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1-888-NOT-2-LATE

The Facts on Emergency Contraception and Plan B®

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 diaphragm slips, 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.¹ 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 – either progestin alone or a combination of estrogen and progestin. When taken within the first few days of unprotected intercourse, EC can reduce the risk of pregnancy by up to 89%.²

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.

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.³ However, there is no reason to delay treatment; the sooner, the better.

How Do Emergency Contraceptive Pills Work?

EC prevents pregnancy the same way that the daily pill does: by delaying or inhibiting

ovulation, inhibiting fertilization, or preventing implantation of a fertilized egg in the uterus.^{4,5} 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.⁶ EC will not work if a woman is pregnant.

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 is only one dedicated EC product currently marketed in the U.S. Plan B®, a progestin-only product, was approved by the FDA in July 1999. 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 for a complete list).

How Should a Woman Take Plan B®?

Each Plan B® packet includes a single course of treatment and consists of 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.

How effective is Plan B®?

Plan B® reduces the risk of pregnancy among users about from 8%, on average, to about 1%. In other words, when used correctly, it reduces the risk of pregnancy by 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, Plan B® can prevent 95% of expected pregnancies.⁷

What are the side effects of Plan B®?

Some women experience one or more side effects after taking Plan B®. Side effects include nausea, vomiting, cramping, fatigue, headache, dizziness, breast tenderness, and menstrual changes. (Plan B® - and other progestin-only EC 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 Plan B®. When

used as directed, Plan B® is safe for most women.

Where Can Women Get EC?

Adults - EC is available *without a prescription* to women 18 and older at the pharmacy, upon the presentation of a government issued form of identification.

Teens - Women younger than 18 need a prescription from their doctor or other health care provider. Teens can a prescription for EC from any physician and many other reproductive health care providers. 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.

Where Can Women Get More Information?

There is an automated, 24-hour-a-day, toll-free hotline for adults and teens (1-888-NOT-2-LATE, 1-866-En-Tres-Dias) and an EC Website, www.not-2-late.com. Both also provide guidance about where to get EC in a given area.

Teen websites include: www.advocatesforyouth.org or www.teenwire.com

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

² 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.

³ 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.

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

⁵ 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.

⁶ 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.”

⁷ Piaggio, G et al, Timing off emergency contraception with levonorgesterel or the Yuzpe regimen. The Lancet 1999; 353:721.