

Emergency Contraceptive Pills

Key Points for Providers and Clients

- **Emergency contraceptive pills help to prevent pregnancy when taken up to 5 days after unprotected sex.** The sooner they are taken, the better.
- **Do not disrupt an existing pregnancy.**
- **Safe for all women**—even women who cannot use ongoing hormonal contraceptive methods.
- **Provide an opportunity for women to start using an ongoing family planning method.**
- **Many options can be used as emergency contraceptive pills.** Dedicated products, progestin-only pills, and combined oral contraceptives all can act as emergency contraceptives.

What Are Emergency Contraceptive Pills?

- Pills that contain a progestin alone, or a progestin and an estrogen together—hormones like the natural hormones progesterone and estrogen in a woman's body.
- Emergency contraceptive pills (ECPs) are sometimes called “morning after” pills or postcoital contraceptives.
- Work primarily by preventing or delaying the release of eggs from the ovaries (ovulation). They do not work if a woman is already pregnant (see Question 1, p. 54).

What Pills Can Be Used as Emergency Contraceptive Pills?

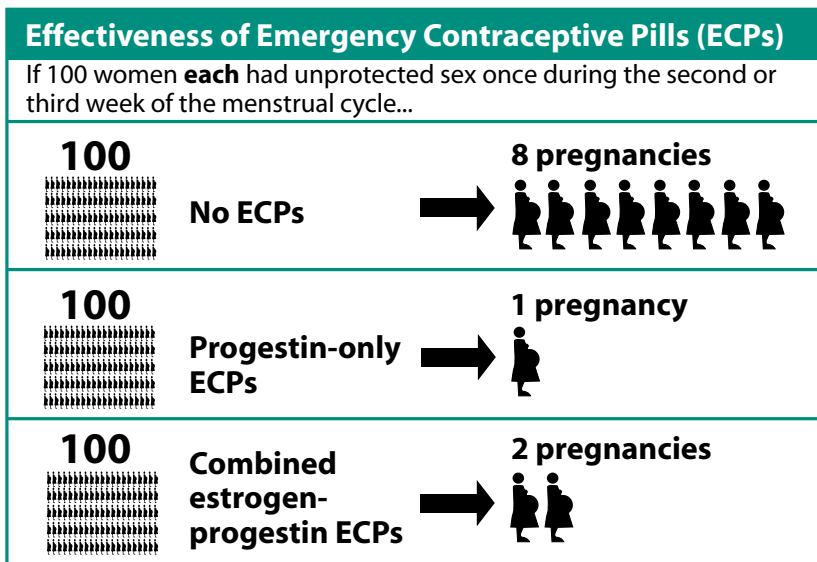
- A special ECP product with the progestin levonorgestrel
- A special ECP product with estrogen and levonorgestrel
- Progestin-only pills with levonorgestrel or norgestrel
- Combined oral contraceptives with estrogen and a progestin—levonorgestrel, norgestrel, or norethindrone (also called norethisterone)

When to Take Them?

- *As soon as possible* after unprotected sex. The sooner ECPs are taken after unprotected sex, the better they prevent pregnancy.
- Can prevent pregnancy when taken any time up to 5 days after unprotected sex.

How Effective?

- If 100 women each had sex once during the second or third week of the menstrual cycle without using contraception, 8 would likely become pregnant.
- If all 100 women used progestin-only ECPs, one would likely become pregnant.
- If all 100 women used estrogen and progestin ECPs, 2 would likely become pregnant.



Return of fertility after taking ECPs: No delay. A woman can become pregnant immediately after taking ECPs. Taking ECPs prevents pregnancy only from acts of sex that took place in the 5 days before. They will not protect a woman from pregnancy from acts of sex *after* she takes ECPs—not even on the next day. To stay protected from pregnancy, women must begin to use another contraceptive method at once (see Planning Ongoing Contraception, p. 51).

Protection against sexually transmitted infections (STIs): None

Side Effects, Health Benefits, and Health Risks

Side Effects (see *Managing Any Problems*, p. 53)

Some users report the following:

- Changes in bleeding patterns including:
 - Slight irregular bleeding for 1–2 days after taking ECPs
 - Monthly bleeding that starts earlier or later than expected

In the week after taking ECPs:

- Nausea[‡]
- Abdominal pain
- Fatigue
- Headaches
- Breast tenderness
- Dizziness
- Vomiting[‡]

Known Health Benefits

Help protect against:

- Risks of pregnancy

Known Health Risks

None

[‡] Women using progestin-only ECP formulations are much less likely to experience nausea and vomiting than women using estrogen and progestin ECP formulations.

