

Emergency Contraception: A Safe & Effective Contraceptive Option for Teens

The Facts

Teens' current use of contraception prevents as many as 1.65 million pregnancies in the United States each year.¹ However, about 800,000 teens still experience a pregnancy each year and 85 percent of these pregnancies are unintended.²

Emergency contraception* (EC)—a method of *preventing* pregnancy *after* sexual intercourse—is an important contraceptive option that could annually prevent at least 50 percent of unintended pregnancies among American women.³ Experts estimate that timely use of EC could prevent up to 70 percent of abortions.² In fact, use of EC prevented about 51,000 abortions in 2000.⁴

EC Prevents Pregnancy *and* the Need for Abortion.

- EC is also known as *postcoital contraception* or the *morning-after pill*, but the term *emergency contraception* underscores that EC can be used up to 120 hours (five days) after unprotected sex.^{5,6}
- EC delays or inhibits ovulation, disrupts follicular development, and/or interferes with the maturation of the corpus luteum. There is **no** evidence that EC prevents implantation, alters sperm or egg transport, inhibits fertilization, or changes cervical mucus.^{2,6}
- EC does **not** affect an established pregnancy and does **not** cause abortion.² The National Institutes of Health, the American College of Obstetricians and Gynecologists (ACOG), and the American Medical Women's Association (AMWA) define pregnancy as beginning with implantation.^{7,8,9} ACOG, AMWA, and other organizations, including the U.S. Food & Drug Administration (FDA), agree that EC has no effect once implantation has occurred.^{8,9,10} Moreover, the Society for Adolescent Medicine (SAM) asserts that there is **no** evidence that EC affects a fertilized egg, even before implantation.²

EC Is Safe and Effective.

- The FDA states that EC is safe and effective.¹⁰ SAM, ACOG, AMWA, the American Medical Association, U.S. Department of Health & Human Services, and the World Health Organization all support women's access to EC.^{2,8,9,11,12,13}
- Accidental use of EC during pregnancy will not cause birth defects.² Numerous studies for risk of birth defects during regular use of oral contraceptives (including older, higher dose preparations) found no increased risk.⁸
- EC is approximately 80 to 85 percent effective at preventing pregnancy, depending on how promptly a woman uses it, when during her cycle she had sex, and the kind of EC she takes. Some studies show EC is most effective when taken as soon as possible after unprotected sex. Progestin-only pills are more effective than combination pills (containing both estrogen and progestin).²
- The most common side effects associated with EC use are nausea (in 30 to 50 percent of women taking it) and vomiting (in 15 to 25 percent). Other less common side effects include fatigue, breast tenderness, headache, abdominal pain, and dizziness. These side effects are significantly more common for combination pills than for progestin-only pills.^{2,14}

Many Brands of Oral Contraceptives Are Used for EC in the United States.

- Progestin-only pills (Plan B and Ovrette) are the preferred regimen to provide for EC due to their higher efficacy and lower side effects. Many combination pills, however, can also be used for EC.^{2,15}
- Women should be counseled to follow up with their health care provider two weeks after using EC to ensure they did not become pregnant, to consider testing for sexually transmitted infections (STIs), including HIV, and to discuss effective contraceptive options.²

* In this fact sheet, emergency contraception refers to *emergency contraceptive pills*—combination or progestin-only pills taken after unprotected sex to prevent pregnancy. An intrauterine device (IUD) can also be used as emergency contraception if inserted up to five days after unprotected sex to prevent pregnancy. Emergency insertion of an IUD after unprotected sex reduces the risk of pregnancy by more than 99 percent. But, IUDs are not ideal for all women, especially young women.¹⁶

Brand**	Pill Type	Pills per Dose*	Brand	Pill Type	Pills per Dose*
Allesse	Combination	5 pink pills	Nordette	Combination	4 lt orange pills
Aviane	Combination	5 orange pills	Ogestrel	Combination	2 white pills
Cryselle	Combination	4 white pills	Ovral	Combination	2 white pills
Enpresse	Combination	4 orange pills	Ovrette	Progestin-only	20 yellow pills
Lessina	Combination	5 pink pills	Plan B	Progestin-only	1 white pill
Levlen	Combination	4 lt orange pills	Portia	Combination	4 pink pills
Levlite	Combination	5 pink pills	Seasonale	Combination	4 pink pills
Levora	Combination	4 white pills	Tri-Levlen	Combination	4 yellow pills
Lo/Ovral	Combination	4 white pills	Triphasil	Combination	4 yellow pills
Low-Orgestrel	Combination	4 white pills	Trivora	Combination	4 pink pills
Lutera	Combination	5 white pills			

* Two doses are required; the first dose within 120 hours of unprotected sex and the second dose 12 hours after the first.
** Brands are frequently added to this chart. For the most current version of this chart (not in alphabetical order by brand names), visit <http://ec.princeton.edu/questions/dose.html>.

- Women should take one dose within 120 hours after unprotected sex and another dose 12 hours later. Research indicates taking both doses of *progestin-only* pills at once is as effective as splitting the dose in two, and is *not* associated with more side effects when compared with the standard, two dose regimen.^{2,15} And, a single dose may increase women's compliance with instructions for taking EC.

Health Care Providers Should Give Teens Information about and Access to EC.

Adolescents face cultural, financial, legal, psychological, and social barriers to accessing contraceptive information and services, especially EC-related information and services. SAM asserts its support for increasing awareness of and improving timely access to EC for teens. Specifically, SAM recommends adolescent health care providers to:

- Maintain the same degree of confidentiality when providing EC as when providing other reproductive and sexual health care.²
- Counsel all adolescent men and women about EC during acute and routine health care visits.²
- Provide all adolescent women with an *advance* EC prescription or medication to take home for future use.²
- Provide EC *without* requiring adolescent women to receive a pregnancy test, pelvic exam, Pap smear, or STI/HIV test.²
- Develop protocols for telephone triage and prescribe EC over the telephone, whenever possible.²
- Counsel all adolescent women being treated for sexual assault about EC and offer them EC.²
- Support changing the status of EC from prescription-only to over-the-counter without an age restriction.²

References

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