Dear District II Member,

On behalf of the American College of Obstetricians and Gynecologists, District II, we are pleased to provide you with Latest Options in EC: A Toolkit for Health Care Providers & their Patients on Emergency Contraception, a toolkit offering relevant provider and patient education regarding emergency contraception (EC). Enclosed with this folder are several educational products.

1. The following resource guide offers current information about the safety, effectiveness and correct use of available EC regimens and information on how patients can access EC.

2. Two Ask Me About EC posters for display in your office exam rooms which instruct patients to ask you about access to EC or an advanced prescription.

3. A standing placard entitled Ask Me About EC to display in your office reception area. The placard educates patients on EC as a safe way to prevent pregnancy.

Consistent research, including a 2003 survey of 800 U.S. women from the American College of Obstetricians and Gynecologists, reveals that utilization and awareness of EC as a back-up birth control method is persistently low. Provider to patient contraceptive counseling is essential to raise knowledge and awareness of EC. Women and men need clear and up-to-date information to facilitate informed reproductive health decision-making, particularly about using EC as a back-up birth control method.

The American College of Obstetricians and Gynecologists, District II is committed to providing high quality, comprehensive reproductive health care to its patients. Understanding EC and knowing how to provide it to patients is integral to maintaining high quality care.

This resource guide and attached patient education materials are designed to promote greater understanding about EC and its use to prevent unintended pregnancy. This complete toolkit reflects the current EC regimens available in the U.S. as of November 2009 and recommendations are based on current evidence.

We would like to extend our appreciation to the task force of medical experts who offered their knowledge, time and attention to the creation of this toolkit.

If you have any questions regarding emergency contraception or other initiatives, please contact the District II office at info@ny.acog.org or (518) 436-3461.

Sincerely,

Scott D. Hayworth, MD, FACOG
Chair, ACOG District II

Monica Dragoman, MD, MPH, FACOG
Chair, Emergency Contraception Task Force

Table of Contents

Section I: Background

Section II: EC in Your Practice

Section III: Addressing Myths/Concerns

Section IV: Other Regimens for Emergency Contraception

Section V: Call to Action and Talking Points

Section VI: Resources

Charts & Tables:

FDA Approved Emergency Contraceptive Products Currently on U.S. Market . . . Page 10

Oral Contraceptives that can be Used for Emergency Contraception in United States . . . Page 13

The emergency contraception resource guide is designed to enable readers to:

• provide patients with accurate information about the safety, effectiveness and correct use of EC to prevent unintended pregnancy;

• inform adolescent and adult women and men on how to access EC;

• become a resource to other providers involved in reproductive health care.
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Compiled in November 2009

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Any reference to a pharmaceutical company and/or their products is not an endorsement by The American College of Obstetricians and Gynecologists
American College of Obstetricians & Gynecologists
District II

Emergency Contraception
Provider Resource Guide

Section I: Background

The goal of emergency contraception (EC) is to prevent unintended pregnancy. Approximately 50% of all pregnancies in the United States are unintended resulting from incorrect or inconsistent use of a primary contraceptive method or non-use of contraception at the time of intercourse.2,3 Fortunately, EC offers women and men an opportunity to reduce the likelihood of unintended pregnancy following unprotected sex.

Provider and patient awareness of EC paired with its timely use in ‘at risk’ situations is critical. Many women’s health practitioners are aware of and commonly recommend EC, yet few women report awareness of or use of EC.4 Emergency contraceptive regimens include use of progestin only pills, combination estrogen-progestin oral contraceptives, and the copper Intra-Uterine Device (IUD).5

Until recently, Plan B®, composed of two doses of 0.75mg levonorgestrel, was the only oral progestin product exclusively marketed as emergency contraception. During the summer of 2009, two new EC products received approval from the U.S. Food and Drug Administration (FDA):

1. Next Choice™ (generic Plan B® with identical formulation: 2 tablets each consisting of 0.75mg levonorgestrel)
2. Plan B® One Step (single-dose tablet of 1.5mg levonorgestrel.)

