

Providing Emergency Birth Control

The Word from Medical Professionals*

Emergency birth control pills (also known as emergency contraception, the ‘morning after pill’, and Plan B®) are used *after* unprotected sexual intercourse to *prevent* pregnancy. Emergency birth control pills are up to 89 percent effective in preventing pregnancy, depending on how quickly they are begun, the type of emergency birth control pills taken, and when the sex occurred during the woman’s menstrual cycle.^{1,2} In August 2006, the Food and Drug Administration (FDA) ruled that young women (and men) ages 18 and older can obtain Plan B®, the only prepackaged, dedicated emergency birth control pill product, without a prescription.

Young women under age 18 will continue to need a prescription to receive emergency birth control pills.

Health care providers can take a number of steps to ensure patients know about this important pregnancy prevention method. Suggest emergency birth control pills for your patients whenever unprotected sex has put a young woman at risk of unintended or unwanted pregnancy – regardless of whether the risk was due to coercion, improper use of a regular contraceptive method, method failure, or nonuse of any regular contraception. The American College of Obstetricians and Gynecologists, American Academy of Pediatrics, Society for Adolescent Medicine, and other reputable medical organizations recommend: 1) giving young women emergency contraception (or a prescription for emergency birth control pills) in advance so that they will have emergency birth control pills on hand in case of need; 2) prescribing/recommending emergency birth control without concern regarding repeated use; and 3) responding immediately – without exams or tests of any kind – to a young woman’s need for emergency birth control pills.^{1,3,4} Finally, ensuring that services are welcoming, affordable, and confidential can encourage young women to seek the reproductive health care they need to prevent unintended or unwanted pregnancy as well as sexually transmitted infections (STIs), including HIV.^{1,3,4,5,6}

Regimen

Emergency birth control pills or emergency contraceptive pills are hormonal contraception—specifically, the same type of hormonal contraception that comprises regular birth control pills. Emergency birth control regimens include levonorgestrel-only (progestin-only) and the Yuzpe regimen of combined estrogen and progestin.

- The levonorgestrel-only regimen consists of either: a) 1.50 mg of levonorgestrel in a single dose; or b) two doses of 0.75 mg each, taken up to 12 hours apart.
- The combined estrogen-progestin regimen consists of two doses, taken 12 hours apart, of 100 mcg ethinyl estradiol plus 0.50 mg of levonorgestrel.

The latest research shows that levonorgestrel, taken in a 1.50 mg single dose, is the most effective regimen and has the fewest side effects.^{1,2}

Emergency birth control pills are currently available in the United States either in a specifically packaged levonorgestrel product (Plan B®) or in the use of various brands of birth control pills. For a current list of contraceptive brands that can be used as emergency contraception and the number of pills to prescribe, please visit the national Emergency Contraception Website at ec.princeton.edu.

Efficacy

Emergency birth control pills are effective in preventing pregnancy after unprotected sex and are especially so when begun within 12 to 24 hours after sex. Emergency birth control pills remain effective when used up to 72 hours after sex. Some studies indicate that they continue to be effective, although somewhat less so, when used up to 120 hours after sex.^{1,2} Studies indicate that efficacy declines substantially over time.^{1,2,7}

The levonorgestrel-only regimen is more effective than the combined estrogen-progestin regimen.

- Four studies of the levonorgestrel regimen in almost 5,000 women showed that it reduced a woman’s chance of pregnancy by up to 93 percent (range 60 to 93 percent).^{2,8,9,10,11}
- A meta-analysis of eight studies of the combined estrogen-progestin regimen in over 3,800 women concluded that this regimen prevented about 74 percent of pregnancies (range 56 to 89 percent).¹²

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- Finally, a randomized trial compared the two regimens and found that the chance of pregnancy among women who received the levonorgestrel-only regimen was about one-third (0.36) the chance among those who received the combined regimen.^{2,9}

In 1997, the U.S. Food and Drug Administration (FDA) recognized the use of certain oral contraceptives as being safe and effective as emergency contraception.¹³

Action

Emergency birth control pills work in two established ways to prevent pregnancy. Emergency birth control pills have been proven to delay ovulation and may inhibit fertilization. It is possible, though *unproven*, that emergency birth control pills may also prevent implantation. The medical community widely agrees that pregnancy begins when implantation is complete.^{1,2}

Emergency contraception or emergency birth control is sometimes confused with medical abortion. Whereas mifepristone (RU 486) terminates an existing pregnancy, emergency contraception is effective only *before* a pregnancy is established. Emergency contraception can prevent pregnancy during the five or more days between intercourse and implantation.¹

Safety

Emergency birth control pills are entirely safe. In fact, the American College of Obstetricians and Gynecologists, American Academy of Pediatrics, Society for Adolescent Medicine, World Health Organization, and many other reputable medical organizations assert that emergency birth control pills are entirely safe even for women for whom regular birth control pills are unsafe as well as those for whom pregnancy is a serious risk.^{1,3,4,14} (See World Health Organization findings below.)

