



The Best Kept Secret in Emergency Contraception : The IUD as EC

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Why is EC a girl (or guy's) best friend?

- EC is the **only method that works post-coitally**
- Back-up method when regular method fails - **for the “Whoops!” moment**
- Provides **a second chance** to prevent pregnancy
- Important for women who may experience difficulty negotiating contraceptive use: **youth and female sex-workers**
- Critical part of **treatment for sexual assault survivors**

How do EC pills work?



The Science of “PlanB” Emergency Contraception

<https://www.youtube.com/watch?v=7VoZr9vHeMo>

What is the most effective form of EC?

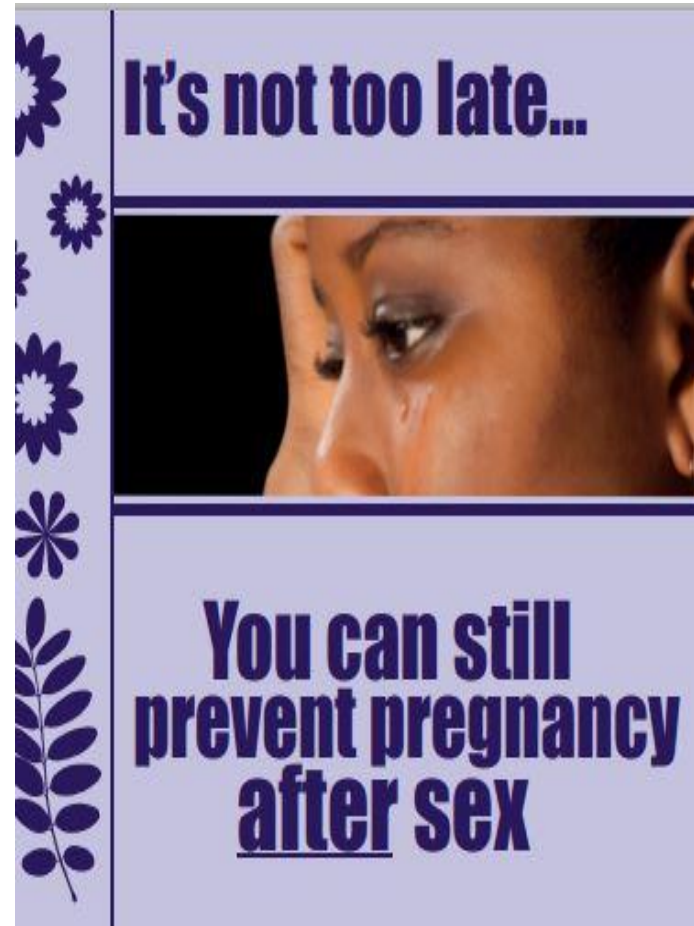


- Copper IUD
- Ella
- Progestin-only pill
- Yuzpe method

Mifepristone

EC @ PSI

- **3.3 million** EC pill packs (progestin-only pill) distributed in 2014
- **Across 9 PSI programs**
 - **WCA:** Nigeria
 - **EA:** Tanzania, Malawi
 - **SA:** Zimbabwe, Madagascar
 - **AEE:** Pakistan, Myanmar, Cambodia
 - **LAC:** Paraguay
 - *Launching in DRC*

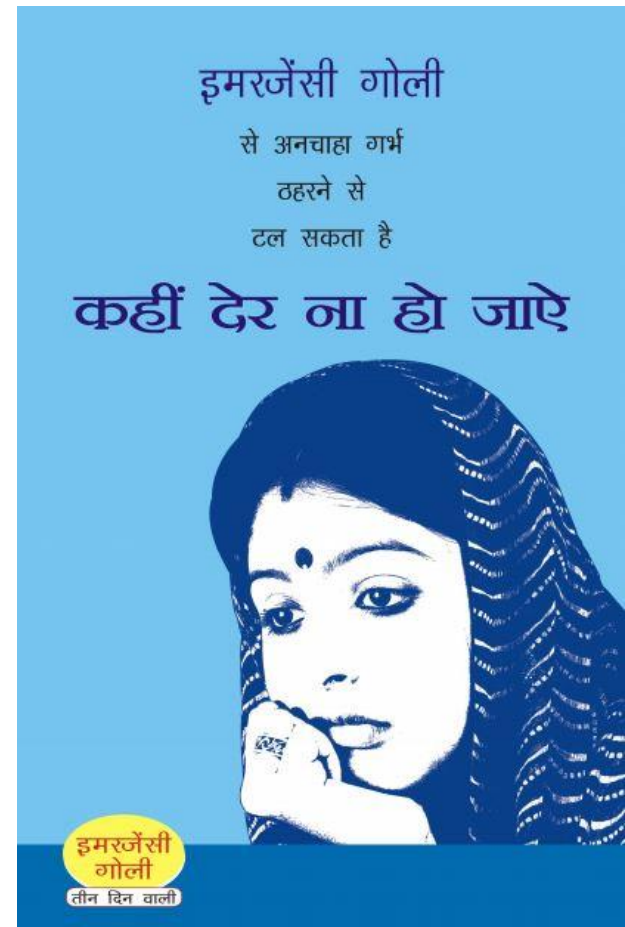


Social Marketing of EC Globally

Are we missing a valuable opportunity?

Only 33% of social marketing programs globally distribute EC. WHY?

- EC is often not prioritized given limited FP funding
- Active opposition from religious groups
- Lack of knowledge among the general population a key barrier to sales
- No demonstrated population effect
- No evidence that EC effectively “bridges” a woman to a more effective FP method
- Concerns about typical use effectiveness



Westley, E. et al. Contraception 87 (2013) 703 – 705.

Palermo T. et al. International Perspectives on sexual and Reproductive Health (2014)




40(2):79-86.

