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Emergency Contraception in Wisconsin A Survey of Access Points for Teens

September, 2006

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Introduction

Since the debate over emergency contraception (EC) began in the mid 1990's the vast majority of conversations, both public and private, have focused on a perceived lack of access to EC. Although barriers exist in obtaining EC, teens and women in Wisconsin do have easy, convenient, and often affordable access to emergency contraception. The U.S. Food and Drug Administration's decision in August of 2006 to make Plan B, Barr Laboratories version of EC, over the counter for only those individuals over the age of 18 underscores the need for teens to understand that they do, and will continue to, have access to EC. The key for Wisconsin teens seeking EC is knowing where to call and where not to call.

This report examines data obtained from telephone surveys conducted on three types of organizations teen girls in Wisconsin would be likely to contact when worried about becoming pregnant. The central question of this survey was "where in Wisconsin are minors most likely to access emergency contraception (EC)."

Hypotheses: Based on educational programming by professional associations like the Wisconsin Family Planning and Reproductive Health Association, we believe that family planning agencies (FPA) will most likely provide access to EC. We believe that access to EC will vary among emergency rooms (ER). We believe that we will not be able to access EC through crisis pregnancy centers (CPC).

Definitions

Access – the ability to obtain accurate information, a prescription for and/or an emergency contraceptive method

Crisis Pregnancy Center (CPC) – an agency listed in the phone book under pregnancy related headings that offers free pregnancy testing or free ultrasounds in addition to pregnancy counseling and/or post-abortion counseling

Emergency Contraception (EC) – methods of preventing pregnancy after unprotected sexual intercourse

Emergency Room (ER) – a room in a hospital staffed and equipped to provide medical treatment to persons requiring immediate care

Family Planning Agency (FPA) – a public agency or community based organization that provides medical services for individuals to voluntarily prevent or aid conception.

Minor – a person who has not yet reached eighteen years of age.

Methodology

In order to determine what access minors in Wisconsin have to EC, Family Planning Health Services, with the assistance of the Wisconsin Religious Coalition for Reproductive Choice (RCRC), anonymously surveyed all family planning agencies in Wisconsin as well as a representative sample of emergency rooms and crisis pregnancy centers. In total, 119 calls were placed.

The survey was conducted by phone using volunteers. Volunteers were females ages 18 – 25 to ensure that respondents were able to assume that they were females ages 14 – 19. Volunteers were given a scripted survey to follow during calls (see attachment I). As volunteers conducted the surveys, they recorded data on Response Sheets (see attachment II) by hand regarding their ability to access EC, the timeliness of their access to EC, requirements necessary for receipt of EC from a provider, and their overall experience with the respondent.

Calls were placed by volunteers presenting the following scenario to respondents: “I’m calling because my friend had sex last night with her boyfriend and the condom broke. She doesn’t want to be pregnant. What should she do?”

The calls took place during normal business days and hours. Prior to making calls, a registered nurse from Family Planning Health Services trained callers as to what emergency contraception is, how it works, and what teens are required by state law to do in order to receive emergency contraception. Family Planning Health Services' staff also trained callers on how to place the calls and how to complete the data Response Sheets

Sampling

At least one clinic from each publicly funded family planning agency in Wisconsin was surveyed. Additionally, 6 (or 25%) Planned Parenthood of Wisconsin clinics and 2 (or 25%) Family Planning Health Services clinics were surveyed to provide a representative sample. Wisconsin's Emergency Contraception Hotline was also surveyed. Additionally, 40 emergency rooms and 40 crisis pregnancy centers in Wisconsin were randomly sampled using the Wisconsin Hospital Association's online list of ER's and the RCRC's list of crisis pregnancy centers in Wisconsin.

