JOURNAL OF WOMEN'S HEALTH
Volume 18, Number 10, 2009

DOI: 10.1089/jwh.2009.1672

AMWA Position Statement on Emergency Contraception

Gayatri Devi, M.D., Elizabeth Shin, B.A., Eden Kim, B.A., M.P.H., and Vanessa Lo, B.S.

A major public health issue in the United States is the overwhelming number of unintended pregnancies among adolescent girls and adult women. The American Medical Women's Association (AMWA) promotes the health and wellness of women in every aspect of their lives. Therefore, AMWA supports programs and services that educate girls and women about emergency contraception.

Unfortunately, unprotected intercourse is prevalent in the United States, which has the highest rate of teen pregnancies among developed nations. The majority (80%) of these pregnancies are unplanned, and nearly a third of the pregnancies are terminated by legal abortions.[1,2] In 2004, there were 745,000 pregnancies in adolescent girls 19 years and younger, and over a quarter (28%) were terminated by legal abortions.[3] This problem is not limited to teens, as 75% of births from adult women aged 20–44 years were unplanned, and nearly 20% were aborted.[3,4]

Unintended pregnancies are associated with numerous adverse effects to both mother and child. Mothers experience a greater risk of maternal mortality, and the fetuses may be unwittingly exposed to alcohol and other toxins, causing morbidity and mortality.[4] There is also a substantial financial impact from these unintended pregnancies, with direct medical costs totaling $5 billion, including cost for caring for completed pregnancies and induced abortions.[5]

The large numbers of unintended pregnancies in girls and women demonstrate the inefficiency of birth control use despite the widespread availability of contraceptives. A minority of women uses oral contraception (33.9%), and the rest use another means of birth control or no contraception at all.[6] A study of the sexual behavior of New York City teenagers revealed that 14% of sexually active teens did not use any form of contraception during their last act of sexual intercourse.[7]

Girls and women forgo contraception for reasons related to the method of use, user, partner, and cost/access issues.[4] Examples include experiencing side effects from oral contraceptive use and assuming there is a low risk for pregnancy based on erroneous assumptions about fertility (e.g., during menstruation). Some girls and women may rely on other preferred methods to avoid pregnancy, such as abstinence, where as others may be poorly informed about the various available contraceptive methods. Abstinence is an infrequently used method of contraception for the majority of American teenagers. Despite the past administration's abstinence-only funding for sexual education programs in schools, teen birth rates rose in 2006 for the first time since 1991.[8] Some girls and women forgo contraception for fear of displeasing their partners or at their partner's behest. Finally, availability and cost are important factors in determining contraceptive use. These numerous factors point to the complexity of the decision-making process underlying effective contraception. Healthcare providers are in a powerful position to provide compatible and compassionate interventions that address every girl's and woman's individual needs. Women need to be aware of the availability and accessibility of the emergency contraceptive pill (ECP) after having unprotected intercourse.

To help address this need for contraception *post factum*, Plan B was approved in the United States in 2009 as an ECP. It is now available over-the-counter for men and women aged $\geq$17 years, and adolescents under the age of 17 years must have a prescription.[9] Proper use of ECPs could have prevented at least 75% of these unintended pregnancies.[10] In addition to their effectiveness, ECPs are considered by the World Health Organization (WHO) to be one of the safest methods of contraception, although habitual use is not recommended.[2]

AMWA strongly supports the position that educational programs addressing the consequences of unprotected sex should be available and recommended to girls and women. AMWA believes that all girls and women should have recourse to ECPs after unprotected sexual intercourse, as unintended pregnancies often have far-reaching deleterious effects on the mother, child, and society.

Disclosure Statement

There are no conflicts of interest to report.

References

1. Dragoman M, Davis A. Abortion care for adolescents. Clin Obstet Gynecol 2008;51:281–289.
2. Cremer M, Holland E, Adams B, et al. Adolescent comprehension of emergency contraception in New York City. Obstet Gynecol 2009;113:840–844.
3. Ventura SJ, Abma JC, Mosher WD. Estimated pregnancy rates by outcome for the United States, 1990–2004. Natl Vital Stat Rep 2008;56:1–26.
4. Gipson JD, Koenig MA, Hindin MJ. The effects of unintended pregnancy on infant, child, and parental health: A review of the literature. Stud Fam Plann 2008;39:18–38.

The New York Memory and Healthy Aging Services, New York, New York.

5. Trussell J, Lalla AM, Doan QV, et al. Cost-effectiveness of contraceptives in the United States. Contraception 2009;79: 5–14.
6. Frost JJ. Trends in U.S. women's use of sexual and reproductive health care services, 1995–2002. Am J Public Health 2008;98:1814–1817.
7. Teen sexual activity and birth control use in NYC. NYC Department of Health and Mental Hygiene Vital Signs, 2007. Available at www.nyc.gov/html/doh/downloads/pdf/survey/survey-2007youthsex.pdf
8. Harris, G. Teenage birth rates rise for the first time since '91. New York Times On-line: Health, 2007. Available at www.nytimes.com/2007/12/06/health/06birth.html?_r=1&oref=slogin
9. www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/cm149568.htm
10. Lindberg CE. Emergency contraception for prevention of adolescent pregnancies. MCN Am J Matern Child Nurs 2003; 28:199–204.

Address correspondence to:
Gayatri Devi, M.D.
The New York Memory and Healthy Aging Services
65 East 76th Street
New York, NY 10021

E-mail: gd@nymemory.org

This article has been cited by: