

Emergency Contraception (EC)

Emergency contraception (EC) is a backup form of birth control that can **prevent** pregnancy *after* unprotected vaginal intercourse. EC contains hormones found in daily birth control pills and works the same way daily birth control works. EC must be started up to 120 hours after unprotected intercourse to reduce the risk of pregnancy but the sooner it is started, the better, making timely access critical. Unfortunately lawmakers around the country have been working to restrict access to EC by requiring waiting periods, parental notification, and pharmacist refusal protection. Laws like these have the potential to prevent timely access to EC which reduces its effectiveness. If we truly want to reduce unintended pregnancies, EC is a common-sense, common-ground solution to support.

- Emergency Contraception is just that – contraception. It is approved by the US Federal Drug Administration (FDA) as a safe and effective method of birth control.
- A study by the Journal of the American Medical Association found that access to EC does not lead teens to engage in more risky sexual behavior. The study also demonstrated that ready availability does not negate the ability of women to act responsibly¹
- Correct use of EC within the first 24 hours of unprotected sex can reduce the risk of pregnancy by 95%²

In Virginia

- Since 2002, the Virginia legislature has introduced legislation every year to restrict access to EC, including parental notification, prohibiting EC on college campuses, and pharmacist refusal protection.
- There is tremendous grassroots support for EC from the general public. In a few short months, more than 5,000 people in Virginia signed a petition in support of EC.
- Anti-choice extremist groups whose mission is to end access to abortion continue to campaign against access to all forms of contraceptives, including Emergency Contraception, which are scientifically known to prevent unintended pregnancies.
- Pharmacists do not have fill prescriptions for any drugs, including contraceptives.

The Latest

- On August 24, 2006 the US FDA approved EC for non-prescription status for consumers over age 18; however, the FDA ignored scientific evidence in their decision to keep EC as a prescription-only product for women under age 18
- Severe restrictions to EC are expected in the 2007 General Assembly session in response to the FDA's non-prescription status to EC
- If legislators truly want to reduce the number of unintended pregnancies in Virginia, one measure they should support is better access to EC

For more information on this Fact Sheet or other Planned Parenthood issues, go to www.ppav.org or contact ppav@ppfa.org

¹ http://www.acog.org/from_home/publications/press_releases/nr01-05-05.cfm

² Task Force on Postovulatory Methods of Fertility Regulation. Randomized controlled trial of levonorgestrel versus the Yuzpe regimen of combined oral contraceptives for emergency contraception. *Lancet*, 1998, 352: 428 – 33.