Determining Accuracy

For data collection purposes volunteers were provided with training and information on the definition of an "accurate" response for the purpose of the study. Response accuracy related to EC (how it works, safety, side effects, when to take it, how to take it) was determined by its consistency with FDA approved information supplied by the drug manufacturer of Plan B. Accuracy related to non Plan B options and on where EC is available was determined by agreement of the response to information obtained from health care professionals with expertise in those areas. (See attachment III)

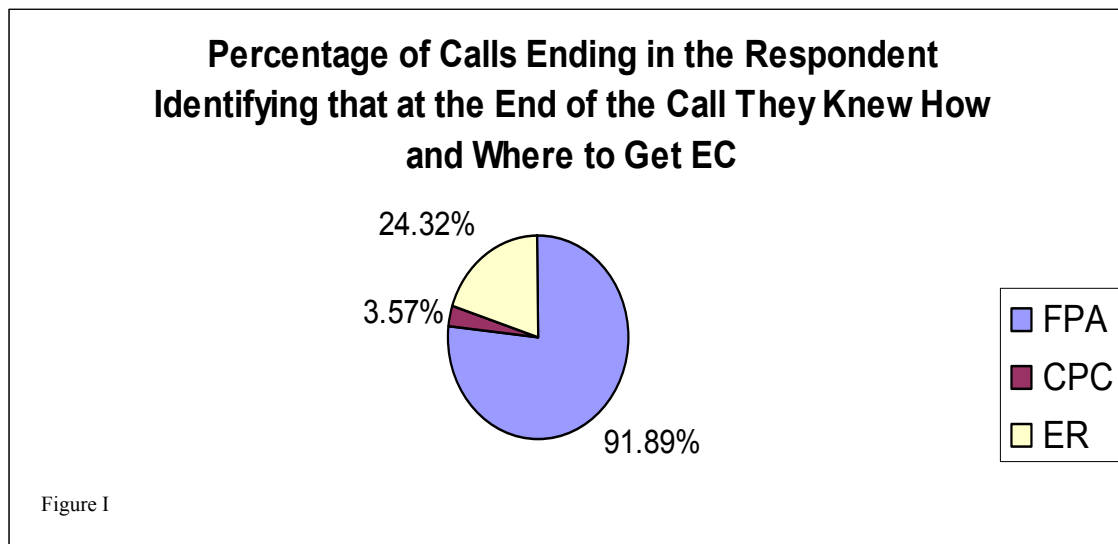
Results

There are 67 family planning clinics in Wisconsin run by 38 family planning agencies. Of the 38 family planning agencies, 37 were contacted and completed the survey. One was contacted but

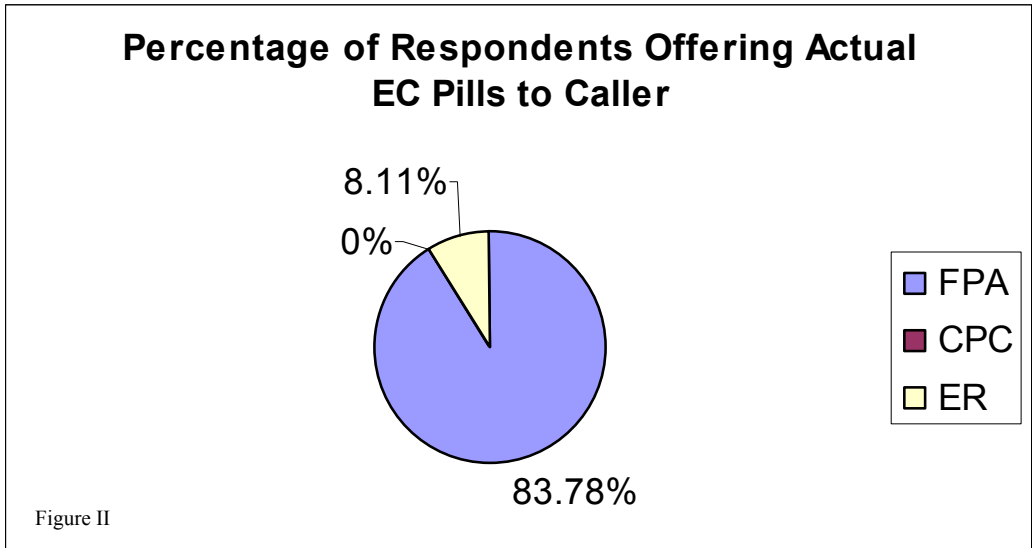
staff could not be reached so as to complete the survey. In total, 37 clinics or 55.22% of the total 67 were surveyed. Of the 58 crisis pregnancy centers, contact was attempted with 40. Of those 40, the staff of 2 centers could not be reached, 5 were centers that were listed under multiple names or had calls forwarded to a centralized location, 3 no longer existed, 1 was not a crisis pregnancy center and 1 survey was completed incorrectly by the caller resulting in exclusion from the survey. In total, 28 centers or 48.28% of all centers completed the survey. Of the 123 emergency rooms in Wisconsin, contact was attempted with 40. Thirty-seven surveys of the selected sample of 40 were completed.