Correcting Misunderstandings (see also Questions and Answers, p. 54)

Emergency contraceptive pills:

- Do not cause abortion.
- Do not cause birth defects if pregnancy occurs.
- Are not dangerous to a woman's health.
- Do not promote sexual risk-taking.
- Do not make women infertile.

Why Some Women Say They Like Emergency Contraceptive Pills

- Offer a second chance at preventing pregnancy
- Are controlled by the woman
- Reduce seeking out abortion in the case of contraceptive errors or if contraception is not used
- Can have on hand in case an emergency arises

Who Can Use Emergency Contraceptive Pills

Safe and Suitable for All Women

Tests and examinations are not necessary for using ECPs. They may be appropriate for other reasons—especially if sex was forced (see Violence Against Women, Provide Appropriate Care, p. 302).

Medical Eligibility Criteria for

Emergency Contraceptive Pills

All women can use ECPs safely and effectively, including women who cannot use ongoing hormonal contraceptive methods. Because of the short-term nature of their use, there are no medical conditions that make ECPs unsafe for any woman.

Providing Emergency Contraceptive Pills

ECPs may be needed in many different situations. Therefore, if possible, give all women who want ECPs a supply in advance. A woman can keep them in case she needs them. Women are more likely to use ECPs if they already have them when needed. Also, having them on hand enables women to take them as soon as possible after unprotected sex.

When to Use

- Any time within 5 days after unprotected sex. The sooner after unprotected sex that ECPs are taken, the more effective they are.

ECPs Appropriate in Many Situations

ECPs can be used any time a woman is worried that she might become pregnant. For example, after:

- Sex was forced (rape) or coerced
- Any unprotected sex
- Contraceptive mistakes, such as:
 - Condom was used incorrectly, slipped, or broke
 - Couple incorrectly used a fertility awareness method (for example, failed to abstain or to use another method during the fertile days)
 - Man failed to withdraw, as intended, before he ejaculated
 - Woman has missed 3 or more combined oral contraceptive pills or has started a new pack 3 or more days late
 - IUD has come out of place
 - Woman is more than 2 weeks late for her repeat progestin-only injection or more than 7 days late for her repeat monthly injection



Dosing Information

For specific products and number of pills to provide, see Pill Formulations and Dosing, p. 56.

Pill type	Total dosage to provide
Levonorgestrel-only dedicated product	<ul style="list-style-type: none">• 1.5 mg of levonorgestrel in a single dose.[§]
Estrogen-progestin dedicated product	<ul style="list-style-type: none">• 0.1 mg ethinyl estradiol + 0.5 mg levonorgestrel. Follow with same dose 12 hours later.
Progestin-only pills with levonorgestrel or norgestrel	<ul style="list-style-type: none">• Levonorgestrel pills: 1.5 mg levonorgestrel in a single dose.• Norgestrel pills: 3 mg norgestrel in a single dose.
Combined (estrogen-progestin) oral contraceptives containing levonorgestrel, norgestrel, or norethindrone	<ul style="list-style-type: none">• Estrogen and levonorgestrel pills: 0.1 mg ethinyl estradiol + 0.5 mg levonorgestrel. Follow with same dose 12 hours later.• Estrogen and norgestrel pills: 0.1 mg ethinyl estradiol + 1 mg norgestrel. Follow with same dose 12 hours later.• Estrogen and norethindrone pills: 0.1 mg ethinyl estradiol + 2 mg norethindrone. Follow with same dose 12 hours later.

Giving Emergency Contraceptive Pills

1. Give pills	<ul style="list-style-type: none">• She can take them at once.• If she is using a 2-dose regimen, tell her to take the next dose in 12 hours.
2. Describe the most common side effects	<ul style="list-style-type: none">• Nausea, abdominal pain, possibly others.• Slight bleeding or change in timing of monthly bleeding.• Side effects are not signs of illness.

