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Survey of Emergency Departments Shows that 42% of non-Catholic Hospitals and 55% of Catholic Hospitals Would Not Dispense Emergency Contraception, Even to Victims of Sexual Assault

WASHINGTON, D.C. (May 4, 2005)—A national survey of hospital emergency rooms shows that staff at 42% of non-Catholic hospitals and 55% of Catholic hospitals said they do not dispense emergency contraception (EC) for any reason, including sexual assault. The study will appear as an early online release today by *Annals of Emergency Medicine* (Availability of Emergency Contraception: A Survey of Hospital Emergency Department Staff).

The study author, Teresa Harrison, SM, of Ibis Reproductive Health in Cambridge, MA, said, “The findings from this study illustrate the barriers that women face when trying to access emergency contraception from hospital emergency departments, particularly outside of regular business hours.” This is particularly important, she said, because EC may be more effective when taken within 24 hours of unprotected intercourse. Emergency contraception can reduce the risk of pregnancy by at least 75%, depending on the regimen used and the timing of treatment.

The hospital surveys, conducted in 2002 and 2003, used a “mystery client” approach; trained female interviewers telephoned on weekends asking about EC availability from emergency department personnel at all 597 Catholic hospitals in the U.S. and at 615 (17%) of all non-Catholic hospitals.

Results

- Staff working at non-Catholic hospitals were more likely to report that EC is available on request than staff at Catholic facilities.
- More than one-third of respondents at non-Catholic hospitals and 29% of respondents at Catholic hospitals indicated that emergency contraception is available at their facility; however, various restrictions applied.
- At non-Catholic hospitals with restrictions on EC provision, 45% said that emergency contraception was available only for victims of sexual assault, with or without taking a pregnancy test, filing a police report, or both, and 44% reported that the decision to provide the pills is made at the discretion of the physician on duty. In contrast, 79% of staff at Catholic facilities where emergency contraception is restricted said the method is provided only to victims of sexual assault, 19% indicating that the physician on duty makes the dispensing decision.
- Several states had laws mandating EC provision for victims of sexual assault at the times the surveys were taken, but 40% percent of staff at hospitals in states with laws said that EC was not available in the emergency room, compared with 45% of staff at hospitals in states with no laws. Many of these laws were new at the time of the surveys; further research is needed to evaluate the impact of these laws, including whether staff know about them and how they are enforced.

- About half of the staff at facilities where EC was not available referred the caller to a place—usually another hospital—where they thought the pills might be available. When callers pursued referrals, however, 80% of those given by staff at non-Catholic hospitals and 65% of those given by staff at Catholic hospitals were ineffective: wrong numbers, clinics that were closed on weekends, and facilities that did not provide emergency contraception.

Ms. Harrison points out that, since emergency contraception is safe and effective and there are no absolute contraindications to using the method, any woman requesting the pills should be eligible to receive it. “I believe that this decision should not be made solely at the discretion of an individual physician or hospital, but rather in accordance with guidelines set forth by leading medical authorities.” The results of her report, Ms. Harrison said in an interview, emphasize the importance of making emergency contraception available over-the-counter.

The report suggests several actions that could be taken by hospitals to make emergency contraception more readily available. Hospitals can:

- Use drug-therapy collaborative agreements to enable their pharmacies to dispense EC without a prescription;
- Develop and communicate written policies that support counseling on and provision of EC to any woman who wants to avoid an unintended pregnancy;
- Make sure that staff are aware that emergency contraception is available by prescription in the U.S. and that it should not be confused with the abortion pill mifepristone;
- Encourage emergency contraceptive provision through advance and telephone prescriptions;
- Encourage all health care providers, but particularly those who observe religious or ethical guidelines, to provide valid and effective referrals for women seeking emergency contraception.

Ibis Reproductive Health is a Cambridge, MA-based women’s reproductive health research and advocacy organization.

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