Women should be able to obtain the progestogen-only pill from a pharmacist without a prescription

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Within the UK, a pharmacist consultation is mandatory to obtain emergency contraception (EC) and over half of all EC is provided by a pharmacist.[1] More can and should be done to use this contact point to prevent unintended pregnancies and encourage uptake of long-acting reversible contraception (LARC). The Bridge-It study – a trial to determine whether provision of a 3-month supply of the progestogen-only pill (POP) at the time of obtaining EC resulted in higher uptake of an effective contraceptive – was associated with a 20% increase in use of an effective form of contraception, compared with only providing EC.[2]

Bridging – the idea of giving a woman a temporary but effective method of contraception that she can start immediately after using EC – gives women time to schedule an appointment to establish and transition to long-term contraception that will cater to their needs. Unless an effective form of contraception is begun following use of EC, risk of pregnancy remains.[2] Women who engage in unprotected sex following use of EC are also three times more likely to conceive.[1] Thus, rapid access to POPs through pharmacists is an important step in the reproductive empowerment of all women of childbearing age.

As a 24-year-old woman, like many others, I would have greatly benefitted from the option to obtain the POP when I needed EC from a pharmacy. The ability to immediately begin an effective form of contraception and have a 3-month period to transition to regular contraception would have been reassuring and empowering. In addition, as a Patient and Public Involvement (PPI) representative on the steering committee of the Bridge-It trial, the findings of this trial are important and timely. The clinically significant impact of the Bridge-It study on contraceptive (hormonal or intrauterine) uptake proves that rapid access to POPs through a pharmacist can have a tangible and positive impact on women's health.

Contraception is necessary for women of childbearing age to decide when and if they want to become pregnant. Contraception is a personal choice, free from coercion but open to responsible and evidence-based medical guidance. Elimination of the need for a medical prescription and/or authorisation from a spouse or parent supports women's health, autonomy and emotional well-being.

Community pharmacies are the primary providers of EC in the UK[1] and are underutilised as a point of contact for uptake of regular contraception. They are conveniently located, have longer opening hours and do not require an appointment.[3] Extending pharmacy services to include provision of POPs alongside EC would lower barriers to access, enabling more women to bridge between methods of contraception conveniently, safely and on their own terms. Moreover, it is acknowledged that specialist sexual health providers and general practitioners in the UK struggle to meet the sexual health needs and demands of the population.[4] Inclusion of community pharmacies as providers of POPs can alleviate ongoing pressure on the National Health Service (NHS), particularly in the context of the COVID-19 pandemic.

Women across all social, economic and cultural backgrounds in the UK face unnecessary challenges, however minor and surmountable, in obtaining contraception as a result of prescription control. Products such as paracetamol, ibuprofen and nicotine replacement therapies have higher risk profiles than POPs yet are readily available for purchase without a consultation.[5] The Bridge-It study has demonstrated that facilitated access, without compromising safety, is indeed effective. Public consultation on the reclassification of POPs as

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a 'pharmacy medicine' by the Medicines and Healthcare products Regulatory Agency (MHRA) ended in March 2021.[6] The MHRA has stated that the criteria for prescription control are not applicable to POPs.[6] The reclassification of POPs as a pharmacy medicine will remove unnecessary obstacles rooted in outdated beliefs on the consequences of facilitating the reproductive autonomy of women.

Prescription control of POPs not only creates barriers to access but puts women in difficult socioeconomic and household situations at risk of unintended pregnancies. Evidence suggests that victims of domestic violence and abuse are two times more likely to use EC, due to higher risks of rape and pressure to engage in unprotected sex.[7] A 33% increase in reports of domestic violence was observed during the first COVID-19 lockdown[8] and 30% of domestic abuse begins during pregnancy.[9] Rapid access to effective contraception cannot avert domestic violence and abuse but has the potential to empower these women by preventing unintended pregnancies at the hands of their abusers.

Facilitating the reproductive autonomy of women is frequently an afterthought of government health agendas. Sexually active women must go to greater lengths than men regarding their sexual health. A woman's ability to readily obtain contraception should not be hindered by outdated regulations, which the results of the Bridge-It study contradict.[2] Classification of POPs as a pharmacy medicine should be the beginning of prescription-free access to contraceptives. The MHRA must continue to re-evaluate the classifications of other forms of contraception currently available only via a prescription.

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