







EMERGENCY CONTRACEPTIVE PILLS (ECPs)

Emergency Contraceptive Pills (ECPs)



General information

- One of the only methods that can help prevent pregnancy after a woman has had unprotected sex.
- Emergency contraceptive pills (ECPs) are also called "morning-after pills" or post coital contraceptives.
- Not recommended for regular use. A woman using ECP repeatedly should receive additional family planning counselling in order to select the most appropriate continuous method.
- Government of India guidelines state that "ECPs help to prevent pregnancy when taken up to 3 days (72 hours) after unprotected sex. The sooner they are taken the better".
- Safe for women who cannot use regular hormonal contraceptive methods including postpartum breastfeeding women.
- ECPs do not disrupt an existing pregnancy.
- Safe for a woman living with human immunodeficiency virus (HIV)/ acquired immunodeficiency syndrome (AIDS), even if she takes antiretroviral (ARV) medicines.
- Does not protect against sexually transmitted infections (STIs), including HIV.
- Can be used in the following situations: unprotected intercourse, concerns about possible contraceptive failure, incorrect use of contraceptives and sexual assault if without contraception coverage.

ECPs are meant to be used for emergency only. These are not appropriate for regular use as a contraceptive method because of the higher possibility of failure compared to other contraceptive methods. In addition, frequent use of emergency contraception can result in side-effects such as menstrual irregularities. The repeated use poses no known health risks but is less effective than a regular method in preventing pregnancy.

Effectiveness

- 98-99% effective with 1-2 pregnancies reported per 100 women.
- Most effective if they are taken as soon as possible after the last act of unprotected sex. The sooner ECPs are taken after unprotected sex, the better they prevent pregnancy.

How the method works

- ECP causes inhibition or delay of ovulation when used prior to ovulation.
- ECPs contain the same hormones as combined or progestin-only oral contraceptive pills, but in higher doses.
- These hormones prevent the release of eggs from your ovaries (ovulation).

How to use

- ECPs can at the most avert pregnancy resulting from the episode of unprotected/accidental sex after which pill was taken. It cannot protect her from future pregnancy, if unprotected sex occurs again anytime. Therefore, it should not be used as a regular contraceptive method.
- Take the ECPs as soon as possible within 3 days (72 hrs) according to the National guidelines of having unprotected sex. The sooner you take them, the better. The effectiveness of ECPs decreases over time.
- If 2 pills of levonorgestrel or combined oral contraceptives (COCs) are used as an emergency contraceptive, second dose to be taken after 12 hours of first dose.
- Take the pills as directed by your provider.
- If you vomit within 2 hours of taking ECPs, take another dose. If you vomit 2 hours after taking ECPs, you do not need to take another dose.
- Start another method of contraception at once. ECPs are not effective as an ongoing method of contraception.
- Take a packet of ECPs (or oral contraceptive pills, with instructions on how to use them as ECPs) at home to use when you need them.

Medical eligibility criteria

■ There are no restrictions for the medical eligibility of who can use ECPs. Some women, however, use ECPs repeatedly as their main method of contraception. In such situations, further counselling needs to be given on what other and more regular contraceptive options may be more appropriate and more effective.

Important facts:

- All women can use ECPs safely and effectively, including women who cannot use ongoing hormonal contraceptive methods.
- You can use ECPs for any act of unprotected sex, including forced sex (rape).
- Emergency contraception can be used in a number of situations following sexual intercourse. These include:
 - 1. When no contraceptive has been used.
 - 2. Sexual assault when the woman was not protected by an effective contraceptive method.
 - 3. When there is a concern of possible contraceptive failure, from improper or incorrect use, such as:
 - Condom breakage, slippage, or incorrect use
 - 3 or more consecutively missed combined oral contraceptive pills
 - More than 3 hours late from the usual time of intake of the progestogen-only pill (minipill), or more than 27 hours after the previous pill
 - More than 12 hours late from the usual time of intake of the desogestrelcontaining pill (0.75 mg) or more than 36 hours after the previous pill
 - More than 4 weeks late for the depot-medroxyprogesterone acetate (DMPA) progestogen-only injection
 - More than 7 days late for the combined injectable contraceptive (CIC)
 - Dislodgment, breakage, tearing, or early removal of a diaphragm or cervical cap
 - Failed withdrawal (e.g. ejaculation in the vagina or on external genitalia)
 - Failure of a spermicide tablet or film to melt before intercourse
 - Miscalculation of the abstinence period, or failure to abstain or use a barrier method on the fertile days of the cycle when using fertility awarenessbased methods or
 - Expulsion of an intrauterine contraceptive device (IUD) or hormonal contraceptive implant.

Important facts:

- ECPs reduce the need to seek abortion.
- Dedicated ECP products, combined oral contraceptives (the pill), or progestin only oral contraceptives (minipill) can all be used as ECPs.
- Have an ECP method on hand in case of an emergency (unprotected sex).
- They should not be used in place of an ongoing contraception method.
- Women who take ECPs can become pregnant next time they have sex (even if it is the next day after taking ECP) unless they begin to use another contraceptive.
- Use another method of contraception at once to continue to protect against pregnancy.
- Use condoms (male or female) if you feel at risk of STIs, including HIV.

Seek medical help if you

- Have questions or problems.
- Think you might be pregnant.







Sources

- · Population Council. The Balanced Counseling Strategy Plus (3rd ed.) [Internet] 2015 [cited 2021 April 06]. Available from: https://www.popcouncil.org/uploads/pdfs/2015RH_BCS-Plus_CounselingCards_en.pdf.
- Family Planning: A Global Handbook for Providers. Chapter 18 Fertility Awareness Methods. [Internet] [cited 2021 April 06]. Available from: https://www.fphandbook.org/sites/default/files/Chapter_18_Eng.pdf.
- $\cdot \ National \ Health \ Mission. \ Reference \ Manual for Oral \ Contraceptive \ Pills. \ [Internet] \ 2016 \ Mar \ [cited \ 2021 \ April \ 06] \ Mar \ [Contraceptive \ Pills] \ Mar \ [Con$