

## Emergency Birth Control Methods

This decision aid is to help you and your health care provider talk about methods of birth control and choose what's right for you. Most people can safely use these methods. Your health care provider can tell you whether these methods are safe for you.



	COPPER IUD	ULIPRISTAL PILL	PROGESTIN EMERGENCY PILL	COMBINED PILL
<b>How is it used?</b>	A health care provider puts a small, T-shaped plastic and copper device in your uterus <sup>1</sup> . You can then use this as regular birth control for up to 10 years <sup>2,3</sup> .	You swallow one pill <sup>3</sup>	You swallow one pill or you swallow two pills, 12 hours apart (depends on the brand) <sup>2,3</sup>	You swallow a specific number of combined birth control pills and then repeat 12 hours later <sup>2,3</sup> . The number of pills needed depends on the brand <sup>2</sup> .
<b>When?</b>	Within 5 days after unprotected sex <sup>3</sup>	As soon as possible within 5 days after unprotected sex <sup>3</sup>	As soon as possible within 5 days after unprotected sex <sup>3</sup>	As soon as possible within 5 days after unprotected sex <sup>3</sup>
<b>How does it work?</b>	Releases copper to prevent a pregnancy from occurring <sup>2,4</sup>	Releases ulipristal acetate to prevent a pregnancy from occurring <sup>2,3</sup>	Releases progestin to prevent a pregnancy from occurring <sup>2</sup>	Releases progestin and estrogen to prevent a pregnancy from occurring <sup>2</sup>
<b>How effective is it at preventing pregnancy?</b>	Highly effective – the most effective method <sup>2,3</sup>	The most effective method after the Copper IUD <sup>2</sup>	As effective as the Ulipristal Pill if taken within 3 days after unprotected sex <sup>3</sup>  Less effective than the Ulipristal Pill if taken 3 to 5 days after unprotected sex <sup>3</sup>	The least effective method <sup>2,3</sup>
<b>What are some of the side effects?</b>				
Temporary bleeding changes (e.g., irregular bleeding or spotting, next period not at the expected time)?		Possible <sup>2</sup>	Possible <sup>2</sup>	Possible <sup>2</sup>
Other temporary side effects (e.g., headaches, nausea or vomiting, breast tenderness, abdominal pain, dizziness, fatigue)?		Possible <sup>2</sup>	Possible <sup>2</sup>	Possible <sup>2</sup>
Non-temporary bleeding changes or other side effects?	Possible <sup>1,3</sup> (More information on the 'Long-Acting Reversible Birth Control Methods' decision aid)			
<b>Does it protect against sexually transmitted infections (STIs)?</b>	No <sup>5</sup>	No <sup>5</sup>	No <sup>5</sup>	No <sup>5</sup>

This decision aid is for use only during a visit with your health care provider. It is not intended to give you medical advice or recommend a birth control method. For more information, including authors, information sources, and terms of use, see [www.rightforme.org/decision](http://www.rightforme.org/decision)

Version 1.1



# Emergency Birth Control Methods

## Supporting Document

**Version:** 1.1

**Authors:** Rachel Thompson, Kyla Donnelly, Tina Foster, Lisa Stern, Lyndal Trevena, Glyn Elwyn, Pearl Brady, Ruth Manski, Daniela Agusti, Krishna Upadhyaya, Judy Norsigian, Maureen Boardman, Ardis Olson, Michelle Banach, Christina Colon Bradt, Gabrielle Stevens, Tor Tosteson

The authors do not stand to gain or lose anything by the birth control choices people make after using this decision aid

**Funding:** Patient-Centered Outcomes Research Institute (PCORI)

**Publication Date:** June 2016

**Terms of Use:** See [www.rightforme.org/terms.html](http://www.rightforme.org/terms.html)

### Notes:

- This decision aid includes a statement about the general safety of the birth control methods described. The *U.S. Medical Eligibility Criteria for Contraceptive Use*<sup>6</sup> and published updates<sup>7,8</sup> provide guidance on who can safely use each birth control method and may be used to facilitate the provision of individualized information on method safety.

### Information Sources:

1. American College of Obstetricians and Gynecologists. *Long-Acting Reversible Contraception (LARC): IUD and Implant (FAQ184)*.; 2014.
2. American College of Obstetricians and Gynecologists. *Emergency Contraception (FAQ114)*.; 2015.
3. Centers for Disease Control and Prevention. U.S. Selected Practice Recommendations for Contraceptive Use, 2013. *MMWR Recomm Rep*. 2013;62(5):1-60. <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usspr.htm>.
4. National Collaborating Centre for Women's and Children's Health. *Long-Acting Reversible Contraception: The Effective and Appropriate Use of Long-Acting Reversible Contraception*. London, UK; 2005.
5. Workowski KA, Bolan GA. Sexually Transmitted Diseases Treatment Guidelines, 2015. *MMWR Recomm Rep*. 2015;64(3):1-137. doi:10.1097/00008480-200308000-00006.
6. Centers for Disease Control and Prevention. U.S. Medical Eligibility Criteria for Contraceptive Use, 2010. *MMWR Recomm Rep*. 2010;59(4):1-85. <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usmec.htm>.
7. Centers for Disease Control and Prevention. Update to CDC's U.S. Medical Eligibility Criteria for Contraceptive Use, 2010: Revised Recommendations for the Use of Contraceptive Methods During the Postpartum Period. *MMWR*. 2011;60(26):878-883. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6026a3.htm>.
8. Centers for Disease Control and Prevention. Update to CDC's U.S. Medical Eligibility Criteria for Contraceptive Use, 2010: Revised Recommendations for the Use of Hormonal Contraception Among Women at High Risk for HIV Infection or Infected with HIV. *MMWR*. 2012;61(24):449-452. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6124a4.htm>.