[§] Alternatively, clients can be given 0.75 mg levonorgestrel at once, followed by the same dose 12 hours later. One dose is easier for the client to take and works just as well as 2 doses.

3. Explain what to do about side effects

- Nausea:
 - Routine use of anti-nausea medications is not recommended.
 - Women who have had nausea with previous ECP use or with the first dose of a 2-dose regimen can take anti-nausea medication such as 50 mg meclizine (Agyrax, Antivert, Bonine, Postafene) one-half to one hour before taking ECPs.
- Vomiting:
 - If the woman vomits within 2 hours after taking ECPs, she should take another dose. (She can use anti-nausea medication with this repeat dose, as above.) If vomiting continues, she can take the repeat dose by placing the pills high in her vagina. If vomiting occurs more than 2 hours after taking ECPs, she does not need to take any extra pills.

4. Give more ECPs and help her start an ongoing method

- If possible, give her more ECPs to take home in case she needs them in the future.
 - See Planning Ongoing Contraception, below.
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“Come Back Any Time”: Reasons to Return

No routine return visit is required. Assure every client that she is welcome to come back any time, however, and also if:

- She thinks she might be pregnant, especially if she has no monthly bleeding or her next monthly bleeding is delayed by more than one week.

Planning Ongoing Contraception

1. Explain that ECPs will not protect her from pregnancy for any future sex—even the next day. Discuss the need for and choice of ongoing pregnancy prevention and, if at risk, protection from STIs including HIV (see Sexually Transmitted Infections, Including HIV, p. 275).
2. If she does not want to start a contraceptive method now, give her condoms or oral contraceptives and ask her to use them if she changes her mind. Give instructions on use. Invite her to come back any time if she wants another method or has any questions or problems.
3. If possible, give her more ECPs to use in the future in case of unprotected sex.

When to Start Contraception After ECP Use

Method	When to start
Combined oral contraceptives, progestin-only pills, combined patch, combined vaginal ring	<p>Can begin the day after she takes the ECPs. <i>No need to wait for her next monthly bleeding.</i></p> <ul style="list-style-type: none">• Oral contraceptives and vaginal ring:<ul style="list-style-type: none">– New users should begin a new pill pack or ring.– A continuing user who needed ECPs due to error can resume use as before.• Patch:<ul style="list-style-type: none">– All users should begin a new patch.• All women need to use a backup method* for the first 7 days of using their method.
Progestin-only injectables	<ul style="list-style-type: none">• She can start progestin-only injectables on the same day as the ECPs, or if preferred, within 7 days after the start of her monthly bleeding. She will need a backup method for the first 7 days after the injection. She should return if she has signs or symptoms of pregnancy other than not having monthly bleeding (see p. 371 for common signs and symptoms of pregnancy).
Monthly injectables	<ul style="list-style-type: none">• She can start monthly injectables on the same day as the ECPs. There is no need to wait for her next monthly bleeding to have the injection. She will need a backup method for the first 7 days after the injection.
Implants	<ul style="list-style-type: none">• After her monthly bleeding has returned. Give her a backup method or oral contraceptives to use until then, starting the day after she finishes taking the ECPs.
Intrauterine device (copper-bearing or hormonal IUDs)	<ul style="list-style-type: none">• A copper-bearing IUD can be used for emergency contraception. This is a good option for a woman who wants an IUD as her long-term method (see Copper-Bearing IUD, p. 131).• If she decides to use an IUD after taking ECPs, the IUD can be inserted on the same day she takes the ECPs. No need for a backup method.

* Backup methods include abstinence, male and female condoms, spermicides, and withdrawal. Tell her that spermicides and withdrawal are the least effective contraceptive methods. If possible, give her condoms.

Method	When to start
Male and female condoms, spermicides, diaphragms, cervical caps, withdrawal	<ul style="list-style-type: none"> • Immediately.
Fertility awareness methods	<ul style="list-style-type: none"> • Standard Days Method: With the start of her next monthly bleeding. • Symptoms-based methods: Once normal secretions have returned. • Give her a backup method or oral contraceptives to use until she can begin the method of her choice.

Helping Users

Managing Any Problems

Problems Reported as Side Effects or Method Failure

May or may not be due to the method.