Women seventeen years of age and older can access Plan B® and Plan B® One-Step over-the-counter without a prescription. Women younger than 17 years of age must have a prescription to obtain Plan B® and Plan B® One-Step. Also, Next Choice™ is a prescription-only product marketed specifically for women 17 years old and younger. Women older than 17 years of age may be prescribed Next Choice™ off label. Please see the last page of Section II for a comparison chart of all three EC products.

Note: Unless otherwise specified, the acronym “EC” is used to refer to all 3 emergency contraceptive forms throughout this guide: Plan B®, Next Choice™ and Plan B® One-Step.

Section II: Emergency Contraception in Your Practice

Who Can Use Emergency Contraception

Emergency contraception can be used by any woman who wants to prevent a pregnancy and has had sexual intercourse:

- without contraception;
- with inadequate contraception (e.g. broken condom, forgotten a pill);
- with incorrect use of contraception;
- forcibly (any victim of sexual assault or rape).

The World Health Organization’s Medical Eligibility Criteria for Contraceptive Use does not list any conditions where the risks of EC use outweigh the benefits; women who have contraindications to other hormonal contraception are able to use EC. Emergency contraception has no known drug interactions.

How to Use Emergency Contraception

- Plan B® and Next Choice™ are available as two tablets containing 0.75 mg levonorgestrel each.
- Package instructions for Plan B® and Next Choice™ direct patients to take the two pills 12-24 hours apart; however, research supports taking both tablets as a single 1.5 mg dose with equal effectiveness. Taking both tablets together increases adherence to the regimen.
- Plan B® One-Step is available as a single 1.5 mg dose of levonorgestrel.
- Women should use EC as soon as possible after intercourse, as efficacy decreases with time.
- Despite the term “morning-after pill,” EC can be used up to 120 hours after intercourse.

No clinical exam or testing (and therefore no office visit) is necessary before the use of EC. Even if the chance of conception was low (if the coital day was not likely a fertile day), EC should be provided promptly to individuals who request it. Women under age 17 require a prescription for EC. Timely access to a prescription can be accomplished by phone or by providing advance prescriptions.

See Section IV for information on other emergency contraception regimens and how to use them.

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Effectiveness

Emergency contraception is effective for up to five days (120 hours) after unprotected intercourse, but is most effective when taken in the first 12 hours. Emergency contraception has failure rates as low as 8% if taken in the first 12 hours after unprotected intercourse. If taken in the first 72 hours, EC is 82% effective at preventing pregnancy and if taken between 72 to 120 hours, EC is 62% effective. Instruct patients to take EC as soon as possible after unprotected intercourse to increase the likelihood of successful prevention of pregnancy.

Safety

Emergency contraception is safe. No death or serious complication has ever been shown to be caused by EC. Emergency contraception has no known harmful effects if taken by a woman with an early, existing pregnancy. Studies of high-dose oral contraceptives indicate that emergency contraception confers no increased risk to an established pregnancy or harm to a developing embryo. EC is NOT an abortion pill.

Breastfeeding women can use EC safely without worry regarding any effect on their nursing infant.

Common, mild side effects include nausea and vomiting, irregular vaginal bleeding, abdominal pain, breast tenderness, headache, dizziness, fatigue, and change in timing of the next menstrual period.

Nausea and vomiting

- Prophylactic anti-emetics are not needed for EC; there is an 18% incidence of nausea and 4% incidence of vomiting when using EC.
- Though rare, if vomiting does occur within two hours of administration, consider repeating the dose and provide anti-emetics.
- Vaginal administration of EC may be appropriate for persistent nausea or vomiting that is unresponsive to anti-emetic therapy. While no study has examined the effectiveness of vaginally administered EC, oral contraceptives appear to be effectively absorbed using this method.

References:

Irregular bleeding

- Approximately 16% of women experience irregular bleeding or spotting in the first week or month after EC use.18
- Irregular bleeding resolves without treatment.
- Women with regular menses can expect their next cycle to begin within one week (before or after) of their normally expected time.19
- Persistent irregular bleeding and/or abdominal pain should prompt providers to assess for miscarriage or ectopic pregnancy.

Is Repeated Use of Emergency Contraception Safe?

