

## CONTRACEPTION

Millions of women become pregnant when they do not intend to. Every year, approximately 40% of all pregnancies worldwide are unintended. For many, the consequences of unintended pregnancy can be dire. While pregnancy itself is not a disease, unintended pregnancy is often associated with poorer health outcomes for women, children and families.

Unintended pregnancy reflects barriers to contraceptive access and use as well as dissatisfaction with currently available contraceptive options. Despite the family planning revolution that began with the contraceptive pill half a century ago, more than 200 million women in low-resource settings rely on traditional methods or do not use contraception at all. For contraceptive uptake to increase, an extensive range of contraceptive products must be widely available at low or no cost to address the complex family planning needs of women in under-resourced parts of the world.

Gynuity's primary goal in this area is to increase access to contraception, especially in resource-poor areas. We achieve this by:

- Exploring innovative uses and delivery of existing contraceptive technologies.
- Clinical research on contraception uptake after medical abortion.

### Exploring Innovative Uses and Delivery of Existing Contraceptive Technologies

Gynuity seeks to think about current contraceptive methods in new ways, such as adapting the use of already approved and established products. By doing so, we may be able to shorten or even bypass the long clinical development and regulatory pathway which is required for all new pharmaceutical products.

In collaboration with partners such as PATH, the Concept Foundation and the Reproductive Health Technologies Project, Gynuity investigated options for the development of an “on-demand” oral contraceptive pill which was inspired by the emergency contraceptive pill. An oral contraceptive pill that is taken before or after sex could be an important option for women in developing countries who are not adequately served by currently available methods. An oral coitus-dependent method may be more acceptable to many women and men than condoms and other existing coitus-dependent contraceptives. Evidence of demand for an “on-demand” oral contraceptive method has fueled a revived interest on the part of both the pharmaceutical industry and the family planning advocacy community in developing a dedicated product. If it could be developed, the proposed “on-demand” oral contraceptive pill would address an unmet medical need by increasing the choice of contraceptive options open to women.

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## Clinical Research on Contraceptive Uptake

Encouraging contraceptive use after abortion is a high priority. One strategy that has shown promise for increasing contraceptive uptake is “Quickstart”: initiation of the selected contraceptive method once the woman decides to adopt it, without the need for additional clinical visits or for her next menstrual cycle to start. Since many women do not return for follow-up visits after medical abortion, the surest or even the only opportunity to apply the Quickstart strategy in medical abortion settings may be to initiate the contraceptive at the clinic visit at which the abortion medication is provided.

Gynuity conducted two clinical trials comparing immediate to post-abortion initiation of progestin-based contraceptives (Depo-Provera and etonogestrel implants) among women having first trimester medical abortions. The objectives of the trials were to determine whether the timing of initiation of either method will affect medical abortion failure and pregnancy risk up to six months after the abortion. Data from these trials are forthcoming.

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