

Emergency Contraceptive Pills

Key Points for Providers and Clients

- **Emergency contraceptive pills (ECPs) help a woman avoid pregnancy after she has sex without contraception.**
- **ECPs 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.**
- **Several 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?

- ECPs are sometimes called “morning after” pills or postcoital contraceptives.
 - Work by preventing or delaying the release of eggs from the ovaries (ovulation). They do not work if a woman is already pregnant.
- (The copper-bearing IUD also can be used for emergency contraception. See p. 166.)

What Pills Can Be Used as Emergency Contraceptive Pills?

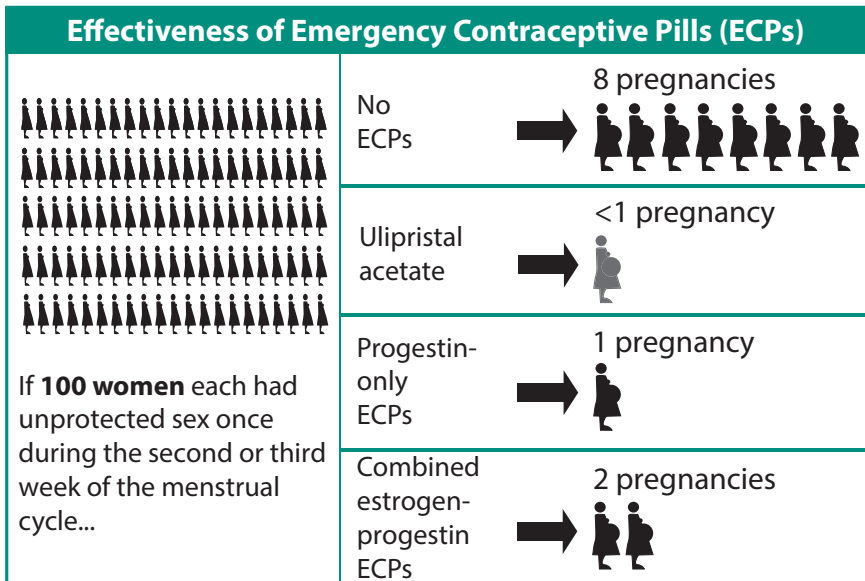
- A special ECP product with levonorgestrel only, or ulipristal acetate (UPA)
- Progestin-only pills with levonorgestrel or norgestrel
- Combined oral contraceptives with estrogen and a progestin—levonorgestrel, norgestrel, or norethindrone (also called norethisterone)

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 help to 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 women would likely become pregnant.
- If all 100 women used ulipristal acetate ECPs, fewer than one woman would likely become pregnant.
- If all 100 women used progestin-only ECPs, one woman would likely become pregnant.
- If all 100 women used combined estrogen and progestin ECPs, 2 women 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 more than 24 hours after she takes ECPs. To stay protected from pregnancy, women must begin to use another contraceptive method (see Planning Ongoing Contraception, p. 61).

Protection against sexually transmitted infections (STIs): None

Side Effects, Health Benefits, and Health Risks

Side Effects (see also [Managing Any Problems](#), p. 61)

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 first several days 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

Correcting Misunderstandings (see also [Questions and Answers](#), p. 62)

Emergency contraceptive pills:

- Can be used by women of any age, including adolescents
- Do not cause abortion
- Do not prevent or affect implantation
- Do not cause birth defects if pregnancy occurs
- Are not dangerous to a woman's health

(Continued on next page)

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

- Do not increase risky sexual behavior
- Do not make women infertile
- Can be used more than once in a woman's cycle

Avoid Unnecessary Procedures

- A woman can take ECPs when needed without first seeing a health care provider.
- No procedures or tests are needed before taking ECPs. The exception is that a woman who missed her last menses should have a pregnancy test before taking UPA-ECPs.

Why Some Women Say They Like Emergency Contraceptive Pills

- Can be used as needed
- Offer a second chance at preventing unwanted pregnancy
- Enable a woman to avoid pregnancy if sex was forced or she was prevented from using contraception
- Are controlled by the woman
- Reduce the need for abortion in the case of contraceptive errors or if contraception is not used
- Can have on hand in case the need arises



Who Can Use Emergency Contraceptive Pills

Safe and Suitable for All Women

Tests and examinations are not necessary for using ECPs.