There is currently no data pertaining to the safety of frequent or repeated use of EC. Based on similar regimens using high-dose oral contraceptives, the likelihood of serious harm from moderately repeated use is low.20

Most women do not wish to use EC as a primary method of contraception. Women who frequently use EC should be given information about other contraceptive options and advice about how to avoid contraceptive failure.

- Frequent use of EC is not as effective as routine contraception such as the pill, the patch, the ring, the shot, or the IUD.
- Frequent use of EC leads to exposure to higher total levels of hormones.
- Frequent EC use leads to more side effects (especially menstrual irregularities) than other contraceptive methods.

Follow-up: Initiating or Restarting a Primary Birth Control Method

Provider follow-up is not required after EC use; however, women who request EC should be advised that EC only protects against unintended pregnancy for a short time and does not protect against pregnancy for the duration of the remaining menstrual cycle. Additionally, patients should be counseled that EC does not protect against sexually transmitted infections (STI), including HIV.

Patients may benefit from a provider visit to review available methods of contraception and to identify a compatible regimen for primary use. During this visit, women should be assessed for risk of STIs and follow-up testing as deemed appropriate. Women should begin using barrier contraceptives to prevent pregnancy (e.g., condoms, diaphragms, and spermicides) immediately after taking emergency contraception. Short-term hormonal contraceptives (e.g., pills, patches, or rings) may be started either immediately (with a back-up barrier method) or after the next menstrual period.21 Long-term hormonal methods (e.g., levonorgestrel-intrauterine system, depot-

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18 Gainer et. al. Levonorgestrel pharmacokinetics in plasma and milk of lactating women who take 1.5 mg for emergency contraception. Human Reproduction, June 2007;1578-84.
medroxyprogesterone acetate) should be started after the next menstrual period, when it is clear that the patient is not pregnant.

Women who note a delay in their next menses by more than one week should undergo pregnancy testing and appropriate evaluation.

**How to Access Emergency Contraception**

For women 17 and older, EC is available behind the counter without a prescription. Pharmacies require a government-issued ID to prove age; however, a photo is not necessary. Young women (16 and under) need a prescription from a health care provider for EC. To ensure ready access to EC for young women, advance prescriptions should be provided. Both men and women can purchase EC and there are no limits to the frequency of purchase. Plan B® and Plan B® One-Step cost approximately $35-60 per package if paid out-of-pocket. Next Choice™ is approximately ten percent less expensive at $32-54 per package if paid out-of-pocket.

The New York State Department of Health funds Family Planning Programs across New York State to provide accessible reproductive health care services to women and men. These family planning programs provide services to low-income individuals and those without health insurance. In addition to obtaining EC from these programs, men and women can access a range of reproductive health care services, including contraception. To locate the nearest family planning provider go to the Department’s web site at http://www.nyhealth.gov/community/pregnancy/family_planning/program_sites.htm or contact the Growing Up Healthy Hotline at 1-800-522-5006.

In addition to pharmacies and family planning centers, community health centers also provide EC. Such contraception is often given at a reduced cost based on the patient’s ability to pay.

Some locations offer EC free of charge. In New York City, all women and teens can access emergency contraception free of charge from the NYC Department of Health and Mental Hygiene. Instruct patients in New York City to dial 311 to locate the nearest participating health centers to obtain EC free of charge.

In New York State, Medicaid covers EC with six refills over a 12-month period for young women with a prescription (16 years and younger). Medicaid also covers over-the-counter EC for women 17 years and over without a prescription.
## FDA Approved Emergency Contraceptive Products Currently on the US Market

