

## Key Considerations: Leveraging State Health Departments 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:
<b>Yuzpe method<sup>1</sup></b> <i>(Two doses of 4-6 regular oral contraceptive pills, equaling at least 100 mcg ethinyl estradiol and 50 mcg levonorgestrel)</i>	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	<p>Pro: In some circumstances, may be easier to get or more affordable</p> <p>Cons: Less effective than other methods</p> <p>May have more side effects than other methods</p>
<b>Levonorgestrel 1.5 mg<sup>2</sup></b> <i>(Plan B One-Step<sup>®</sup> and generics, including My Way<sup>®</sup> and Eontra One-Step<sup>®</sup>)</i>	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 <sup>3</sup>	<p>Pro: Typically most accessible</p> <p>Cons: Less effective (compared to ulipristal acetate)</p> <p>May have more side effects than other methods</p>
<b>Ulipristal acetate 30 mg<sup>2</sup> (ella<sup>®</sup>)</b>	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 <sup>3</sup>	<p>Pro: More effective for more users</p> <p>Con: May be difficult to get right away due to prescription-only status and pharmacy/clinic stocking</p>
<b>Copper intrauterine device (Paragard<sup>®</sup>)<sup>4</sup></b>	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 <sup>5</sup>	Very high effectiveness (nearly 100%) <sup>6</sup>  Not affected by user's weight	<p>Pro: More effective for all users (especially for those weighing more than 165 lbs)</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>

<b>Levonorgestrel 52mg intrauterine device<sup>4</sup></b> <i>(Mirena<sup>®</sup>, Liletta<sup>®</sup>)</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 <sup>4</sup>	Potentially very high effectiveness <i>(method is still in early stages of research)<sup>7</sup></i>	Pro: May be more effective than EC pills  Cons: Requires procedure, which may be uncomfortable  May be expensive without insurance  May not be available same-day at some health centers
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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.<sup>8</sup>

### Access Barriers and Opportunities

#### There are several persistent barriers to EC access:

- **Lack of knowledge about options:** Providers and patients often lack awareness of EC options, especially the most effective options, such as ulipristal acetate (ella<sup>®</sup>) and intrauterine devices (IUDs).<sup>9</sup>
- **Limited clinic and pharmacy hours:** Unprotected sex often happens during nights and weekends, when many clinics and pharmacies are closed, which creates delays in access in situations where time is of the essence.
- **Transportation and distance:** For young people, those without cars, and people who live in rural areas, transportation to a pharmacy or clinic to get EC can be a major barrier.
- **Stigma and embarrassment:** The moment of purchasing EC is already stressful for many. Stigma and fear of judgment can heighten anxiety and prevent people from trying to get EC.
- **Cost:** Some EC pills can be up to \$50 in pharmacies, making it financially inaccessible for many people.<sup>10</sup> Without insurance, EC options like IUDs can be even more cost prohibitive.
- **Stocking and dispensing barriers:** In some stores, staff refuse to stock or dispense EC, impose age restrictions, or keep OTC EC behind the counter<sup>10</sup>, creating more barriers to access.

#### State health agencies (SHAs) 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 and standing orders to best meet these needs.
- **Advanced provision:** Offer prescriptions for ulipristal acetate (ella<sup>®</sup>) to all patients at risk of pregnancy and help them find a nearby pharmacy that agrees to keep it in stock. Having EC on hand before it is needed reduces delays in use.
- **Same-day IUD protocols:** Update clinical protocols and business practices so that IUDs are available same-day at clinics and can be provided immediately for those who need it, both as a form of EC and for ongoing contraceptive use.
- **Community and mail distribution:** Create “repro kits” that include EC, condoms, and pregnancy tests to send or distribute throughout the state for populations that have less access to these resources. Support local efforts by community organizations and campus groups that provide EC directly to those who need it.
- **Vending machines:** Support inclusion of levonorgestrel EC (Plan B One-Step<sup>®</sup> and generics including My Way<sup>®</sup> and Econtra One-Step<sup>®</sup>) in vending machines, which can provide affordable, discreet, 24/7 access. These can be placed in health centers, college campuses, and local businesses.
- **Use existing networks:** Connect with community organizations that are trusted throughout the state or region and work with them to extend access in harder-to-reach areas or communities.

## REFERENCES

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