

EMERGENCY CONTRACEPTION (EC): A GUIDE FOR SEXUAL AND DOMESTIC VIOLENCE ADVOCATES

Emergency contraception (EC) provides a last chance to prevent an unintended pregnancy after unprotected sex and is an important option for survivors of sexual and domestic violence. Because reproductive coercion and sexual violence are so common, this fact sheet was created for anyone who works with survivors.

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EC is an essential tool for survivors.

It is crucial that advocates are knowledgeable about EC and how to provide survivors with information. By offering EC and information to all survivors, domestic and sexual violence advocates play an important role in helping survivors get timely access.



1. EC basics¹

- EC is contraception used **as soon as possible** up to 5 days after unprotected sex, contraception fails, or when sex is coerced or forced. EC is sometimes called the morning-after pill or Plan B.
- **EC prevents pregnancy before it happens.** EC is not the same as the abortion pill. It will not end an existing pregnancy and poses no harm to a fetus.
- Some types of EC are **available over-the-counter** without a prescription at pharmacies.
- **Time is of the essence** with EC. The sooner EC is taken, the more likely it is to work.
- EC is **safe for people of all ages to use.** There are no age restrictions for the use or sale of EC.



2. EC options available in the US¹

- **Levonorgestrel (LNG) EC pills (Plan B One-Step® and generics like AfterPill® or Julie®):** Available over-the-counter (OTC). LNG EC should be taken as soon as possible within 5 days after sex.
- **Ulipristal acetate (UPA) EC pills (ella®):** Available by prescription only. UPA EC should be taken as soon as possible within 5 days after sex. UPA EC is more effective than LNG EC because it works closer to the time of ovulation.
- **Intrauterine devices (IUD):** A copper IUD inserted by a healthcare provider after unprotected sex is the most effective option for EC and it has the added benefit of providing long-term pregnancy prevention.
 - Some research shows that a levonorgestrel 52mg IUD (like Mirena®) may also be an effective EC method.
 - In the case of reproductive coercion, having the IUD strings trimmed may reduce the likelihood that a partner could detect the presence of an IUD.



3. How EC pills work

- EC pills prevent pregnancy by delaying or inhibiting ovulation (release of an egg from the ovary). If there's no egg, there's nothing for sperm to fertilize and pregnancy cannot occur.
- **If someone is already pregnant, taking EC pills will not harm or end the pregnancy.**²



4. Effectiveness

- The copper IUD is by far the most effective option for EC, followed by UPA EC (ella®) and LNG EC (Plan B One-Step® and generics)^{1,3}
- Some studies show that EC pills may be less effective depending on your weight or body mass index (BMI)⁴
 - If you weigh 165 lbs or more (or have BMI of 26 or more), LNG EC may not work. In this case, UPA EC or a copper IUD may be a better choice.
 - If you weigh 194 lbs or more (or have BMI of 35 or more) UPA EC may not work. In this case, a copper IUD may be a better choice.
 - This research is not 100% certain, but it's important to let people know about the possibility that EC pills may not work depending on weight and that another form of EC could be more effective.



5. Safety & side effects

- Taking EC – even multiple times within the same month or year – does not affect one’s ability to get pregnant in the future.⁵
- EC is extremely safe.⁶⁻⁸ The FDA has approved EC for unrestricted over-the-counter access. EC is safer than many OTC drugs, such as Tylenol.
- Side effects (such as nausea, headache, and changes to the next period) are generally mild and go away on their own.⁶⁻⁸ Many people do not experience any side effects at all.
- LNG EC and UPA EC should not be taken within 5 days of each other because they could cancel each other out.
- Breastmilk can carry traces of ella. For those who are breast or chestfeeding, they can pump and discard their milk after taking ella (pump & dump).



6. Urgency of EC right now

- EC is an important resource to prevent unintended pregnancy. With increasing abortion restrictions in many states, now is an important time to ensure EC access.
- EC is not the same as the abortion pill and will not work if someone is already pregnant.⁹ For more information on how to access abortion, learn more at <https://www.plancpills.org/> and <https://www.ineedana.com/>.



