

Key Considerations:

Provider Strategies to Improve Access to Emergency Contraception

Emergency contraception (EC) is contraception used after unprotected sex, contraceptive failure (such as when a condom breaks), or sexual assault. EC pills are more likely to work the sooner they are taken. Any barrier or delay to access increases the risk of pregnancy.

Emergency Contraception Methods

EC Method:	How it works (primary mechanism):	Utilization:	Effectiveness:	Pros and Cons:
Yuzpe method¹ (Two doses of 4-6 regular oral contraceptive pills, equaling at least 100 mcg ethinyl estradiol and 50 mcg levonorgestrel)	Delays or inhibits ovulation	Prescription only Take first dose ASAP and the second dose 12 hours later	Low to moderate effectiveness No data on impact of weight on efficacy	Pro: In some circumstances, may be easier to get or more affordable Cons: Less effective than other methods May have more side effects than other methods
Levonorgestrel 1.5 mg² (Plan B One-Step [®] and generics, including My Way [®] and Eontra One-Step [®])	Delays or inhibits ovulation by blocking the luteinizing hormone surge	Available over the counter for all ages Take ASAP, up to five days after unprotected sex or contraceptive failure	Moderate effectiveness May not work for those who weigh more than 165 lbs ³	Pro: Typically most accessible Cons: Less effective (compared to ulipristal acetate) May have more side effects than other methods
Ulipristal acetate 30 mg² (ella[®])	Delays ovulation by blocking the luteinizing hormone surge, even after the surge has begun	Prescription only Take ASAP, up to five days after unprotected sex or contraceptive failure	Moderate to high effectiveness May not work for those who weigh more than 194 lbs ³	Pro: More effective for more users Con: May be difficult to get right away due to prescription-only status and pharmacy/clinic stocking
Copper intrauterine device (Paragard[®])⁴	Prevents fertilization via toxicity to sperm and eggs	Inserted by a trained provider at any time (with a negative pregnancy test) Provides up to 20 years of ongoing contraceptive protection if desired ⁵	Very high effectiveness (nearly 100%) ⁶ Not affected by user's weight	Pro: More effective for all users (especially for those weighing more than 165 lbs) Cons: Requires procedure, which may be uncomfortable May be expensive without insurance May not be available same-day at some health centers

Levonorgestrel 52mg intrauterine device⁴ <i>(Mirena[®], Liletta[®])</i>	Prevents fertilization via toxicity to sperm and eggs	Inserted by a trained provider at any time (with a negative pregnancy test) Provides at least seven years of ongoing contraceptive protection if desired ⁴	Potentially very high effectiveness (method is still in early stages of research) ⁷	<p>Pro: May be more effective than EC pills</p> <p>Cons: Requires procedure, which may be uncomfortable</p> <p>May be expensive without insurance</p> <p>May not be available same day at some health centers</p>
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**Side effects for each type of EC can differ by method and individual. Side effects may include nausea, vomiting, headaches, dizziness, cramps, or changes to an individual's next menstrual cycle. For more information about side effects, please refer to the drug pamphlet of the specific EC of choice.⁸*

Healthcare providers play a key role in helping people get EC as soon as possible to reduce the risk of unintended pregnancies, including efforts to:

- **Build awareness and normalize EC:** Talk about EC options and the role EC plays in positive health outcomes to community members, patients, colleagues, organizational leadership, and policymakers.
- **Center the needs of clients:** Listen to patients, respect the urgency and fear that often accompanies need for EC, and update policies (such as not requiring in-person visits for EC) and standing orders to best meet these needs.
- **Perform pharmacy outreach:** Identify pharmacies in your community that agree to keep EC, especially ulipristal acetate EC (ella[®]), in stock at all times. Refer patients to these pharmacies and offer information about EC as needed.
- **Provide advanced provision:** Offer prescriptions for ulipristal acetate EC (ella[®]) to all patients at risk of pregnancy and encourage them to fill it right away.
- **Facilitate same-day EC protocols:** Adjust clinic schedules to allow for walk-in EC appointments. Update clinical protocols so that IUDs are available same day at clinics and can be provided immediately for those who need them, both as a form of EC and for ongoing contraceptive use.
- **Advocate for vending machines:** Support inclusion of LNG EC (Plan B One-Step[®] and generics) in vending machines, which can provide affordable, discreet, 24/7 access. These can be placed in clinic vestibules, health centers, college campuses, and local businesses.
- **Support local efforts:** Offer information and access to resources to community organizations and campus groups providing LNG EC directly to those who need it.

REFERENCES

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