

Emergency Contraception

Safe and Effective Options for Preventing Pregnancy After Unprotected Sex

Emergency contraception (EC) is a means of preventing pregnancy after unprotected sex or sexual assault. It is sometimes referred to as the “morning-after pill,” but this term is misleading because some forms of emergency contraception can be effective up to 120 hours (five days) after sex. It is most effective when taken within 12 hours of unprotected sex. Several hormonal medications, as well as the Copper IUD, can be used for emergency contraception.¹

Until recently, legal barriers based on ideological opposition to EC, not medical science, severely restricted teen access. But in 2013, the Food and Drug Administration (FDA) ruled that one EC product, Plan B One-Step[®], would be available on store shelves for purchase by women and men of all ages.² Other methods are available from pharmacists (“behind the counter”) or by prescription (see Table 1). The Affordable Care Act (ACA) partially addresses another significant barrier, cost, by requiring that prescription methods of birth control be covered by insurance.³ Young women still must pay the full cost of Plan B One-Step[®] because over-the-counter medications are not covered under the ACA ruling.³

Although emergency contraception significantly reduces the chance of an unintended pregnancy, and there is no limit to the number of times a woman can safely use EC, most experts agree that it should not be considered a primary method of birth control because it is not as effective as other methods.¹ Also, EC offers no protection against sexually transmitted infections (STIs) including HIV – so those who need EC should also consider consulting a healthcare provider for testing.

Young women who have had unprotected sex or been sexually assaulted, and do not wish to become pregnant, should be aware of their options.

TYPES OF EC AND HOW THEY WORK

- A woman can prevent pregnancy after unprotected sex or sexual assault in a number of ways, including:

- Progestin-only pills, like Plan B One-Step[®], Next Choice[®], and others, which contain the hormone progestin, a hormone found in regular birth control pills but used in larger amounts as EC. Some of these, including Plan B One-Step[®], require only one pill, while others require two pills taken over two days.¹
- Anti-progestin pills such as ella[®] contain ulipristal acetate which change the way that the hormone progestin normally works in the body.¹
- Many brands of regular birth control pills also can be used as emergency contraception. Visit ec.princeton.edu to learn more about brands and dosage.⁴
- The copper IUD (called ParaGard[®]) prevents pregnancy when inserted up to five days after unprotected sex. It is one of the most effective methods of birth control and may be used for up to ten years.¹
- Medication forms of EC work primarily by preventing ovulation (when the ovaries release an egg); and by preventing the sperm from fertilizing the egg. There is no evidence that either Plan B One-Step[®], or ella[®], works after the egg has been fertilized. The IUD works by preventing sperm from fertilizing an egg, and by preventing a fertilized egg from implanting in the uterus.¹
- Emergency contraception does not cause abortion.¹ A woman should not use EC if she is already pregnant because it will not work. Research has found that progestin-only pills, and regular birth control pills used as EC, will not harm a pregnancy, but there is little information about ella[®]'s effect on a developing fetus.⁵ A healthcare provider must rule out pregnancy before inserting an IUD.⁶
- Recent studies have found that levonorgestrel-only EC products, like Plan B One-Step[®], may not be effective in women who weigh 166 pounds or above.^{7,8} Research has found that ella[®] is more effective than Plan B[®] for women over 166

THE FACTS

pounds, but it too may lose effectiveness in women with a Body Mass Index (BMI) of over 25. (Learn more about BMI and how to calculate it here: <http://www.cdc.gov/healthyweight/assessing/bmi/>) The copper IUD's efficacy is not affected by weight or body mass.⁶

EC IS SAFE AND EFFECTIVE

- The FDA states that EC is safe and effective.^{1,2,5,6} Leading professional associations such as the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, and Society for Adolescent Health and Medicine all support women's access to EC, regardless of age.^{9,10,11}
- EC pills are approximately 74 to 85 percent effective in preventing pregnancy, depending on how promptly a woman uses them, when during her cycle she had sex, and the kind of EC she takes.¹ Some studies show EC is most effective when taken as soon as possible after unprotected sex.¹ Progestin-only pills are more effective than combination pills (containing both estrogen and progestin).¹ The most effective EC pill is ella[®] (antiprogesterin ulipristal acetate).
- Some women experience side effects when taking EC. For those who take progestin-only pills, side effects include headaches (20 percent of women experience) and nausea (11-12 percent experience).¹ Side effects are more common among women who take pills containing both estrogen and progestin and include nausea (in 50 percent of women taking it) and vomiting (in 20 percent).¹² Other less common side effects include fatigue, breast tenderness, headache, abdominal pain, and dizziness.¹ These side effects are significantly more common for combination pills than for progestin-only pills.¹ Side effects associated with antiprogesterin pills include headache in 18 percent of users, nausea in 12 percent of users, and abdominal pain in 12 percent of users.¹ Side effects of the copper IUD can include an increase in menstrual pain, and pain upon insertion.¹³
- The Society for Adolescent Health and Medicine supports increasing awareness of and improving timely access to EC for teens, including recommending that teens be counseled about emergency contraception.¹¹

