

# International Consortium for Emergency Contraception

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## Policy Statement (July 2003)



## *Emergency Contraception and Medical Abortion*

Emergency contraceptive pills (ECPs) are a safe and effective means of preventing pregnancy after unprotected sexual intercourse<sup>1,2</sup> The use of ECPs cannot terminate or interfere with an established pregnancy and will not harm a developing embryo.<sup>3,4</sup> ECPs work very differently than medical abortion (abortion pills); however, confusion between emergency contraception and medical abortion agents can present a barrier to broader access to emergency contraception.

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### ***What is the difference between emergency contraception and medical abortion?***

ECPs are a back up contraceptive method used to prevent a pregnancy after unprotected sex or contraceptive failure. Medical abortion is a non-surgical option for terminating an established pregnancy at an early stage.

ECP regimens consist of the same hormones used in many brands of oral contraceptives (levonorgestrel only or combined estrogen and progestin) in a modified dose that is taken within five days (120 hours) of unprotected intercourse. ECPs are effective only *before* a pregnancy is established, defined as implantation of a fertilized egg in the lining of a woman's uterus. ECPs, like other hormonal contraceptives act in a variety of ways by inhibiting ovulation and preventing sperm and egg from uniting.<sup>5</sup> While the exact mechanism of action is not fully understood, it is not likely that ECPs prevent implantation of a fertilized egg.<sup>6</sup> Once implantation of the egg has begun, ECPs are ineffective and will not interfere with an established pregnancy or harm a developing embryo.<sup>7,8</sup>

Drugs used to provide medical abortion (mifepristone and misoprostol) are distinct from emergency contraceptive pills in that they are used to terminate an existing pregnancy up to 7 weeks after implantation. Existing medical abortion agents work in one of two ways: they either block the hormones required to sustain an existing pregnancy or they stimulate uterine contractions to disrupt the pregnancy.

### ***Why is this distinction important?***

Confusion about the two methods can lead to barriers to ECPs access. While medical abortion regimens are administered under a health care provider's supervision, use of ECPs does not require prior medical screening. Women can determine their need for ECPs and self-administer them safely.<sup>9</sup> There are no contraindications to use of ECPs, dosage of the most common levonorgestrel-only ECP products is uniform, and ECPs have no known important interactions with other medications and will not cause birth defects if pregnancy is not prevented. Increasingly ECPs are sold over the counter through pharmacies. Twenty-seven countries in Europe and Africa offer ECPs directly via pharmacists, and a petition is pending before the U.S. Food and Drug Administration to make EC available over-the-counter without a prescription in the U.S.

### ***How is broader access to ECPs important to women's reproductive rights and health?***

ECPs are the only available means of preventing a pregnancy after unprotected intercourse that a woman can self-administer. As such, ECPs have important potential impact for preventing unintended pregnancies and abortion worldwide. In the United States, increased access to emergency contraception has been estimated to have prevented 51,000 abortions in 2000 and accounted for an estimated 43% decline in abortions between 1994 and 2000.<sup>10</sup> Because of their potential to reduce maternal mortality and morbidity due to unsafe abortion, ECPs have an especially important role in countries where access to safe abortion is restricted.

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## Recommendation

ECPs are a safe and effective back up means of preventing unintended pregnancy. No medical or legal barriers should exist to limit their use. Policy makers, medical professionals and other health advocates should continue to highlight the safety of ECPs and to promote their universal availability, timely access and affordability to women and couples worldwide, with the understanding that ECPs are not a replacement for, but rather are an adjunct to regular contraceptive practice.

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## References

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## International Consortium For Emergency Contraception

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