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## Emergency Contraception

Emergency Contraceptive Pills (ECP) are ordinary birth control pills containing the hormones estrogen and progestin. Although this therapy is commonly known as the morning-after pill, this term is misleading; ECPs may be used immediately after unprotected intercourse, and up to 72 hours beyond. The treatment schedule is one dose within 72 hours after unprotected intercourse and a second dose 12 hours after first dose.

The hormones that have been studied in clinical trials of postcoital hormonal contraception are found in:

- \* Ovral® (one dose is 2 white pills)
- \* Alesse® (one dose is 5 pink pills)
- \* Nordette® (one dose is 4 light-orange pills)
- \* Levlén® (one dose is 4 light-orange pills)
- \* LoOvral® (one dose is 4 white pills)
- \* Triphasil® (one dose is 4 yellow pills)
- \* Tri-Levlen® (one dose is 4 yellow pills)

Use of ECPs reduces the risk of pregnancy by about 75%. This does not mean that 25% of women will become pregnant. Rather, if 100 women have unprotected intercourse once during the second or third week of their menstrual cycle, about 8 will become pregnant. If those same women had used emergency contraceptive pills or mini-pills, only 2 would have become pregnant (a 75% reduction).

About 50% of women who use ECPs experience nausea and 20% vomit. If vomiting occurs within two hours after taking a dose, the dose may need to be repeated. The long-acting, non-prescription, anti-nausea medicine meclizine (sold as a generic or under the brand names Dramamine II® and Bonine®) can reduce the risk of nausea when taken an hour before ECPs.

Almost all women can safely use ECPs. Although some women are at risk of a stroke, heart disease, blood clots, or other cardiovascular problems should not use birth control pills on a regular basis, medical experts believe that one-time emergency use of birth control pills by active women (women who are not bed-ridden) does not carry the same risks. Emergency contraceptive pills require a prescription. Do not attempt to use them except under the supervision of a licensed clinician authorized to prescribe.

## Copper-T IUD as Emergency Contraception

The Copper-T intrauterine device (IUD) can be inserted up to five days after unprotected intercourse or 5 days after expected date of ovulation, whichever is later, to prevent pregnancy. Insertion of copper-T IUD is much more effective than use of ECPs or mini-pills, reducing the risk of pregnancy following unprotected intercourse by more than 99%, and a Copper-T IUD can be left in place to provide continuous effective contraception for up to 10 years. But IUDs are not ideal for all women. Women at risk of sexually transmitted infections because they or their partners have other sexual partners may not be good candidates for IUDs because insertion of the IUD can lead to pelvic infection, which can cause infertility if untreated. The risk of pelvic infection from insertion of an IUD is slight among women not at risk of sexually transmitted infections.