

Emergency Department Patients May Need Contraceptive Outreach

A majority of 18–55-year-old women who visited an emergency department were at risk of pregnancy, and only a quarter of these patients were currently using birth control pills, according to a recent study at an urban hospital in Rhode Island.¹ Patients were more likely to use birth control pills if they had private health insurance than if they had public or no insurance, and were more likely to do so if they had had recent intercourse than if they had not. The likelihood of using oral contraceptives declined as women's age increased. Furthermore, women who had had an abortion and those who were more informed about emergency contraception were more likely to use emergency contraceptives than were those who had never had an abortion and those who knew less about this contraceptive method, respectively. The researchers believe that women who might benefit from reproductive health interventions in emergency departments can be identified and thus offered appropriate referrals or contraceptive services.

The investigators examined women's use of and knowledge about birth control pills, emergency contraceptives and condoms, and their risk of getting pregnant, in an effort to improve the reproductive health services available to emergency department patients. (The few studies that have assessed the effectiveness of such interventions in emergency departments, the researchers observe, have been limited to emergency contraception.) The sample included 539 English-speaking women aged 18–55 who visited an urban emergency department in 2002–2003; they answered questions on their demographic characteristics, sexual and pregnancy history, and contraceptive use and knowledge. Characteristics showing a statistical association with contraceptive use at $p < .05$ in univariate analyses were included in multivariate analyses.

In all, 59% of the women were at risk of pregnancy (not currently pregnant, not

using a nonsurgical form of birth control other than condoms, and having no history of tubal ligation or hysterectomy). Of these women, 76% were aged 18–35, 63% were white, 52% were single, 49% were Catholic and 63% had private health insurance. Twenty-six percent were currently using birth control pills, 10% had used emergency contraceptives and none were using other methods besides condoms; 23% had had an abortion. Nearly half reported having had intercourse in the week prior to the survey; 18% said they always used condoms, and 39% said they never did. Nearly six in 10 women who were at risk of pregnancy had ever been pregnant.

Levels of contraceptive knowledge among women at risk of pregnancy were high: Eighty-nine percent of these women correctly answered all three questions asked about birth control pills (who should take them, why and how often), and 93% correctly answered the same questions about condoms. In contrast, only 32% correctly answered the question on emergency contraception—“If a woman has had vaginal sexual intercourse with a man (without using birth control), can she take birth control pills *afterwards* to prevent pregnancy?” Fewer than one in 10 women at risk of pregnancy believed that birth control pills cause abortions or conflict with their moral or religious beliefs.

In multivariate analyses involving women who were at risk of pregnancy, the likelihood of using oral contraceptives fell as women's age rose (odds ratio, 0.5), while the likelihood was higher among women with private insurance than among those with public or no insurance (2.5), and among those reporting intercourse in the last week than among those who had not had intercourse recently (1.6). Women who had had an abortion had elevated odds of having used emergency contraceptives (2.6), as did women who had correctly answered the question on this method (3.2). Among all 500 patients who had had sexual intercourse, regardless of their current pregnancy risk status, the odds of reporting more frequent use of condoms declined with increasing age (0.6), and were reduced among married women and others with a male sexual partner (0.4), and among those who had had recent intercourse (0.8).

The researchers believe that because a large proportion of women who visit

emergency departments are of reproductive age, and because many of them are at risk of getting pregnant unintentionally, it is critical that this population have access to and knowledge about contraceptives, especially women who rely on these departments as their main source of care. The researchers acknowledge several limitations of the study, including that the sample was drawn from a single urban emergency department and was limited to English speakers. Nonetheless, according to the investigators, these findings on emergency

department patients have identified “groups of women who might benefit from expanded educational and outreach programs . . . to improve their use of reproductive health choices,” particularly women who do not have private insurance, those who have frequent intercourse and those who are older.

—*J. Thomas*

REFERENCE

1. Merchant RC et al., Contraceptive usage, knowledge and correlates of usage among female emergency department patients, *Contraception*, 2006, 74(3):201–207.