

The Difference Between Emergency Contraception And Medication Abortion

There has been considerable public confusion about the difference between emergency contraception and medication abortion because of misinformation disseminated by anti-choice groups. Emergency contraception (EC) helps *prevent* pregnancy; medication abortion *terminates* pregnancy. According to the general medical definitions of pregnancy that have been endorsed by many organizations — including the American College of Obstetricians and Gynecologists and the United States Department of Health and Human Services — pregnancy begins when a pre-embryo completes implantation into the lining of the uterus (ACOG, 1998; DHHS, 1978; Hughes, 1972; “Make the Distinction ...,” 2001). Hormonal methods of contraception, including emergency contraception, prevent pregnancy by inhibiting ovulation and fertilization (ACOG, 1998). Medication abortion terminates a pregnancy without using instruments. By helping women terminate unwanted pregnancies up to 63 days after their last menstruation, medication abortion is a safe and effective option.

EMERGENCY CONTRACEPTION (EC)

What is EC?

Also known as the “morning-after pill,” EC contains hormones that reduce the risk of pregnancy if started within 120 hours of unprotected intercourse. The treatment is more effective the sooner it begins. Two brands — Next Choice[®] and Plan B[®] One Step — are currently available over the counter to individuals who are 17 or older. They are also available by prescription, as are certain brands of oral contraception taken in increased doses for use as EC (RHTP, 2009; Rodrigues et al., 2001; Van Look & Stewart, 1998).

MEDICATION ABORTION

What is medication abortion?

Medication abortion is the medically supervised use of a medication called mifepristone — also known as the “abortion pill” — to induce abortion. Mifepristone (Mifeprex[®]) can be taken up to 63 days after the first day of the last menstrual period. It is used in conjunction with misoprostol, which is taken later to complete the abortion (Creinin & Aubény, 1999; Middleton et al., 2005; Schaff et al., 2000; Schaff et al., 2001).

EMERGENCY CONTRACEPTION (EC)

How does EC work?

In its approval of EC, the U.S. Food and Drug Administration (FDA) declared, “Emergency contraceptives act by delaying or inhibiting ovulation and/or altering tubal transport of sperm and/or ova (thereby inhibiting implantation)” (FDA, 1997). A few years later, a study found that most often, EC reduces the risk of pregnancy by inhibiting ovulation (Marions et al., 2002). More recent studies have suggested that progestin-only EC works *only* by preventing ovulation or fertilization, and has no effect on implantation (Croxatto et al., 2003; Novikova et al., 2007). In 2008, a consortium of authorities declared that progestin-only EC does not interfere with implantation (ICEC-FIGO, 2008).

How effective is EC?

EC is very effective at reducing the risk of pregnancy. Studies have shown that EC reduces the risk of pregnancy when taken up to 120 hours after unprotected intercourse, but the sooner the dosing begins, the more effective the treatment. When taken within 72 hours of unprotected intercourse, EC that contains both estrogen and progestin reduces the risk of pregnancy by 75 percent. Within that same time, progestin-only regimens, such as Plan B One Step and Next Choice, reduce the risk of pregnancy by 89 percent. When initiated within 24 hours of unprotected intercourse, progestin-only EC reduced the risk of pregnancy by 95 percent (Ellertson et al., 2003; Rodrigues et al., 2001; TFPMFR, 1998; Van Look & Stewart, 1998).

How safe is EC?

EC is safe for almost all women — millions of women around the world have used EC safely (Guillebaud, 1998; Van Look & Stewart, 1998).

Does EC cause an abortion?

EC will not induce an abortion in a woman who is already pregnant, nor will it affect the developing pre-embryo or embryo (Van Look & Stewart, 1998). Emergency contraception prevents pregnancy and helps a woman prevent the need for abortion.

MEDICATION ABORTION

How does medication abortion work?

Mifepristone ends pregnancy by blocking the hormones necessary for maintaining a pregnancy. Misoprostol causes the uterus to contract and empty (Creinin & Aubény, 1999).

How effective is medication abortion?

Medication abortion is highly effective at ending very early pregnancies. Complete abortion will occur in 96–97 percent of women who choose mifepristone. In the small percentage of cases that medication abortion fails, other abortion procedures are required to end the pregnancies (ACOG, 2001; Schaff et al., 2000).

How safe is medication abortion?

Medication abortion is safe for most women — millions of women around the world have used it safely. There are risks associated with all medical procedures, including abortion. And, in extremely rare cases death is possible from serious complications of medication abortion, but it remains safer than carrying a pregnancy to term (ARHP, 2008).