Why the IUD as EC?

- Copper IUDs can **be left in place up to 12 or more years** to provide reversible contraception as effective as sterilization
- IUDs can be inserted up to 5 days after unprotected intercourse **with no reduction in effectiveness**
- The data show that women seeking EC who choose the copper IUD over EC pills are **more likely to be using highly effective contraception and less likely to have a pregnancy 12 months later**



Planned Parenthood's Approach to EC Provision

What's the Best Emergency Contraception for You?			
	 Copper-T (ParaGard® IUD)	 ella®	 Plan B One-Step® Next Choice One Dose™ and others
Effectiveness	Best	Very good	Good
When to Use	Up to 5 days after unprotected sex.	Up to 5 days after unprotected sex.	Up to 3 days after unprotected sex. Less effective on days 4 and 5, but you can still use it.
Who Can Use	All women.	All women (unless breastfeeding). Less effective for women with a BMI over 35.	All women. Less effective for women with a BMI over 25. May not work for women with a BMI over 30.
How to Get	Inserted by a doctor or nurse at a health center.	By prescription from a doctor or nurse.	Most brands are available to anyone over the counter without prescription.
Extra Information	Provides very effective ongoing birth control for up to 12 years.	After using, use back up birth control (like a condom) for 14 days.	Do not use if you've already used ella since your last period.

PSI's NEW Global Checklist for the IUD as EC

Checklist for Screening a Client Who Wants to Initiate Use of the Copper IUD as Emergency Contraception

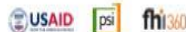
This tool is intended to be used by providers who are screening women that are seeking emergency contraception (EC) to prevent an unintended pregnancy. Ideally, they will have already received information on both their emergency and on-going contraceptive options. If they have not, it is important for the provider to ensure that the woman is made aware of the contraceptive options that best meet her current and future reproductive health needs.

YES	1. Have you had a baby in the last 4 weeks?	NO
YES	2. Did you have a baby less than 6 months ago, are you fully or nearly fully breastfeeding, and have you had no menstrual period since then?	NO
If she answered YES to question 1 or 2, she is not at risk of pregnancy and does not need EC. Help her to choose a regular method of contraception if desired.		
If she answered NO to questions 1 and 2, proceed to question 3.		
YES	3. Did every unprotected sexual act since last menses occur within the last 5 days?	NO
If she answered YES to question 3, she may be eligible for the IUD as EC. Please proceed to the Pre-Insertion Counseling Points.		
If she answered NO to question 3, proceed to question 4.		
YES	4. Have you had a miscarriage or abortion in the last 12 days?	NO
YES	5. Did your last menstrual period start within the past 12 days?	NO
If she answered YES to questions 4 or 5, she may be eligible for the IUD as EC even if she had unprotected intercourse more than 5 days ago. Please proceed to Pre-Insertion Counseling Points.		
If the client answered NO to question 4 and 5, she is not eligible for the IUD as EC and may be at risk of pregnancy. The client should await her regular menses, use condoms or abstain from sex in the meantime, and be counseled about future contraceptive options. She should return for a pregnancy test if expected menses are delayed by one week (or obtain a test on her own). If the test is positive, discuss all available options with her.		

Pre-Insertion Counseling Points

- When used as routine contraception, the IUD works by preventing sperm from uniting with an egg (a process called fertilization).
- Placing the IUD after unprotected intercourse likely involves the same mechanism of preventing fertilization. In addition, only when inserted as EC, the IUD may also prevent the egg from attaching to the uterine wall (a process called implantation).
- A copper-bearing IUD is the most effective form of EC. If 1,000 women have a copper IUD inserted within 5 days of unprotected intercourse, not more than 1 would be expected to become pregnant that month.
- After insertion of a copper IUD, you may experience light bleeding or spotting between menses, menstrual cramps or mild pain, and/or heavier menses for the first few months. Most women find that these symptoms diminish over time.
- After an IUD is inserted as EC, you should consider keeping the IUD in place for routine contraception because it is an effective as sterilization and can be used for up to 12 years if desired.
- You can have the IUD removed at any time for any reason. There is no delay in your return to fertility.

If the client would like to use an IUD as EC, proceed to questions 6 - 12 and 13 - 19 to complete the screening for medical eligibility.



• Collaboration between PSI, USAID and FHI360

• Revised standard IUD checklist and created a new IUD as EC specific checklist

• The first global tool of it's kind

• *What's next?*



Activity

- In small groups, discuss the **barriers** and **opportunities** for providing the IUD as EC
- Each person shares her/his insights with other members the small group
- Each small group discusses and decides on two or three main insights to present
- One person from each group presents back to the larger group



Barriers

- Lack of overall knowledge among women about EC as a method of FP
- Program staff and/or providers are not comfortable providing a method that could theoretically prevent the implantation of a fertilized egg
- Must be provided in a facility with trained staff
- People do not know where to access it
- General biases against IUDs and EC
- Stigma
- Motivating clinicians to change their behavior to use the new IUD checklist and the new IUD as EC checklist



Opportunities

- Current efforts to increase access to IUDs as part of a comprehensive FP program
- Many providers are already trained in IUD provision
- It is an easy bridge to a highly effective contraceptive method
- Guidelines are being revised and attitudes are changing towards youth IUD provision

Thank You!





EC efficacy and body weight

- **Recent regulatory changes raised the question of whether EC pills may be less effective for women with higher body weight.**
- In one analysis:
 - Reduced efficacy in women > 165 lbs
 - Not effective at all in women > 176 lbs
- **There is significant disagreement about whether the data supporting these changes are definitive.**
- It is unlikely that many women in countries where PSI and other partners work are aware of their weight.
- **Regardless of body weight, the most effective form of EC is the copper IUD, followed by ella.**