7. How advocates can help

- It is important for advocates to provide non-judgmental information about EC. Survivors/clients may be feeling a wide range of emotions and need unbiased support.
- EC can also be used as a safety planning measure and as a back-up or primary contraceptive in instances of reproductive coercion or birth control sabotage. It may be useful for survivors to have access to multiple doses.
- Domestic violence and sexual violence centers can have free OTC LNG EC on site and available for survivors, along with other OTC items.
- For more information and guidance, please see the American Society for Emergency Contraception’s fact sheet, *Distribution of Emergency Contraception (EC) By Organizations: Legal Issues* (<https://www.americansocietyforec.org/reports-and-factsheets>)¹⁰

- Since EC is more likely to work the sooner it's taken, we want to encourage survivors to have quick and easy access to it. Advocates can encourage survivors to:
 - Keep EC on hand, if it's safe to do to, or have a prescription ready
 - Ask for EC when starting a new contraceptive method, going in for a refill, or having an IUD removed
 - Request a refill if they use a dose they have on hand.

Sample script: *"We let all clients know that in the bathroom there is a 'Take What You Need' cabinet. It has emergency contraception, tampons, condoms, lube, pregnancy tests, Advil, first aid and more."*

- Organizations can access free EC to distribute directly from Plan B (<https://www.planbdonations.com/Home/EntryForm>) or SIRUM (<https://www.cognitofrms.com/SIRUM3/EmergencyContraceptiveAccessInitiativeRequestForm>.)
- EC should be stored in a safe place and in accordance with the manufacturer's instructions (between 68-77°). Check the product for tampering, and keep in mind the expiration date on the box.
- Advocates can help survivors overcome barriers to EC access by providing EC for at no cost and offering information on other places to access it. Common barriers include:¹¹
 - Health center and pharmacy hours may be limited, especially on nights and weekends, when people may need EC the most.
 - Pharmacy prices can be high (\$40-50), out of reach for many.
 - EC is not always stocked on the shelf - people buying EC may need to ask pharmacy staff for it, which can feel like a violation of privacy.
 - Some pharmacies still ask for proof of ID, based on outdated age restrictions.
 - Advocates should be honest with survivors about potential barriers to accessing EC and how they can overcome them.



8. Accessing EC

- In addition to providing EC to survivors directly, advocates should know where survivors can access EC in the community. Learn which providers in the community provide ulipristal acetate (ella) or IUDs as EC as these methods may be needed if the survivor has higher weight or it's been a longer time period.
- Advocates should call their local hospital to learn what types of EC are available if survivor/client goes to get a sexual assault forensic exam (SAFE). In addition to accessing EC at DV/SA programs, survivors can access EC in multiple ways:
 - At pharmacies, over-the-counter: LNG EC (Plan B One-Step® and generics) is sold on shelves at pharmacies without age or gender restrictions. Anyone of any age can buy it and no one should be asked for ID.¹²
 - At pharmacies, with a prescription: Ulipristal acetate EC (ella®) is prescription-only. Users should see a healthcare provider or go to a clinic for a prescription.
 - Online: Both types of EC pills can be ordered through online services such as Pandia Health, Nurx, or Planned Parenthood Direct. Due to shipping time, EC should be ordered online ahead of time, before it is needed.
 - Free or low-cost EC can be accessed at local Planned Parenthood clinics (<https://www.plannedparenthood.org/>) or local family planning or health department clinics. Local abortion funds and mutual aid groups may provide free EC. School clinics, peer-to-peer support networks, and vending machines at some college campuses may also provide free or lower cost EC.
 - Clinic or medical practice: Healthcare providers may be able to provide all forms of EC. IUD insertion requires a trained provider.

Footnotes and additional resources listed on resource page at:
<https://www.americansocietyforec.org/ec-for-sadv>