Can the medicines used for medication abortion also be used for emergency contraception?

Although some studies show that mifepristone could be used in very low doses to reduce the risk of pregnancy as a method of emergency contraception within five days of unprotected intercourse, it is not approved for use as EC in the United States at this time (Ho et al., 2002; TFPMFR, 1999).

EMERGENCY CONTRACEPTION (EC)

Why might a woman choose EC?

Women may choose EC as a means of preventing pregnancy after unprotected intercourse — in cases of unanticipated sexual activity, contraceptive failure, or sexual assault. Nearly half of America's 6.4 million annual pregnancies are unintended (Finer & Henshaw, 2006).

Does EC have side effects?

Side effects are far less common using progestin-only EC than using combined hormone EC. The most common side effects include nausea and vomiting. Abdominal pain, breast tenderness, dizziness, fatigue, headaches, and irregular bleeding may also occur (Van Look & Stewart, 1998).

How long does the process of using EC take?

Combined hormone EC is taken in two doses, 12 hours apart. Progestin-only EC can be taken in one dose. Side effects associated with EC generally subside within 48 hours. EC affects the timing of the menstrual cycle in 10–15 percent of women. Changes in the menstrual cycle are seen with both combination and progestin-only EC. If the next menstrual cycle is more than one week late, a woman should visit her clinician for a pregnancy test (Van Look & Stewart, 1998; von Hertzen et al., 2002).

Are women who have used EC satisfied with it?

An overwhelming majority of EC users are satisfied with it. One study found that 97 percent of EC users would recommend it to friends and family (Harvey et al., 1999). Another study found that 92 percent of women who had used EC would use it again in the case of a contraceptive emergency (Breitbart et al., 1998).

MEDICATION ABORTION

Why might a woman choose medication abortion?

Women might choose medication abortion as a way to end pregnancy because it is a noninvasive procedure and does not require anesthesia. It is free from the risk of injury to the cervix or uterus and the complications caused by the use of anesthesia for other abortion procedures (Aguillaume & Tyrer, 1995). Women who chose medication abortion also reported that they felt it was a more “natural” way to end a pregnancy (Winikoff, 1995).

Does medication abortion have side effects?

The most common side effects following medication abortion are similar to those of a miscarriage — abdominal pain, bleeding, changes in body temperature, dizziness, fatigue, and gastrointestinal distress (ACOG, 2005; Creinin & Aubény, 1999; Stewart et al., 2005).

How long does the process of a medication abortion take?

It begins immediately after taking the mifepristone. Some women may begin spotting *before* taking the misoprostol, the second medication. For most, the bleeding and cramping associated with medication abortion begin *after* taking it. More than 50 percent of women who use mifepristone abort within four or five hours after taking the misoprostol. Heavy bleeding may continue for about 13 days. Spotting can last for a few weeks. About 92 percent of mifepristone abortions are completed within a week (ACOG, 2001; el-Refaey et al., 1995; Newhall & Winikoff, 2000; Peyron et al., 1993; Wiebe et al., 2002).

Are women who have had medication abortions satisfied with the method?

An overwhelming majority of women who choose medication abortion were satisfied with it. A recent study found that 97 percent of women who had medication abortions would recommend it to a friend. Additionally, 91 percent of the women reported that they would choose medication abortion again if they had to have another abortion (Hollander, 2000).

EMERGENCY CONTRACEPTION (EC)

Where can I get EC?

Plan B One Step and Next Choice are currently available over the counter to women and men who are 17 and older. They and other forms of EC are also available by prescription for all women. If you need a prescription for EC, you can contact your nearest Planned Parenthood® health center at 1-800-230-PLAN or www.plannedparenthood.org.

How much does EC cost?

Nationwide, the price of EC ranges from \$10–\$70 (PPFA, 2009a). Costs vary from community to community, based on regional and local expenses. Contact your nearest

MEDICATION ABORTION

Where can I get a medication abortion?

Contact your nearest Planned Parenthood health center at 1-800-230-PLAN or www.plannedparenthood.org, another women's health care center, or your private clinician. Planned Parenthood health centers that do not provide medication abortion can refer you to a provider who does.

How much does medication abortion cost?

Nationwide, the price of medication abortion ranges between \$350 and \$650. This includes two or three office visits, testing, and exams (PPFA, 2009). Costs vary from community to community, based on regional and local expenses.

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