<table>
<thead>
<tr>
<th>Plan B®</th>
<th>Next Choice™</th>
<th>Plan B® One-Step</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Formulation</strong></td>
<td>2 tablets (each 0.75mg levonorgestrel)</td>
<td>2 tablets (each 0.75mg levonorgestrel)</td>
</tr>
<tr>
<td><strong>Manufacturer</strong></td>
<td>Teva Pharmaceuticals, Inc. (formerly Barr Laboratories, LLC)</td>
<td>Watson Pharmaceuticals, Inc.</td>
</tr>
<tr>
<td><strong>Approval Date</strong></td>
<td>Prescription: July 28, 1999 OTC: August 24, 2006</td>
<td>Prescription: June 24, 2009 OTC: August 28, 2009</td>
</tr>
<tr>
<td><strong>Product Availability in Pharmacies</strong></td>
<td>Available in some pharmacies and health centers until supplies run out.</td>
<td>Currently available in pharmacies.</td>
</tr>
<tr>
<td><strong>Type of Labeling/Over-the-Counter (OTC) &amp; Prescription Access Restrictions</strong></td>
<td>Single product that is “dual labeled” for both prescription and OTC usage with the following restrictions: Rx: 16 years and younger OTC: 17 years and older Product packaging has not and will not be updated with the new FDA approved labeling. Comprehensive labeling information can be found at <a href="http://www.planbonestep.com">www.planbonestep.com</a></td>
<td>Single product that is “dual labeled” for both prescription and OTC usage with the following restrictions: Rx: 16 years and younger OTC: 17 years and older Comprehensive labeling information can be found at <a href="http://www.mynextchoice.com">www.mynextchoice.com</a></td>
</tr>
<tr>
<td><strong>Directions on Package Insert</strong></td>
<td>“One tablet of Plan B should be taken orally as soon as possible within 72 hours after unprotected intercourse. The second tablet should be taken 12 hours after the first dose.”</td>
<td>“The first tablet is taken orally as soon as possible within 72 hours after unprotected intercourse. The second tablet should be taken 12 hours after the first dose.”</td>
</tr>
<tr>
<td><strong>Approximate Cost</strong></td>
<td>$35-$60¹</td>
<td>This generic Plan B is currently priced around 10-20% lower than the branded Plan B. (Actual pharmacy example from Washington, DC: Plan B= $50, Next Choice= $40.)</td>
</tr>
<tr>
<td><em><em>Market Exclusivity</em> Period</em>*</td>
<td>The market exclusivity period for both prescription and OTC Plan B has expired.</td>
<td>Next Choice does not have market exclusivity. Another generic Plan B product could enter the market at any time.</td>
</tr>
<tr>
<td><strong>Product Website</strong></td>
<td>N/A: (Plan B’s previous website, <a href="http://www.go2planb.com">www.go2planb.com</a>, now directs you to Plan B One-Step’s website.)</td>
<td><a href="http://www.mynextchoice.com">www.mynextchoice.com</a></td>
</tr>
</tbody>
</table>

*Market exclusivity is a competition-free period for a drug granted by the FDA, often after a drug approval or the submission of new clinical studies. A generic version of the drug cannot be marketed during this term specified by the FDA.

¹ http://ec.princeton.edu/questions/eccost.html

Please contact Lydia Stuckey, lstuckey@rhtp.org with any questions

Current as of October 8, 2009
Section III: Addressing Myths/Concerns

Myth 1: Women need to be evaluated by a health care provider prior to EC administration.
Fact: Evidence supports correct use of EC by women in the absence of provider evaluation and counseling.\(^{22}\)

Myth 2: With ready access to EC, women and men increase risk-taking behavior and abandon primary methods of contraception.
Fact: Worldwide investigations have evaluated the impact of offering advance prescriptions for EC compared to EC requested on demand following unprotected intercourse.\(^{23-27}\) Results show that women are more likely to use EC with advance prescription. These investigations demonstrate that women provided EC prior to an episode of unprotected intercourse had:
- no increase in risk-taking behavior;
- no decrease in condom use; and
- no abandonment of regular contraceptive use.

In addition, women who receive EC in advance are:
- more likely to use EC;
- not more likely to use EC repeatedly;
- experience fewer unintended pregnancies.

EC use among adolescents is equally safe and effective as EC use among older women. Adolescents are able to comprehend EC package instructions.\(^{28}\) Studies demonstrate continued condom and hormonal contraceptive use, no increase in unprotected intercourse and no increase in acquisition of sexually transmitted infections as a consequence of EC access/use in the adolescent population.\(^{29}\)


Myth 3: EC is an “abortion pill.”

