service Delivery Guidelines.* Seattle, WA: Program for Appropriate Technology in Health, [n.d.].
- 8 The Reproductive Health Technologies Project. *The Emergency Contraception Campaign: Expanding Our Audience in Philadelphia.* Washington, DC: The Project, 1999.



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