Clarifying the Status and Use of Emergency Contraception

Emergency contraception or EC has been confused with abortifacients (i.e., a substance that induces abortion), leading to recent misconceptions about its legality and availability nationwide. There are options for EC that are not abortifacients and are still legal in all 50 U.S. states.[1,2] This educational resource summarizes information to help physicians and other health care providers answer patients' questions and dispel misinformation about EC.

Facts About Emergency Contraception

- There are five available methods of EC: two intrauterine devices, two oral medications and one regimen of multiple doses of oral contraception pills (see Table 1 for more details about these methods).[3]
- All EC methods are more effective the sooner they are initiated. Any patient who uses methods of contraception requiring user consistency (i.e., condoms, withdrawal method, hormonal birth control pills, vaginal ring, fertility awareness, etc.) should be counseled to consider having EC on hand for prompt use if needed.
  - Testosterone alone should not be considered adequate contraception for patients who are transgender.
- None of the oral medication options will end or harm an established pregnancy. According to the Centers for Disease Control and Prevention, physicians and other health care providers should be reasonably certain a patient is not pregnant before placement of an IUD.
- A short period of nausea is the most common side effect of oral medication. Nausea and vomiting are more common when using the Yuzpe method (i.e., combined oral contraceptive pills).
  - The Yuzpe method is contraindicated for patients who have migraines with aura (also called classic migraine).
- Oral medications may not be as effective for patients with a body mass index >30 but can still be used.
- Oral medication options only provide protection for one episode of unprotected intercourse.[4]
- No oral medications are effective if taken before unprotected intercourse or will protect against sexually transmitted infections.[3]

Table 1. Available Methods of Emergency Contraception

Type (Brand Name)	Timing	Pregnancy rate after use	How it works	Availability
Copper IUD (Paragard®)	Within 120 hours of unprotected intercourse	0.1%	Prevents fertilization	Placed by a physician or another qualified clinician
Levonorgestrel-releasing IUD, 52 mg (Mirena®, Liletta®)	Within 120 hours of unprotected intercourse	0.3%	Changes the lining of the uterus to impede sperm and prevent fertilization	Placed by a physician or another qualified clinician
Oral ulipristal, 30 mg (Ella®)	Within 120 hours of unprotected intercourse	1.3%	Delays ovulation, making fertilization unlikely	Prescription needed
Oral levonorgestrel, 1.5 mg (Plan B One-Step®; Next Choice One Dose; My Way, My Choice)	Within 72 hours of unprotected intercourse	2.2%	Delays ovulation, making fertilization unlikely	Over the counter or online; no identification needed or age restrictions, but some pharmacies may keep it behind the counter
Yuzpe method, combination of 0.5 to 0.6 mg of levonorgestrel (LNg) and 0.1 to 0.12 mg of ethinyl estradiol (EE), repeated after 12 hours (multiple brands available)	Within 72 hours of unprotected intercourse	Variable 2.5% to 2.9%	Delays ovulation, making fertilization unlikely	Prescription needed: Example: 0.1 mg LNg/0.02 mg EE pills like Lessina® or Vienva®: Take five active pills, repeat five pills in 12 hours Example: 0.15 mg LNg/0.03 mg EE pills like Jolessa®: Take four active pills, repeat four pills in 12 hours

Table developed from information from Paradise SL, Landis CA, Klein DA. Evidence-based contraception: common questions and answers. Am Fam Physician. 2022;106(3):251-259.

Follow-up Care

- No follow-up care is necessary. Test for pregnancy if the patient's period is more than one week late after using oral medication.
- Oral medication is safe to take multiple times during a menstrual cycle, but it is less reliable and more expensive than other forms of contraception. Counsel repeat users about other forms of contraception.[4]
- Hormonal birth control can be resumed immediately after taking oral levonorgestrel or using the Yuzpe method. A barrier method should also be used for seven days.[3]
- After taking oral ulipristal, resuming or starting hormonal birth control should be delayed for five days. A barrier method should be used until the patient's next period.

References

1. KFF. The public, including women of childbearing age, are largely confused about the legality of medication abortion and emergency contraceptives in their states. Accessed August 24, 2023. https://www.kff.org/womens-health-policy/press-release/the-public-including-women-of-childbearing-age-are-largely-confused-about-the-legality-of-medication-abortion-and-emergency-contraceptives-in-their-states/
2. Guttmacher Institute. Emergency contraception. State laws and policies. Accessed August 24, 2023. https://www.guttmacher.org/state-policy/explore/emergency-contraception
3. Paradise SL, Landis CA, Klein DA. Evidence-based contraception: common questions and answers. *Am Fam Physician.* 2022;106(3):251-259.
4. American College of Obstetricians and Gynecologists. Practice Bulletin No. 152: Emergency contraception. *Obstet Gynecol.* 2015;126(3):e1-e11.