Fact: Emergency contraception is sometimes confused with medical abortion; however, EC does not cause an abortion and does not interrupt an established pregnancy.30-32

Medical abortion typically involves the use of two medications (mifepristone, an anti-progestin and misoprostol, a prostaglandin) to remove a normally implanted pregnancy from the uterus. The FDA has approved use of these medications in concert to terminate a pregnancy in the first trimester.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Emergency Contraception</th>
<th>Medical Abortion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use</td>
<td>Plan B®, Next Choice™ and Plan B® One-Step</td>
<td>Mifepristone Mifeprex® RU-486 Misoprostol</td>
</tr>
<tr>
<td>Two progestin-only pills (Plan B®, Next Choice™) or One progestin-only pill (Plan B® One-Step) taken within 120 hours after unprotected intercourse</td>
<td>An anti-progestin followed by administration of a prostaglandin 24-36 hours later; evidence supports use through nine weeks gestation</td>
<td></td>
</tr>
<tr>
<td>Effect on Pregnancy</td>
<td>No effect on implanted pregnancy</td>
<td>Disrupts and expels pregnancy from the uterus</td>
</tr>
<tr>
<td>Cost</td>
<td>$32 - $60 per use</td>
<td>$350 - $575 per termination</td>
</tr>
</tbody>
</table>

Section IV: Other Regimens for Emergency Contraception

In addition to the three currently available EC products (Plan B®, Next Choice™ and Plan B® One-Step), combination estrogen-progestin oral contraceptive pills as well as the copper-containing IUD may be used as emergency contraception.

Combination Estrogen-Progestin Oral Contraceptive Pills

Use of combination oral contraceptive (COCs) pills as emergency contraception is known as the Yuzpe regimen, first described in 1972. This method utilizes two doses of COCs taken 12 hours apart. A number of different COCs have been found to be effective; however, COCs as emergency contraception are less effective than EC products.33 Also, nausea and vomiting are more common with these regimens in contrast to progestin-only EC products. A single anti-emetic dose one hour prior to initiating the Yuzpe regimen may offset vomiting.34 Though this regimen is less effective and associated with greater nausea and vomiting, women may find combination EC to be more convenient and cost-effective than EC products, particularly if they have an unfinished pack of COCs at home.

