

Emergency post coital contraception can prevent pregnancy. It has been estimated that approximately 80% of pregnancy terminations could have been avoided by emergency contraception. It is difficult to know why so few women take the opportunity of using the many post coital contraceptive techniques available when they are so effective. One reason very few women use it is because many don't know about it. It is estimated that only 70% of women have heard of post coital or emergency contraception and another 10% don't know how to get hold of it. In a recent survey of 1000 women it was estimated that only about 10% women have accurate knowledge of the techniques available. This leaflet is designed to provide a brief summary.

### Three Main Methods

There are three different types of contraception that can be used after intercourse. One is known as a PC4. It is a combination of the natural female hormones known as oestrogen and progesterone. Another is the intra-uterine contraceptive device and a third is a hormone that blocks your natural hormones (Mifepristone).

### PC4

PC4 is easily available from any general practitioner and is a simple combination of the female hormones oestrogen and progesterone. It should be used within 72 hours of unprotected intercourse. It consists of four tablets. Two are taken straightaway then two more are taken 12 hours later. It is popularly believed that they should be taken almost immediately after intercourse but they are just as effective even if there has been a delay of two days. Provided they are used within three days then they will prevent at least 90% of pregnancies. However, not all acts of intercourse cause a pregnancy and therefore many more women taking PC4 will find that they don't get pregnant. In other words, the pregnancy rate following PC4 is probably less than 5%. In one study the failure rate is quoted to be as low as 1%.

There are some side effects of the treatment. Some women do experience nausea and therefore it is worth taking an anti-sickness tablet at the same time. Some anti-sickness tablets can make you sleepy and this can affect your work performance but your doctor can prescribe ones that don't cause this.

As PC4 contains the female hormones it should not be given to women who can't take the contraceptive pill. Also women who have had an episode of unprotected intercourse more than 72 hours ago should not use it because its effectiveness decreases and there are alternatives.

### The Contraceptive Coil

A coil is a very effective method of emergency contraception. It can be used after intercourse provided it is inserted a week before the estimated date of your next menstrual period. If inserted properly it probably prevents 98% of pregnancies. As there is a chance you might not be pregnant anyway this can be translated into a failure rate of less than 1%. However there are disadvantages to the coil. It should not be used if there is an infection, having one put in can be uncomfortable and it is not usually recommended for women who have not had babies.

### Mifepristone

Mifepristone is a medicine that blocks the natural hormone essential for pregnancy. It is very similar to the body's own progesterone and "fools the natural hormone from working". It is extremely safe, has been used in hundreds and thousands of women and is not associated with any side effects. There have been studies where women have been given Mifepristone and a dummy tablet and these trials have shown that it doesn't even produce nausea. It is certainly true that many women do get a feeling of sickness when they take a tablet but it seems that this occurs whether it is a dummy tablet or the actual hormone blocker. This suggests that it is the thought of taking a tablet rather than the tablet itself that causes any side effects.

It is thought to be more effective than all other methods of post coital contraception but the studies to demonstrate this are limited. However the medical profession can be confident that it is as good as PC4 or the IUCD. It can be used any time during the menstrual cycle as long as it is given before your next period starts. The disadvantage is that it may delay your next period and make your next cycle unpredictable. However it is rapidly out of the system and future periods will not be effected.

The disadvantage of Mifepristone is that it can be used to procure abortions and for that reason the Government in the United Kingdom have chosen to control its use very tightly. This means that it can only be given in centres approved by The Minister of Health. In practice this means it has to be given by a hospital rather than a GP. It is also important to appreciate that it has not been licensed by The Department of Health for emergency contraception. It is licensed for other uses. Doctors do use it to make abortions safer. For this reason the media have labelled it The Abortion Pill and it is important you appreciate this if you were to take it.

### **How to get emergency contraception?**

Post coital contraception should be obtained from your general practitioner. Because it has to be given quickly an emergency appointment should be made. Some casualty departments in the country do offer this service. They would refer you to one of the Family Planning Clinics.

### **What to do afterwards?**

It is very important that you get a pregnancy test if your period is late. Nothing in life can be guaranteed and post coital contraception can fail. It would be wrong to wait nine months before you found out if any therapy had been successful.

If your initial contraception failed it is also worth considering other forms of contraception. Post coital contraception might work this time but it is good to avoid putting yourself in a position where you might become pregnant if the pregnancy would be unwelcome and unwanted.