



# POSITION STATEMENT

## **EMERGENCY CONTRACEPTION: EXPANDING EDUCATION AND ACCESS**

### **Background**

The American College of Nurse-Midwives (ACNM) “supports each person’s right to self-determination, to complete information, and to active participation in all aspects of care.”<sup>1</sup> ACNM also acknowledges “that the cultural, religious and ethnic diversity of certified nurse-midwives (CNMs) and certified midwives (CMs) and their clients allows for a variety of personal and professional choices.”<sup>2</sup> CNMs and CMs are educated and have demonstrated competence in the pharmacokinetics and pharmacotherapeutics of medications used for common health problems.<sup>3</sup>

The safety and efficacy of various hormonal combinations for use as post-coital contraception (a.k.a. the morning-after pill and emergency contraception) have been well demonstrated for more than 30 years. In 1997, the Food and Drug Administration (FDA) recognized emergency contraceptive pills (ECP) as a safe and effective method of preventing pregnancy. Studies, to date, have shown that, once implantation has occurred, ECP is ineffective and not harmful to the developing fetus. Current studies indicate that approximately three-fourths of unintended pregnancies can be prevented by ECP, if taken within 72 hours of intercourse. (74.1%, CI 62.9-79.2%). This method of contraception is believed to work through a combination of actions. These include: delaying ovulation when it has not yet occurred, altering endometrial development, delaying egg transport, and/or disturbing the physiology of the corpus luteum.

Recent evidence suggests that health care professionals and women who might desire its use have limited awareness of and access to ECP. In addition, current evidence shows that few women rely on ECP as a regular method of birth control.

### **Statement**

While respecting the values and beliefs of the individual client and professional, ACNM supports removing barriers to the immediate availability of emergency contraception through increased education for consumers and professionals, advance prescription of emergency contraception pills, direct pharmacy access, FDA approval of over-the counter distribution, and insurance coverage for all prescriptive methods of contraception. ACNM also opposes any laws or regulations that would prohibit CNMs and CMs from prescribing ECP regardless of the patient’s age.

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<sup>1</sup> ACNM Philosophy, 2004

<sup>2</sup> ACNM Position Statement on Reproductive Choices, 1997

<sup>3</sup> ACNM Core Competencies, 2002

\* Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board, Inc. (AMCB), formerly the American College of Nurse-Midwives Certification Council, Inc. (ACC).

Source: Policy Development and Evaluation Section, Division of Women's Health and Policy Leadership.  
Approved: ACNM Board of Directors, September 2001  
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