### Oral contraceptives that can be used for emergency contraception in the United States

<table>
<thead>
<tr>
<th>Brand</th>
<th>Company</th>
<th>First Dose&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Second Dose&lt;sup&gt;b&lt;/sup&gt; (12 hours later)</th>
<th>Ethinyl Estradiol per Dose (μg)</th>
<th>Levonorgestrel per Dose (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Progestin-only pills</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan B&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Teva Pharmaceuticals, Inc.</td>
<td>2 white pills</td>
<td>None&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0</td>
<td>1.5</td>
</tr>
<tr>
<td>Plan B&lt;sup&gt;a&lt;/sup&gt; One-Step</td>
<td>Teva Pharmaceuticals, Inc.</td>
<td>1 pill</td>
<td>None</td>
<td>0</td>
<td>1.5</td>
</tr>
<tr>
<td>Next Choice™</td>
<td>Watson Pharmaceuticals, Inc.</td>
<td>2 pills</td>
<td>None</td>
<td>0</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Combined progestin and estrogen pills</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alesse</td>
<td>Wyeth-Ayerst</td>
<td>5 pink pills</td>
<td>5 pink pills</td>
<td>100</td>
<td>0.50</td>
</tr>
<tr>
<td>Aviane</td>
<td>Barr/Duramed</td>
<td>5 orange pills</td>
<td>5 orange pills</td>
<td>100</td>
<td>0.50</td>
</tr>
<tr>
<td>Cryssel</td>
<td>Barr/Duramed</td>
<td>4 white pills</td>
<td>4 white pills</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Enpresse</td>
<td>Barr/Duramed</td>
<td>4 orange pills</td>
<td>4 orange pills</td>
<td>120</td>
<td>0.50</td>
</tr>
<tr>
<td>Jolessa</td>
<td>Barr/Duramed</td>
<td>4 pink pills</td>
<td>4 pink pills</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Lessina</td>
<td>Barr/Duramed</td>
<td>5 pink pills</td>
<td>5 pink pills</td>
<td>100</td>
<td>0.50</td>
</tr>
<tr>
<td>Levlen</td>
<td>Berlex</td>
<td>4 light-orange pills</td>
<td>4 light-orange pills</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Levite</td>
<td>Berlex</td>
<td>5 pink pills</td>
<td>5 pink pills</td>
<td>100</td>
<td>0.50</td>
</tr>
<tr>
<td>Levora</td>
<td>Watson</td>
<td>4 white pills</td>
<td>4 white pills</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Lo/Ovral</td>
<td>Wyeth-Ayerst</td>
<td>4 white pills</td>
<td>4 white pills</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Low-Ogestrel</td>
<td>Watson</td>
<td>4 white pills</td>
<td>4 white pills</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Lutera</td>
<td>Watson</td>
<td>5 white pills</td>
<td>5 white pills</td>
<td>100</td>
<td>0.50</td>
</tr>
<tr>
<td>Lybrel</td>
<td>Wyeth-Ayerst</td>
<td>6 yellow pills</td>
<td>6 yellow pills</td>
<td>120</td>
<td>0.54</td>
</tr>
<tr>
<td>Nordette</td>
<td>Wyeth-Ayerst</td>
<td>4 light-orange pills</td>
<td>4 light-orange pills</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Ogestrel</td>
<td>Watson</td>
<td>2 white pills</td>
<td>2 white pills</td>
<td>100</td>
<td>0.50</td>
</tr>
<tr>
<td>Ovral</td>
<td>Wyeth-Ayerst</td>
<td>2 white pills</td>
<td>2 white pills</td>
<td>100</td>
<td>0.50</td>
</tr>
<tr>
<td>Portia</td>
<td>Barr/Duramed</td>
<td>4 pink pills</td>
<td>4 pink pills</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Quasense</td>
<td>Watson</td>
<td>4 white pills</td>
<td>4 white pills</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Seasonale</td>
<td>Barr/Duramed</td>
<td>4 pink pills</td>
<td>4 pink pills</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Seasonique</td>
<td>Barr/Duramed</td>
<td>4 light-blue-green pills</td>
<td>4 light-blue-green pills</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Tri-Levlen</td>
<td>Berlex</td>
<td>4 yellow pills</td>
<td>4 yellow pills</td>
<td>120</td>
<td>0.50</td>
</tr>
<tr>
<td>Triphasi</td>
<td>Wyeth-Ayerst</td>
<td>4 yellow pills</td>
<td>4 yellow pills</td>
<td>120</td>
<td>0.50</td>
</tr>
<tr>
<td>Trivora</td>
<td>Watson</td>
<td>4 pink pills</td>
<td>4 pink pills</td>
<td>120</td>
<td>0.50</td>
</tr>
</tbody>
</table>

Notes:

a Plan B, Plan B One Step and Next Choice are the only dedicated products specifically marketed for emergency contraception. Alesse, Aviane, Cryssel, Enpresse, Jolessa, Lessina, Levlen, Levite, Levora, Lo/Ovral, Low-Ogestrel, Lutera, Lybrel, Nordette, Ogestrel, Ovral, Portia, Quasense, Seasonale, Seasonique, Tri-Levlen, Triphasi, and Trivora have been declared safe and effective for use as ECPs by the United States Food and Drug Administration.

b The brands of hormonal contraceptive pills listed here are effective when used as noted above within 120 hours after unprotected sex.
Copper Intrauterine Device

The copper intrauterine device (Paraguard 380A*) can be inserted up to five days after unprotected intercourse as emergency contraception in women who meet standard criteria for IUD placement. In addition to preventing unintended pregnancy following unprotected intercourse, the copper IUD has the added advantage of providing continuous, long-term, reversible contraception. A recent meta-analysis demonstrated that the copper IUD is the most effective form of emergency contraception available with pregnancy rates around 0-0.2%; however, there are no randomized controlled trials directly comparing the effectiveness of the copper IUD to Plan B®. The copper IUD prevents unintended pregnancy after unprotected intercourse by impairing fertilization, altering sperm motility and integrity, and impairing implantation. No data exist to support use of the levonorgestrel intrauterine system (Mirena*) as emergency contraception.

