



## **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 or trans person can use emergency contraception when they think their contraceptive method may have failed, if they have 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.

#### **Copper Intrauterine Device (IUD)**

An IUD is a small device that is inserted through the cervix and placed in the uterus. A copper IUD (e.g., Flexi T, Liberté, Mona Lisa, Nova T, SMB) 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.

Although an IUD may be used as emergency contraception, it must be a copper IUD, not an hormonal IUD as they are not approved as an emergency contraceptive.

#### **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. It is thought that ECP may sometimes prevent implantation in the uterus wall if you have already released an egg and it became fertilized, but there is no direct evidence for this mode of action.

Three ECP methods are in current use:

1. Progestin Pill (Plan B, Contingency One, Next Choice, Option 2, NorLevo), a series of two contraceptive pills:
  - Does not require a prescription
  - Recommended to be taken as soon as possible, though may be used up to 120 hours later

- Less effective for those who weigh more than 165 lbs (75kg)
2. Yuzpe method, a series of four contraceptive pills:
    - Requires a prescription
    - Must be taken in two doses 12 hours apart
  3. Ulipristal Acetate Pill (Ellaone):
    - Requires a prescription; cost may be a barrier to access
    - Appears to be equally effective for those with a higher BMI
    - May be used up to 120 hours later

Contrary to claims by opponents of abortion, the ECP is not an abortifacient and is not to be confused with mifepristone (Mifegymiso or 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 person who uses ECP should schedule a follow up visit with their clinician or other health care provider in three weeks if menstruation does not occur or if they have 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 the Progestin pill 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 ECP, 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**

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

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

Most of the time, you should have no problem obtaining ECP. The possibility exists that you may encounter a pharmacist who is opposed to dispensing emergency contraception. However, health care providers do not have the right to impose their personal views on their patients. Pharmacists must dispense ECP or refer appropriately. If you encounter difficulty with a pharmacist, you have several courses of action. You can launch a complaint with your provincial college of pharmacists. You can

write a letter of complaint to the management/owner of the pharmacy. You can write a letter to the editor, or organize a boycott or picket against the pharmacy. Pharmacists should not be permitted to shirk their responsibility to their female and transgender patients.

If anti-choice people 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.

### **Transphobia and Access**

ARCC wishes to acknowledge that trans people may have a greater difficulty accessing ECP depending on the attitudes of the health care professionals they encounter. The Trans PULSE Project study showed that about 40% of trans people with a family doctor had experienced discriminatory behaviour such as being refused care, being ridiculed, or the use of demeaning language by their doctor towards them.

### **Sources**

Emergency Contraception, Society of Obstetricians and Gynecologists of Canada: <http://www.sexandu.ca/contraception/emergency-contraception/>

Emergency Contraception, Canadian Pediatric Society: <http://www.cps.ca/en/documents/position/emergency-contraception>

Emergency Contraception, HealthLink BC: <https://www.healthlinkbc.ca/health-topics/tb1838>

Emergency Contraception, Options for Sexual Health (BC): [https://www.optionsforsexualhealth.org/sites/optionsforsexualhealth.org/files/ec\\_fact\\_sheet.pdf](https://www.optionsforsexualhealth.org/sites/optionsforsexualhealth.org/files/ec_fact_sheet.pdf)

Emergency Contraception, Planned Parenthood Toronto: <http://www.ppt.on.ca/ppt/wp-content/uploads/2016/08/Emergency-Contraception.pdf>

Transgender Inclusivity, Abortion Rights Coalition of Canada: <http://www.arcc-cdac.ca/postionpapers/101-transgender-inclusivity.pdf>