



## **The Facts on Emergency Contraception**

*Despite the many highly effective birth control options women have to choose from, none is 100% perfect. And sometimes, mistakes happen – a condom breaks, a woman forgets to take her pill. Or she has sex when she didn't plan to – or want to. Each year, there are about 3 million unintended pregnancies in the United States – just over half occur among women who are using a regular method of contraception.<sup>1</sup> Emergency contraception (EC) gives women a second chance to prevent pregnancy in the first few days after sex.*

### **What is Emergency Contraception (EC)?**

Emergency contraception (EC) is a safe, effective back-up birth control method that can prevent pregnancy after unprotected intercourse or contraception fails. The most common form of EC is emergency contraceptive pills, which contain concentrated dosages of the same hormones found in daily birth control pills. When taken within the first few days of unprotected intercourse, EC can reduce the risk of pregnancy by up to 89%.<sup>2</sup>

EC is not a substitute for correct use of regular contraceptives. It is less effective than regular contraception, and provides no protection from HIV/AIDS or sexually transmitted diseases. EC also does not interrupt a pregnancy, and will not work if a woman is already pregnant.

### **How Do You Take Emergency Contraception?**

EC prevents pregnancy the same way that the daily birth control pill does: by delaying or inhibiting ovulation, inhibiting fertilization, or preventing implantation of a fertilized egg in the uterus.<sup>4,5</sup> All of these events occur before the beginning of pregnancy, which medical science defines as the implantation of a fertilized egg in the lining of a woman's uterus; implantation typically begins five to seven days after fertilization.<sup>6</sup> EC will not work if a woman is pregnant.

### **Is EC the Same Thing as the “Morning-After Pill”?**

Because EC can help reduce the risk of pregnancy after sex, some people like to call it the “morning-after pill.” Actually, labels for the FDA-approved products say EC should be used within 72 hours of unprotected intercourse and recent research shows this

window can be extended to 120 hours, or 5 days.<sup>3</sup> However, there is no reason to delay treatment; the sooner you take EC, the better it works.

### **Is EC the Same Thing as the “Abortion Pill”?**

EC should not be confused with Mifeprex®, also known as RU-486. EC and Mifeprex® are completely different drugs. EC helps to prevent pregnancy, while Mifeprex® terminates an early pregnancy.

### **What Kinds of Emergency Contraceptive Pills are Available in the U.S.?**

There are now two new EC products, Plan B® One-Step and Next Choice™ (generic EC). Plan B® has been discontinued, but will be available in pharmacies and health centers until supplies run out. There are also about a dozen brands of daily birth control pills that can be used as emergency contraception (see [www.not-2-late.com](http://www.not-2-late.com) for a complete list).

### **How Should a Woman Take Emergency Contraception?**

Both Plan B® and Next Choice™ packets include a course of treatment with two tablets, each containing 0.75 mg levonorgestrel. According to FDA-approved labeling, the first tablet should be taken as soon as possible within 72 hours (3 days) of unprotected intercourse. The second tablet must be taken 12 hours later. New research shows that one ‘double dose’ (1.5mg) is as effective as two doses taken 12 hours apart. These data also show that EC can still reduce the risk of pregnancy when taken on days 4 and 5, but the sooner the better. The Plan B® One-Step tablet contains a single 1.5 mg levonorgestrel dose and should be taken as soon as possible within 72 hours (3 days) of unprotected intercourse.

### **How effective is Emergency Contraception?**

Emergency Contraception, when used correctly, can reduce the risk of pregnancy up to 89% after a single act of unprotected sex. Effectiveness declines as the interval between intercourse and the start of treatment increases. In the first 24 hours after intercourse, Emergency Contraception may prevent 95% of expected pregnancies.<sup>7</sup>

### **What are the side effects of Emergency Contraception?**

Some women may experience one or more side effects after taking Emergency Contraception. Side effects include nausea, vomiting, cramping, fatigue, headache, dizziness, breast tenderness, and menstrual changes. Plan B®, Plan B® One-Step, and Next Choice™, and other progestin-only birth control pills – tend to cause fewer side effects than combination pills. Research has shown that progestin-only EC reduces the incidence of nausea by about one half and vomiting by two thirds (in comparison to combination pills.) No serious complications have been associated with Emergency Contraception. When used as directed, EC is safe for most women.

## Where Can Women Get EC?

Adults - EC is available *without a prescription* to women and men 17 and older at the pharmacy, upon the presentation of a government issued form of identification.

Teens - Women younger than 17 need a prescription from their doctor or other health care provider. Young women can obtain a prescription for EC from a physician or other reproductive health care provider. Most clinicians require a woman to come in for an office visit before prescribing emergency contraception.

In a limited number of states, women – adults and teens - are able to obtain EC directly from a pharmacist without having to visit a clinic or health care provider first. In Alaska, California, Hawaii, Maine, Massachusetts, New Hampshire, New Mexico, Vermont and Washington, there are collaborative drug therapy agreements between individual physicians and pharmacists to provide EC directly at the pharmacy counter without a prescription.

## Where Can Women Get More Information?

The EC Website, [www.not-2-late.com](http://www.not-2-late.com) offers information, FAQs and local resources about where to get EC in a given area.

Teen websites include: [www.advocatesforyouth.org](http://www.advocatesforyouth.org) or [www.teenwire.com](http://www.teenwire.com)

<sup>1</sup> Henshaw SK. Unintended Pregnancy in the United States. Family Planning Perspectives 1998, 30: 24-29.

<sup>2</sup> Task Force on Postovulatory Methods of Fertility Regulation. Randomised controlled trial of levonorgestrel versus the Yuzpe regimen of combined oral contraceptives for emergency contraception. The Lancet 1998, 352: 428-433.

<sup>3</sup> von Hertzen, H. et al. Low dose mifepristone and two regimens of levonorgestrel for emergency contraception: a WHO multicentre randomized trial. The Lancet, 7 December 2002: 1803-1810.

<sup>4</sup> Glasier A. Emergency postcoital contraception. New England Journal of Medicine 1997, 337:1058-1064 .

<sup>5</sup> Trussell J and Raymond EG. Statistical evidence concerning the mechanism of action of the Yuzpe regimen of emergency contraception. Obstetrics and Gynecology, 1999, 93: 872-876.

<sup>6</sup> The United States Code of Federal Regulations, Title 45, Part 46, Subpart B, Section 46.202, Subsection (f) states “Pregnancy encompasses the period of time from implantation until delivery.”

<sup>7</sup> Piaggio, G et al, Timing off emergency contraception with levonorgestrel or the Yuzpe regimen. The Lancet 1999; 353:721.