

Autonomy in Contraceptive Choice

The Time Has Come

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For a variety of reasons, many women choose to start and stop contraception by using over-the-counter contraceptives without physician consultation. Over-the-counter products, however, tend to offer less effective pregnancy prevention than products that currently must be prescribed or provided (e.g., IUD or contraceptive implants) by health care providers. Considering the vast amount of data attesting to the safety of currently available low-dose oral contraceptives, it is more than time for access to an inexpensive, low-dose, over-the-counter, oral contraceptive. Self-management and access to contraceptives are necessary for women to achieve reproductive justice.

Without the ability to actually control our fertility in safe, affordable and effective ways that are within our own control, our human rights are compromised as we will not achieve bodily self-determination. Because of these fundamental needs, the campaign to make oral contraceptives available over the counter without a doctor's prescription is of vital importance to the RJ movement because it raises key issues of access, affordability, safety, and autonomy that are important values in our movement. Women are also faced with a growing list of personal priorities addressing their reproductive health.

For today's woman, contraceptive care may take a "back seat" to constantly juggling priorities. She may have stopped her birth control method at the end of her last relationship, entered a new one, and because of health-care-provider inaccessibility, cannot be seen by a health care provider for several days to weeks — during which time her new relationship proceeds to sexual intimacy. Or, she may not be able to take time off from work to visit her health care provider, especially if that provider's pattern of service provision requires her to take a day off from work. Or, given family and work priorities, she may find it increasingly burdensome to make visits to her pharmacy during a specified span of days each month in order to comply with insurer payment rules and avoid paying full cost for her preferred method of contraception. These are only a few of the many reasons why some women would appreciate ready access to oral contraception.

Contraceptive method discontinuation and switching is common and should be expected. Method preferences change as a woman's lifestyle changes, her priorities change, and her satisfaction with current methods changes. Yet switching is more difficult than it should be. Many health care providers still insist on an office visit before prescribing a method switch. It should be unnecessary for a healthy woman who knows what she wants and who has no questions to ask of her provider to have to make an office visit to make the switch. Healthy reproductive-age women with no chronic diseases are capable of managing their contraceptive choices if given the chance. Many already take charge of managing their contraceptive needs by stopping a physician-prescribed method they don't want anymore and either using no method or an over-the-counter option. These women would be better served if presented with a fuller range of over-the-counter options.

Because many women — depending on their stage in life

— have times when they want to consult a clinician about a contraceptive method, and because many have times when they don't, a system should be created through which women can access some hormonal contraceptives over-the-counter and some by prescription. In other words, an over-the-counter oral contraceptive is not a magic bullet. It is merely another option that may enhance the ability of many women to prevent unwanted pregnancies. An over-the-counter option, if affordable and widely available in community pharmacies and retail outlets, would give women convenience with markedly superior pregnancy prevention potential compared to currently available over-the-counter methods (spermicidal products such as contraceptive foam, films, sponge, and creams as well as latex and female condoms).

As affirmed by the 1994 International Conference on Population and Development, health and economic development are inextricably linked. Whether one is approaching health and wealth from a population or an individual perspective, a threshold of economic achievement is required for better health outcomes. For all individuals, except those privileged by inherited wealth, achievement of this economic threshold and resultant social status usually requires marketable education and skills. In the United States' increasingly fast-paced technological, social, and economic structures, most women achieving social and economic successes defer childbearing until their 20s or later, and limit family size. Both family formation objectives — deferring childbearing and limiting family size — can prove difficult because many contraceptive methods are expensive and are tied to medical care. If individuals and communities value women and woman-centered control over whether and when to bear a child, then an affordable, over-the-counter oral contraceptive makes sense and provides one avenue to assist women actively seeking an economic threshold above poverty.

In many ways, tying contraception to health care providers is anachronistic. It was a successful strategy of the first half of the 20th century when it was necessary to create distribution channels that could evade the turn-of-the-century Comstock laws that outlawed contraceptives. Confidentiality in the physician-patient relationship gave some degree of legal protection to the provision of contraceptives during that era. Since the 1965 U.S. Supreme Court decision in *Griswold v. Connecticut*, however, the constitutional protection of privacy has been extended to the purchase and use of contraceptives. Tying contraception to medical care is no longer necessary from a legal standpoint.

Many physicians and non-physicians erroneously believe that a physician is necessary to determine whether a woman is a medical candidate for hormonal contraception. Does she have a reason (indication) for using contraception, and is it safe for her to use it? (i.e., has she any contraindications?) Only one indication is salient in the context of a woman trying to prevent pregnancy — she is sexually active or anticipating sexual intercourse and wants to prevent pregnancy. This indication can be determined by the woman without physician consultation. The contraindications or medical reasons why

a woman should not take oral contraceptives, are based upon her history, and an assessment as to whether she has uncontrolled hypertension — a risk factor for rare serious adverse events such as heart attack or stroke.

