



Key Facts about Emergency Contraceptive Pills for Providers

Emergency Contraception is a safe and effective way to prevent pregnancy after sex.

- A woman may benefit from emergency contraception if: a contraceptive was not used during sex, or the contraceptive didn't work, or she was raped.

What are Emergency Contraceptive Pills (ECPs)?

ECPs prevent pregnancy by inhibiting ovulation, fertilization, or implantation. They will not cause an abortion. There are two types of ECPs:

- **Progestin-only:** Plan B™ (or high doses of Ovrette). FDA approved dosing: First dose as soon as possible after unprotected sex, second dose 12 hours later.
 - Research shows equal efficacy if both doses taken SIMULTANEOUSLY
- **Combined Estrogen/Progestin:** High doses of 18 OCPs containing levonorgestrel or norgestrel are FDA approved: Alesse, Aviane, Cryselle, Enpresse, Lessina, Levlen, Levlite, Levora, Lo/Ovral, LowOgestrel, Nordette, Ogestrel, Ovral, Portia, Seasonale, Tri-Levlen, Triphasil, Trivora. Number of pills/dose varies. First dose as soon as possible, second dose 12 hours later.
 - New research shows approximately equal efficacy for OCPs containing norethindrone

Pills should be started within 120 hours (five days)* after unprotected sex – the sooner the better.

- *FDA approved up to 72 hours (3 days).
- Studies show efficacy up to 120 hours.
- Efficacy declines linearly with time to treatment.

Plan B more effective than combined estrogen-progestin ECPs.

- Progestin-only pills reduce pregnancy risk by 89% if taken within 72 hours of unprotected sex.
- Combined estrogen/progestin pills reduce pregnancy risk by 75% if taken within 72 hours of unprotected sex

Won't cause an abortion or harm a preexisting pregnancy.

- ECPs are **NOT** the same as RU-486 (the abortion pill).
- ECPs are not effective after implantation. They are not teratogenic if mistakenly taken during pregnancy.

Side effects lower with Plan B than with estrogen/progestin ECPs.

- Plan B: nausea occurs in 23% of women, vomiting in 6%. No need for prophylactic antiemetic.
- Combined estrogen/progestin: nausea occurs in 50%, vomiting in 19% of women. Meclizine prior to first dose decreases GI side effects.
- The next menses may be slightly early or late, and flow may be heavier, lighter, or unchanged.

Medical follow up after taking Emergency Contraceptive Pills.

- Regular contraception can be started immediately after ECPs, or with the next menses
- If no menses within 3 weeks of ECPs, pregnancy test should be done
- ECPs will not treat ectopic pregnancy. ECPs do not prevent sexually transmitted infections.

Advance Prescription.

- Providing an advance prescription of ECPs to women during routine contraceptive counseling increases access to ECPs and decreases time to treatment. It does NOT decrease use of regular contraception. Advance prescription of ECPs is recommended by ACOG as part of routine contraceptive counseling.

For more information on emergency contraception contact the Massachusetts EC Network at www.MassEcNetwork.org or the national hotline at 1.888.NOT-2-LATE

Material adapted from PATH for the state of Massachusetts by the Massachusetts Emergency Contraception Network.