



Emergency Contraception: The Untold Secret

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What is emergency contraception?

Emergency contraception (EC) is defined as the use of hormonal (pills) and non-hormonal (intrauterine device:IUD), contraceptive methods, after sexual intercourse with the purpose of preventing a pregnancy.

Despite being available for more than 40 years, EC has been rarely used to date, and is often referred to as "the best kept secret in contraception."

In April of 1995, in Bellagio, Italy, a group of experts in reproductive health issued a "Declaration of Consensus," in which the need for a better understanding of the method was emphasized, shedding light on its potential effects on reproductive health. Since then, and with the decisive support of different organizations united under the umbrella of the Consortium for Emergency Contraception (among them the WHO), efforts have been made to both diffuse information and to register dedicated products in the different countries of the world and continent.

In what cases is EC recommended?

The indications for the use of emergency contraception include all those situations which can result in an unwanted pregnancy. Among them:

- a) unintended and/or unprotected relations in which no method was used,
- b) failure of the contraceptive device or improper use of a method (rupture of condom, failure to remember pills, date of injection, wrong calculation of rhythm method) when, in spite of the contraceptive purpose of the condom a possibility of pregnancy exists,
- c) all sexual relations exercised with physical or psychosocial violence, including rape. Here, emergency contraception demonstrates its nobility by offering the possibility of preventing one of the most gruesome consequences of sexual violence.

What pills can be used?

Emergency contraceptive pills (ECPs) include a combined regimen and a progestin regimen. In the combined regimen (known as the Yuzpe regimen) any contraceptive pills can be combined which contains Norgestrel or Levonorgestrel, be it "high dose" or "low dose". Both formulas are widely available in all pharmacies within the continent.

The total recommended dose is 200 micrograms of ethinylestradiol and 2 micrograms of Norgestrel or 1 microgram of levonorgestrel. Depending on the formulations, a total of 4 or 8 tablets or granules are taken together, in two divided doses.

The regimen of progestin only, as implied by its name, consists of administering Levonorgestrel alone in a total dose of 1.5 mg., in the same form and in two separate occasions.

The advantage of this regimen is the absence of the estrogen component, which results in less frequent and intense side effects, and a better safety profile. The disadvantage consists of the high number of "miniature pills" that must be taken in each regimen to reach the therapeutic dose, when a "dedicated product" may not exist.

As a result, it is important that in each country of the Latin American (LAC) region the L-norgestrel-only product soon be registered, in order to facilitate access to this emergency contraceptive regimen with widely recognized benefits.

When should be ECPs be taken?

The window of opportunity

In order to administer the ECPs effectively, they must be given within a short amount of time: the first dose must be administered as soon as possible within the first 12 hours after unprotected sex, the second dose should be repeated 12 hours after the first.

How many pregnancies can be prevented with ECPs?

The administration of ECPs within the proper time periods prevents at least one out of four pregnancies that would have occurred as a result of unprotected sex, a 75% contraceptive effectiveness rate.^{11,12}

Recent clinical studies seem to demonstrate that effective contraception is greater when the period

between coitus and the first dose is shorter.¹³

Based on this new evidence it is suggested that dosage should be initiated as soon as possible, within the first 72 hours from the coitus.

What are the side effects? What are the health risks involved?

The most common side effects with the Yuzpe regimen are: nausea and vomiting, as well as headaches, dizziness and breast tenderness. These same side effects are much less frequent with progestin only.⁹

Despite being relatively common, the side effects are self-limiting, in that they disappear once the active components are eliminated. However, they might be easily prevented or treated if necessary.

In the vast medical literature published for more than three decades regarding these methods, no severe side effects have been reported, in particular, there have been no reports of acute thrombosis (blood clots) directly related to EC.^{14,15,16,17}

Malformations to the fetus have not been described in any cases as a result of improper dosage, or even in cases of pre-existing pregnancy.