EC Access: “I Can Get EC”

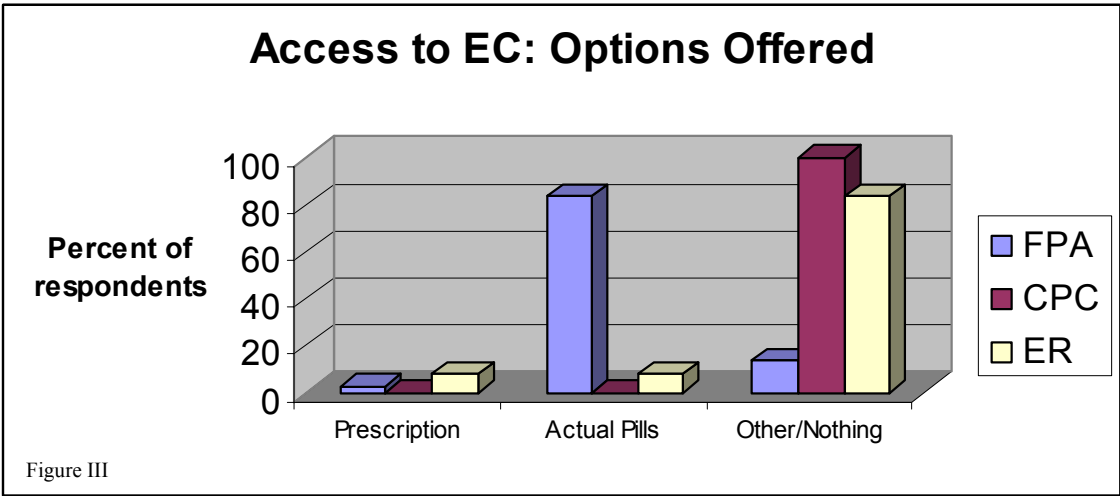
Overall family planning agencies provided the greatest access to emergency contraception. Nearly 92% of the phone calls used in the survey ended with the caller receiving accurate information on how and where to get EC (Figure I).



In addition, nearly 84% of the calls included options for the caller to receive the emergency contraceptive pills, rather than only a prescription, a referral or general information (Figure II).



Conversely, crisis pregnancy centers (CPC) proved to provide very little access to either EC or accurate information related to EC. Although 60.71% of the phone calls used in the survey ended with the caller receiving information about EC at least a portion of that information was inaccurate 84.21% of time.

