

## ***Position Paper #35***

# **Emergency Contraception**

Emergency Contraception is designed to prevent fertilization or implantation *after* unprotected sex has occurred. It is also called post-coital contraception. A woman can use Emergency contraception when she thinks her contraceptive method may have failed, if she has been sexually assaulted, or whenever no other method of contraception was used. It can take the form of the Emergency Contraceptive Pill (ECP), also known as The "Morning-After Pill", or an intrauterine device (IUD). Emergency Contraception can prevent or delay ovulation, but neither the ECP nor the IUD will protect against sexually transmitted diseases, including HIV.

## **Intrauterine Device (IUD)**

An IUD is a small device that is inserted through the cervix and placed in the uterus. A copper IUD can be inserted by a doctor up to seven days after unprotected intercourse. Copper IUDs affect the uterine lining, making the uterus "hostile" to sperm and preventing fertilization and implantation. The IUD can be left in as a long-term method of contraception. Getting an IUD requires visiting a health care provider.

## **Emergency Contraceptive Pill (ECP)**

ECP can be taken up to five days (120 hours) after intercourse, but should be used as soon as possible. ECP works differently depending on what stage of your menstrual cycle you are at when you take it. These pills either prevent or delay the release of an egg (ovulation) thereby preventing you from getting pregnant. Sometimes, if you have just released an egg and it became fertilized by sperm, ECP prevents implantation in the uterus wall.

There are two ECP methods in current use: 1) a series of two contraceptive pills called Plan B; or 2) a series of four contraceptive pills called the Yuzpe method. Contrary to claims by opponents of abortion, the ECP is not an abortifacient and is not to be confused with RU-486 ("the Abortion Pill"). Taking the ECP will not terminate an existing pregnancy and does not prevent pregnancy from acts of unprotected intercourse later in that menstrual cycle.

A woman who uses ECP should schedule a follow up visit with her clinician or other health care provider in three weeks if menstruation does not occur or if she has other symptoms of pregnancy. If pregnancy is suspected a pregnancy test and pelvic exam should be performed. Ninety-eight percent of women who take the ECP as directed will not become pregnant. However, some of these women were not at risk of pregnancy in any case because they did not have intercourse during the fertile time of their cycle.

### **Possible Side Effects**

While the ECP is very safe, it can cause side effects such as nausea or vomiting. These effects are much less common with Plan B than with the Yuzpe method. Over the counter anti-nauseants like Gravol® can help control nausea, and may prevent vomiting. To reduce nausea, you may also want to try to eat something before taking the pills or take the pills with milk not water. If you vomit within an hour of taking EC, you'll need to retake the dose. Other possible side effects of ECP include irregular menstruation or spotting, cramping, fatigue, dizziness, and/or breast tenderness. Although these symptoms could last a couple of days, they generally disappear within a few hours. The incidence of serious side effects like blood clots, stroke, and heart attack are very rare.

### **How and Where to get ECP**

A woman can obtain a prescription for an IUD or ECP from her family doctor, a walk-in clinic, a women's health centre, or sexual health clinic such as Planned Parenthood. In Canada, however, women can also obtain ECP without a prescription from a pharmacist.

### **ECP and the Anti-Choice**

Most of the time, a woman should have no problem obtaining ECP. The possibility exists that a woman may encounter a pharmacist who is opposed to dispensing emergency contraception. A health care provider, however, does not have the right to impose her/his personal views on her/his patient. Pharmacists must dispense ECP or refer appropriately. A woman who encounters difficulty with a pharmacist has several courses of action. She can launch a complaint with her provincial college of pharmacists. She can write a letter of complaint to the management/owner of the pharmacy. She can write a letter to the editor, organize a boycott or a picket against the pharmacy. Pharmacists should not be permitted to shirk their responsibility to their female patients.

If the anti-choice are serious about reducing the number of unintended pregnancies (and thereby reducing the need for abortion) they should be staunch supporters of sex education, and making ECP more readily available. Their vocal opposition to such initiatives calls their true motives into question. Improved access to ECP has the potential to greatly reduce the number of unplanned pregnancies. A woman who knows she is at risk for an unintended pregnancy, knows that she is not able or willing to bear and raise a child, and actively seeks out the means to prevent it is acting responsibly and deserves to be supported by the government, the medical community, and society at large.

### **Sources**

Childbirth by Choice Trust. "Emergency Contraception (The "Morning-After Pill")."

<http://www.cbctrust.com/ecp.php>.

Feminist Women's Health Center. "Emergency Contraception (also known as The "Morning After" Pill)." <http://www.fwhc.org/birth-control/ecinfo.htm>

sexualityandu.ca

<http://www.sexualityandu.ca/eng/adults/CN/emergency.cfm>.