Slight irregular bleeding

- Irregular bleeding due to ECPs will stop without treatment.
- Assure the woman that this is not a sign of illness or pregnancy.

Change in timing of next monthly bleeding or suspected pregnancy

- Monthly bleeding may start earlier or later than expected. This is not a sign of illness or pregnancy.
- If her next monthly bleeding is more than one week later than expected after taking ECPs, assess for pregnancy. There are no known risks to a fetus conceived if ECPs fail to prevent pregnancy (see Question 2, p. 54).



Questions and Answers About Emergency Contraceptive Pills

1. Do ECPs disrupt an existing pregnancy?

No. ECPs do not work if a woman is already pregnant. When taken before a woman has ovulated, ECPs prevent the release of an egg from the ovary or delay its release by 5 to 7 days. By then, any sperm in the woman's reproductive tract will have died, since sperm can survive there for only about 5 days.

2. Do ECPs cause birth defects? Will the fetus be harmed if a woman accidentally takes ECPs while she is pregnant?

No. Good evidence shows that ECPs will not cause birth defects and will not otherwise harm the fetus if a woman is already pregnant when she takes ECPs or if ECPs fail to prevent pregnancy.

3. How long do ECPs protect a woman from pregnancy?

Women who take ECPs should understand that they could become pregnant the next time they have sex unless they begin to use another method of contraception at once. Because ECPs delay ovulation in some women, *she may be most fertile soon after taking ECPs*. If she wants ongoing protection from pregnancy, she must start using another contraceptive method at once.

4. What oral contraceptive pills can be used as ECPs?

Many combined (estrogen-progestin) oral contraceptives and progestin-only pills can be used as ECPs. Any pills containing the hormones used for emergency contraception—levonorgestrel, norgestrel, norethindrone, and these progestins together with estrogen (ethinyl estradiol)—can be used. (See Pill Formulations and Dosing, p. 56, for examples of what pills can be used.)

5. Is it safe to take 40 or 50 progestin-only pills as ECPs?

Yes. Progestin-only pills contain very small amounts of hormone. Thus, it is necessary to take many pills in order to receive the total ECP dose needed. In contrast, the ECP dosage with combined (estrogen-progestin) oral contraceptives is generally only 2 to 5 pills in each of 2 doses 12 hours apart. Women should not take 40 or 50 combined (estrogen-progestin) oral contraceptive pills as ECPs.

6. Are ECPs safe for women with HIV or AIDS? Can women on antiretroviral therapy safely use ECPs?

Yes. Women with HIV, AIDS, and those on antiretroviral therapy can safely use ECPs.

7. Are ECPs safe for adolescents?

Yes. A study of ECP use among girls 13 to 16 years old found it safe. Furthermore, all of the study participants were able to use ECPs correctly.

8. Can a woman who cannot use combined (estrogen-progestin) oral contraceptives or progestin-only pills as an ongoing method still safely use ECPs?

Yes. This is because ECP treatment is very brief.

9. If ECPs failed to prevent pregnancy, does a woman have a greater chance of that pregnancy being an ectopic pregnancy?

No. To date, no evidence suggests that ECPs increase the risk of ectopic pregnancy. Worldwide studies of progestin-only ECPs, including a United States Food and Drug Administration review, have not found higher rates of ectopic pregnancy after ECPs failed than are found among pregnancies generally.

10. Why give women ECPs before they need them? Won't that discourage or otherwise affect contraceptive use?

No. Studies of women given ECPs in advance report these findings:

- Women who have ECPs on hand took them sooner after having unprotected sex than women who had to seek out ECPs. Taken sooner, the ECPs are more likely to be effective.
- Women given ECPs ahead of time were more likely to use ECPs than women who had to go to a provider to get ECPs.
- Women continued to use other contraceptive methods as they did before obtaining ECPs in advance.

11. Should women use ECPs as a regular method of contraception?

No. Nearly all other contraceptive methods are more effective in preventing pregnancy. A woman who uses ECPs regularly for contraception is more likely to have an unintended pregnancy than a woman who uses another contraceptive regularly. Still, women using other methods of contraception should know about ECPs and how to obtain them if needed—for example, if a condom breaks or a woman misses 3 or more combined oral contraceptive pills.