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. Many women do not know about them, however. Women who use contraceptive methods that depend on the user, such as pills and condoms, particularly benefit from learning about ECPs.

If possible, give all women who may need ECPs a supply in advance. If giving an advance supply is not possible, an advance prescription may be given in some settings or a woman can be told where to obtain them locally.

An advance supply is helpful because 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 they will be most effective.

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:

- Sexual assault
- Any unprotected sex
- Mistakes using contraception, 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 had unprotected sex after she 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 has had unprotected sex when she is more than 4 weeks late for her repeat injection of DMPA, more than 2 weeks late for her repeat injection of NET-EN, or more than 7 days late for her repeat monthly injection



Pill Formulations and Dosing for Emergency Contraception

| Pill Type and Hormone | Formulation | Pills to Take | | |
|--|--------------------------------|---------------------|----------------|---|
| | | At First | 12 Hours Later | |
| Dedicated ECP Products | | | | |
| Progestin-only | 1.5 mg LNG | 1 | 0 | |
| | 0.75 mg LNG | 2 | 0 | |
| Ulipristal acetate | 30 mg ulipristal acetate | 1 | 0 | |
| Oral Contraceptive Pills Used for Emergency Contraception | | | | |
| Combined (estrogen-progestin) oral contraceptives | 0.02 mg EE + 0.1 mg LNG | 5 | 5 | |
| | 0.03 mg EE + 0.15 mg LNG | 4 | 4 | |
| | 0.03 mg EE + 0.15 mg LNG | 4 | 4 | |
| | 0.03 mg EE + 0.125 mg LNG | 4 | 4 | |
| | 0.05 mg EE + 0.25 mg LNG | 2 | 2 | |
| | 0.03 mg EE + 0.3 mg norgestrel | 4 | 4 | |
| | 0.05 mg EE + 0.5 mg norgestrel | 2 | 2 | |
| | Progestin-only pills | 0.03 mg LNG | 50* | 0 |
| | | 0.0375 mg LNG | 40* | 0 |
| | | 0.075 mg norgestrel | 40* | 0 |

* Many pills, but safe. See Question 8, p. 63.

LNG = levonorgestrel EE = ethinyl estradiol

For information on brands of ECPs and oral contraceptive pills, see: The Emergency Contraception Website (<http://ec.princeton.edu>) and the International Consortium for Emergency Contraception (<http://www.cecinfo.org>).

Giving Emergency Contraceptive Pills

- 1. Give pill (or pills)**
 - She can take the pill or pills immediately.
 - 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**
 - Nausea, abdominal pain, possibly others.
 - Slight bleeding or change in timing of monthly bleeding.
 - Side effects are not signs of illness and they do not last long. Most women have no side effects.

- 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 25–50 mg meclizine hydrochloride (such as Agyrax, Antivert, Bonine, Postafene) one-half to one hour before taking ECPs.
 - Vomiting:
 - If the woman vomits within 2 hours after taking progestin-only or combined ECPs, she should take another dose. If she vomits within 3 hours of taking ulipristal acetate ECPs, she should take another dose. (She can use anti-nausea medication with this repeat dose, as above.) If vomiting continues, she can take a repeat dose of progestin-only or combined ECPs by placing the pills high in her vagina. If vomiting occurs more than 2 hours after taking progestin-only or combined ECPs, or 3 hours after taking UPA-ECPs, then 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, p. 61.

- 5. Follow-up**
 - Encourage her to return for an early pregnancy test if her monthly bleeding is more than 7 days late.

“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 7 days.
- She did not start a continuing method immediately and now wants one.

How Can a Partner Help?

