How do we and how should we measure Efficacy in Emergency Contraception

Emergency Contraception (EC) is the only and last way a woman has in order to avoid an unintended pregnancy. There are important flows in two ways: evidence background and in some questions of the mechanism of action. The importance of EC in the context of unintended pregnancy has its major impact in the population of patients who misuse their regular contraceptive method, accounting for almost 1/3 of those who consult for EC.

In measuring the risk of pregnancy in a normal cycle, the real one is no more than 23% per cycle, meaning that almost 80% of women/ per cycle seeking pregnancy will not be able to get it. So, the "failure rate" / cycle with natural intercourse is very high. If we could measure the real risk of pregnancy in a given day of the cycle, having into account all variables, for sure the risk would be far less.

In the calculation of the reduction of pregnancies with an EC method, the cardinal factor is de denominator, the "expected pregnancies" rate (Observed/Expected) in view of the difficulty of determining it (because of so many natural variables) and of course, in view of the impact of it in the "efficacy" of the EC method.

By far, we are overestimating the efficacy of EC. The denominator is a calculation of the given risk that is derived from a risk assumption that is not real. And so, we are driving imprecise information to our patients, creating erroneous expectations and misleading them.

Having enough methodological tools in order to clarify the question of efficacy of an intervention like this one, there is a proposal of a study utilizing placebo, in order to make a real approach to answering this important question.