

Emergency Contraception: Issues and Information

Information

Emergency contraception (EC) is a method of preventing pregnancy in situations when one of the following situations exists:

- Another contraceptive method failed.
- Another contraceptive method was not used.
- Sexual intercourse was forced upon someone who was unable to use another contraceptive method.

Emergency contraception comes in three forms at this time:

- Combined estrogen-progestin emergency contraceptive pills (ECP)
- Progestin-only ECP
- Copper-T intrauterine device (IUD)—This is the only EC method that provides ongoing contraception if the IUD is left in place.

Treatment must be initiated as soon as possible following unprotected intercourse. ECPs must be taken within 120 hours; the IUD must be inserted within five days. The sooner treatment is initiated, the more effective it is in preventing pregnancy.

Emergency contraception prevents pregnancy through one of the following actions:

- Delays or inhibits ovulation
- Inhibits fertilization
- Inhibits implantation of a fertilized egg in the uterus

Emergency contraception is not recommended for use as a primary pregnancy prevention strategy. It does not provide any protection against HIV and other STIs. If EC is used by a pregnant woman, it will not induce an abortion, nor will it cause birth defects.

Emergency contraception is highly effective in preventing pregnancy in women who have unprotected intercourse. If 100 women have unprotected intercourse once during the second or third week of their menstrual cycle, eight would become pregnant. If these same women used EC, the following pregnancies would occur:

- Combined emergency contraceptive pills (ECP): two pregnancies, a reduction of 75%
- Progestin-only ECP: one pregnancy, a reduction of 89%
- Copper-T intrauterine device (IUD): fewer than one pregnancy, a reduction of 99%

Misnomers

- The “morning after” pill—Because ECPs may be started sooner than the morning after unprotected intercourse, or later, it should not be referred to as the morning after pill. Also, it is not taken as one pill the morning after, but as two pills taken 12 hours apart, or two pills at once.
- The “abortion” pill—Medication that causes the expulsion of the implanted egg, embryo, or fetus within the first trimester of pregnancy are legally available in the United States. Mifepristone, known as RU 486, and Misoprostol are the two drugs approved for this use. These drugs induce abortion in a pregnant woman; EC does not interrupt an existing pregnancy.

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Issues

Does the use of EC increase the likelihood that women will engage in unprotected sex?

Research has indicated that women who use EC are no more likely to engage in unprotected sex than women who don't.

Does the availability of EC make it less likely that women will use other forms of contraception?

Research has indicated that women who use EC are just as likely to use another contraceptive method as their primary method as women who do not have access to EC. Several factors may influence this:

- EC, if used as the sole method of contraception, would not be as effective as other methods.
- Side effects of EC, such as nausea and vomiting, make the use of EC on a regular basis unappealing.

What is Plan B?

Plan B is the name commonly used for the progestin-only emergency contraceptive pill, Preven. It contains the same hormones used for ordinary birth control pills, but at a higher dose and different administration level.

Is EC an abortifacient?

Some people consider any method that disrupts the development of a fertilized egg to be an abortifacient, a substance or device used to induce abortion. This would include the

IUD and some birth control pills that prevent the implantation of a fertilized egg. Since the exact mechanism by which EC prevents pregnancy is not known, and one of the stated mechanisms is inhibition of implantation, it could be considered an abortifacient by those who object to this method. By medical definition, implantation is the criterion for the beginning of pregnancy; therefore, people who use this definition would not consider EC to be an abortifacient.

Is EC available over-the-counter?

Because of the controversy surrounding EC, US law currently prohibits provision of EC without a doctor's prescription. The Food and Drug Administration (FDA) looked into the issues related to making the ECP, Preven, available to women age 16 and over without a prescription. Two FDA advisory committees recommended approval in 2003, but the FDA decided not to allow over-the-counter-sales of Preven in May 2004. As of February 2004, five states allow women to obtain EC from a pharmacist; the remaining states still require a prescription.

How can EC be made more readily available?

Providing information about EC, and giving advance prescriptions for ECPs to women who want to have EC on hand when needed would increase the effective use of EC. If EC was widely available, it could potentially prevent 1.5 million unintended pregnancies a year, including as many as 700,000 pregnancies that now end in abortion in the U.S.

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