

Information for Emergency Contraception

BENEFITS

You are voluntarily choosing to use Emergency Contraception to prevent an unintended pregnancy following unprotected intercourse. Emergency contraception may be pills (ECP) or insertion of a copper-bearing IUD. This method should be started as soon as possible and within 120 hours (5 days) after intercourse. ECPs are 74 percent to 89 percent effective when used correctly. There are two types of ECPs available in the US. One option is a single 30 mg ulipristal acetate (UPA) pill, or Ella. The second ECP option is Plan B One-Step, or its generic form, which contain a single 1.5 mg levonorgestrel (LNG) pill. Plan B is also available over-the-counter. Plan B is most effective when taken within the first 3 days of unprotected intercourse but can provide protection up to 5 days after.

RISKS/SIDE EFFECTS (you may experience the following side effects):

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|------------------------|---------------------------|
| ❖ Nausea, stomach pain | ❖ Breast tenderness |
| ❖ Headaches, dizziness | ❖ Menstrual cycle changes |

ALTERNATIVES

You may have been instructed to consider other methods of contraception for use. Some contraceptive methods can be started immediately after taking certain types of ECP. You have been given the opportunity to receive information on other methods of birth control.

INSTRUCTIONS

You have been offered a fact sheet on ECPs, along with instructions about how to take them. No guarantee has been made as to the results of using this method. Certain anti-seizure medications may affect how well your ECP works.

Emergency contraception does not protect you against STIs (sexually transmitted infections) or HIV.

Complications of ECPs are rare. If you experience complications, you must seek emergency health care.

DECISION

The ECPs are to be taken after unprotected intercourse to prevent pregnancy. They are to be used as an emergency measure and are not recommended as a routine method of birth control. The Copper IUD may be used as emergency contraception or as a routine method of birth control.

QUESTIONS

You may ask questions about ECPs at any time and may contact the clinic with further questions.

**INSTRUCTIONS FOR EMERGENCY
CONTRACEPTIVE PILLS**

1. Emergency contraception works best the sooner you use it. Swallow the ECPs as soon as possible, within 120 hours (five days) after unprotected sexual intercourse.
2. For some types of ECPs, nausea and vomiting are possible but not likely. Consider taking 25 mg meclizine over-the-counter (Dramamine or Bonine) 1-hour prior to ECPs, especially if you tend to be sensitive to medications or hormones. If you vomit two or more hours after taking your ECPs, do not worry. The medication is already in your system. A repeat dose may be recommended if vomiting occurs within two hours of taking ECP.
3. Some women may feel tired or dizzy or may have headaches or tender breasts. These side effects should go away within a day or two. Non-prescriptive pain relievers (such as ibuprofen or Tylenol) can be used for headache or breast tenderness. You also may note some menstrual spotting (small amounts of bleeding, less than a period) after taking ECPs. This should go away in a day or two.
4. Emergency contraception is not effective if you are already pregnant. If pregnancy occurs before or after taking ECP, there will be no harm to the fetus.
5. ECPs are not 100 percent effective. If your period has not started in 3 weeks, you should consider taking an at-home pregnancy test or returning to the clinic for a pregnancy test.
6. ECPs will not protect you from pregnancy during the remainder of your menstrual cycle. You will need to use an effective form of birth control if you have sexual intercourse again.
7. You should contact your clinic if you have severe abdominal pain, since this could be a sign of a tubal pregnancy.
8. A pack of ECPs may be provided for you to have available at home for further acts of unprotected intercourse. ECP is available for purchase over-the-counter.
9. UPA 30 mg pill can affect other forms of birth control. Your provider will discuss this with you.