Pill Formulations and Dosing

Hormone and Pill Type	Formulation	Common Brand Names	Number of Pills to Swallow at First	Number of Pills to Swallow 12 Hours Later
Progestin-only				
Progestin-only dedicated ECPs	1.5 mg levo-norgestrel	Escapel, Escapelle, Emkit Plus, Postinor 1, Postinor2 Unidosis, Pozato Uni	1	0
	0.75 mg levo-norgestrel	An Ting, Diad, E Pills, EC, ECee2, ECP, Emkit, Estinor, Evitarem, Glanique, Hui Ting, Imediat-N, Lenor 72, Madonna, Minipil 2, NorLevo, Pilem, Pill 72, Plan B, Poslov, Post-Day, Postinor, Postinor-2, Postinor Duo, Pozato, PPMS, Pregnon, Pronta, Tace, Vermagest, Vika, Yu-Ting	2	0
Progestin-only pills	0.03 mg levo-norgestrel	Microlut, Microlut 35, Microval, Mikro-30, Norgeston, Nortrel	50**	0
	0.0375 mg levo-norgestrel	Neogest, Norgeal	40**	0
	0.075 mg norgestrel	Minicon, Ovrette	40**	0
Estrogen and Progestin				
Estrogen and progestin dedicated ECPs	0.05 mg ethinyl estradiol 0.25 mg levo-norgestrel	Fertilan, Preven, Tetragynon	2	2

** Many pills, but safe. See Question 5, p. 54.

Hormone and Pill Type	Formulation	Common Brand Names	Number of Pills to Swallow at First	Number of Pills to Swallow 12 Hours Later
Combined (estrogen-progestin) oral contraceptives	0.02 mg ethinyl estradiol 0.1 mg levonorgestrel	Anulette 20, April, Femexin, Loette, Loette-28, Loette Suave, Microgynon Suave, Miranova, Norvetal 20	5	5
	0.03 mg ethinyl estradiol 0.15 mg levonorgestrel	Anna, Anovulatorios Microdosis, Anulette, Anulette CD, Anulit, Ciclo 21, Ciclon, Combination 3, Confiance, Contraceptive L.D., Eugynon 30ED, Familia-28, Gestrelan, Innova CD, Lady, Levonorgestrel Pill, Lo-Gentrol, Lorsax, Mala-D, Microfemin, Microfemin CD, Microgest, Microgest ED, Microgynon, Microgynon-28, Microgynon-30, Microgynon 30 ED, Microgynon CD, Microgynon ED, Microgynon ED 28, Microsoft CD, Microvlar, Minidril, Minigynon, Minigynon 30, Minivlar, Mithuri, Nociclin, Nordet, Nordette, Nordette 150/30, Nordette-21, Nordette-28, Norgylene, Norvetal, Nouvelle Duo, Ologyn-micro, Primafem, R-den, Riget, Rigevidon 21, Rigevidon, Seif, Sexcon, Stediril 30, Suginor	4	4

Hormone and Pill Type	Formulation	Common Brand Names	Number of Pills to Swallow at First	Number of Pills to Swallow 12 Hours Later
Combined (estrogen-progestin) oral contraceptives <i>(continued)</i>	0.05 mg ethinyl estradiol 0.25 mg levonorgestrel	Anfertil, Contraceptive H.D., Control, D-Norginor, Denoval, Denoval-Wyeth, Duoluton, Duoluton L, Evanor, FMP, Gravistat 250, Neogynon, Neogynon CD, Neovlar, Neogynon 50, Noral, Nordiol, Nordiol 21, Normanor, Ologyn, Ovidon, Primlovar, Stediril-D	2	2
	0.05 mg ethinyl estradiol 0.125 mg levonorgestrel	Gravistat, Gravistat 125	2	2
	0.03 mg ethinyl estradiol 0.125 mg levonorgestrel	Minisiston, Trust Pills	4	4
	0.03 mg ethinyl estradiol 0.3 mg norgestrel	Lo-Femenal, Lo/Ovral	4	4
	0.05 mg ethinyl estradiol 0.5 mg norgestrel	Eugynon, Eugynon CD, Femenal, Jeny FMP, Ovral, Stediril	2	2

Sources: *The Emergency Contraception Website, the International Planned Parenthood Federation Directory of Hormonal Contraceptives, and the International Consortium for Emergency Contraception*