The client’s partner is welcome to participate in counseling and learn about the method and what support he can give to his partner. A male partner can:

- Support a woman’s decision to use ECPs
- Understand and support her need to choose and use a continuing method
- Help to make sure she has ECPs on hand in case she needs them again
- If she needed ECPs because of a mistake with a method, understand and support correct use of the method or discuss using a different method



When to Start or Restart Contraception After ECP Use

| Method | When to start or restart |
|---|--|
| Hormonal methods (combined oral contraceptives, progestin-only pills, progestin-only injectables, monthly injectables, implants, combined patch, combined vaginal ring) | After taking progestin-only or combined ECPs: <ul style="list-style-type: none">• Can start or restart any method immediately after she takes the ECPs. <i>No need to wait for her next monthly bleeding.</i><ul style="list-style-type: none">– The continuing user of oral contraceptive pills who needed ECPs due to error can resume use as before. She does not need to start a new pack.– Patch users should begin a new patch.– Ring users should follow the instructions for late replacement or removal on page 126.• All women need to abstain from sex or use a backup method* for the first 7 days of using their method.• If she does not start immediately, but instead returns for a method, she can start any method at any time if it is reasonably certain she is not pregnant. After taking ulipristal acetate (UPA) ECPs: <ul style="list-style-type: none">• She can start or restart any method containing progestin on the 6th day after taking UPA-ECPs. <i>No need to wait for her next monthly bleeding.</i> (If she starts a method containing progestin earlier, both the progestin and the UPA could be less effective.)<ul style="list-style-type: none">– If she wants to use oral contraceptive pills, vaginal ring, or patch, give her a supply and tell her to start on the 6th day after taking UPA-ECPs. If she wants to use injectables or implants, give her an appointment to return for the method on the 6th day after taking UPA-ECPs or as soon as possible after that. |

* 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 or restart |
|---|--|
| Levonorgestrel intrauterine device | <p data-bbox="428 435 953 496">After taking progestin-only or combined ECPs:</p> <ul data-bbox="428 513 1003 678" style="list-style-type: none"> <li data-bbox="428 513 1003 609">• She can have the LNG-IUD inserted <i>at any time it can be determined that she is not pregnant</i> (see Ruling Out Pregnancy, p. 439). <li data-bbox="428 618 1003 678">• She should use a backup method* for the first 7 days after LNG-IUD insertion. <p data-bbox="428 696 739 722">After taking UPA-ECPs:</p> <ul data-bbox="428 739 1003 1229" style="list-style-type: none"> <li data-bbox="428 739 1003 965">• She can have the LNG-IUD inserted on the 6th day after taking UPA-ECPs <i>if it can be determined that she is not pregnant</i>. <ul data-bbox="456 843 1003 965" style="list-style-type: none"> <li data-bbox="456 843 1003 965">– If she wants to use the LNG-IUD, give her an appointment to return to have it inserted on the 6th day after taking UPA-ECPs or as soon as possible after that. <li data-bbox="428 999 1003 1086">• She will need to use a backup method from the time she takes UPA-ECPs until 7 days after the LNG-IUD is inserted. <li data-bbox="428 1104 1003 1229">• If she does not have the LNG-IUD inserted on the 6th day, but instead returns later, she can have it inserted at any time if it can be determined she is not pregnant. |
| Copper-bearing intrauterine device | <p data-bbox="428 1260 953 1321">After taking progestin-only, combined, or UPA-ECPs:</p> <ul data-bbox="428 1338 1003 1468" style="list-style-type: none"> <li data-bbox="428 1338 1003 1468">• If she decides to use a copper-bearing IUD after taking ECPs, she can have it inserted on the same day she takes the ECPs. No need for a backup method. |

Method**When to start or restart**

**Copper-bearing
intrauterine device**
(continued)

- If she does not have it inserted immediately, but instead returns for the method, she can have the copper-bearing IUD inserted any time if it can be determined that she is not pregnant.

Note: The copper-bearing IUD can be used for emergency contraception. A woman who wants to use the IUD for regular contraception can have it inserted for emergency contraception within the first 5 days after unprotected sex and then continue using it (see Copper-Bearing IUD, p. 155).

Female sterilization**After taking progestin-only, combined, or
UPA-ECPs:**

- The sterilization procedure can be done within 7 days after the start of her next monthly bleeding or any other time if it is reasonably certain she is not pregnant. Give her a backup method to use until she can have the procedure.
-

**Male and female
condoms,
spermicides,
diaphragms,
cervical caps,
withdrawal****After taking progestin-only, combined, or
UPA-ECPs:**

- Immediately.
-

**Fertility
awareness
methods****After taking progestin-only, combined, or
UPA-ECPs:**

- Standard Days Method: With the start of her next monthly bleeding.
 - Symptoms-based methods: Once normal secretions have returned.
 - Give her a backup method to use until she can begin the method of her choice.
-

Helping Users

Planning Ongoing Contraception

1. Explain that ECPs will not protect her from pregnancy from acts of sex more than 24 hours after she takes them. 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. 329).
2. If she does not want to start a contraceptive method now, give her condoms or a cycle of 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. She may need them if she has unprotected sex again as soon as 24 hours after taking the previous ECPs.