WITH INCREASED ACCESS, MORE YOUNG PEOPLE ARE USING EC

- Teens and young adults are increasingly using EC as a pregnancy prevention method. Fourteen percent of sexually experienced women ages 15-19 have used EC. Twenty-three percent of sexually experienced women ages 20-24 have used EC.¹⁴
- In 2002, only 4.2 percent of sexually experienced women aged 15-44 reported they had ever used EC. In 2006-2010, 11 percent reported that they had ever used EC.¹⁴
- Under the Affordable Care Act, private health plans are required to cover all FDA-approved, prescribed contraceptive drugs and devices – including prescription forms of emergency contraceptive pills and the copper IUD. Women who obtain EC over the counter will have to pay full retail price.¹²
- In 26 states, Medicaid covers over-the-counter EC. In many states, a doctor must prescribe EC in order for Medicaid to cover it, making access in a timely manner more difficult.¹⁵
- Plan B One-Step[®] is now available over-the-counter after FDA approval in 2013. Generic versions of Plan B One-Step[®] are expected to be available soon.²

CONCLUSION

A variety of emergency contraception methods are available to young people. Evidence shows that increased access to or advanced provision of emergency contraception pills (in advance of need) does not increase risky sexual behaviors or disrupt currently consistent contraceptive use.^{10,16} But young people face cultural, financial, psychological, and social barriers to accessing contraceptive information and services, especially EC-related information and services. Health care providers, educators, youth-serving professionals, and parents can all play a role in supporting young people's access to EC and putting their worries about unwanted pregnancy to rest.

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TABLE 1: TYPES OF EC AND THEIR CHARACTERISTICS^{1,5,6,7,8,13}

	ANTI-PROGESTIN	PROGESTIN-ONLY	REGULAR BIRTH CONTROL PILLS	COPPER IUD
BRAND NAME	ella [®]	Plan B [®] , Next Choice [®] , and others	Various brands of birth control pills	ParaGard [®]
ACTIVE INGREDIENT	Ulipristal acetate	Levonorgestrel	Combination of levonorgestrel and ethinyl estradiol	N/A
TIMEFRAME FOR USE	Up to five days after sex.	Most effective within 12 hours of sex; effective up to three days (72 hours) after sex.	Most effective within three days (72 hours) of sex; somewhat effective up to five days (120 hours) after sex. Taken in higher doses than regular birth control.	Must be inserted within 5 days (120 hours) of unprotected sex. Continues to prevent pregnancy for up to ten years.
HOW IT WORKS	Prevents the ovary from releasing an egg	Prevents the ovary from releasing an egg; prevents sperm from fertilizing an egg	Prevents the ovary from releasing an egg; prevents sperm from fertilizing an egg.	Prevents sperm from fertilizing an egg; prevents fertilized egg from implanting in the uterus.
WHERE AND HOW TO GET IT	Requires prescription	Plan B One-Step [®] is available on pharmacy shelves to women and men of all ages. Generic versions of Plan B One-Step [®] are not yet on shelves as of December 2013 but should be soon. Two-pill versions of Plan B [®] and generics are available behind the counter for those 18 and older. Those 17 and younger must have a prescription to get these products.	Prescription usually required.	Must be inserted by a healthcare provider
SIDE EFFECTS	Fifty percent or fewer experience nausea, headaches, painful menstruation.	Twenty percent or fewer experience nausea, headaches, painful menstruation.	Twenty percent or fewer experience nausea, headaches, painful menstruation.	An increase in cramping or bleeding after insertion is common; usually goes away after a few months.
OTHER NOTES	If a woman is pregnant and has taken ella [®] , she should consult her health care provider.	Recent studies have found that levonorgestrel/progestin-only EC products, like Plan B One-Step [®] , may not be effective in women who weigh 166 lbs. or above. Research has found that ella [®] is more effective than Plan B [®] for women in this weight range, but it too may lose effectiveness in women with a Body Mass Index (BMI) of over 25. (Learn more about BMI and how to calculate it here: http://www.cdc.gov/healthyweight/assessing/bmi/) The copper IUD's efficacy is not affected by weight or body mass.	If a woman uses her supply of birth control pills, she should visit her healthcare provider as soon as possible to refill it.	N/A

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