EC

Emergency Contraception (EC) after Sexual Assault

Fact Sheet for Emergency Department Staff

EC is a safe and effective treatment option for sexual assault victims to prevent unintended pregnancy after unprotected sex.

Required practice: Oregon law[1] requires all hospital emergency rooms to:

- Promptly offer EC to all female sexual assault or rape victims of childbearing age;
- Provide written* and oral information about EC approved by the Oregon Health Authority (OHA);
- Provide the patient with EC, if it is requested and is not otherwise medically contraindicated, as soon as possible upon her arrival and before she is discharged from the hospital;
- Pursuant to ORS 109.640, any person regardless of age has the right to consent to birth control information and services, including emergency contraception.

**OHA developed patient and provider materials are available online at www.healthoregon.org/ec.*

Rationale

- EC is safe, effective and simple to use. It is an FDA-approved method of preventing pregnancy and is not associated with any serious or harmful side effects. EC is not dangerous to women with particular medical conditions, and women can determine their own need for treatment.[2]
- EC prevents unintended pregnancies and reduces the need for abortions.
- EC is a form of backup birth control and does not cause abortion. EC is not the same as the abortion pill, RU-486. Rather, EC prevents pregnancy by inhibiting or delaying ovulation or by preventing implantation before a pregnancy occurs.[2]
- Levonorgestrel pills do not disrupt or harm an established pregnancy. However, according to the product labeling for ella®, women with a known or suspected pregnancy and women who are breastfeeding should not use ella®.[2]
- American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American Medical Association, American Nurses Association, and the American Public Health Association endorse the use of EC and advocate for broader access to EC.[2]
- 17 states, including Oregon, require hospital emergency room staff to offer EC pills and information to sexual assault victims.[2]

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Oregon Sexual Assault Victims' Emergency (SAVE) Fund

- The Oregon SAVE Fund will pay for the cost of a sexual assault medical exam, medications to prevent sexually transmitted diseases, emergency contraception and a urine pregnancy test up to 7 days after the assault.
- The maximum benefit for EC per OAR 137-084-0020 is $55 (to dispense emergency contraception and perform urine pregnancy test).
- SAVE Fund applications should be available on-site or may be found on the Oregon Department of Justice website: www.doj.state.or.us/victims/pages/save_providers.aspx.

EC options, beginning with the most effective

Copper-containing intrauterine device — Paragard®

- Is a 99.9% effective form of EC when placed within 120 hours of unprotected intercourse;[4]
- Requires pregnancy exclusion before insertion;
- Has been safely used by millions of women as a form of EC for at least 35 years;[4]
- Can be left in place for up to 12 years as a highly effective form of reversible contraception;[4]
- Is safe and effective for adolescents;
- Is highly effective for all women regardless of weight or BMI.[4]

Ulipristal acetate pills — ella®

- Act as a progesterone-receptor modulator;[2]
- Are approximately 85% effective when used 120 hours after unprotected intercourse; efficacy does not decline throughout the 5-day period after unprotected intercourse;[2]
- Require pregnancy exclusion before administration;
- Should not be used by patients when they are breastfeeding.
- It is recommended that women with a BMI over 25 or weight over 154 pounds take ella® rather than levonorgestrel pills. However, ella® appears to reach its efficacy limit at a BMI of 35 or a weight of 194 pounds.[3]

Levonorgestrel pills — Plan B One-Step®, NextChoice One Dose™, and Next Choice™

- Contain a synthetic version of the hormone progesterone;[2]
- Are most effective when initiated in the first 72 hours but can still be effective up to 120 hours after unprotected intercourse;[2]
- Show decreased efficacy rates over the course of 120 hours after sex, from approximately 89% to 81%;[2]
- With a two-dose regimen, recommend that both pills be taken at once;[2]
- According to recent research, may be completely ineffective for women with a BMI over 25 or weight over 154 pounds.[3] This is not a contraindication; it just may be less effective.

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Yuzpe regimen

- Combines estrogen and progestin oral contraceptive pills (OCP) (dosing varies by type of OCP. See regimen chart at http://ec.princeton.edu/questions/dose.html#dose);
- Must be initiated within 72 hours after unprotected sex;
- Causes increased chance for nausea and vomiting.
- Effects of weight/BMI have not been studied with this method.

Medical follow-up

- Minor side effects such as nausea, vomiting, headache, dizziness and breast tenderness are rare and should subside within two days.[2] Other side effects may include short-term fatigue, lower abdominal pain, or a change in the timing or flow of the next menstrual cycle.
- Patient should be advised to contact a medical provider immediately if she vomits within three hours of EC pill administration. A repeat dose may be advised.
- Advise patients that this dose will not protect against further acts of unprotected intercourse.
- If a patient experiences severe lower abdominal pain between three and five weeks after EC administration, she should be evaluated for ectopic pregnancy.
- If menstruation does not occur within four weeks of EC administration, a pregnancy test is indicated.

Other resources for providers

Oregon Attorney General's Sexual Assault Task Force:
www.oregonsatf.org

Princeton Emergency Contraception website:
http://ec.princeton.edu/for-providers.html

Association of Reproductive Health Professionals:
www.arhp.org/Topics/Emergency-Contraception

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References

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2. Kaiser Family Foundation. Emergency contraception, Washington, DC: The Henry J Kaiser Family Foundation. Women's Health Policy. May 2013. http://kff.org/womens-health-policy/fact-sheet/emergency-contraception/. Retrieved Dec. 17, 2013.
3. Glasier A, Cameron ST, Blithe D, Scherrer B, Mathe H, Levy D, Gainer E, Ulmann A. Can we identify women at risk of pregnancy despite using emergency contraception? Data from randomized trials of ulipristal acetate and levonorgestrel. Contraception. 2011; 84:363–7.
4. The Intrauterine Device (IUD) for Emergency Contraception, New York, New York: International Consortium for Emergency Contraception. September 2012. www.cecinfo.org/custom-content/uploads/2014/01/ICEC_IUD-FactSheet_Sep-2012.pdf. Retrieved Jan. 21, 2014.

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