Managing Any Problems

Problems Reported as Side Effects

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 a few days earlier or later than expected. This is not a sign of illness or pregnancy.
- If her next monthly bleeding is more than 7 days later than expected after she takes ECPs, assess for pregnancy. There are no known risks to a fetus conceived if ECPs fail to prevent pregnancy (see Question 3, next page).

Questions and Answers About Emergency Contraceptive Pills

1. How do ECPs work?

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. If ovulation has occurred and the egg was fertilized, ECPs do not prevent implantation or disrupt an already established pregnancy.

2. Do ECPs disrupt an existing pregnancy?

No. ECPs do not work if a woman is already pregnant.

3. Will ECPs harm the fetus if a woman accidentally takes them while she is pregnant?

No. Evidence does not show that ECPs will cause birth defects or otherwise harm the fetus if a woman is already pregnant when she takes ECPs or if ECPs fail to prevent pregnancy.

4. 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 by the next day, including a backup method if starting her continuing method requires it. In particular, a woman who has taken UPA-ECPs should wait until the 6th day to start a hormonal contraceptive. She should use a backup method during this period.

5. Can ECPs be used more than once?

Yes. If needed, ECPs can be taken again, even in the same cycle. A woman who needs ECPs often may want to consider a longer-acting and more effective family planning method.

6. Should women use ECPs as a continuing method of contraception?

A woman can use ECPs whenever she needs them, even more than once in the same cycle. However, relying on ECPs as an ongoing method should not be advised. It is not certain that ECPs, taken every time after sex, would be as effective as regular, continuing methods of contraception. Also, women who often take ECPs may have more side effects. Repeated use of ECPs poses no known health risks. It may be helpful, however, to screen women who take ECPs often for health conditions that can limit use of hormonal contraceptives.

7. 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 any of these progestins together with estrogen (ethinyl estradiol)—can be used.

8. 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.

For women who have been continuing users of POPs, this may be the method of emergency contraception most convenient for her, or the only method available in time.

9. What is ulipristal acetate (UPA)?

UPA is an anti-progestin—that is, it modifies the activity of the natural hormone progesterone in a woman's monthly cycle. Thus, like other ECPs, UPA-ECPs probably work by blocking or delaying release of an egg from the ovary (ovulation). All ECPs should be taken as soon as possible for greatest effectiveness. UPA-ECPs may be more effective than other ECPs between 72 hours and 120 hours after unprotected sex. UPA-ECPs have been available in Europe since 2009 and received approval from the United States Food and Drug Administration in 2010 for use as an emergency contraceptive. They are now available in more than 50 countries. UPA-ECPs are not intended for use as a continuing oral contraceptive.

10. Are ECPs safe for women living with HIV? Can women on antiretroviral therapy safely use ECPs?

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

11. Are ECPs appropriate 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. Also, access to ECPs does not influence sexual behavior.

Adolescents might particularly need ECPs because of high rates of forced sex, stigma about obtaining contraceptives, limited ability to plan for sex, and errors in using contraceptives.

12. 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 and the dose is small.

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

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

14. 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 had ECPs on hand took them sooner after having unprotected sex than women who had to seek out ECPs. Progestin-only ECPs are more likely to be effective when taken sooner.
- Women given ECPs ahead of time were more likely to use them when needed 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.
- Women did not have unprotected sex more often.

If ECPs require a prescription and cannot be given in advance, give a prescription that can be used as needed.

15. If a woman buys ECPs over the counter, can she use them correctly?

Yes. Taking ECPs is simple, and medical supervision is not needed. Studies show that both young and adult women find the label and instructions easy to understand. In some countries ECPs are approved for over-the-counter sales or nonprescription use. These countries include Canada, China, India, the United States, and many others around the world.