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Postcoital contraception

Sir,

A national opinion poll survey has found knowledge of postcoital contraception among women of childbearing age in the general population to be poor (*Guardian* 13 March 1991). Similar findings have been found among women undergoing termination of pregnancy in hospital.^{1,2} In 1991, while a general practitioner trainee in a practice in a deprived area in Brent in north west London I carried out a survey to assess the knowledge of postcoital contraception among women attending the practice, as well as the women's source of information.

A random sample of 87 women aged 16-50 years, mainly attending for contraceptive advice, were asked a set of questions about postcoital contraception. The questionnaires were administered by myself or by the practice's health visitors.

In response to the question 'Have you heard of emergency contraception or the morning after pill?', 66 women replied yes (76%), but only nine knew the correct time limit of 72 hours. These findings are similar to those of other studies.^{1,2} Knowledge of the intrauterine contraceptive device as a method of postcoital contraception was also extremely limited — only six women had heard of it and only one gave the correct time limit of five days after unprotected intercourse. These figures are also consistent with other findings.¹

The 66 women who knew about postcoital contraception were asked where they had heard about it. Twenty eight had heard about this form of contraception from the media, 17 from friends, 11 from a general practitioner, five from a family planning clinic, three from a midwife, one from a nurse and one from school. Thus, very few women had learnt about postcoital contraception from the health services.

Several papers on termination of pregnancy and strategies for prevention,^{1,3} emphasize the need to promote postcoital contraception as an indispen-

sable part of any prevention strategy. However, the message does not appear to have been taken on board by general practitioners. In a study of the knowledge and prescription of postcoital contraception among health professionals in Tower Hamlets in 1988, Burton and Savage found that only a third of general practitioners had information about postcoital contraception available for their patients.⁴ If the potential of postcoital contraception in preventing unwanted pregnancy is to be realized, then information about this form of contraception must be seen as an indispensable part of the consultation about contraception. Postcoital contraception must not be seen as something reluctantly given to women perceived as irresponsible.

There are certain times when women are likely to be particularly receptive to practical information on postcoital contraception — at their first request for contraception; when starting or restarting contraception postnatally, after a termination of pregnancy or miscarriage; and when requesting a change of method of contraception. Mentioning postcoital contraception at such times and giving out a leaflet takes only a few seconds; any discussion on the issue can take place at a later date if necessary. In addition, information about postcoital contraception should not be restricted to women using barrier methods of contraception. All couples using contraception need to know about postcoital contraception.⁵

The Family Planning Association produces a variety of clearly written leaflets for users of different contraceptive methods. These are widely used in general practice and include one entitled *Emergency contraception*. However, none of the leaflets about specific methods of contraception, or the more general leaflet, make any mention of postcoital contraception. These leaflets should be changed to include information about emergency contraception.

We have at our disposal a simple and safe method of preventing unwanted pregnancy and its often damaging sequelae. By consistently promoting

postcoital contraception we can help realize its considerable potential.

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Sir,

A collaborative study by a group of 12 general practice trainees attending the Swansea vocational training scheme, West Glamorgan attempted to investigate knowledge and awareness of postcoital contraception among teenage women using an anonymous structured questionnaire. Part of the misunderstanding about this method of contraception is due to the misleading term 'morning after pill'¹ as women have several days rather than several hours in which to act. It is a reliable method of emergency contraception and has been shown to be very effective in reducing unwanted pregnancies.² One third of the 174 000 legal abortions in England and Wales in 1989 were performed on women aged under 20 years and the 16 to 19 years age group represented 20.5% of 1040 legal abortions carried out in West Glamorgan in the same year (annual report of the director of public health medicine, West Glamorgan, 1990). The closure of family planning clinics owing to financial cutbacks by district health authorities has put even more emphasis on sex education in schools and on general practitioner services. It has been shown that although