EMERGENCY CONTRACEPTIVE PILLS
PROVIDE YOU A SAFE AND EFFECTIVE WAY TO PREVENT UNPLANNED PREGNANCY AFTER UNPROTECTED SEX
Emergency Contraceptive Pills (ECPs) are safe and effective!

**WHAT ARE EMERGENCY CONTRACEPTIVE PILLS (ECPs)?**

Emergency Contraceptive Pills provide you a safe and effective way to prevent unplanned pregnancy after unprotected sex. They are similar to regular birth control pills and most effective when taken sooner after unprotected sex. ECPs are labeled to be taken within 3 days (72 hours) but may still have some effectiveness if taken not later than 5 days.

**WHY EMERGENCY CONTRACEPTIVE PILLS (ECPs)?**

ECPs are a back-up contraceptive method used to prevent unplanned pregnancy when:

- Condom breaks
- Pills are missed
- Method failed or is not used at all
- In cases of rape or sexual abuse

**GENERAL FACTS ABOUT ECPS**

- ECPs are effective to prevent unplanned pregnancy when used as soon as possible and no later than 5 days after unprotected sex
- ECPs give women a second chance to prevent unplanned pregnancy
- ECPs are safe in women of all ages
- ECPs have no effect and are not harmful if taken in pregnancy
- There is no need for a medical examination, laboratory test or pregnancy test before taking ECPs
- ECPs do not cause infertility on the short or long term
WHO CAN USE ECPs?
Emergency contraception is appropriate for all women, regardless of their age or marital status, who need to prevent unplanned pregnancy after unprotected or inadequately protected sexual intercourse. This includes:
• Women whose barrier method failed — a condom broke, diaphragm slipped, or cap dislodged.
• Women who were not using their regular contraceptive method — they were late for an injection, needed to refill a pack of birth control pills, or forgot to take their pill.
• Women using natural family planning who did not abstain from sexual intercourse during their fertile period.
• Women who were unable to negotiate contraceptive use with their partner or did not expect to have sexual intercourse, so did not have any contraceptive methods available.
• Women who were raped or were coerced into having sexual intercourse.
• Any woman who had unprotected sexual intercourse and does not want to get pregnant.

MINOR AND RARE SIDE EFFECTS INCLUDE;
• Altered Vaginal Bleeding Patterns, which are not harmful and will resolve without treatment.
• May lead to disrupted menstrual cycle.
• Nausea.
• Vomiting is rare.
• Headaches, Breast tenderness, dizziness or fatigue.

PHARMACOLOGY
• ECPs are administered orally.

MECHANISM OF ACTION:
ECPs work by;
• Delaying ovulation — in other words, delaying the release of an egg. They may also interfere with fertilisation.
• Also ECPs can cause thickening of the cervical mucus thereby slowing down the movement of sperm cells, and preventing fertilization.
• ECPs will not affect an already established pregnancy nor stop a fertilized egg from implanting in the uterus.

DOSAGE AND ADMINISTRATION
The ECP regimen available in Nigeria is Levonorgestrel which can be used as:
• 1 tablet of levonorgestrel 1.5 mg, or
• 2 tablets of levonorgestrel 0.75 mg labelled to be taken twice 12 hours apart (but can safely be taken together).

EFFECTIVENESS OF ECPs:
• Levonorgestrel ECPs reduces pregnancy risk by at least 50% and possibly by as much as 80-90% for one act of unprotected intercourse. ECPs are more effective the sooner they are taken.

IN CASE OF PREGNANCY:
• ECPs will not be effective in an already pregnant woman or girl.
• ECPs do not have any known adverse effects on a pregnancy if taken after pregnancy has been established.

SAFETY OF EMERGENCY CONTRACEPTIVE PILLS
1. ECPs are very safe for women and girls of all ages.
2. ECPs do not affect future fertility or increase the risk of cancer or ectopic pregnancy.
3. ECPs will not affect an already established pregnancy nor stop a fertilized egg from implanting in the uterus.
4. Women should not be limited in the frequency or number of times they can access ECPs as multiple use does not pose any known health risk.

REPEATED ECP USE
ECPs can be used as many times as needed. There is no need to take more than once within 24 hours if multiple acts of unprotected sex occur. Repeat use of ECPs is perfectly safe, but ECPs are not recommended as a regular, routine contraceptive method because there are contraceptive methods more effective and available for routine use.

PHARMACOKINETICS
• ECPs are completely absorbed after oral administration (bioavailability about 100%) and are not subject to first pass metabolism.

FOLLOW-UP AFTER ECP
• ECP users do not require a scheduled follow-up after ECP use.
• If menstrual period does not occur by 3 weeks after ECPs use, the user may be pregnant.
STARTING OR RESUMING REGULAR CONTRACEPTIVES AFTER ECP USE
ECPs will not give contraceptive protection for unprotected sex acts that happen in the future. Taking up a routine contraceptive method after taking ECPs is important to minimize pregnancy risks. After ECP use, users should not rely on fertility awareness methods until they have had at least one normal menstrual period. 

CONTRAINdications
• There is no contraindication for use of ECPs

DRUG INTERACTIONS
No specific data are available about interactions of ECPs with other drugs. However, it seems reasonable to assume that drug interactions with the levonorgestrel regimen might be similar to those with regular daily oral contraceptive pills. Thus, efficacy of this regimen may be reduced by concomitant use of drugs that may reduce oral contraceptive efficacy (including but not limited to rifampicin, griseofulvin, certain anticonvulsant drugs, Saint John’s wort, and certain antiretroviral drugs).

REFERENCES
2. International Consortium for Emergency Contraception (ICEC): Next steps to increase access to emergency Contraceptives (2014) pg 2
5. International consortium of Emergency Contraceptives: Next steps to increase access to emergency Contraceptives (2014) pg 2