

Emergency Contraception

Brown Health Services Patient Education Series

What is Emergency Contraception (EC)?

Emergency contraception is available to use in case of contraceptive failure (condom tearing or slipping off, missed dosage of oral contraceptive pills), sexual assault, or failure to use contraception.

Options and Access:

Intrauterine Device (Paraguard or Mirena IUD)

When inserted within 5 days after unprotected sex, the IUD is the most effective method of emergency contraception (99% effective).

- For those weighing 165 lbs or more, the IUD is considered the preferred EC method for best effectiveness.
- IUD placement does require a visit to a gynecologic provider for insertion, sometimes a practical challenge within the short time frame required for maximum effectiveness as EC.
- Discuss this IUD option with your Health Service provider.

Emergency Contraceptive Pills (ECPs):

Levonorgestrel

Levonorgestrel (Plan B and generics) is a single dose pill form of EC available without a prescription at pharmacies, including Brown Pharmacy at Health Services.

- Anyone can buy Levonorgestrel products at pharmacies in Rhode Island. For inventory control, they are

sometimes kept behind the counter and you need to ask the pharmacist for it when purchasing.

- Levonorgestrel formulations are most effective when taken up to 72 hrs after contraceptive failure or unprotected sex, but there is evidence of some effectiveness up to 120 hours after. Best practice is “the sooner the better.”
- Effectiveness in preventing pregnancy is wide ranging, between 59-94 %.
- Those who weigh 165 lbs or over may potentially have reduced or absent efficacy with use of Levonorgestrel ECPs.

*NOTE: Even for those weighing 165 lbs or more, if over the counter Levonorgestrel is the only product you have access to in the time frame for using EC, the benefit of using it outweighs any risks.

Emergency Contraceptive Pills (ECPs): Ulipristal

Ulipristal (Ella) is a single dose pill form of EC available only by prescription, including through providers at Health Services.

- It is highly effective (98-99%) up to 120 hrs after unprotected sex.
- You can call Health Services for an appointment with a provider if you are considering Ulipristal.
- Ability to see a provider within a short time frame for a prescription for Ulipristal may play into decisions about

choosing this method over Levonorgestrel over-the-counter products.

- You must wait at least 5 days before starting hormonal birth control containing progestin as progestin may reduce the efficacy of Ulipristal.

Side Effects of ECPs

Both Ulipristal and Levonorgestrel are generally well tolerated. Side effects are not common, but nausea/vomiting, abdominal pain, fatigue, mild headache, dizziness, diarrhea, and vaginal bleeding have been reported.

In the unlikely event that vomiting occurs within one hour of taking ECP, you need to take additional medication. First take anti-nausea medication, such as over the counter meclizine, then additional ECPs to make up for those lost to vomiting.

If you are concerned about side effects, call Health Services to discuss.

After You Take ECP

- Your next menstrual period should begin sometime within 2 to 3 weeks after taking ECPs. It may be earlier or later than usual and the flow may be heavier, lighter, or more spotty than usual.
- If your period doesn't start within 3 weeks, see your medical provider to rule out pregnancy.
- ECPs are intended specifically for emergency use and are overall less effective than consistent use of other contraceptive methods.

- After you have taken ECPs, get started on an ongoing method of birth control.
- In addition, consider being evaluated for sexually transmitted infection, as unprotected sex may put you at risk.

Special considerations

- Emergency contraception does not necessarily prevent ectopic or tubal pregnancies. If you have prolonged vaginal bleeding or abdominal pain, seek medical care.
- Emergency contraception does not prevent sexually transmitted infections.