Statement on Emergency Contraception

Introduction

Despite the availability of highly effective methods of contraception, many pregnancies are unplanned and unwanted. Such pregnancies carry an excess risk of morbidity and mortality, and often lead to unsafe abortion. The risk of pregnancy with one unprotected act of sexual intercourse can be as high as one in three, depending on the cycle day of exposure in relation to ovulation. For the woman exposed to unprotected sexual intercourse, e.g., lack of contraceptive use, condom breakage, missed pills, or sexual assault, emergency contraception (also known as postcoital contraception) can be used to prevent an unwanted pregnancy.

Since the mid-1960s, the postcoital use of certain orally administered steroid hormones has been shown to be effective in preventing pregnancy. Also copper-releasing IUDs are highly effective for emergency contraception and research is underway on the use of the anti-progestogen mifepristone for emergency contraception.

Hormonal Methods

Two hormonal regimens have proved to be safe and effective for emergency contraception.

Combined Oral Contraceptives

Combined oral contraceptives containing the oestrogen ethinyl oestradiol and the progestogen levonorgestrel (or norgestrel), can be taken in a regimen known as the Yuzpe method.

This regimen consists of two 50 µg ethinyl oestradiol/250 µg levonorgestrel pills, or four 30 µg ethinyl oestradiol/150 µg levonorgestrel pills, taken as soon as possible within 72 hours after unprotected intercourse, followed by a second similar dose 12 hours later.

Progestogen-only Pills

A regimen of one pill containing 750 µg levonorgestrel taken as soon as possible within 72 hours after unprotected intercourse, with a second dose 12 hours later, is probably more effective, and has fewer side-effects than the Yuzpe regimen.

In countries where pills containing 750 µg levonorgestrel are not available, levonorgestrel pills used for regular contraception (mini-Pill) can be used instead. Twenty-five of these pills should be taken at each dose to make up the 750 µg dosage.
There is a possibility that absorption of the hormone may be less when the dose is taken in a large number of pills.

**Mechanism of Action**

While the precise mode of action of emergency contraceptive pills is not completely understood, it is known that they do not dislodge the embryo after implantation has occurred. Therefore, they do not cause an abortion. In some women they may inhibit or delay ovulation. They may also interfere with ovum and sperm transport, fertilisation, and implantation.

**Efficacy**

The Yuzpe regimen reduces the risk of pregnancy after a single act of sexual intercourse by about 75% and the levonorgestrel-only regimen by about 85%. This means that if a woman has an 8% probability of pregnancy after unprotected sex, these regimens would reduce that probability to about 2% or 1% respectively. With both regimens the efficacy is better the sooner after sex they are used.

**Eligibility Criteria**

No known contraindications exist to the use of hormonal emergency contraception, so there is no need for a medical history or a physical examination before providing it.

**Side-effects**

Nausea and vomiting are common among women using the Yuzpe regimen and considerably less common among women using the levonorgestrel-only regimen. When the Yuzpe regimen is used, anti-emetic pre-treatment may be considered; with the levonorgestrel-only regimen this is unnecessary.

When vomiting has occurred within two hours after taking a dose, it is common practice to repeat the dose. However, there is no evidence that this improves efficacy; indeed, vomiting can be an indication that the hormone has been absorbed. In case of vomiting, further pills may be administered vaginally. Although there are no clinical data supporting the efficacy of this practice, contraceptive steroid hormones are known to be readily absorbed from the vagina.

Other side-effects include abdominal pain, fatigue, headache, dizziness, breast tenderness, and irregular vaginal spotting and bleeding.

**Drug Interactions**

Some practitioners double the recommended dose of the emergency contraceptive pill (ECP) in women using rifampicin, griseofulvin, some anticonvulsants, and barbiturates. This practice is based on recommendations for regular use of combined oral contraceptives but no scientific evidence supports it in relation to emergency contraception. It is unlikely to cause harm, other than to increase the possibility of nausea and vomiting.
Frequency of Use

Emergency contraception pills should not replace the use of regular contraception, as the cumulative pregnancy rate for frequent use of ECP is higher than with regular contraception. However, if unprotected intercourse occurs in a cycle where the ECP has already been used it can be used again. Women should understand that the use of emergency contraception pills cannot protect them from the possibility of pregnancy if unprotected intercourse occurs later in the cycle.

