

# EMERGENCY CONTRACEPTION

## *A Practitioner's Guide*

### **Unintended Pregnancy and Emergency Contraception**

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There are 3 million unintended pregnancies in the United States each year. Half of all women aged 15-44 have experienced at least one unintended pregnancy.<sup>1</sup> It is estimated that half of all unintended pregnancies could be prevented by widespread use of emergency contraception (EC).<sup>2</sup> Despite this, very few women know about EC and only 2% of women have ever used emergency contraceptive pills (ECPs).<sup>3</sup>

### **Emergency Contraceptive Pills**

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Emergency contraceptive pills (ECPs) are a safe, effective way to prevent pregnancy after unprotected intercourse or contraceptive failure, such as a torn condom or missed pills. ECPs consist of a two dose regimen of oral contraceptives. The first dose is generally taken within 72 hours after unprotected intercourse, followed by a second dose about 12 hours later. Clinicians have begun offering ECPs up to 120 hours after unprotected intercourse based on recent studies.<sup>4</sup> However, ECPs are most effective when taken in the first 12 hours after intercourse,<sup>5</sup> and women are urged to take the treatment as soon as possible to maximize efficacy.

#### **The Dedicated Product:**

- **Plan B:** This product contains progestin, and results in less nausea than combined-ECPs, which contain progestin and estrogen. Each one-tablet dose of Plan B contains 0.75 mg levonorgestrel.

#### **Non-Dedicated Products:**

- **Marketed Birth Control Pills:** 13 brands of regular combined oral contraceptives and one brand of progestin-only oral contraceptives can be used. (see Table 1).

#### **Efficacy:**

Progestin-only ECPs reduce the chance of pregnancy by 89%, with only about 1% of users becoming pregnant (instead of the expected 8% of women becoming pregnant without ECP use). Combined ECPs reduce the chance of pregnancy by 75%, with only about 2% of users becoming pregnant.<sup>6</sup>

## Dedicated EC Product:

- **Plan B:**

Contains only progestin.  
Each one-tablet dose of  
Plan B contains 0.75 mg  
levonorgestrel.

**Table 1:  
Oral Contraceptives for Use as  
Emergency Contraceptive Pills**

Brand	Manufacturer	Pills Per Dose	Ethinyl Estradiol Per Dose ( $\mu\text{g}$ )	Levonorgestrel Per Dose (mg)
Alesse	Wyeth	5 pink pills	100	0.50
Aviane	Duramed	5 orange pills	100	0.50
Levlen	Berlex	4 orange pills	120	0.60
Levlite	Berlex	5 pink pills	100	0.50
Levora	Watson	4 white pills	120	0.60
Low-Ogestrel	Watson	4 white pills	120	0.60
Lo/Ovral	Wyeth	4 white pills	120	0.60
Nordette	Wyeth	4 orange pills	120	0.60
Ogestrel	Watson	2 white pills	100	0.50
Ovral	Wyeth	2 white pills	100	0.50
Ovrette	Wyeth	20 yellow pills	0	0.75
Tri-Levlen	Berlex	4 yellow pills	120	0.50
Triphasil	Wyeth	4 yellow pills	120	0.50
Trivora	Watson	4 pink pills	120	0.50

## **Basic ECP Information and Follow-Up Care**

Supportive, nonjudgmental approaches are best for providing information, so women can voice concerns and ask questions. Clinicians should give instructions and information on potential side effects to women who choose to take ECPs.

Training staff, including receptionists, in ECP protocols will facilitate women's access to the pills. A pelvic exam, pregnancy test, or office visit is not necessary, so prescriptions can be given over the phone. When giving prescriptions over the phone, first determine that the woman is not already pregnant by reviewing her menstrual history.

A woman can begin using any hormonal contraceptive immediately after ECP use, or she can use a barrier method until her next period begins. If menses does not occur within 3 weeks of EC use, a pregnancy test is indicated.

## **Prescribing ECPs**

Any physician, physician assistant, nurse practitioner, or nurse midwife with prescribing privileges can prescribe ECPs just like any other prescription medication.

**Advance Prescription:** The American College of Obstetricians and Gynecologists (ACOG) has called for all clinicians to provide advance prescriptions of emergency contraception to women during their routine gynecologic visits, a position strongly supported by *Physicians for Reproductive Choice and Health*<sup>®</sup>. Because of the time-sensitive nature of ECPs, prescriptions given in advance will improve patient access and options.

