

## An Update on Emergency Contraceptives

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### **Abstract:**

Even though the use of contraception has been steadily increasing, illegal abortions are nevertheless frequently carried out all over the world. Abortion produces 60percent of unintended pregnancies, or about 50% of all pregnancies. Unsafe abortion is a serious issue for public health in poor and middle-income countries. Teenage, unmarried women are far more likely to have illegal abortions. Emergency contraception may considerably reduce the rates of morbidity and mortality related to abortion, according to conducted research. A technique known as emergency contraception (EC) is used to prevent unwanted pregnancies after unprotected sexual intercourse. When emergency contraception is used within 72 hours following sexual activity, the risk of an unwanted pregnancy can be reduced by up to 95%. Women who have experienced method failure, inadequate usage of contraceptives, been sexually abused, or who have agreed to unplanned and unprotected sexual activity can benefit from emergency contraception. To help prevent unwanted births, emergency contraception should be used with the proper understanding and attitude.

**Keywords:** Unintended pregnancy, women, knowledge, attitude, induced abortions.

## INTRODUCTION

The term "emergency contraception" refers to techniques of birth control that can be used to avoid pregnancy after sexual activity. Though it's preferable to use them before five days of the sexual activity, the sooner you use them, the good reaction you'll have. Emergency contraception can be used after a sexual encounter in a variety of circumstances, such as when no other type of contraception has been utilized, a victim of sexual assault who wasn't utilizing an effective method of birth control and After three or more consecutively missed combination oral contraceptive tablets, worries about probable contraceptive failure due to inappropriate or improper use, such as a loosened or damaged condom, three days late during the first week of menstruation, or more than 12 hours, arise. more than 3 hours after the customary time for taking progestogen-only tablets (small pills), more than 27 hours after the previous pill, or beyond the customary time for taking pills. Usually, desogestrel (0.75 mg) is present, or it was taken more than 36 hours ago. Improper removal of the diaphragm or cervical cap, failure of the spermicide tablet, or longer than 2 weeks for progestogen-only injections of nor-ethisterone enanthate (NET-EN) or more than 4 weeks for progestogen-only injections of Depot-medroxy progesterone acetate (CIC) or an inaccurate estimation of abstinence.

## METHODS OF EMERGENCY CONTRACEPTION

The four combined birth control techniques are combination oral contraceptives, combined oestrogen and progestin pills, combined oestrogen and progestin pills with ulipristal acetate, and (d) combined oestrogen and progestin tablets with copper intrauterine devices<sup>1</sup>.

### A) Emergency Contraception Pills (ECPs) and combined oral contraceptive pills (COCs)

Any of the following medications are suggested by the WHO for emergency contraception:

1. A single 30 mg dose of UPA is given along with an ECP.
2. ECPs with LNG are given as a single 1.5 mg dosage or two 0.75 mg doses separated by 12 hours.
3. The COC is administered in two doses separated by a period of twelve hours.

**Effectiveness:** The most effective form of emergency pills and combined pills at the moment is ECPs with LNG and are given as a single dosage with a gap of 12 hrs. The oral medications prevent the ovaries from monthly egg release. It thins the lining of the womb, making it less likely that a fertilised egg will implant and be able to grow, and thickening the mucus in the neck of the womb, making it more difficult for sperm to pass through the womb and reach an egg.

**Safety:** Pregnant women who use ECPs with UPA make up 1.2% of the population, according to a meta-analysis of 2 studies. Studies show that ECPs with LNG had pregnancy rates between

1.2% to 2.1%<sup>2,3</sup>. ECPs with UPA, ECPs with LNG, or COCs should be taken as soon as is practicable after unprotected exposure. There was sexual activity within 120 hours. 72 to 120 hours after unprotected intercourse, ECPs containing UPA are more effective than other ECPs.

Some of the negative effects of taking ECPs include nausea, tiredness, and slightly irregular vaginal bleeding. Rare side effects are usually insignificant and resolve on their own over time without the need for additional medication.

ECPs with ulipristal acetate (UPA) or Levonorgestrel (LNG) are superior to COCs because they cause less nausea and vomiting. A dose must be repeated if vomiting occurs within two hours of ingesting it. It is not advisable to use regular antiemetics before taking ECPs. Future fertility is not adversely affected by the oral contraceptive pill.

