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# FACT SHEET

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## Emergency Contraception

### DEFINITION OF EMERGENCY CONTRACEPTION

- Emergency contraceptives prevent pregnancy after unprotected sexual intercourse or when a contraceptive method fails. There are 3 kinds of emergency contraceptives currently available in the U.S.:
  - Emergency contraceptive pills (ECPs)*. Ordinary birth control pills that contain the hormones estrogen and progestin. Treatment involves two doses of pills. The first dose must be taken within 72 hours after unprotected sexual intercourse; the second dose is taken 12 hours after the first. ECPs are the most widely studied and commonly used method of emergency contraception.
  - Minipills*. Ordinary birth control pills that contain only the hormone progestin. Treatment involves taking the first dose within 72 hours after unprotected intercourse and the second one 12 hours after the first.
  - Copper-T Intrauterine Device (IUD)*. The IUD must be inserted within five days after unprotected intercourse and can be left in place as long as 10 years for use as a regular contraceptive method.

### BRANDS THAT CONTAIN HORMONES STUDIED FOR USE AS EMERGENCY CONTRACEPTION

<u>Brand</u>	<u>Manufacturer</u>	<u># Tablets for EACH dose</u>
<b>Emergency Contraceptive Pills</b>		
Ovral	Wyeth-Ayerst	2 white tablets
Lo/Ovral	Wyeth-Ayerst	4 white tablets
Levlen	Berlex	4 light-orange tablets
Nordette tablets	Wyeth-Ayerst	4 light-orange tablets
Tri-Levlen	Berlex	4 yellow tablets
Triphasil	Wyeth-Ayerst	4 yellow tablets
Alesse	Wyeth-Ayerst	5 pink tablets
<b>Emergency Contraceptive Minipills</b>		
Ovrette	Wyeth-Ayerst	20 yellow tablets

### HOW MANY WOMEN HAVE USED EMERGENCY CONTRACEPTIVES?

- Approximately 1% of women of reproductive age has ever used ECPs according to the 1995 National Survey of Family Growth and the 1997 Kaiser Family Foundation Survey of Americans on Emergency Contraception.

### SAFETY AND EFFICACY

- No known serious side effects are associated with emergency contraception.
- ECPs reduce the likelihood of pregnancy by at least 75%. About 8 women in 100 who are exposed to one act of unprotected intercourse during the second or third week of their cycle are likely to become pregnant using no contraception. If those same women used emergency contraceptive pills, only 2 women in 100 would become pregnant. Efficacy for emergency minipills is similar.
- The Copper-T IUD used as an emergency contraceptive reduces the risk of pregnancy by 99%.

### SIDE EFFECTS

- About 50% of women who take ECPs experience nausea, 20% vomit, and some experience other temporary side effects such as breast tenderness. Taking an anti-nausea medication prior to ECPs may diminish nausea and vomiting.

### HOW EMERGENCY CONTRACEPTION WORKS

- Several studies have shown that ECPs work by inhibiting or delaying ovulation. ECPs may also act to prevent implantation, but study results on this question are mixed. ECPs may also prevent fertilization, but no clinical data support this possibility. Minipills may have a mechanism of action similar to that of ECPs.
- ECPs and emergency minipills do not interrupt an established pregnancy.
- Although there are no studies examining the long-term effects of taking ECPs or minipills when a pregnancy is already established, there are studies of women who inadvertently continued to take their

regular birth control pills during the early weeks of pregnancy and there is no evidence of any teratogenic effects.

- The Copper-T IUD may work by preventing implantation.

### WHICH WOMEN ARE CANDIDATES FOR EMERGENCY CONTRACEPTION?

- Almost all women can safely consider using ECPs, including some who would not be advised to take birth control pills on an ongoing basis. Emergency contraception is intended only for *emergencies*, including when:
  - a woman has sex without using birth control and does not want to become pregnant
  - a condom breaks during sex
  - a woman misses 2 or more birth control pills or is 2 or more days late starting her pack
  - a diaphragm slips
  - a woman misses her birth control shot
  - a woman is raped