**Over-the-Counter Availability:** Efforts are currently underway to gain FDA approval to switch ECPs to over-the-counter availability.

**Providing to Minors:** Currently, no state law requires parental consent for the prescription of ECPs to minors.

**Crisis Management:** Properly trained staff should be able to recognize when a woman requesting ECPs has been sexually assaulted and know how to provide compassionate and sensitive care, counseling, and referrals.

**Stock:** Not all pharmacies stock Plan B. Since ECPs must be taken as soon as possible, clinicians should identify the pharmacies that stock Plan B in advance and encourage others to begin stocking it.

## **How Do Emergency Contraceptive Pills Work?**

ECPs are contraceptive agents, which may work by delaying or inhibiting ovulation, inhibiting fertilization, or preventing implantation of the fertilized egg in the uterus.<sup>7</sup> Pregnancy is defined as starting at implantation. If the woman is already pregnant, ECPs will not disrupt the pregnancy.<sup>8</sup>

## **What is the Difference between ECPs and the “Abortion Pill”?**

ECPs should not be confused with mifepristone, or the “abortion pill” (previously called RU-486). ECPs prevent implantation from occurring and will not work if a woman is already pregnant. In the U.S., mifepristone, marketed under the brand name Mifeprex™, is used as a medical method of terminating a pregnancy.

## **Side Effects and Contraindications of ECPs**

- **Nausea/Vomiting:** Some women may experience nausea and vomiting. These symptoms are more common with combined ECPs than with progestin-only pills. Providing an anti-nausea medicine one hour prior to administering the first dose of the ECPs reduces the risk of nausea.<sup>9</sup>

If vomiting occurs within one hour after the woman has taken the first dose, some clinicians may advise a repeat dose.<sup>10</sup> In cases where vomiting makes oral administration impossible, the repeat dose may be administered vaginally (inserted high in the vagina).<sup>11</sup>

- **Other Side Effects:** Other side effects may include short-term fatigue, headache, dizziness, breast tenderness, or a change in the timing of the next period.
- **Contraindications:** There are no medical contraindications to ECPs.<sup>12</sup> ECP use can be considered even for women who have medical conditions that make ongoing use of combined oral contraceptives unwise, and the progestin-only ECP provides an excellent alternative that contains no estrogen.

A woman should avoid using the pills if she is already pregnant, but ECPs will not end a pregnancy and are not teratogenic.

Clinicians may also choose to dispense dedicated ECPs and/or oral contraceptives directly to their patients from their office. While regulations for repackaging drugs vary by state,<sup>13</sup> a provider can directly dispense dedicated products anywhere she or he has prescribing authority.

**Pharmacy Access:** Women can obtain EC directly from some pharmacies in 5 states: California, Washington, Alaska, Hawaii, and New Mexico.

**Referral Services:** A list of providers in a woman's area can be obtained by calling 1-888-NOT-2-LATE or by visiting [www.not-2-late.com](http://www.not-2-late.com). Both the hotline and website are free and operate 24 hours a day.

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## **Resources for Providers**

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[www.go2planb.com](http://www.go2planb.com)

*Contains information on the dedicated product and prescribing guidelines.*

[www.not-2-late.com](http://www.not-2-late.com) or 888-NOT-2-LATE

*Provides answers to the most common questions about EC.*

[www.backupyourbirthcontrol.org](http://www.backupyourbirthcontrol.org)

*Offers basic facts on EC mainly intended for the general public, although there is a section for providers.*

## **Endnote on the Copper IUD**

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This card focuses primarily on emergency contraceptive pills. Copper-bearing IUDs can be inserted up to 8 days after unprotected intercourse as an alternate method of emergency contraception.<sup>14</sup>

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The mission of *Physicians for Reproductive Choice and Health*® (PRCH) is to enable concerned physicians to take a more active and visible role in support of universal reproductive health. PRCH is committed to ensuring that all people have the knowledge, access to quality services, and freedom of choice to make their own reproductive health decisions.

PRCH does not accept contributions or sponsorships from corporations and does not engage in the endorsement or promotion of any specific emergency contraceptive or oral contraceptive product.

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