Emergency birth control pills do not cause birth defects. Over 40 years experience with birth control pills has shown no risk of birth defects if a woman is already pregnant. Emergency birth control pills are contraindicated for pregnant women *only* because emergency birth control pills will *not* end a pregnancy.^{1,2,3,4,14} Studies of high-dose oral contraceptives have shown that emergency contraception confers no increased risk to an established pregnancy or harm to a developing embryo.¹

Screening

Because emergency birth control pills are not dangerous under any known circumstances, routine screening – such as pelvic exam or pregnancy and/or blood test – is entirely unnecessary. If a woman has missed her period, she might also request a pregnancy test. **However, administration of emergency birth control pills should not be delayed in order to perform any test.**^{1,2,3,4}

Side Effects

Side effects, especially from the combined estrogen-progestin regimen, can include nausea, vomiting, abdominal pain, fatigue, headache, dizziness, breast tenderness, and irregular vaginal spotting or bleeding. The levonorgestrel-only regimen carries significantly lower chance than the combined regimen of causing nausea and vomiting. In most women, menses will occur within a week before or after the time they would have expected it.^{1,2}

To minimize nausea and vomiting, the American College of Obstetricians and Gynecologists, the Society for Adolescent Medicine, and International Consortium for Emergency Contraception recommend the levonorgestrel-only regimen in preference to the combined regimen.^{1,2,3} Meanwhile, women given the combined regimen should receive *pretreatment* with antiemetic drugs (meclizine or metoclopramide). If vomiting occurs within two hours after either dose, repeat the dose. In cases of severe vomiting, vaginal administration of emergency contraception may be effective.^{1,2}

Statements of Prominent Medical Organizations regarding Emergency Birth Control Pills[†]

- **American College of Obstetricians and Gynecologists:** Emergency contraception should be offered to women who have had unprotected or inadequately protected sexual intercourse and who do not desire pregnancy. . . The levonorgestrel-only regimen is more effective and is associated with less nausea and vomiting and should, if available, be used in preference to the combined estrogen-progestin regimen. . . . Prescription or provision of emergency contraception in advance of need can increase availability and use. . . No clinical examination or pregnancy testing is necessary before provision or prescription of emergency contraception. . . Emergency contraception may be made available to women [who have] contraindications to the regular use of conventional oral contraceptive preparations.¹
- **Society for Adolescent Medicine:** Adolescent health care providers are encouraged to counsel all adolescents about emergency contraceptive pills during visits for acute as well as routine health care. . . All female adolescents being treated for sexual assault should be counseled about emergency contraception and offered a complete course of emergency contraceptive treatment at that time. . . Provision of emergency contraception should not be contingent on an adolescent's receiving pregnancy testing, pelvic examination, Pap smear, or STI testing. . . Health care providers should provide progestin-only emergency birth control pills as the regimen of choice because of higher efficacy and lower side effects. Adolescents should be counseled to **take both pills at once** [emphasis added] (rather than the current FDA-approved regimen of the first tablet immediately and the second 12 hours later).³

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- **American Academy of Pediatrics:** Emergency contraception has the potential to further decrease the rate of unintended teen pregnancies in the United States. . . Education and counseling about emergency contraception should be part of the annual preventive health care visit for all teen and young adult patients when sexuality issues are addressed. . . Advance prescription should be considered for teens and young adults. . . An increase in awareness and availability of emergency contraception does not change reported rates of sexual activity or increase the frequency of unprotected intercourse among adolescents. . . The AAP continues to support improved availability of emergency contraception to teens and young adults, including over-the-counter access and limiting the barriers to access placed by some health care providers and venues.⁴
- **American Medical Association:** It is the policy of the AMA to enhance efforts to expand access to emergency contraception, including making emergency birth control pills more readily available through hospitals, clinics, emergency rooms, acute care centers, and physicians' offices. . . Emergency contraception is considered safe and effective by the medical community as a whole. . . Given that emergency contraceptive pills are more effective the sooner they are used, the Council believes establishing prescription and dispensing mechanisms that are convenient for women is crucial to their ability to use the therapy effectively. . . Physicians could also work to ensure that office staff answering the telephone and scheduling appointments is aware of [emergency birth control pills] and able to arrange immediate care for women who call seeking emergency contraceptive treatment.⁵
- **American Medical Women's Association:** AMWA agrees with respected organizations such as the National Institutes of Health and the American College of Obstetricians and Gynecologists (ACOG) in defining pregnancy as beginning with implantation. . .^{1,15} Emergency contraceptive pills work prior to implantation and therefore are considered by these respected organizations and AMWA as a contraceptive, not as an abortifacient. Emergency contraceptive pills do not affect an established pregnancy and numerous studies of the teratologic risk of conception during regular use of oral contraceptives (including the use of older, higher-dose preparations) found no increase in risk.¹ AMWA affirms its commitment to supporting reproductive choice for women and believes that emergency contraception is an important option. AMWA is committed to promoting awareness of and improving access to emergency contraception for women of diverse ethnic and socioeconomic backgrounds.⁶
- **American Nurses Association:** There are safe and effective measures available for emergency contraception. . . As nurses, [we] individually and collectively, can educate school administrators, parents and other policy makers about the severity of the public health issues of teen pregnancy, STDs, and sexual abuse in the community and in this country. . . [We] can advocate on behalf of more comprehensive approaches for educating teens in practice settings, community, and schools. . . [We] can be sure that there are available and affordable and non-punitive resources for teens to obtain contraceptive information and protection in [the] community.¹⁶