Typically, health care providers obtain pertinent histories from women by asking yes/no questions verbally or with a self-administered history form. For example, "Have you ever been diagnosed as having breast cancer?" A "yes" answer to a question means the woman should not take oral contraceptives or that further evaluation is needed by a knowledgeable health professional before a decision can be made as to whether she can safely take oral contraception. Women who answer "no" to all questions can safely begin oral contraceptives. Literate women can ask and answer these questions themselves by using the package labeling. Women with diagnosed hypertension, for example, know whether they are taking their medication regularly. If they are not taking their medication regularly, they should not take oral contraceptives. If they are taking their medications regularly, they can start oral contraceptives but should be reminded to maintain their blood pressure check visits with their health care providers. These simple messages can and should be included in package labeling. Women with no prior history of hypertension need a blood pressure check prior to sustained oral contraceptive use. This requirement need not be a barrier to starting an over-the-counter hormonal method because a doctor visit is not necessary for blood pressure assessment. More timely and convenient ways to check blood pressure are available in some pharmacies or grocery-store blood-pressure kiosks.

In order for the FDA to approve change from prescription to over-the-counter status, the drug must exhibit the following criteria:

- 1) It must have a history of safety as a prescription method.
- 2) There must be no potential for overdose or addiction.
- 3) Inappropriate self-diagnosis is unlikely within the population that will access and use the drug.
- 4) Users of the drug can safely take the medication without an initial physician screen or exam.
- 5) Users can take the drug as they should without physician explanation.

In order to assure appropriate self-diagnosis and use, studies are performed to test users' package instruction interpretations and actual use. I am confident that such studies for over-the-counter oral contraceptives would show that women can competently read instructions to know how to use an oral contraceptive. Before such studies can be done, a pharmaceutical company will need to decide that it wants to take one of its oral contraceptive formulations over-the-counter. Corporate conservatism, paternalism, fear of political backlash from fundamentalists who oppose all forms of birth control, and the inability to recognize the potential demand for an over-the-counter oral contraceptive have stymied corporate movement in the direction of over-the-counter status. Recently, a couple of companies have been willing to

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SisterSong Hosts

First Southeastern Regional Urban Initiative

By Maame-Mensima Horne, SisterSong Advocacy & Membership Assistant/ Communications Assistant

SisterSong had the privilege of hosting the Southeastern Regional Urban Initiative Reproductive Health Summit in Atlanta, September 30 - October 2, 2009. We invited 150 elected officials, public health officials, and advocates throughout the South to share local models and city and county legislation that seeks to decrease health disparities within our region.

Although SisterSong is a national organization, we have made a commitment to be actively engaged around reproductive justice organizing in the southeastern region and this summit was a wonderful beginning.

Our goal was to discuss the health disparities that exist within our communities while giving examples of what local communities are doing to address the disparities. We used the reproductive justice framework to address multiple issues that affect southern cities allowing us to increase awareness of the reproductive justice framework and how it can be applied to decrease disparities locally.

Panels included: incarcerated women and reproductive justice, parenting justice, men and reproductive justice, environmental justice, abortion access in the south, and infant and maternal mortality. Notable speakers included: Fulton County Commissioner Larry Johnson; Palm Bay City Councilwoman, Michelle Paccione; Center for Disease Control Researcher, Dr. Camara Phyllis Jones; and CPC Associate Director for Minority Women's Health, Marian McDonald.

SisterSong enjoyed the opportunity to partner with the National Institute for Reproductive Health, Planned Parenthood of South Florida, and the ACLU of Mississippi, Reproductive Freedom Project. 

We appreciate our partners for their support of the Urban Initiative and our planning committee for their contributions in summit development. Our regional planning committee included organizations from 10 cities and 12 states:

GEORGIA

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begin exploration about what it would mean to take an oral contraceptive product to over-the-counter status.

There are many different oral contraceptive formulations, some containing both synthetic forms of the ovarian hormones, estrogen and progesterone, and a couple which contain only synthetic progesterone (progestin-only pills or "mini-pills"). All these formulations are safe and very effective in preventing pregnancy when taken consistently. No more than one or two OTC formulations would be needed to expand women-initiated, women-controlled contraceptive options. Other formulations would remain available by prescription only, thus providing a mechanism for those women who want or need to seek consultation from a health care provider prior to initiation of oral contraception. In addition, the prescription formulations would be available to women whose insurers require a prescription before reimbursing or paying for oral contraceptives, such as women on Medicaid.

Because an over-the-counter oral contraceptive option should be readily accessible and affordable to all sexually-active women in this country, reproductive justice advocates should have a role in the design and implementation of label comprehension, actual-use studies, and marketing strategies needed to ensure a successful roll-out of any over-the-counter product. Reproductive Justice groups' perspectives and involvement will help prevent that which is intended to be a tool for justice from becoming another

example of injustice. Women should have easy and ready access to an option that can assist them in achieving their child-spacing and childbearing aspirations. They should not be deterred by incomprehensible instructions, products that are only available in middle- and upper-middle class retail outlets, products that are only targeted to low-income women, products that are too expensive for low-income women, or products that are not available — in any circumstance — to sexually active women who are young.

Because no one contraceptive method is suitable for all women, and because most women will try different methods over the course of their reproductive lives, it is critically important to remove whatever barriers to contraceptive access that we can. A broad-based coalition of scientists, health care providers — including pharmacists and their professional organizations — corporations, advocates, and community stakeholders could make the change to over-the-counter status happen. In this rapidly changing and increasingly technological world, personal and family time is very precious. So is money for unnecessary doctor visits. It should not be wasted on unnecessary contraceptive health care visits. Unfortunately, the practice of requiring such visits is firmly entrenched. It will not change until a broad-based coalition works to demand a change to over-the-counter status for one or two oral contraceptive formulations. 