The WHO confirms that any woman, if need be, may use ECPs, since there are no absolute or relative medical contraindications for the occasional use of this method. Confirmed pregnancy is only considered a contraindication: the EC would have no ⇒

New Parliamentarian Group in Europe...

The Inter-European Parliamentary Forum on Population and Development was launched in Paris on the 4th and 5th of December 2000.

Representing the IAPG were Alvaro Alonso, Minister of Labor and Social Security of Uruguay and Hernán Sanhueza, Executive Coordinator of IAPG and Regional Director of the International Planned Parenthood Federation, Western Hemisphere Region (IPPF/WHR). The IAPG supports this initiative and congratulates the organizers of the event.

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indication in such a case, since pregnancy can not be interrupted.

How do ECPs work? The mechanism of action

Despite existing for a long time, it is not known with certainty how the various hormonal regimens for emergency contraception work.

It is probable that the action of the EC depends on the stage of the cycle during which it was administered (before, during or after ovulation).

If taken before ovulation the intense and brief hormonal exposure alters hormonal patterns, hindering the release of the egg or also delaying ovulation. If this has already occurred, the EC may alter the mucus, delaying the transport of germinal cells, and possibly altering the endometris making it less receptive to nesting.

It is important to point out that whatever the mechanism of action may be, it is always before implantation. Emergency contraceptive pills, combined or with progestin, are not capable of interrupting the process of implantation once it has been established: they could never interrupt a pregnancy however initial it may be.

Can ECPs be considered abortive? A false controversy

ECPs act in the same form as most modern contraceptive methods, with the only difference being

in the moment of administration (after, rather than before or during coitus).

Recent studies show that the average period between ovulation and implantation, in case of successful pregnancy, is of eight to ten days. The administration of ECPs during this period takes place much earlier than when this process is initiated. Furthermore, according to the International Federation of Gynecologists and Obstetricians (FIGO), the American College of Obstetricians and Gynecologists (ACOG), the United States National Institute for Health (NIH) and other international medical terminology, the proper implantation (as a process of attachment of the fertilized egg) is the event that signals the beginning of the pregnancy.

As stated in the Spanish law titled *Assisted Reproduction Techniques*: ... "it is thus reflected, that the implantation moment is of necessary biological value, for before it, the embryo development remains uncertain, and with the implantation the gestation is initiated evidencing the biological reality represented in the embryo"... (our translation). Thus, it is erroneous to refer to emergency contraception as an abortifacient.

Emergency contraceptive pills, on the other hand, should not be confused with Mifepristone (RU486), popularly known as the "french pill" which is capable of interrupting a pregnancy during the first semester, without the need of a clinical intervention. RU486 is not

registered in any country of the LAC region, but it has been available for several years in various european countries, and most recently in the United States.

What should users do?

It is important to recognize that the most important factor that has limited the use of EC is lack of knowledge, be it on the part of potential users or by the service provider.

Because of this and also because of the short period of intervention (72 hours), it is recommended to systematically inform users, especially adolescents, of the existence of this method, before they need to use it.

Information may be provided through doctors, whenever that may be, or also through other means of information and electronic communications, as advised by the WHO.

During medical counselling it must be emphasized that this →

IAPG News

Maria Elena Chapa, MP from Mexico and Olgalina Quijada, MP from Panama and President of the Women's Commission of the Latin American Parliament (Parlatino), visited IAPG in New York on the 20th of February.

Each MP made a presentation regarding their work in the area of sexual and reproductive health in their countries.

The meeting, held at the headquarters of the IAPG, was joined by several NGOs interested in the LAC region.

method should never be considered an alternative to routine contraceptive, especially barrier methods, for the following reasons:

- 1) Emergency contraceptive methods do not protect against STI.
- 2) Side effects (nausea and vomiting) are significantly greater than with normal contraceptive pills.
- 3) The efficacy of emergency contraception is less than with other methods.

All of this information should be included in adequate emergency contraception counselling, underlining that this is the last option added to an existing array of options. It represents a truly exceptional lifesaver to avoid unwanted pregnancies and moreover, to prevent an illegal abortion that may risk a woman's life, particularly our adolescents.

