

Information for Emergency Contraception

There are two main types of emergency contraception: Emergency contraceptive pills (ECPs) and copper T intrauterine device (IUD). Emergency contraception is birth control that you use after you have had unprotected sex (if you did not use birth control or your regular birth control failed). Emergency contraception should be used as soon as possible and within 120 hours (5 days) after unprotected sex to prevent pregnancy. ECPs are more effective the sooner you take them. ECPs are 74 percent to 89 percent effective when used correctly. About eight in one thousand women may become pregnant while using the Copper-bearing device.

BENEFITS: Emergency contraception is safe and effective in preventing pregnancy after unprotected sex. Emergency Contraception is private – It is your choice if your partner knows about it. Plan B is available over-the-counter. The copper IUD is the most effective method of emergency contraception and can remain in place for up to 10 years as a regular contraceptive method. Ella is the most effective emergency contraceptive pill.

RISKS/SIDE EFFECTS (You may have the following side effects):

- * Nausea, stomach pain (ECPs)
- * Headaches, dizziness (ECPs)
- * Menstrual pain (Copper IUD)
- * Breast tenderness (ECPs)
- * Menstrual cycle changes (ECPs and Copper IUD)
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ECPs are not as effective as some other types of birth control and do not work if you are already pregnant. Some ECPs are not as effective if you are overweight or obese. Emergency contraception does not protect against sexually transmitted diseases (STDs), including HIV. Always use a condom to reduce the risk of STDs.

ALTERNATIVES:

You have been instructed to consider other methods of contraception for use. Some contraceptive methods can be started immediately after taking certain types of ECP. You may receive information on other methods of birth control methods.

INSTRUCTIONS:

You have been given this information sheet on ECPs, along with instructions about how to take them. No guarantee has been made as to the results of using this method. The provider is in no way responsible should you become pregnant.

Complications of ECPs are rare. If you do experience complications, you will need to seek emergency health care.

DECISION:

The ECP's are to be taken after unprotected intercourse to prevent pregnancy. They are to be used as an emergency measure only and not as a routine method of birth control.

QUESTIONS:

You may ask questions about ECPs at any time and may contact the clinic with further questions.

INSTRUCTIONS FOR EMERGENCY CONTRACTION

1. Emergency contraception works best the sooner you use it. Swallow the ECPs as soon as possible, within 120 hours (five days) after unprotected sex. Plan B works best when you take them within 72 hours (3 days) after unprotected sex, but you can take them up to 5 days after. The copper IUD can be inserted within 5 days after unprotected sex.
2. If you're on another method of hormonal birth control (like the pill, ring, patch, or shot), ella is not the best emergency contraception for you. Plan B or the copper IUD are better options. If you took ella and use hormonal birth control, wait 5 days after taking ella before using a hormonal birth control. Once you start your method again, use a backup (like a condom) or do not have sex for 14 days or until your next menstrual period, whichever comes first. Using a hormonal birth control method and taking ella at the same time can reduce the effectiveness of both medications.
 - If you're on another method of birth control and use Plan B, you can resume or start any birth control method right away. Once you start your method again, use a backup (like a condom) or do not have sex for 7 days.
3. Don't use two different kinds of emergency contraceptive pills (like Plan B and ella) at the same time or within 5 days of each other. They may counteract each other and not work at all. Don't take more than one dose of either type of emergency contraceptive pill – it won't give you extra protection from pregnancy, but it can make you feel sick.
4. For some types of ECPs, nausea and vomiting are possible but not likely. If you vomit three or more hours after taking your ECPs, do not worry. The medication is already in your system. If you vomit within three hours of taking the medication, a second dose is recommended.
5. An over-the-counter medication may counteract nausea caused by ECPs. Take two 25 mg tablets of meclizine hydrochloride (over the counter Dramamine II or Bonine).
6. Some women may feel tired or dizzy or may have headaches or tender breasts. These side effects should go away within a day or two. Non-prescriptive pain relievers (such as ibuprofen or Tylenol) can be used for headache or breast tenderness. You also may note some menstrual spotting (small amounts of bleeding, less than a period) after taking ECPs. This should go away in a day or two.
7. Emergency contraception is not effective if you are already pregnant.
8. ECPs are not 100 percent effective. If your period has not started in 3 weeks, you should consider returning to the clinic for a pregnancy test.
9. ECPs will not protect you from pregnancy during the remainder of your menstrual cycle. You will need to use an effective form of birth control if you have sexual intercourse again.
10. You should contact your clinic if you have severe abdominal pain, since this could be a sign of a tubal pregnancy.
11. An advanced prescription or a pack of ECPs may be provided for you to have available at home for further acts of unprotected intercourse.