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Even though emergency contraception (EC) methods have been available in many European Union (EU) countries¹ for more than 15 years, access to EC remains unequal in the region. Different factors are responsible for this. The use of up-to-date and evidence-based guidelines could contribute to establishing more harmonized service delivery standards and to equalizing access to EC.

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EMERGENCY CONTRACEPTION

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Emergency contraception, also known as postcoital contraception or the morning after pill, refers to contraceptive methods that women can use to prevent pregnancy after unprotected or inadequately protected sexual intercourse. Timely access to EC is an important component of the contraceptive options available to women, to ensure their reproductive health and rights.

Currently, there are three main types of EC methods available in European Union countries:

- Levonorgestrel emergency contraceptive pills (LNG ECPs) are sold without a prescription in all EU states where it is available, except for Croatia, Germany, Hungary, Italy and Poland. In Malta, EC pills are not available.
- Ulipristal acetate emergency contraceptive pills (UPA ECPs), available in European markets since 2010, are at present only available by prescription.
- A third method for EC is insertion of a copper intrauterine device (Cu IUD).

Other ECPs, containing a low dose of mifepristone, are present in Russia and some countries of the Commonwealth of Independent States (CIS), but are not available in EU markets. An older regime, called Yuzpe, consists of a higher dose of regular combined progestin and estrogen contraceptive pills. The use of this regimen has become marginal in Western countries because it is less effective.

As indicated above, LNG ECPs (but not the other methods) can be bought directly in pharmacies in most EU countries. All EC regimens can be obtained in other settings, depending on the country. These include family planning clinics, sexual and reproductive healthcare centers, emergency rooms, and primary care facilities. Standardized EC policies are needed to guide service delivery at all these venues.

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¹ Currently, the EU consists of 28 member states: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, and the United Kingdom.

WHAT ARE GUIDELINES?

A clinical guideline is a document that guides healthcare providers in decision-making and provides criteria for the diagnosis, management, and treatment of a specific condition or within an area of medicine. Modern medical guidelines are based on thorough reviews of current evidence and typically include input from experts in the field. They also address practical issues. Guidelines may be issued and used by any organization or governmental body in an effort to standardize and improve the quality of health service delivery. However, guidelines are usually not mandatory or binding.

METHODOLOGY

The information presented in this factsheet is based on the findings of a survey conducted by the European Consortium for Emergency Contraception (ECEC) in 2012-13. A questionnaire was sent out to experts throughout Europe about their countries' EC policies. It surveyed not only guidelines, but also the legal status of EC pills, prescribers and places of delivery, costs and reimbursement policies, frequency of use, and common practices. The information was - in all countries except Greece - verified by ECEC in 2013. However, if you have reason to believe that information presented here is inaccurate or outdated, please contact us at info@ec-ec.org.

With regard to guidelines, questions were asked about:

- Whether there are any EC guidelines within that country.
- If these are dedicated exclusively to EC or incorporated in more comprehensive guidelines on contraception.
- When they were published.
- Whether the guidelines include references to the three most common EC methods.

This factsheet focuses on dedicated EC guidelines or comprehensive guidelines on contraception that include EC. Other guidelines may include references to EC as well, such as guidelines on care for rape survivors, but they are beyond the scope of this fact sheet.

WHAT NATIONAL EC GUIDELINES ARE AVAILABLE?

Most EU countries have official guidelines or other publications that aim at guiding clinical practice, as shown in Table 1. Five countries have no guidelines at all. These are Austria, Croatia, Ireland, Latvia and Malta. In Cyprus, Hungary and Lithuania, the World Health Organization (WHO) document *Medical eligibility criteria for contraceptive use* (2008) is used. Of countries that do have guidelines,

ten were written before 2010, when UPA ECPs were introduced. In Poland, UPA is not mentioned in the guidelines, although the guideline is of a recent date. Overall, in half of all countries that do have guidelines, they have not been updated to include the new EC regimens available.

Table 2 provides an overview of the organizations that have developed the available guidelines in each country. Where published books or papers are used for guidance, complete references are provided. In most countries, gynecological societies issue contraceptive guidelines. In some cases, primary care societies take the lead or guidelines are developed cooperatively with several societies. Pharmacists are rarely involved in developing guidelines, although their role has become more prominent since ECPs became available without prescription in many EU countries. Where published books or papers are used for guidance, it is unclear whether these were endorsed by medical societies as guidelines.

SUMMARY

Given that EC options are expanding, and not all EC regimens are available at the pharmacy for direct access by women, up-to-date and evidence-based guidelines are important tools. Most EU countries have guidelines on EC. In some cases, advice on EC is incorporated into more comprehensive guidelines on the broad range of contraceptives. Five countries do not have any guidelines. Eleven other countries have guidelines that do not include UPA. Only eleven countries have up-to-date guidelines. Mostly, guidelines are issued by societies of obstetricians and gynecologists. General practitioners and pharmacists are rarely involved, although they play an important role in EC counseling and supply.

RECOMMENDATIONS

- Where guidelines are unavailable, they should be developed. Healthcare providers play an important role in guiding women in choosing the best EC method for them. Guidelines are a key element in ensuring that counseling is provided according to the best evidence available.
- Guidelines should endorse all available EC methods.
- The important role of primary care should be acknowledged by involving general practitioners and pharmacists in the process of developing guidelines.
- Harmonizing EC guidelines across EU countries would contribute to making access and service delivery more equitable across this region.