What is the legal status of EPCs? Reproductive rights.

Emergency contraception is a perfectly legal method of contraception, that uses compounds that have been registered for years in all of the countries of the region; with the same indication (contraceptive), although different from these in terms of dosage (concentrated) and time of administration (after coitus). It is not an abortive method, therefore its use should not be regulated under any specific legislation.

In those countries that have regulations or technical guides for the use of contraceptive methods, it is highly recommended that EC be officially incorporated into these norms along with all other contraceptive options.

This would significantly contribute to its official "legitimation" and facilitate its distribution among providers and users.

Needless to say, an area which urgently requires the routine incorporation of EC is the attention to female victims of sexual violence.

Guaranteeing access to information and services about the different contraceptive methods available, including EC, is not a discretionary right of governments or authorities: it is an obligation.

All citizens have inherent rights that are called human rights; of these sexual and reproductive rights are an integral component. These rights are incorporated in the National Constitutions or in the various Conventions and International Treaties, among them: The Convention on the Elimination of All Forms of Discrimination Against Women. These rights are:

- the right to freely and responsibly decide the number and spacing of children;
- the right to access information, education and means which permit citizens exercise these rights;
- the right to protection of health and to enjoy the highest standard of health;

- the right to be free from discrimination, based on race, color, gender, language, religion, political opinion or of any other nature;
- the right to be free from unlawful interference with their privacy.

It is important to highlight that governments and official authorities have the obligation to respect these rights and to protect and implement them as well.

If we consider that:

- *The percentage of unplanned and unwanted pregnancies continues to be quite high in the region (between 20 and 40%) even higher among adolescents (between 25 and 50%).*
- *the percentage of women in Latin America that use modern contraception is 58%, among adolescents in union this percentage is reduced to 37%.*
- *the correct and constant use of these methods is even lower, causing frequent contraceptive failures.*
- *The risk of pregnancy-related deaths among adolescents in Latin America is 50 times greater than for adolescents in the United States, a third of these deaths are the result of abortion.*
- *Abortion-related complications represent between the second and fourth cause of maternal death.*

⇒

- The total number of abortions performed in Latin America each year is approximately 4.2 million.

-Each year close to 800,000 women are hospitalized due to complications resulting from unsafe abortions, utilizing a high percentage of resources and occupying a high number of hospital beds.

We must recognize the imperative need to broaden the contraceptive options available to the population, including the only one capable of preventing a pregnancy even after sexual intercourse.

Studies show that many women who turned to abortion would not have done so had they been given access to this safer, more accessible and less traumatic option.

Upon learning about this method, a number of Mexican women expressed their indignation by stating: "If it exists for so long, why hasn't anybody told me about it before?"

This is an invitation to tell the secret. ♣

Raffaella Schiavon is a pediatrician born in Venice, Italy. Since 1984 she resides and works in Mexico.

Currently she is the Project Coordinator for Latin American and Caribbean Region for Population Council in Mexico.

She has written and co-written several publications, among them: "Anticoncepción de emergencia: Carpeta de Capacitación" and "Métodos Anticonceptivos para Adolescentes: Manual para Prestadores de Servicios".

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Our Publications

♣ Legislative Module on HIV/AIDS

This Module is the most recent IAPG publication made possible thanks to the financial support given by PASCA (Proyecto Acción Sida Centroamérica).

It offers a series of conceptual tools to identify the fundamental rights that should be taken into consideration in HIV/AIDS legislation.

Furthermore, it provides analytical tools to identify obstacles in the adoption and implementation of HIV/AIDS legislation in the LAC region.

♣ Legislative Commitments to Sexual and Reproductive Health and Rights: a Five-Year Review of Cairo and Beijing Conferences, Latin America and the Caribbean.