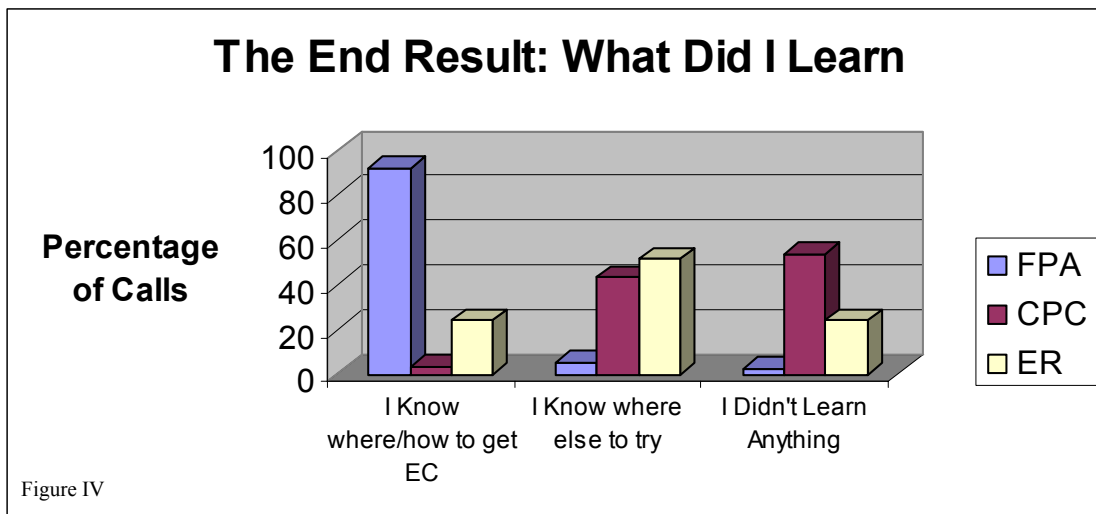


Wisconsin hospital emergency rooms (ER) also did not provide the same level of access to EC as Family Planning Clinics. By and large ER's were unable or unwilling to provide information about EC to callers. A small percentage of ER's did provide the option to receive either a prescription for EC's or the pills themselves (16.22% combined) (Figure III). The majority of ER's who were unable or unwilling to provide information did make referrals, often to the local

family planning clinic or health department. In some cases, respondents identified that they didn't know very much about EC or "I've never had anyone ask before." In these cases, respondents generally provided little or no information and/or provided a referral.

It is impossible to extrapolate from this survey if the experience of callers would have been different if appearing for ER services in person. The exception is the 12 of the total 37 respondents who indicated that their policies or procedures prohibited them from prescribing or, in some cases, discussing EC.

At the completion of each survey, callers were asked to describe their level of access to EC. Knowing where and how to get EC provided the greatest level of access. Having a referral to contact someone else provided the possibility of access. However, a referral to another provider was not a guarantee to access as the ability or willingness of that provider to provide EC is unknown. If callers knew nothing more than before the call was made, there is considered to be no access to EC.



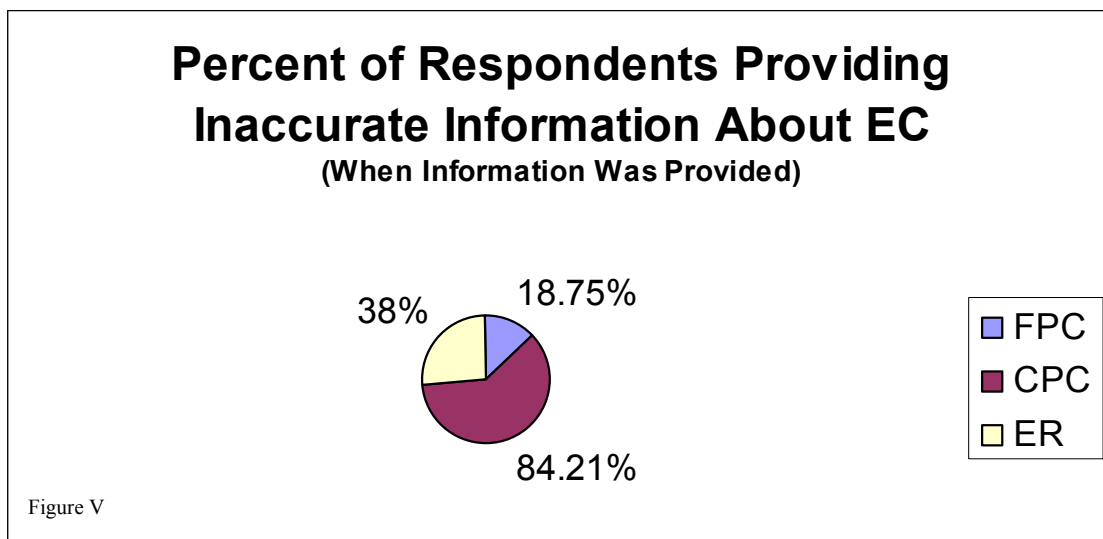
Over 90% of calls to Family Planning Agencies ended with the caller knowing how and where to get EC. Callers to ER rooms reported knowing how and where to get EC only 24.32% of the time. CPC's provided no access to EC the majority of time with 53.57% of respondents leaving callers feeling that they knew no more about EC than before the call was made (Figure IV).

Information Accuracy: A Critical Component

Family planning agencies were reliable sources of accurate information related to EC. When information was given, 81.25% of family planning agencies provided only accurate information. In all, 7 of the 37 family planning agencies provided some inaccurate information. Additionally 76.32% of all responses from family planning clinics were accurate.