**Medical Eligibility Criteria (MEC):** The WHO states that there are no restrictions on who can administer ECPs. Some women just or for any of the aforementioned reasons utilize emergency contraception. More counselling addressing potential better and more efficient contraceptive options should be offered in these circumstances. For women with conditions that fall under MEC categories 2, 3, or 4, it may be harmful to use combination or progestin-only contraceptives (POC). When used frequently, emergency contraception doesn't represent a health risk, but it can have other undesirable effects, such as irregular menstruation. The WHO advises against giving obese women access to emergency contraception when they are in need, despite research suggesting that these pills are ineffective for them. Despite the fact that in obese women (whose body mass index is greater than 30 kg/m<sup>2</sup>).

## **B) Copper bearing intrauterine devices**

During 5 days of unsafe intercourse, the WHO recommends putting a copper-containing intrauterine device as a type of emergency contraception. It is a highly effective birth control method that lasts for a very long time.

**Effectiveness:** The most effective form of emergency contraception at the moment is the copper-containing IUD when put within 120 hours of unprotected sexual activity. Almost 99% of women are able to avoid becoming pregnant when contraception is used correctly.

**Safety:** An IUD with copper is an effective emergency contraception. Risks of expulsion and perforation are extremely low. Less than two instances of pelvic inflammatory disease are believed to occur for every 1000 cases of PID.

**Medical Eligibility Criteria:** Women with MEC category 3 or 4 conditions shouldn't use copper IUDs as an emergency contraceptive (such as current PID, puerperal sepsis, unexplained vaginal bleeding, cervical malignancy, or severe thrombocytopenia). It shouldn't be used as an emergency contraceptive since women who have experienced sexual assault face a high risk of contracting a STI. It is advised against being used by women who are already expecting.

## FACTS AND FIGURES

Teenage girls between the ages of 15 and 19 who live in underdeveloped nations are expected to have 5.6 million abortions and at least 10 million unintended pregnancies every year<sup>4</sup>. According to global estimates, there were over 121 million adolescent pregnancies between 2015 and 2019; of these, over 73 million (or 61%) led to unsafe abortions among women in the age range of 15 to 49 worldwide<sup>5,6</sup>. Sub-Saharan Africa has the highest rates of unplanned pregnancies (91 per 1000 women) and abortions (37%) worldwide<sup>5</sup>. 2,060,000 unintentional incidents are anticipated. pregnancies occurred 31% (about 632,000) of the pregnancies in Ethiopia resulted in abortions<sup>7,8</sup>. 31.8% of single female university students in China's universities unintentionally fall pregnant<sup>9</sup>. Effective emergency contraception options dramatically prevent forced sterilization and intentional pregnancy. Various sexually active women use ECP at various rates over the world<sup>10,11,12,13</sup>. The percentage of ECP users, according to a global analysis, varies from less than 0.1% in Chad to 12% in Colombia<sup>14</sup>. Studies have shown that different countries in Africa have different percentages of female university students who participate in ECP: 21.2% in South Africa<sup>15</sup>, 20% in Kenya<sup>16</sup>, and 15.2% in Nigeria<sup>17</sup>. Only 4% and 9% of Ethiopian women aged According to the 2016 Ethiopian Demographic Health Survey, the age ranges are 15 to 49 and 55 to 64, respectively (EDHS). Using emergency contraception was reported by 15 to 49 people, respectively, in the 2016 Ethiopian Demographic Health Survey (EDHS)<sup>18</sup>. ECP is used by 4.9 to 78.1% of female university students, according to a national study<sup>18</sup>.

## DISCUSSIONS

Emergency contraception is the main strategy for avoiding unintended pregnancy and forced sterilization. The sooner they are used, even though they should be used within five days after unprotected sex, the better. Emergency contraceptives do tend to prevent unplanned births, albeit it should be noted that they do not prevent the transmission of STDs. The condom is the sole product that offers defense against STIs and unplanned pregnancy. Young women should get health discussions regarding emergency contraception because they might solely focus on preventing conception and ignore STIs.

## CONCLUSION

The fastest, safest, and most reliable method of birth control is oral contraceptives. Despite the fact that the efficiency of the current regimens has been known for more than 20 years, they are still not being fully utilized. Up to 95% of pregnancies can be avoided by using emergency contraception (EC) within five days following sexual activity, according to research. Sexual assaults that occur as a result of insufficient contraceptive coverage, unprotected sexual contact, concerns about potential contraceptive failure, inappropriate use of contraceptives, and improper use of contraceptives are all instances in which EC may be used. According to the WHO, up to 200,000 women per year die as a result of unsafe abortions. The bulk of these deaths would have

been avoided if emergency contraception had been more widely known and available. A copper-containing intrauterine device that is almost 99% efficient at preventing conception is now the most effective type of emergency contraception.

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