This publication was made possible through the financial backing of UNFPA (United Nations Population Fund). It presents a summary of the legislative commitments assumed by governments in the Cairo and Beijing Conferences and it reviews its implementation in the Latin American and Caribbean Region.

News on EC in Chile

On March 19th 2001, the Public Health Institute of Chile (ISP; Instituto de Salud Pública), announced its approval of the "morning-after-pill." The announcement was made by the Minister of Health, Michelle Bachelet, who also informed that public hospital obstetricians will be trained to administer the pill.

According to the national newspaper "La Tercera," in two months the pill will be available at approximately US\$ 4 or 5 and will be sold as a prescription medication.

The ISP Director, Gonzalo Navarrete stated that unless severe side effects to the pill are discovered, the prescription status can be modified.

On the other hand, President Ricardo Lagos announced that in order to prevent unequal access due to economic factors, the EC pill will be distributed for free in public hospitals. "Those who believe that is an abortifacient don't consume it, those who think otherwise will make the appropriate decisions," he stated to the newspaper "El Mercurio Electrónico" on March 21st. "I am the president of all Chileans and I can not impose the point of views of some to the others," he added.

Some members of parliament as well as the Chilean Reproductive Medicine Institute and the Women Bureau have criticized the sale of the pill under prescription. They argue that due to its very specific use, the prescription requirement violates the right to confidentiality by indicating personal information. Moreover, they argue that the prescription has a negative impact on its effectiveness due to the short timeframe.

Information gathered from www.emoi.com y www.reddesalud.web.cl

Controversy on EC in Colombia

In September of last year, the National Institute to Monitor Food and Drugs (INVIMA: Instituto Nacional para la Vigilancia de Medicamentos y Alimentos) authorized Profamilia (NGO affiliated to International Planned Parenthood Federation) to import and distribute the emergency contraception pill, Postinor- 2.

In November two bishops speaking on behalf of the Colombian Episcopal Body formulated a petition requesting that INVIMA reconsider the license issued to Profamilia.

The decision to review the license, which was done without considering the technical reports presented from the beginning, was noti-

fied to Profamilia who already began to distribute the medication in January this year .

According to the WHO, the National Academy of Medicine, the Ministry of Health and other medical and scientific institutions, EC can not interrupt a pregnancy. The pill would be ineffective once implantation of the egg has occurred.

On the other hand, the Catholic Church argues that when a woman takes the pills in the fertile period, the function of the medication is not to avoid conception, but instead to prevent the implantation of the fertilized egg in the uterus.

Thus, the debate focuses on

whether the INVIMA should be involved in the restrictions that the catholic church imposes on its followers; or whether it should focus on the technical and scientific issues related to the rights of all Colombians (believers or non-believers) to decide on the number and spacing of their children, to enjoy a fulfilling sex life and to choose scientific and legal methods of contraception.

According to the national newspaper "El Tiempo," INVIMA's Monitoring Commission should define the issue before the end of March. ♣

We would like to thank María C. Calderón, from Profamilia, Colombia for the information provided.

New Legislation

Proposed Bill on Sexual and Reproductive Health in Ecuador

Several concepts stand out in a recent bill on sexual and reproductive health and rights, that will be introduced to the Ecuadorian Congress. Sexual health is defined as the physical, mental and psychological state that enables a person to exercise his/her sexuality, generating experiences, relationships and bonds that make human development possible. Reproductive health, on the other hand, refers to one of the stages of sexuality, that of reproduction.

The proposed bill also states that every person has the *right to information and to make decisions*, and affirms that "a person that is over 18 years of age has legal capacity, regardless of sex, marital status, and is free to adopt decisions about his/her body and about his/her sexual and reproductive health."

The bill provides that private clinics that fail to provide services will be fined between US\$100 and

\$500; and if this occurs in a public hospital it seeks the dismissal of health-care professional.

With respect to the regulation of fertility, the bill states that both men and women have the right to freely and responsibly make decisions about the spacing and number of their children. In addition, it establishes as a requirement that informed consent must be given in writing. In the case of surgical sterilization, the bill requires a period of at least 60 days between the written consent and the surgical intervention.