Other regimens

Rarely used regimens for emergency contraception include high dose estrogen, gonadotropin-releasing hormone agonist, and danazol (not commonly used in the United States).

Section V: Call to Action

In 2003, only six percent of women reported using EC. Although many gynecologists and general practitioners consider EC safe and effective, few routinely incorporate discussions of EC into counseling at well woman or primary care office visits.

✔ Talk to your patients and their significant others about using EC as an important step toward reducing unintended pregnancy.

The American College of Obstetricians and Gynecologists supports providing women with advance prescriptions for EC. However, only a minority of women's health care providers offer EC prescriptions in advance.

✔ Offer advance prescriptions for EC and emphasize keeping the prescription as a precaution prior to an unanticipated episode of unprotected intercourse.

Women of reproductive age also receive care from family practice, pediatric and internal medicine providers as well as in urgent care and emergency room settings.

✔ Engage colleagues in discussions about EC. Keep providers informed about how to best meet the reproductive health needs of patients.

✔ Health care providers and patients may have misperceptions about EC. Taking the time to dispel myths about EC encourages informed decision-making about its use.

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Talking Points

The following are suggested talking points to use when counseling your patients on emergency contraception:

- “It is important that you know that emergency contraception, also known as ‘EC’ is a type of birth control pill and a safe way to prevent pregnancy after unprotected intercourse.”

- “Accidents happen....mornings after can be tough. You should know that EC is available to reduce the likelihood of unintended pregnancy after an episode of unprotected intercourse.”

- “Emergency contraception does not offer protection against sexually transmitted infections or HIV/AIDS.”

- “Emergency contraception is most effective when taken as soon as possible after unprotected intercourse. Protection against unintended pregnancy is greatest when EC is taken within the first day (24 hours) after unprotected sex. EC can be taken up to five days (120 hours) later to prevent pregnancy.”

- “Emergency contraception is available over the counter at pharmacies if you are 17 years and older.”

- “If you are 16 years and younger, you will need a prescription from a health care provider to obtain Emergency Contraception. You can also request advance prescriptions from your health care provider so that you can obtain EC when you need it.”

- “Men 17 years and older can obtain emergency contraception over the counter at pharmacies for their partner.”

- “To best prevent unplanned pregnancy, you and your partner should use birth control every time you have sex. Talk to your doctor about your birth control options.”
Section VI: Resources

If you would like to request more copies of this resource guide, or would like patient education materials on EC for your office, please contact the American College of Obstetricians and Gynecologists, District II at (518) 436-3461 or info@ny.acog.org.

Provider Resources

The following websites offer complimentary emergency contraception materials for providers and patients:

- **New York State Affiliate of Pro-Choice America**
  http://www.prochoiceny.org/about/publications.shtml

- **New York Civil Liberties Union**
  Reproductive Rights Publications
  http://www.nyclu.org/issues/rrp/publications

- **Physicians for Reproductive Choice and Health**
  Emergency Contraception: A Practitioner’s Guide
  http://www.prch.org/emergency-contraception-a-practitioners-guide

Patient Resources

The following websites offer free information regarding emergency contraception:

- **New York State Department of Health**
  Comprehensive Family Planning and Reproductive Health Care Services Program
  http://www.nyhealth.gov/community/pregnancy/family_planning/index.htm

- **Duramed Pharmaceuticals**
  Consumer education on Plan B® One Step
  http://www.go2planb.com/

- **Family Planning Advocates of New York State**
  Information for consumers about Plan B®
  http://www.fpaofnys.org/resources/other/index.asp

The following websites and toll-free numbers can be used to locate an EC provider:

- **EC Providers in U.S. and Canada**
  1-888-NOT-2-LATE
  www.not-2-late.com

- **Family Planning Clinics in New York State**
  1-800-230-PLAN
  www.plannedparenthood.org

- **EC Providers in New York City**
  Dial 311

- **New York State Growing Up Healthy Hotline**
  1-800-522-5006