

# EMERGENCY CONTRACEPTION: A Safe and Effective Treatment Option for Sexual Assault Victims

## Provider Fact Sheet

Emergency contraception (EC) is a safe and effective method of preventing pregnancy after unprotected sex, sexual assault or contraceptive failure.

### Required Practice

- ◆ Effective January 1, 2008, Oregon law requires all hospital emergency rooms to provide “unbiased, medically and factually accurate written and oral information about emergency contraception” to sexual assault victims.<sup>1</sup>
- ◆ If a sexual assault victim requests EC, then the hospital must provide the victim with EC as soon as possible upon arrival and before she is discharged from the hospital.
- ◆ In Oregon, a person of any age may seek services for sexually transmitted infections (STIs) and be provided birth control information and services by a physician or nurse practitioner, without parental consent. (ORS 109.610, 109.640).
- ◆ EC is time-sensitive. The sooner it is given, the better it works. The manufacturers’ prescribing guidelines for EC state that one pill should be taken within 72 hours (and up to 120 hours) after unprotected intercourse or sexual assault, and another pill 12 hours later. However, recent research indicates that taking both doses of **progestin-only** pills, such as Plan B®, at once is more effective than splitting the dose and is **not** associated with more side effects when compared with the standard, two-dose regimen.<sup>2,3</sup> A single dose may increase a victim’s compliance with instructions for taking EC.

### Rationale

- ◆ The side effects of EC are temporary and may include nausea, vomiting, headache, dizziness and breast tenderness. Plan B® appears to have the fewest side effects.<sup>4</sup>
- ◆ EC is safe, effective and simple to use. It is an FDA-approved method of preventing pregnancy and is not associated with any serious or harmful side effects. EC is not dangerous to women with particular medical conditions, and women can diagnose their own need for the treatment.<sup>5</sup>
- ◆ EC prevents pregnancy and the need for abortion. Making emergency contraceptives more widely available in Oregon is one of the most important steps that can be taken to help women reduce their risk of unintended pregnancy and the consequent need for abortion.
- ◆ EC reduces the likelihood of pregnancy by 81 percent to 90 percent when taken within 72 hours of unprotected sex.<sup>2</sup>

- ◆ EC is birth control and does not cause abortion. EC is not the same as the abortion pill, RU-486. Rather, EC prevents pregnancy by inhibiting or delaying ovulation or by preventing implantation before a pregnancy occurs. EC does not work if a woman is already pregnant and will not harm an existing pregnancy.<sup>6,2</sup>
- ◆ The American College of Emergency Physicians, American College of Obstetrics and Gynecology and the American Medical Association all support making EC available in emergency rooms to victims of sexual assault.
- ◆ Nine states – California, Massachusetts, New Jersey, New Mexico, New York, Ohio, Oregon, South Carolina and Washington – have emergency room EC laws or laws with similar requirements.<sup>6</sup>

### **Resources for Providers**

- ◆ [www.oregonsatf.org](http://www.oregonsatf.org) – Oregon Attorney General’s Sexual Assault Task Force Web site.
- ◆ [http://arcweb.sos.state.or.us/rules/OARs\\_300/OAR\\_333/333\\_tofc.html](http://arcweb.sos.state.or.us/rules/OARs_300/OAR_333/333_tofc.html) - Oregon Secretary of State, Administrative Rules Archives.
- ◆ <http://ec.princeton.edu/> – a Web site operated by the Office of Population Research at Princeton University and by the Association of Reproductive Health Professionals that has no connection with any pharmaceutical company or for-profit organization. This Web site is peer-reviewed by a panel of independent experts.
- ◆ [www.arhp.org](http://www.arhp.org) – Association of Reproductive Health Professionals Web site.
- ◆ [www.kff.org/womenshealth/](http://www.kff.org/womenshealth/) - Kaiser Family Foundation Web site.
- ◆ [www.go2planb.com](http://www.go2planb.com) – contains information on the dedicated product and prescribing guidelines.
- ◆ *Contraceptive Technology* by Hatcher et. al. 5<sup>th</sup> Ed. Tiger, GA – a comprehensive textbook on contraceptives.
- ◆ [www.healthoregon.org/fp/ec](http://www.healthoregon.org/fp/ec) - Oregon DHS Public Health Division, Family Planning Program Web site.

### **References**

- (1) Oregon Revised Statute, ORS Chapter 441 and Oregon Administrative Rule, OAR 333-520-0000, effective January 1, 2008.
- (2) Office of Population Research at Princeton University, Association of Reproductive Health Professionals. *Table 1. Oral contraceptives that can be used for emergency contraception in the United States*, Princeton, NJ: Accessed November 20, 2007. <http://ec.princeton.edu/questions/dose.html>.
- (3) Duramed Pharmaceuticals, Inc., a subsidiary of Barr Pharmaceuticals, Inc. Retrieved 11/20/07 from [www.go2planb.com](http://www.go2planb.com).
- (4) Association of Reproductive Health Professionals (ARHP). *The Facts About Emergency Contraception – What You Need to Know*. June 2005.
- (5) Charlotte Ellertson et al. *Should Emergency Contraceptive Pills Be Available Without a Prescription?*, 53 JAMWA 226, 227-28 (1998); David A. Grimes, *Switching Emergency Contraception to Over-the-Counter Status*, 347 New England Journal of Medicine 846, 846-47 (2002).
- (6) Kaiser Family Foundation: *Emergency Contraceptive Pills*, Washington, DC: Henry J Kaiser Family Foundation. Women’s Health Policy Facts. November 2005, retrieved 11/20/07 from <http://www.kff.org/womenshealth/upload/3344-03.pdf>.