TABLE 1: TYPES OF GUIDELINES IN EUROPEAN UNION COUNTRIES

COUNTRIES WITH OFFICIAL GUIDELINES DEDICATED EXCLUSIVELY TO EC	COUNTRIES WITH OFFICIAL FAMILY PLANNING GUIDELINES THAT INCLUDE EC AMONG OTHER CONTRACEPTIVE METHODS	COUNTRIES THAT USE A PUBLISHED PAPER OR BOOK AS A REFERENCE TO GUIDE EC PROVISION	COUNTRIES WITHOUT GUIDELINES
Denmark (2009) Finland (2010) France (2013)* Greece (2012/13)* Poland (2011)* Portugal (2011)* Spain (2011) United Kingdom (2011)	Germany (2008) Netherlands (2011) Romania (2006,2008) Slovakia (2009) Sweden (2005)	Cyprus (2008) Belgium (2009) Bulgaria (1999,2000, 2010) Czech Republic (2007) Estonia (2003, 2005, 2007) Hungary (2008) Italy (2004, 2007, 2011, 2012) Lithuania (2008) Slovenia (2011)	Austria Croatia Ireland Latvia Malta

* These countries also have guidelines that include EC among other contraceptive methods
No information about guidelines in Luxembourg was received.

TABLE 2: EC GUIDELINES

	DEDICATED EXCLUSIVELY TO EC	CONTRACEPTION GUIDELINES THAT INCLUDE EC	SOURCES (REFERENCES OR ORGANIZATIONS)
Austria	X	X	X
Belgium	X	2009	Domus Medica
Bulgaria	1999	2010	<i>Modern hormonal contraception</i> by Elian Rachev, MD, PhD (1999); <i>Family planning handbook for health professionals</i> by Insogen Evans, MD, PhD, FRCPC (2000); and <i>EllaOne® - new way for emergency contraception</i> by Blagovest Pehlivanov, MD, PhD (2010)
Croatia	X	X	X

	DEDICATED EXCLUSIVELY TO EC	CONTRACEPTION GUIDELINES THAT INCLUDE EC	SOURCES (REFERENCES OR ORGANIZATIONS)
Cyprus	WHO 2008	WHO 2008	WHO Medical eligibility criteria for contraceptive use
Czech Republic	2007	X	Moderní gynekologie a porodnictví 16(1), Supplementu
Denmark	2009	X	Danish Society of Obstetrics and Gynaecology
Estonia	2005	2003	Suukaudne hormonaalne kontratseptsioon by K. Haldre and H. Karro (2003); Ravimeetod - postkoitaalne kontratseptsioon by K. Haldre and K. Part (2005); and Õpilase seksuaaltervis: Tegevusjuhend kooli tervishoiutöötajale by K. Haldre, K. Part, K. Toomet, and S. Värv (2007)
Finland	2010	X	Working group appointed by the Finnish Medical Society Duodecim, the Finnish Gynecological Association, and the Finnish Association for General Practice
France	2013	2004	Haute Autorité de Santé
Germany	X	2008	Reference Unknown
Greece	2012/13	20012/13	Reference Unknown
Hungary	WHO 2008	WHO 2008	WHO Medical eligibility criteria for contraceptive use
Ireland	X	X	X
Italy	2012	2004	“Contraccezione Sessualità Salute Riproduttiva,” <i>Società Medica Italiana della Contraccezione</i> (SMIC) Journal, Volume 7, No. 3 (2007); “Position paper sulla contraccezione d'emergenza,” SMIC Journal (2011); “Ulipristal acetato un nuovo farmaco per la contraccezione di emergenza: aspetti clinici, medico-legali e percorsi di utilizzo,” SMIC Journal (2012); and “Criteri medici di elegibilità all'impiego dei contraccettivi” (Italian translation of the 2004 WHO Medical Eligibility Criteria)
Latvia	X	X	X

	DEDICATED EXCLUSIVELY TO EC	CONTRACEPTION GUIDELINES THAT INCLUDE EC	SOURCES (REFERENCES OR ORGANIZATIONS)
Lithuania	WHO 2008	WHO 2008	WHO Medical eligibility criteria for contraceptive use. Recommendations of the Lithuanian University of Health Sciences
Luxemburg	n/a	n/a	n/a
Malta	X	X	X
Netherlands	X	2011	The Dutch College of General Practitioners (interdisciplinary guideline for general practitioners, gynecologists and pharmacists)
Poland	2011	2005	Guidelines are published in Ginekologia Polska
Portugal	2011	2011	Sociedade Portuguesa de Ginecologia, Sociedade Portuguesa da Contracepção, and Sociedade Portuguesa de Medicina da Reprodução
Romania	X	2006, 2008	Contraceptia si sanatatea reproducerii - ghid practic de utilizare a contraceptiei orale combinate si a dispozitivelor intrauterine; Ghid pentru managementul contraceptiei; and Planificarea familiala - ghid practic pentru furnizorii de servicii de planificare familiala
Slovakia	X	2009	Slovak OB/GYN Society
Slovenia	2011	X	Smernice za rabo nujne kontracepcije by U. Bizjak Ogrinc, S. Koro_ec, and B. Pinter, 2011
Spain	2011	2008	Sociedad Española de Contracepción
Sweden	X	2005, 2013	Swedish Medical Products Agency
United Kingdom	2011	X	Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists

n/a: Information not available

The **European Consortium for Emergency Contraception** is a network of individuals and organizations that aim to increase knowledge and access to emergency contraception in Europe. Visit our website to learn more and join our online community.

www.ec-ec.org