

November 2015

## EMERGENCY CONTRACEPTIVE PILLS: FAST FACTS FOR HEALTH CARE PROVIDERS IN CRISIS SETTINGS

**About emergency contraception (EC):** Emergency contraceptive pills (ECPs) can be used to prevent pregnancy after sex when a regular method is seen to have failed, no method was used, or sex was forced. They are safe and effective for all women and girls of reproductive age. Health care providers should offer EC to women and girls any time they report having unprotected sex or having been sexually assaulted.

***Emergency contraception does not have any effects after fertilization and cannot stop or interfere with an established pregnancy.***

**Timeframe for using ECPs:** ECPs can be used to prevent pregnancy for up to 120 hours (five days) after unprotected sex, but are more effective the sooner they are taken. Therefore, making ECPs easily accessible to women and girls is critical.

**ECP regimens:** Several types of pills are packaged and labeled specifically for use as emergency contraception (referred to as "dedicated" ECPs). The dose is: *1 tablet of levonorgestrel 1.5 mg; or 2 tablets of levonorgestrel 0.75 mg*, labeled to be taken twice 12 hours apart (but both pills can safely be taken together as soon after unprotected sex as possible).

Many regular oral contraceptive pills can also be used to make EC. The dose is: *Estrogen (100-120mcg ethinyl estradiol (EE)) and progestin (0.50-0.60mg levonorgestrel (LNG) or 1.0-1.2 mg norgestrel (NG))*, followed by the same dose 12 hours later. This regimen is not as effective as the dedicated levonorgestrel ECPs and causes more side effects. Therefore it should not be the first choice if dedicated levonorgestrel ECPs are available. Progestin-only pills labeled for daily oral contraceptive use can also be used to make emergency contraception. The dose is: *1.5 mg levonorgestrel*.

EMERGENCY CONTRACEPTIVE PILL REGIMENS			
COMMON BRAND NAMES	HOW MUCH EACH PILL CONTAINS	FIRST DOSE: TAKE AS SOON AS POSSIBLE, UP TO 120 HOURS	SECOND DOSE: TAKE 12 HOURS LATER
Levonelle, NorLevo, Plan B, Postinor-2, Postpill, Pregnon, Vikela	LNG 1.5mg <b>OR</b> LNG 0.75mg	LNG 1.5mg: Take 1 tablet LNG 0.75mg: Take 2 tablets	0 tablets
Eugynon 50, Fertilan, Neogynon, Noral, Nordiol, Ovidon, Ovral, Ovran, Tetragynon/PC-4, Preven, E-Gen-C, Neo-Primovlar 4	EE 0.05mg <b>AND</b> LNG 0.25mg <b>OR</b> EE 0.05mg <b>AND</b> NG 0.5mg	Take 2 tablets	Take 2 tablets
Lo/Femenal, Microgynon, Nordete, Ovral L, Rigevidon	EE 0.03mg <b>AND</b> LNG 0.15mg <b>OR</b> EE 0.03mg <b>AND</b> NG 0.3mg	Take 4 tablets	Take 4 tablets
Microlut, Microval, Norgestron, Ovrette	LNG 1.5 mg	LNG 1.5 mg (40 or 50 pills)	0 tablets

**How ECPs work:** ECPs work by preventing pregnancy. They delay or prevent ovulation or stop the egg and sperm from meeting. ECPs do not have any effects after fertilization and cannot terminate or interfere with an established pregnancy.

**Safety of ECPs:** Research shows that ECPs are safe for all women and girls of reproductive age, even for women who are advised not to use combined oral contraceptives for ongoing contraception. ECPs have been found to be safe for adolescents, with no contraindications and no lasting side effects. They have no medically serious complications, do not affect future fertility, and are not harmful if taken during pregnancy accidentally. Side effects may include altered bleeding patterns, nausea, headache, abdominal pain, breast tenderness, dizziness, and fatigue. These effects are not serious and last only a short time.

**Repeated use of ECPs:** ECPs remain safe and effective in preventing pregnancy if taken more than once, even within the same menstrual cycle (although using a regular, ongoing method is recommended as the most effective way to prevent pregnancy). The World Health Organization's 2015 Medical Eligibility Criteria (MEC) states that "there are no restrictions on repeated use" of ECPs. Levonorgestrel ECPs do not need to be taken more than once every 24 hours if the woman has unprotected sex more than once during that time.

**Post-rape care:** EC should routinely be offered as part of comprehensive care to sexual assault survivors to prevent the psychological and physical consequences of a pregnancy from rape. EC should be provided along with other care as indicated in the World Health Organization/United Nations High Commissioner for Refugees' [Clinical Management of Rape Survivors](#).

**Privacy:** It is critical to ensure that a woman's privacy is respected when discussing or providing ECPs.

**Clinical screening:** You do not need to administer any examinations or laboratory tests before providing ECPs.

**Follow up:** ECPs do not prevent transmission of sexually transmitted infections (STIs); therefore, women who are at risk of STIs should always use a barrier method, such as a condom. After taking ECPs, women should use a regular contraceptive method to prevent a future pregnancy. Women can begin hormonal methods (including oral contraceptives, injectables, implants, and the levonorgestrel IUD) either immediately after taking ECPs or after their next menstrual period; if they wait, a barrier method such as condoms should be used during this time.

**Pregnancy management:** If a woman who has used ECPs later finds she is pregnant, she should seek medical care. Pregnancy following use of ECPs may occur if the ECPs failed, if the woman was already pregnant before taking ECPs, or if she had additional unprotected sex after taking ECPs. Whether she chooses to continue the pregnancy or seek abortion, she should know that ECPs have no known adverse effects on a pregnancy.

**Are ECPs available in my setting?** ECPs are legal and approved for distribution in many countries. Where dedicated EC products are not available, as is often the case in crisis settings, ECPs can be provided using a large number of daily oral contraceptive pills. The quantities of pills to provide are listed in the table above. For more information about ECPs, see also the [Inter-agency Field Manual on Reproductive Health in Humanitarian Settings](#).



International Consortium for  
Emergency Contraception

Hosted by Family Care International  
45 Broadway • Suite 320 • New York, NY • 10006  
[www.emergencycontraception.org](http://www.emergencycontraception.org)



INTER-AGENCY WORKING GROUP  
ON REPRODUCTIVE HEALTH IN CRISES

Hosted by Women's Refugee Commission  
122 E. 42<sup>nd</sup> Street • New York, NY • 10168  
[www.iawg.net](http://www.iawg.net)