

**Expert Comment on Emergency Contraception
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Emergency Contraceptive Pills [ECPs] are pills containing hormones taken after unprotected intercourse in order to prevent pregnancy. The hormones used are the same as those used in regular contraceptive pills but in different doses, either oestrogen plus progestogen or progestogen alone. The progestogen only pills are preferred as they are more effective, have fewer side effects and can be taken as a single dose.

ECPs can be taken up to 5 days after unprotected intercourse, but work best if taken within the first 24 hours. Hence the old name "the morning after pill". They are about 99% effective if taken as directed.

Whilst not intended for frequent use there is no known health risk from using ECPs repeatedly and no effect on future fertility. Technically there is no limit to the number of times a woman can use ECPs and they should not be "rationed". However correctly used regular methods of contraception such as "the pill", injectables and intrauterine devices are more effective in long term pregnancy prevention than ECPs used repeatedly.

World Health Organisation [WHO] state there are no absolute contraindications to use of ECPs at any age. Indeed it is because of its safety profile, that ECPs are registered by The Medicine Control Council of SA for sale over the counter in pharmacies without need for prescription.

ECPs are indicated in many situations when no contraceptive has been used, including rape or coercive sex, when a contraceptive method is used incorrectly e.g. if pills are forgotten or the woman is more than 14 days late for her next injection, or if the method fails e.g. a condom slips or breaks or an intrauterine device is expelled.

Emergency contraception is an excellent way to prevent pregnancy after a single episode of unprotected intercourse, but obviously provides no protection from STIs including HIV and this is indeed worrying that so many youngsters are putting themselves at risk of infection.

Requests for ECPs should be seen as an opportunity to counsel the individual or couple re use of a more effective ongoing method of contraception as well as the need for condom use for dual protection ie prevention of both pregnancy and infection .

In an ideal world perhaps there would be no need for ECPs but in reality we know ECPs are both safe and effective and should be promoted widely and made accessible. So why are we getting anxious when young people are using them? Surely this is more responsible than having an unintended pregnancy or abortion.

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