The bill also mentions as specific government responsibilities, the following:

- to promote the use of fertility regulation techniques among the male population.
- to promote education policies that provide a scientific and humanistic vision of sexuality. ⇒

- to distribute contraception, free of charge, in brothels,
- to design programs that regulate fertility that offer safe techniques for adolescents.

A very innovative component of the draft bill is the creation of "User Committees" for sexual and reproductive health services. These committees would be the "social monitors" of the services provided in their respective areas. In those areas lacking a local district attorney office, these committees would have the authority to issue complaints, denouncing cases of discrimination, negligence, and service denial. The official authority in the province that receives the complaint then would have 24 hours to initiate a summary investigation.

Another interesting component of the bill is the reference to the traditional practices of the indigenous and african-descent populations. Article 27 of the

draft bill states that both official authorities and professional health practitioners must respect the practices of traditional birth attendants, as well as the knowledge and beliefs of this sector of the population. ♣

Anunziatta Valdez is a lawyer and MP from Ecuador. She was President of the Women, Adolescents and Family Commission in 1998-2000. During that time, she introduced the "Law for the Legal Equality of Women," which was later on approved. She has also worked on a number of bills which include, among others: the "Protection and Control of Remunerated Sex Workers", the reform of the Penal Code related to sexual crimes, the "Code of Family, Childhood and Adolescents," and the draft bill involving youths.

She is currently the spokesperson for the Women, Adolescents, and Family Commission in Ecuador and the President of the Women's Commission of the Andean Parliament.

If you wish to receive the full text of the draft bill, you may request a copy to: gcarino@ippfwtr.org
In addition, if you have any comments, ideas, suggestions, you can write to: avaldez@telconet.net o patriciaaucatoma@inbox.as

IAPG Schedule of Events

Women's Commission of the Latin American Parliament (Parlatino)

The Women's Commission will meet in Havana, Cuba from June 2nd to the 5th of this year.

With the support of UNIFEM, the IAPG is organizing a training workshop for parliamentarians that will take place during the

above mentioned meeting and with the participation among others of Alda Facio as speaker. ♣

Launching of the Legislative Commitments

The IAPG in collaboration with the national country offices of the UNFPA (United Nations Population Fund) will launch its most recent publication

"Legislative Commitments to Sexual and Reproductive Health and Rights: a Five-Year Review of Cairo and Beijing Conferences."

Several presentations will be held at the national parliaments of Venezuela, Bolivia, Panama, Cuba, Ecuador, Mexico, Dominican Republic, Costa Rica and Chile throughout the year. ♣

Events at the United Nations

♣ From the 25th to the 27th of June the General Assembly of the United Nations will hold a special session on HIV/AIDS in New York. Those interested organizations or representatives that were unable to attend the preparatory meetings may find information and announcements at <http://www.hdnet.org>

♣ The Inter-governmental Preparatory Committee for the Third Conference of the United Nations on Least Developed Countries met in New York on the 2nd of April to discuss the draft of the Program of Action for the least developed countries for the period of 2001-2010. The Third Conference will take place in Brussels, Belgium from the 14th to the 20th of May 2001.



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Additional Sources on Emergency Contraception...

English:

<http://www.path.org/cec/>

<http://www.popcouncil.org/rhfp/ec.html>

<http://ec.princeton.edu/>

<http://www.crlp.org/ecdomestic.html>

<http://www.plannedparenthood.org/library/BIRTHCONTROL/EmergContra.htm>

<http://www.naral.org/mediaresources/fact/emergency.html>

Spanish:

http://www.mexfam.org.mx/esp_anti_em.htm

<http://www.en3dias.org/>

http://www.plannedparenthood.org/ESPANOL/spanishec_page1.html

<http://ec.princeton.edu/indice.html>

Different Languages:

http://www.path.org/resources/ec_client-mtrls.htm

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