In cycles where unprotected intercourse has occurred more than once, ECP can be used, although efficacy will be influenced by the time interval since the first act of unprotected intercourse. The woman must understand that, if a pregnancy has already occurred, the ECP will not be effective.

Copper-releasing IUDs

Emergency contraception can also be achieved by the insertion of a copper-releasing IUD within five days of unprotected sexual intercourse. This method may be particularly useful when the client is considering its use for long-term contraception and/or when the hormonal regimens are not reliable because more than 72 hours have elapsed.

Mechanism of Action

The precise mode of action of the IUD for emergency contraception is uncertain. It is thought to prevent fertilisation and implantation. Implantation does not occur before five days after fertilisation. Therefore, since IUDs are used for emergency contraception within five days of sexual intercourse, they do not cause abortion.

Efficacy

The copper-releasing IUD is highly effective for emergency contraception with a reported efficacy rate well above 99%.

Eligibility Criteria

When using an IUD for emergency contraception, the same eligibility criteria apply as for regular use of these devices.

Mifepristone

There is scientific evidence that mifepristone at a dosage of 10 mg is highly effective as an emergency contraceptive. Research is going on and there are plans in China to make it widely available for emergency contraception.

Advice and follow-up

Whenever possible, the woman should be counselled at the time of obtaining emergency contraception. Counselling should include discussion of the correct use of
the method, possible side-effects and their management, and her preferences for regular contraception. She should also be advised that emergency contraception does not protect against sexually transmitted infections (STIs), including HIV, and that unprotected intercourse may have exposed her to this risk. After assessment of the risk of exposure to an STI, a woman should be counselled and offered services as appropriate. If the environment is not conducive to proper counselling, such as in a pharmacy or shop, the client should be provided with written instructions and advice, and referred to a family planning or health care facility where she can obtain contraceptive or other necessary sexual and reproductive health counselling and services.

Women opting for emergency contraception pills should be advised that, if they have intercourse in the same cycle after emergency contraception pills have been taken, a risk of pregnancy still exists, particularly since the method sometimes alters the timing of ovulation. They should use a method of contraception (e.g. condoms) for the rest of the cycle after taking emergency contraception. They do not need to delay starting oral contraception until the onset of the next menstrual period - it can be started the day after the second dose.

Women should also be advised that, after hormonal emergency contraception, their menstrual period should occur within one week before or after the expected time. If menstruation is delayed for more than one week or if it is much lighter than normal, emergency contraception may have failed and the woman should have a pregnancy test. In the event of a pregnancy, the woman should be counselled. She should be made aware of the available options and her decision should be respected and supported. If she chooses to continue with the pregnancy, she should be reassured that there is no evidence that hormonal emergency contraception affects the future offspring or that it increases the risk of ectopic pregnancy. The use of hormonal emergency contraception has no impact on future fertility.

Women opting for the IUD for emergency contraception should be advised that the IUD will provide protection from pregnancy for the rest of the cycle. Follow-up should be arranged after the expected date of menstruation, to ensure that pregnancy has been prevented and for counselling on regular contraception. Women who choose to continue using the IUD for long-term contraception should subsequently receive the same services as for regular IUD use. Some women will choose to continue using the IUD for long-term contraception, and subsequent management should be as for regular IUD use. If a woman chooses to have the IUD removed, removal should be undertaken any time after the onset of menstruation and an alternative method of contraception should be offered.

**Access to Emergency Contraception**

Where there are obstacles to emergency contraception, family planning associations should strive to remove them. Those FPAs that provide services should include emergency contraception in their method mix. Supplies of regular oral contraceptives, from which the emergency contraception dosage can be taken, are readily available in most places. Availability of specially packaged emergency contraceptive pills is
increasing rapidly around the world. Service providers can be trained in the correct use of these pills and in the counselling and follow-up of clients.

Given that emergency contraception should be used as soon as possible after unprotected intercourse, every effort should be made to ensure that women know about emergency contraception and have ready access to it. This can be accomplished by:

- Disseminating information on emergency contraception and how to obtain it;
- Including emergency contraception in the focus of education for women receiving contraception or other sexual and reproductive health services;
- Providing emergency contraceptive pills not only at clinical facilities but also through non-clinical settings such as community-based services social marketing programmes, and the commercial sector;
- Giving special attention to emergency contraception in sexual and reproductive health programmes for young people.

Statement developed by the International Medical Advisory Panel (IMAP), May 2000. IMAP reserves the right to amend this statement in the light of further developments in this field.

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