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## USING ORAL BIRTH CONTROL PILLS AS EC

Emergency contraception (EC) refers to contraceptive methods that can be used by women following unprotected intercourse to prevent an unplanned pregnancy. Several types of pills are packaged and labeled for use as emergency contraception (referred to as “dedicated” emergency contraceptive pills or ECPs). Where these products are not available, oral contraceptives – regular birth control pills – can also be used as EC. This is known as the “Yuzpe” method.

The Yuzpe EC method is less effective and causes more side effects than dedicated ECPs. However, the Yuzpe method offers critical EC access for women without access to dedicated ECPs. As of 2014, 22 countries do not have an EC product registered and do not import EC; many of these countries have recently been or are currently affected by conflict. Even in countries where ECP products are registered, regular supplies are not always available. The Yuzpe method can be used in any place where access to dedicated ECPs remains limited. It is generally considered legally acceptable to take a drug, such as daily oral contraceptive pills, “off-label” (in other words, in a way other than the product’s label specifies).

**Regimen:** The Yuzpe regimen can be created from certain oral contraceptive pills containing a combination of estrogen and progestin. The pills are taken in two doses. The first dose should be taken as soon as possible after unprotected intercourse (preferably within 72 hours but as late as 120 hours, or five days) and the second dose should be taken 12 hours later.

Each dose must contain estrogen (100-120mcg ethinyl estradiol) and progestin (0.50-0.60mg levonorgestrel (LNG) or 1.0-1.2 mg norgestrel). If vomiting occurs within two hours of taking a dose, the dose should be repeated.

**Any brand** of combined oral contraceptives can be used as long as it provides the amount of estrogen and progestin listed above. The correct number of pills should be selected to create the dose needed. A few of the most common oral contraceptives are listed below. Many pill packs include reminder pills that contain no hormones at the end of each cycle, so care should be taken that only active pills are used.

BRAND	MANUFACTURER	FIRST DOSE: TAKE AS SOON AS POSSIBLE, UP TO 120 HOURS	SECOND DOSE: TAKE 12 HOURS LATER
Lo-Femenal	Wyeth Pharmaceuticals	4 pills	4 pills
Loette	Wyeth Pharmaceuticals	5 pills	5 pills
Microgynon	Bayer HealthCare	4 pills	4 pills
Nordette	Wyeth Pharmaceuticals	4 pills	4 pills
Rigevidon	Gedeon Richter	4 pills	4 pills

Source: The Emergency Contraception Website. “Which daily birth control pills can be used for emergency contraception worldwide?” 2014. Search for pill brands that can be used by country at: <http://ec.princeton.edu/worldwide/default.asp>.

**Safety:** Combined oral contraceptive pills taken as EC can be used safely by women and girls. Side effects occur in more women than for the other ECP regimens, but are temporary; most disappear within 24 hours. Side effects are the same as those commonly experienced with short-term use of combined oral contraceptives. Some women may experience nausea and vomiting, abdominal pain, breast tenderness, headache, dizziness or fatigue. Given the very short duration of exposure and low total hormone content, using oral contraceptive pills as EC is safe even for women who are advised not to use combined oral contraceptives for ongoing contraception.

**Efficacy:** Taking the correct dose of combined estrogen and progestin pills reduces the risk of pregnancy for that single act of intercourse by as much as 75 percent. The efficacy depends on the woman's menstrual cycle day and how soon after unprotected sex she takes it. Depending on these factors, efficacy may be lower than 75 percent. The Yuzpe regimen is **less effective than other methods of EC** and should not be the first choice if other methods are available. (The most effective method of EC is insertion of a Copper Intrauterine Device (IUD), where standard precautions can be ensured. However, access to IUDs remains a challenge and many women prefer to take a pill.)

**Follow up:** After taking combined oral contraceptive pills as EC, 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 EC or after their next menstrual period; if they wait, a barrier method such as condoms should be used in the interim. A copper IUD can be inserted after the start of the woman's next menstrual period; again, a barrier method should be used in the interim.

**Conclusions:** When no products marketed specifically for EC are available, combined oral contraceptive pills provide a good option for post-coital contraception. Information about the Yuzpe EC regimen should be communicated to women and health care providers in such settings.

## Resources:

International Consortium for Emergency Contraception and International Federation of Gynecology and Obstetrics. Emergency Contraceptive Pills: Medical and Service Delivery Guidelines. 2012. ([http://www.cecinfo.org/custom-content/uploads/2014/01/ICEC\\_Medical-and-Service-Delivery-Guidelines-English\\_June-2013.pdf](http://www.cecinfo.org/custom-content/uploads/2014/01/ICEC_Medical-and-Service-Delivery-Guidelines-English_June-2013.pdf)).

International Consortium for Emergency Contraception. Emergency Contraception Pill Registration Status by Country. 2014. ([http://www.cecinfo.org/custom-content/uploads/2014/03/ICEC\\_EC-Registration-Status-Factsheet\\_March-2014.pdf](http://www.cecinfo.org/custom-content/uploads/2014/03/ICEC_EC-Registration-Status-Factsheet_March-2014.pdf)).

The Emergency Contraception Website. Which daily birth control pills can be used for emergency contraception worldwide? Office of Population Research at Princeton University and the Association of Reproductive Health Professionals. 2014. Retrieved 8 July 2014, from <http://ec.princeton.edu/worldwide/default.asp#brand>.

Inter-agency Working Group on Reproductive Health in Crises. Inter-agency Field Manual on Reproductive Health. 2010. ([http://www.who.int/reproductivehealth/publications/emergencies/field\\_manual\\_rh\\_humanitarian\\_settings.pdf?ua=1](http://www.who.int/reproductivehealth/publications/emergencies/field_manual_rh_humanitarian_settings.pdf?ua=1)).

Planned Parenthood Federation of America. Emergency Contraception: History and Access. 2013. ([http://www.plannedparenthood.org/files/5713/9611/6188/Emergency\\_Contraception\\_History\\_and\\_Access.pdf](http://www.plannedparenthood.org/files/5713/9611/6188/Emergency_Contraception_History_and_Access.pdf)).

Hossain S, Khan ME, Vernon R, Keesbury J, Askew I, Townsend J, Rumbold V. ECP Handbook: Introducing and Mainstreaming the Provision of Emergency Contraceptive Pills in Developing Countries. 2009. ([http://www.popcouncil.org/uploads/pdfs/frontiers/Manuals/FR\\_ECPHandbook.pdf](http://www.popcouncil.org/uploads/pdfs/frontiers/Manuals/FR_ECPHandbook.pdf)).

Trussell J, Rodríguez G, Ellertson C. Updated estimates of the effectiveness of the Yuzpe regimen of emergency contraception. *Contraception*. 1999;59:147–51.