Inaccuracies provided by family planning clinics ranged in severity from neglecting to mention public programs that would help pay for EC to suggesting “heart attack” as a side effect. Most inaccuracies were related to the effect of EC on the menstrual period or the timeframe for EC to be effective (see attachment IV)

When information was given CPC’s provided inaccurate information the majority of the time (Figure V). In response to questions related to EC’s safety and side effects “death,” “termination of a pregnancy,” “kills egg,” and “miscarriage” were among the inaccuracies reported to callers. By far, death to the teen was the most repeated falsity occurring in 6 of the 16 calls in which inaccurate information was provided. Additionally, respondents incorrectly stated that “EC is illegal in the US,” and that “EC can’t be given out until after a pregnancy test” (see attachment IV)



Although 46.43% of the phone calls used in the survey ended with the caller receiving either information on how and where to get EC or receiving a referral to another agency only 14.29% of CPC’s provided accurate information on how EC works, only 10.71% provided accurate

information on whether or not EC is safe and only 7.14% provided accurate information related to side effects (Figure VI). Averaging all responses, CPC's provided accurate information about EC 13.84% of the time (Figure VI). In all, 16 of the 28 CPC's surveyed provided inaccurate information. Of the remaining 11 CPC's, 8 provided no information and 3 provided accurate information.

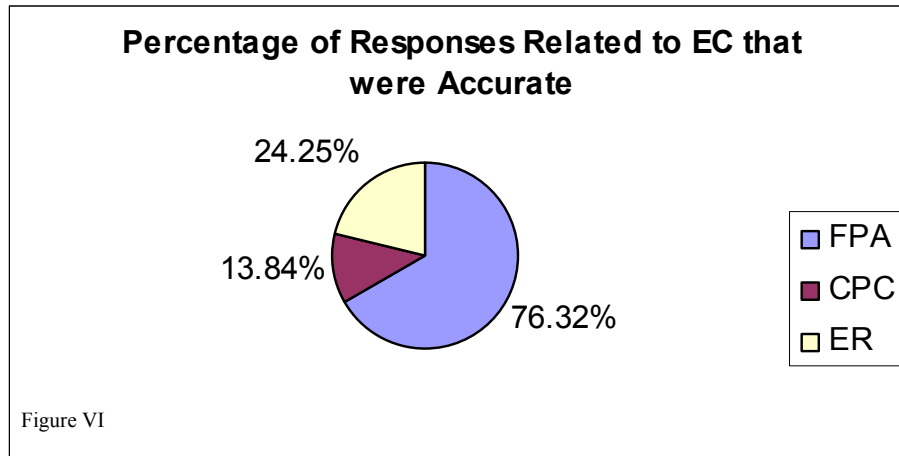


Figure VI

The inaccuracies provided by Wisconsin crisis pregnancy centers is troubling. Whether these inaccuracies were purposely used to steer the teen in need away from EC or whether the respondent truly believed in the validity of the inaccuracies the fact remains that Wisconsin crisis pregnancy centers are likely to provide false and misleading information to the public and should not be considered a resource for teens hoping to prevent an unintended pregnancy.

When asked how EC works, ER's provided accurate information 16.22% of the time and no information was given 72.97% of the time. Several respondents indicated that it "terminated pregnancy," and several others said "it eliminated conception" (see attachment IV). Although 0% of ER's provided inaccurate information concerning EC safety and side effects (Figure VII), accurate information was only provided 27.03% and 5.41% of the time respectively. Of the 37 ER's surveyed, 18 provided information about EC. Of those, 7 provided accurate information. Averaging all responses, ER's provided accurate information about EC 24.25% of the time (Figure VI).