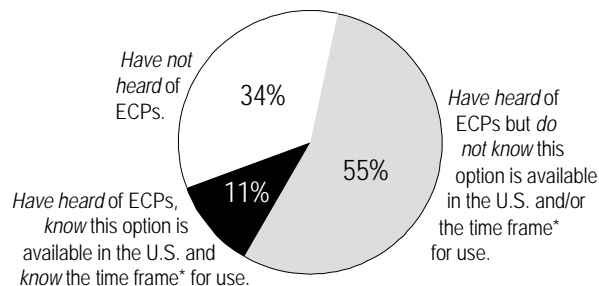
### POTENTIAL DEMAND FOR EMERGENCY CONTRACEPTION

- Experts estimate that as many as 1.7 million of the over 3 million unintended pregnancies occurring each year in the U.S. could potentially be prevented by use of ECPs – including as many as 800,000 pregnancies that now result in induced abortion.
- Over 22 million couples use methods for which a back-up option might sometimes be needed (male or female condoms, diaphragm, cervical cap, oral contraceptives, the injectable, spermicides, periodic abstinence or withdrawal).
- Each night in the U.S., about 10 million couples at risk of unintended pregnancy have sex; among these, about 27,000 experience a condom break or slip, and over 700,000 are not protected against pregnancy at all.

### ARE WOMEN INTERESTED IN USING ECPs?

- Half of women under 45 years old (49%) say they would take ECPs, and half of men (46%) say they would suggest the method to their partner, after unprotected intercourse.
- Women say they would be more likely to use ECPs if they had a supply at home (45%) and if their doctor advised taking them (41%).

### MANY WOMEN ARE AWARE OF ECPs, BUT FEW KNOW KEY FACTS Women, 18-44



\*Knowing the time frame is defined as knowing that ECPs must be initiated within 24 to 72 hours.

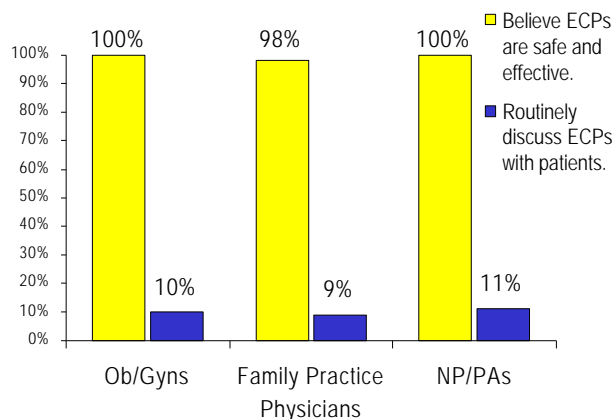
### WHERE DOES THE PUBLIC LEARN ABOUT EMERGENCY CONTRACEPTION?

- Women (44%) and men (48%) are more likely to have learned about ECPs from television news than from any other source of information.
- The second most often mentioned source of information on ECPs is magazines (16% women, 13% men).
- Only 5% of women and 1% of men who have heard of ECPs say they learned about them from health care providers.

### HEALTH CARE PROVIDERS' ATTITUDES AND PRACTICES

- Between 1995 and 1997, the percentage of health care providers who prescribed ECPs *at least once* in the previous year increased significantly: 85% of Ob/Gyns in 1997 up from 69% in 1995 and 50% of family practice physicians, up from 34%.
- In 1997, 78% of nurse practitioners and physician assistants had prescribed ECPs in the previous year.
- Of health care providers who prescribed ECPs, 81% prescribed them only 5 or fewer times.

### ALTHOUGH PROVIDERS THINK ECPs ARE SAFE AND EFFECTIVE, FEW ROUTINELY DISCUSS THIS OPTION WITH PATIENTS



### EMERGENCY CONTRACEPTION HOTLINE AND

## WEBSITE STATISTICS

- 74,000 calls to the Hotline (1-880-NOT-2-LATE) since it was launched on February 14, 1996.
- 170,000 hits to the Website (<http://opr.princeton.edu/ec/>) since it was launched in October 1994.

## REFERENCES

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- Kaiser Family Foundation. *Is the Secret Getting Out? 1997 National Surveys of Americans and Health Care Providers on Emergency Contraception*. Menlo Park, CA, 1997.
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- Trussell J, Stewart F, Guest F, Hatcher RA. Emergency Contraceptive Pills: A Simple Proposal to Reduce Unintended Pregnancies. *Family Planning Perspectives* 1992;24:269-273.