

Today's Health for the Empowered Woman

EMERGENCY CONTRACEPTION

Our office receives many phone calls requesting emergency contraception. Much confusion exists among the public, the pharmacies and even the legislature. I thought that I would help to clarify this important issue with an informative article.

Emergency contraception (known as the "morning after pill") refers to the use of drugs used as an emergency method to prevent pregnancy. This is when there has been unprotected intercourse or a possible failure of other methods. It is NOT intended to be used as primary contraception. When this first came out there was much debate because of ignorance, religious considerations and bad politics. A compromise was reached whereas it is available to those over 17 years of age without a prescription but a prescription is necessary for those under this age. I will not comment upon the wisdom of this but the law is the law. It must be emphasized that emergency contraception does not cause an abortion or harm a fetus if the method fails. There are no medical contraindications to the use of the emergency contraception pill called Plan B and neither a physical exam nor lab work is needed. It should be used as soon as possible but up to 120 hours after unprotected intercourse. It is recommended a single dose of Plan B (1.5mg); Menses should occur one week after administration and if not, a pregnancy test should be performed; Women need to be advised that emergency contraception is not fool proof and that the risk of pregnancy still exists especially if they have intercourse (unprotected) after taking it. The dose of hormone in Plan B is so low that if pregnant, the fetus is unaffected.

So, how does it work? It does not interrupt pregnancy and is ineffective after pregnancy has occurred. It is thought to work by inhibiting ovulation and/or altering the uterine lining. Emergency contraception is offered without regard to the timing of the menstrual cycle as timing of ovulation could be uncertain. So effective is this method that the pregnancy rate is roughly 0.2 percent. There is no evidence that making emergency contraception available has increased risky sexual behaviors or acquisition of sexually transmitted diseases. When an unwanted pregnancy is prevented the individuals benefit.

This should be a guide: a woman who forgets to take her contraceptive pill, has a condom break or has unprotected intercourse for other reasons (including victims of sexual assault) have a backup method for preventing pregnancy called Plan B. It is safe even for women with history of heart attack, stroke, clotting disorders, migraines, liver disease or may be breast feeding because the hormone dose is low and used only for one day. It can be obtained without a prescription under 17 with government issued identification and under 17 with a physician or nurse practitioner prescription. Plan B is NOT the abortion pill and will not harm a fetus if pregnancy has already occurred. Since it may not always be easy to get to or find a pharmacy in an "emergency" it is recommended to get Plan B ahead of time and keep them at home. Again, one dose, one time of 1.5mg. If no menses follows, contact a health care provider. There are other methods such as the insertion of an intrauterine device after unprotected intercourse and other pill regimens that are beyond the scope of this article that have been used for decades but have caused much debate. This much is clear: Plan B is easy and cheap to obtain, has no medical contraindications, does not require a physical exam, is effective, and does not harm a fetus if

already pregnant or if there is a failure. A couple who takes control of their reproductive choices is the very epitome of “empowerment”.