



FACT SHEET – 9 Oct 2019

EMERGENCY CONTRACEPTION OPTIONS

What can a woman do to prevent pregnancy if she had unprotected sex?

If a woman and her male partner have had sex without using birth control or if something happened (such as a condom broke), she can use emergency contraception to reduce her risk of becoming pregnant. In the U.S., there are three types of emergency contraceptive pills (ECP), sometimes called the "morning after pill" and the copper IUD.

The emergency contraception pill containing 1.5mg of the synthetic progestin hormone Levonorgestrel: Progestin-only pills can reduce your risk of getting pregnant by 88% if taken with **3 days** of the sexual encounter – sooner is better. **Plan B One-Step** and generic equivalents of this pill are sold on the shelf in drug stores (check the family planning aisle) with no age restrictions. That means anyone can buy this pill without having to show ID. This pill is also available at no cost and without a prescription in every military pharmacy, and is also available on Navy ships.

Combined emergency contraception pills containing both the hormones progestin and estrogen: Many brands of the combined daily birth control pill can be used in various combinations for emergency contraception. These pills cut your chances of getting pregnant by 75% if taken within **3 days** of the sexual encounter, and you may experience side effects like nausea and vomiting. These pills are available on Navy ships.

Ella is the emergency contraception pill containing ulipristal acetate (UPA), and is available by prescription only. It can be taken up to **5 days** after unprotected sex, and is believed to be more effective than the levonorgestrel pill. UPA is available in every military pharmacy.

Facts about emergency contraceptive pills

The mechanism of action of emergency contraception pills is not fully understood. They may work by disrupting ovulation, fertilization or implantation. The best available scientific evidence indicates the emergency contraception pills prevent pregnancy by mechanisms that do not involve interference with post-fertilization events.

How effective are emergency contraception pills?

Emergency contraception pills containing progestin only, such as *Plan B One-Step*, reduce the risk of pregnancy by up to 81 to 88% if taken within 3 days - which means the number of women who would be expected to become pregnant after unprotected sex drops from 8 of 100 without any contraception to about 1 of 100 when *Plan B* is taken within 72 hours of the unprotected sex. Use of pills containing combined estrogen and progestin reduce the risk of pregnancy by 75% if taken within 3 days. Timing is important – these types of emergency contraception pills are more effective when taken sooner. UPA remains highly and equally effective through day 5 after the sexual encounter.

What will happen when I take emergency contraception pills?

Side effects may include nausea, vomiting, stomach pain, headache, dizziness and breast tenderness and may cause spotting or changes in the amount, timing or duration of the next menstrual period.



Are emergency contraception pills the same as the "morning after pill"?

Yes. However, the words "morning after" are misleading, because emergency contraceptive pills can be used up to 3 days (progestin-only or combined pills) or 5 days (UPA) after sex - not just the next morning.

Are emergency contraception pills the same as "abortion medications"?

No. Abortion medications are used to terminate an established pregnancy and must be prescribed by a doctor.

Emergency contraception pills available in the U.S.

- are **not** effective if the user is already pregnant.
- do **not** induce abortion.
- will **not** harm an existing pregnancy.
- do **not** protect against sexually transmitted infections.
- should **not** be taken *before* unprotected sex.
- are **not** recommended as the primary form of contraception, because ECPs are not as effective as many other forms of contraception.

The **copper intrauterine device (IUD)** can also be used as emergency contraception if placed within 5 days of the sexual encounter. Once placed, it is also highly safe, reliable, non-hormonal birth control.

To improve access to emergency contraception options, the Navy Bureau of Medicine and Surgery (BUMED) developed optional protocols to guide patient and healthcare provider decisions regarding the use of emergency contraception options. BUMED developed two protocols - one each for clinicians and nurses. The **BUMED Nurse-run Protocol** acknowledges that UPA, effective for up to 5 days after the sexual encounter, is a more reliable emergency contraception pill than is 1.5mg Levonorgestrel (such as "Plan B One-Step") - but UPA requires a prescription, thereby reducing the patient's ease of access to this time-dependent option. The nurse-run protocol is designed to improve timely access to UPA (and all of the emergency contraceptive options) by placing nurses at the front line of assessing the patient's needs. This approach can reduce provider workload, reduce patient wait times (which facilitates better emergency contraception outcomes), promote high quality of care by guiding nurses with its comprehensive list of considerations, and standardize the provision of emergency contraceptive services across Navy Medicine.

Where can I get more information?

For detailed information, counseling, and access to birth control options, contact your health care provider. For further information regarding contraception, visit the Sexual Health and Responsibility Program at:

<http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/contraception.aspx>



This information was adapted by the Sexual Health and Responsibility Program (SHARP), Navy and Marine Corps Public Health Center from Hatcher et al (2011) Contraceptive Technology, 20th ed; Emergency Contraception, Kaiser Family Foundation fact sheet (May 14, 2013); Princeton Univ, Emergency Contraception: A Last Chance to Prevent Unintended Pregnancy Trussell, Raymond, Cleland, MPA, March 2016; <http://ec.princeton.edu/questions/ec-review.pdf>