

EMERGENCY CONTRACEPTION

"ECPs [are estimated to have] prevented...51,000 abortions in 2000" – Alan Guttmacher Institute
www.guttmacher.org/pubs/journals/3429402.html

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. They do not disrupt an implanted pregnancy and are distinctly different from "the abortion pill" mifepristone, which is used as a medical method of terminating a pregnancy.

ECPs consist of a one-dose regimen of oral contraceptives. The dose is taken within 72 hours after unprotected intercourse. ECPs are most effective when taken in the first 12 hours after intercourse and women are urged to take the treatment as soon as possible to maximize efficacy. Can take up to 5 days after unprotected intercourse.

Pharmacotherapy:

Plan B: Contains only progestin (0.75 mg levonorgestrol) and causes less nausea than combined ECPs. Also they are more effective than combined ECPs. (89% vs. 75%)

HCMC has Plan B, available at the FMC or downtown pharmacy to any patients that request it, or by prescription. The HCMC "Emergency Contraceptive Kit" contains Plan B, instructions, and condoms. Some other pharmacies offer ECPs without a prescription for those aged 18 or older but they generally charge more for it to self-pay patients.

- Be aware that some pharmacies do not stock Plan B, which can delay patients' access.

ACOG encourages clinicians to provide advance prescriptions so that women have ECPs when they need it.

To prescribe: Plan B 2 pills p.o. ASAP after unprotected intercourse.

- No clinical exam or pregnancy test needed.

Other ECPs: (disadvantage is more nausea than Plan B)

- Preven: Contains estrogen and progestin. Comes in two-pill formulation.
- Marketed Birth Control Pills ("Yuzpe method"): 13 brands of regular combined oral contraceptives and 1 brand of progestin-only oral contraceptives can be used, by taking multiple pills at a time. See Managing Contraception handbook or other reference for specifics.

How Do ECPs work?

May work by delaying or inhibiting ovulation, inhibiting fertilization, or preventing implantation of the fertilized egg in the uterus. If the woman is already pregnant (fertilized egg is implanted) ECPs will not disrupt the pregnancy.

Side Effects and Contraindications of ECPs:

- Nausea/ Vomiting: Affects some women, especially with estrogen containing methods. Can offer anti-nausea medicine 1 hour prior to first dose of ECPs prn, but not generally done with Plan B.
- Other: short-term fatigue, headache, dizziness, breast tenderness, and change in timing of next menses.
- Contraindications: There are no medical contraindications to ECPs. Women should avoid using ECPs if already pregnant, since there is no therapeutic benefit, although ECPs will not end a pregnancy and are not teratogenic.

Resources:

1-866-NOT-2-LATE
www.not-2-late.com

REFERENCES:

Physicians for Reproductive Choice and Health, Emergency contraception: A Practitioner's Guide. 2002
Hatcher et al., A Pocket Guide to Managing Contraception, 2002
ACOG Practice Bulletin, December 2005