Percentage of Responses Which Were Inaccurate (When a Response Was Given)

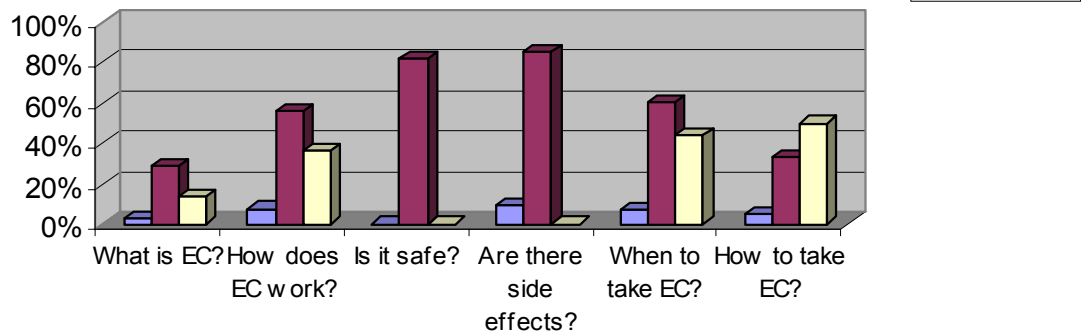


Figure VII

While Wisconsin Emergency Rooms overall proved not to be a reliable source for either EC or information related to EC, they were reliable sources for referrals to family planning agencies, health departments or other health care providers who may be able to provide EC.

The Opportunity to Educate

From a public health perspective, this scenario presented the opportunity for education to both the caller and the caller's "friend" on a variety of reproductive health issues such as ongoing pregnancy and sexually transmitted infection prevention. Unfortunately, family planning agencies failed to offer such services 59.46% of the time. The opportunity to educate the caller about other services such as a regular contraceptive method, pap and pelvic exams and sexually transmitted testing and treatment was largely missed.

Unlike family planning clinics, the majority (78.57%) of CPC's surveyed offered additional services, primarily pregnancy testing and counseling. However, pregnancy testing was offered several days out, far beyond the time frame for EC to be effective.

Hospital ER's missed the opportunity to provide other services the majority of the time (70.27%). Suggestions were made for callers to "check and make sure no condom material was

left behind” and to “think about sexually transmitted disease.” Additionally, the only respondent to screen for sexual assault during the course of this project was a Wisconsin Hospital ER.

Conclusion

Although many of the public are likely to associate EC with controversy and a perceived lack of access, the truth of the matter is that EC **IS** available in Wisconsin. The results of this survey suggest:

- Women in Wisconsin, including teens, have reliable and quick access to EC and accurate information about EC through family planning clinics.
- Individuals seeking EC through CPC’s are unlikely to receive EC or accurate information about EC.
- Callers to ER’s are unlikely to receive information about EC. The ability to obtain EC by presenting to ER’s in person is outside the scope of this survey; however, it is certain that a number of ER’s are unwilling or unable to provide access to EC.
- Callers to CPC’s or ER’s are likely to receive referral information about where they might obtain access.

While access to EC may be difficult through ER’s and CPC’s, all Wisconsin women have access to EC through their local family planning provider and/or through Wisconsin’s statewide EC Hotline. Cost and knowledge have been the traditional barriers to EC access, although slowly these roadblocks have begun to erode. Since 2003, state programs have been available for low income women to assist with the cost of reproductive health care, including EC. While inaccurate information about EC still persists, accurate knowledge about EC is available. Continuing to erode the knowledge barrier is a matter of knowing where to find accurate information and challenging those who provide false information.

An additional challenge identified through this survey is the issue of timeliness. Timeliness is essential to the effectiveness of EC and its delivery requires an “urgent care” model of delivery. It is incumbent upon medical providers and all those wishing to reduce the rate of unintended pregnancy, to insist that EC be made available as quickly and conveniently as possible. The

practice of referral by ER's to a provider unable or unwilling to deliver "urgent-care" is inconsistent with the medical realities of EC. An "urgent-care" model of EC delivery should be possible in an ER setting and is already practiced by many family planning agencies and the Wisconsin Emergency Contraception Hotline.