The position of these respected medical organizations is supported by findings of the World Health Organization and the U.S. Food and Drug Administration:

- **World Health Organization:** *Medical eligibility criteria* include no conditions in which the risks of emergency birth control pills outweigh the benefits. Evidence supports emergency contraceptive use in women who: are breastfeeding; have a history of ectopic pregnancy; have been raped; and/or have a history of repeated use of emergency birth control pills. In addition, because the use of emergency contraceptive pills is less than in the regular use of oral contraceptive pills (and emergency contraceptive pills, thus, have less clinical impact), the World Health Organization's review of the medical literature found that emergency contraceptive pills are appropriate for use in women with a history of cardiovascular complications, angina pectoris, migraine, and/or severe liver disease.¹⁴
- Emergency contraceptive pills meet all the FDA's requirements for over-the-counter (non-prescription) status: 1) a woman can, and indeed always does, self-diagnose her need for emergency contraception; 2) swallowing pills does not require medical supervision; and 3) Emergency contraceptive pills are safe and effective. [In 2004, the FDA's joint advisory committee on women's reproductive health voted 23 to four in favor of non-prescription status for Plan B[®], the only pre-packaged, dedicated emergency contraceptive pill product currently available in the United States.¹⁷ In 2006, the FDA approved nonprescription status for Plan B[®] for women age 18 and older.¹⁸ It is expected that pharmacies will begin to make emergency contraception available without a prescription in early 2007. Women under age 18 will continue to need a prescription to obtain the medication.]

Making Emergency Birth Control Pills Readily Available to Young Women

Young women face barriers to reproductive health care. These barriers constitute an even greater obstacle to their seeking, receiving, and using emergency birth control pills during the relatively short time frame of the pills' effectiveness. In order to help young women avoid unintended and unwanted pregnancy, you can work to dismantle these barriers in a number of ways.

1. Train all staff, from nurse practitioners to receptionists, to respond promptly and positively to phone requests for emergency contraception. Train staff to inquire about the interval since the incident of unprotected sex.
 - a. The longer the time lapse, the more urgent the need for emergency contraception. Emergency birth control pills remain effective when used up to 72 hours after unprotected sex. Some studies indicate that they continue to be effective, although somewhat less so, when used up to 120 hours after sex.^{1,2} Studies indicate that efficacy declines substantially over time.^{1,2,7}

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- b. At the same time, be sure that staff understands that emergency birth control pills are most effective when taken within 24 hours after unprotected sex. So, if the incident just occurred, staff should still ensure that the patient's need is met promptly.
2. If your practice's protocol requires seeing the patient, then be sure that she receives an immediate appointment (the same day). If she is a regular patient, is under age 18, and you can phone in a prescription without a prior office visit, do so.
3. Determine which pharmacies in your community carry emergency birth control pills, especially Plan B®. Identify which pharmacies will provide the medication promptly and courteously. Refer your patients to those pharmacies. If no such pharmacy exists in your community, consider repackaging levonorgestrel-only oral contraceptives to give patients in an emergency.
4. Offer a sliding fee scale so that young women (who are more likely than older women to lack health insurance) can get the emergency birth control pills they need.
5. For young women under age 18 who are seeking a prescription for emergency birth control pills, offer free or very low cost services so that they do not have to use their parents' insurance (if any). Doing this for your younger patients will help ensure their confidentiality and increase the likelihood of their seeking the care they need.
6. Ensure that the practice's protocols do not require pregnancy test, pelvic exam, or other laboratory tests as prerequisites for obtaining emergency birth control pills.
7. Be sure that the waiting room and examining rooms provide pamphlets, posters, and wallet cards educating women about emergency birth control pills and about the importance of using regular contraception.
8. During office visits, counsel young people about contraception. Offer advance prescriptions for emergency birth control pills to all women under age 18 who may be at risk of pregnancy.
9. Use the opportunity provided by a young woman's seeking emergency birth control pills to schedule a follow-up appointment so that she can receive other needed health care, such as family planning methods, STI testing, and/or pregnancy testing (if indicated).
10. Regardless of the reason why a young woman needs emergency birth control pills, treat her respectfully and non-judgmentally.

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* This document reports the assessments by major medical organizations that conducted reviews of the extensive medical literature on emergency contraception.

† Except where noted by brackets, these are exact quotations from the cited documents.

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