The importance of EC access, like all contraceptives, is that it enables women to prevent an unintended pregnancy. A great deal of research has been done into the effects of unintended teen pregnancy both on individuals and on society as a whole. According to The National Campaign to Prevent Teen Pregnancy, the children of teen mothers are more likely to be born prematurely and at low birthweight, which raises the probabilities of infant death, blindness, deafness, chronic respiratory problems, mental retardation, mental illness, and cerebral palsy. Low birthweight also doubles the chance that a child will later be diagnosed as having dyslexia, hyperactivity, or another disability. Children of teen mothers do worse in school than those born to older parents. They are 50 percent more likely to repeat a grade, are less likely to complete high school than the children of older mothers, and have lower performance on standardized tests. The children of teen parents also suffer higher rates of abuse and neglect than would occur if their mothers had delayed childbearing. The daughters of teen parents are 22 percent more likely to become teen mothers themselves. Almost one-half of all teen mothers and over three-quarters of unmarried teen mothers began receiving welfare within five years of the birth of their first child.

Additionally, in their report "Not Just another Single Issue: Teen Pregnancy Prevention's Link to Other Critical Social Issues," published in 2002 identifies that "the sons of teen mothers are 13 percent more likely to end up in prison," and recognized that "Boys and girls without involved fathers are twice as likely to drop out of school, twice as likely to abuse alcohol or drugs, twice as likely to end up in jail, and nearly four times more likely to need help for emotional and behavioral problems."

As a result, assisting teens in the prevention of unintended pregnancy has become a critical public health issue. Emerging research into unintended teen pregnancy prevention recommends contraceptive education and access alongside abstinence education. Teens, parents, youth

advocates, teachers, youth leaders and others should recognize the importance of contraceptive access for sexually active teens. To that end, it is incumbent on those who are concerned about teen, infant and public health to know where teens are most likely to access contraception including EC.

While timely, convenient, low-cost access to EC may be difficult through ER's and CPC's the perception that access through the medical system is a barrier is incorrect. Wisconsin teens have access to EC through their local family planning provider and/or through Wisconsin's statewide EC Hotline. In January of 2007, EC will be more readily available to adult women as a result of the FDA decision to make EC available over the counter. The situation for teens, however, will remain the same. Teens will still need to access EC through medical providers. And all women will continue to need affordable access and accurate information.

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Attachment I

EC Survey Script

Volunteer: Hi. I'm calling because my friend had sex last night with her boyfriend and the condom broke. She doesn't want to be pregnant. What should she do?

Respondent gives information:

Staff:

Volunteer: What's that?

Staff:

Volunteer: Where can she get it?

Staff:

Volunteer: What does my friend need to do to get emergency contraception?

Staff:

Volunteer: Can she get that from you?

Staff:

Volunteer: Is it expensive?

Staff:

Volunteer: How does it work?

Staff:

Volunteer: Is it safe?

Staff:

Volunteer: Are there side effects?

Staff:

Volunteer: When should she take it?

Staff:

Volunteer: How should she take it?

Staff:

Volunteer: Thanks for your help.

Respondent does not give information:

Staff:

Volunteer: I've heard of something called the morning after pill. Would that work?

Staff:

Volunteer: So what she can do right now?

Staff:

Volunteer: Thanks.

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A Survey of Access Points for Teens**

Attachment II

Response Sheet

To be completed prior to call:

Name:	
Date Called:	
Time call began:	
Organization being called:	
Location of Respondent:	
Phone Number:	
Type of Organization:	Family Planning Crisis Pregnancy Center ER

To be completed during/after call:

Call answered by:	
Time call ended:	

1. What options were offered?

Emergency Contraception (EC):	Information	Prescription	Actual Pills
None:			
Other (please list):			

Comments:

2. Did the respondent provide **accurate responses**?

	Yes	No	Inaccuracies (Continue in Comments if necessary)	N/A
What is EC?				
How does EC work?				
Is it safe?				
Are there side effects?				
When to take EC?				
How to take EC?				
Where to get EC?				
How to get EC?				

Comments:

3. How helpful was the respondent in helping to access EC?

4. Did the respondent offer additional services? Yes No
Comments (if yes, please list any types of services offered):

What was your overall impression of the respondent?

Other Comments:

A Survey of Access Points for Teens

Response Accuracy Sheet

1. What options were offered?

Emergency Contraception (EC):	Information	Prescription	Actual Pills
None:			
Other (please list):			

2. Did the respondent provide **accurate responses**?

	Possible correct responses
What is EC?	A medication that can be taken after sex to prevent pregnancy.
How does EC work?	It prevents ovulation or fertilization.
Is it safe?	Yes
Are there side effects?	Nausea, vomiting, breast tenderness
When to take EC?	Within 120 hours of unprotected sex or method failure
How to take EC?	Plan B: Take both pills together as soon as possible OR take one now and one in 12 hours Yuzpe: This will vary depending on what pill they use. Basically, the woman will take a certain number of pills now and then that same number of pills in 12 hours.
Where to get EC?	Doctor, clinic, hospital, pharmacy, through an EZEC agreement, EC Hotline.
How to get EC?	1. Go to a health care provider who will prescribe EC. 2. Get medically evaluated for EC. 3. Get a prescription for EC. 4. Get EC pills. Some health care providers will have it available onsite. Others will have to refer to a pharmacy.

3. How helpful was the respondent in helping to access EC?

Did the respondent help you find a health care provider who will prescribe EC?

Was it a provider you could get to?

Did the respondent help you find a clinic or pharmacy that dispenses EC?

Was it a pharmacy you could get to?

Did the respondent tell you about any programs that pay for EC?

4. Did the respondent offer additional services?

Health Services

Counseling Services

Financial Services

What was your overall impression of the respondent?

Nice, helpful, hurried, crabby, mean, etc.

EC Survey – Family Planning Inaccuracies

What is EC?

This question was not answered inaccurately by any family planning providers.

How does EC Work?

- Would give her period
- Kills sperm

Is it safe?

This question was not answered inaccurately by any family planning providers.

Are there side effects?

- A heck of a period
- Heart attack or stroke

When to take EC?

- 'has' to be within 72 hours
- 'only' good for 72 hours

How to take EC?

This question was not answered inaccurately by any family planning providers.

Where to get EC?

This question was not answered inaccurately by any family planning providers.

How to get EC?

This question was not answered inaccurately by any family planning providers.

EC Survey – Crisis Pregnancy Center Inaccuracies

What is EC?

- Form of abortion
- Form of abortion

How does EC Work?

- Causes abortion
- Prevents a woman from making an egg
- Kills egg and sperm

- Interrupts a pregnancy
- Terminates pregnancy within 24 hours
- Causes miscarriage
- Creates hostile environment so egg can't attach

Is it safe?

- Causes death
- No
- “(Friend will experience) negative repercussions for taking EC”
- Causes death
- Causes death
- No
- Very dangerous – causes death
- 7 people died from Plan B
- Causes death

Are there side effects?

- Bad for health, need cervix dilated
- Serious bleeding
- Long term dizziness, abdominal pain & cramping
- Death
- Serious bleeding
- Miscarriage
- Effects on existing pregnancies unknown
- “don't know, but it might cause an ectopic pregnancy”
- Don't know the long term affects on babies
- The longer you wait to take it, the greater the health risks

When to take EC?

- After a pregnancy test
- Must be taken within 24 hours of unprotected intercourse
- Can't be taken unless pregnant
- Pregnancy test must be taken first. Need to wait 5 days to take pregnancy test.
- Within 24 hours

How to take EC?

Crisis pregnancy centers did not provide inaccurate responses to this question.

Where to get EC?

- “Planned Parenthood would lie (to you). (They) won't tell (you the) side effects. (You) would die. Don't go there.”
- Don't go to Planned Parenthood. “Business beginning”

How to get EC?

Didn't think it was legal in the US.

EC Survey – Inaccuracies offered by Emergency Rooms

What is EC?

- An abortion pill

How does EC Work?

- Gets rid of a pregnancy
- Kills sperm
- Removes conception
- Eliminates conception
- Terminates a pregnancy

Is it safe?

None of the emergency rooms surveyed answered this question inaccurately.

Are there side effects?

None of the emergency rooms surveyed answered this question inaccurately.

When to take EC?

- Must be taken within 24 hours
- Must be taken within 48 hours
- Has to be taken today
- Has to be taken within 24 hours to work
- Should be taken 24 to 48 hours after intercourse
- Has to be taken 24 to 48 hours after intercourse
- Can only be used in rape cases

How to take EC?

- Take one pill now and the other in one week

Where to get EC?

None of the emergency rooms surveyed answered this question inaccurately.

How to get EC?

None of the emergency rooms surveyed answered this question inaccurately.