Planned Parenthood®

The Difference Between the Morning-After Pill and the Abortion Pill

There has been considerable public confusion about the difference between the morning-after pill and the abortion pill because of misinformation disseminated by groups that oppose safe and legal abortion. The morning-after pill, also known as emergency contraception, helps prevent pregnancy; the abortion pill, also known as medication abortion, ends 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 the morning-after pill, prevent pregnancy by inhibiting ovulation and fertilization (ACOG, 1998). The abortion pill ends a pregnancy without using instruments. By helping women end an unwanted pregnancy through 70 days after their last menstruation, the abortion pill is a safe and effective option.

	The Morning-After Pill	The Abortion Pill
What is the pill?	Also known as emergency contraception, the morning-after pill contains medication that reduces the risk of pregnancy if taken within 120 hours (five days) of unprotected intercourse. Levonorgestrel EC pills, like Plan B One-Step (R), Next Choice One Dose (R) and other generics contain the hormone progestin. They are available over the counter at drugstores without age restriction. ella®, which contains ulipristal acetate (UPA), and certain brands of oral contraception taken in increased doses for use as emergency contraception require a prescription at any age (Barr Pharmaceuticals, 2006; Glasier, 2010; RHTP, 2009; Rodrigues et al., 2001; Van Look & Stewart, 1998).	Also known as medication abortion, the abortion pill contains medication called mifepristone to induce abortion. Mifepristone (Mifeprex®) can be take under supervision through 70 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).

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How does the pill work?	In its approval of the morning-after pill, 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). More recently, studies suggested that progestin-only morning-after pills work only by preventing ovulation or fertilization, and have no effect on implantation (Croxatto et al., 2003; Novikova et al., 2007). In 2008, a consortium of authorities declared that progestin-only emergency contraception does not interfere with implantation (ICEC-FIGO, 2008). UPA works only by preventing ovulation (Glasier, 2010).	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 the pill?	The morning-after pill is very effective at reducing the risk of pregnancy. Studies have shown that it reduces the risk of pregnancy when taken up to 120 hours after unprotected intercourse. With the exception of UPA, the sooner the dosing begins, the more effective the treatment. When taken within 72 hours of unprotected intercourse, morning-after pills that contain both estrogen and progestin reduce the risk of pregnancy by 75 percent. Within that same time, progestin-only regimens reduce the risk of pregnancy by 89 percent. When initiated within 24 hours of unprotected intercourse, progestin-only morning-after pill reduced the risk of pregnancy by 95 percent (Ellertson et al., 2003; Rodrigues et al., 2001; TFPMFR, 1998; Van Look & Stewart, 1998). The effectiveness of UPA, however, does not diminish over the course of the five days following unprotected intercourse (Fine et al., 2010; Glasier et al., 2010).	The abortion pill 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).

	The Morning-After Pill	The Abortion Pill
How safe is the pill?	The morning-after pill is safe for nearly all women — millions of women around the world have used it safely (Guillebaud, 1998; Van Look & Stewart, 1998).	The abortion pill 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 the abortion pill, but it remains safer than carrying a pregnancy to term (ARHP, 2008).
Does the pill cause an abortion?	The morning-after pill 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.	Yes, this medication ends pregnancy.
Can the medicines used in this pill also be used for emergency contraception?	Yes, this medication is 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 emergency contraception in the United States at this time (Ho et al., 2002: TFPMFR, 1999).
Why might a woman choose the pill?	Women may choose emergency contraception as a way to prevent pregnancy after unprotected intercourse — in cases of unanticipated sexual activity, contraceptive failure, or sexual assault. Nearly half of America's 6.7 million annual pregnancies are unintended (Finer & Zolna, 2011).	Women might choose the abortion pill as a way to end pregnancy because it is a noninvasive procedure and does not require anesthesia. It reduces the risk of surgical complications such as injury to the cervix or uterus and the possible complications caused by the use of anesthesia used 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).

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Does the pill have side effects?	Side effects are far less common using progestin only and UPA pills than using combined hormone pills. 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; OPR, 2011; TFPMFR, 1998; Trussell & Schwarz, 2011).	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 using the pill take?	Combined hormone pills are taken in two doses, 12 hours apart. Levonorgestrel and UPA EC are taken in one dose. Side effects associated with emergency contraception pills generally subside within 48 hours. They affect the timing of the menstrual cycle in 10–15 percent of women. Changes in the menstrual cycle are seen with combined hormone, levonorgestrel, and UPA pills. If the next menstrual cycle is more than one week late, a woman should visit her clinician for a pregnancy test (Fine et al., 2010; Van Look & Stewart, 1998; von Hertzen et al., 2002).	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 begins within a few hours of taking the misoprostol medication. 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 used the pill satisfied with it?	An overwhelming majority of morning-after pill users are satisfied with it. One study found that 97 percent of users would recommend it to friends and family (Harvey et al., 1999). Another study found that 92 percent of women who had used emergency contraception would use it again in the case of a contraceptive emergency (Breitbart et al., 1998).	An overwhelming majority of women who choose medication abortion were satisfied with it. A recent study found that 97 percent of women who had a medication abortion 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).

	The Morning-After Pill	The Abortion Pill
Where can I get the pill?	Levonorgestrel EC pills are available over the counter in the family planning aisle of drug stores with no age requirement. ella requires a prescription. If you need emergency contraception, you can contact your nearest Planned Parenthood health center at 1-800-230-PLAN or www.plannedparenthood.org.	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 the pill cost?	Nationwide, the price of EC ranges from $30 – $65 (PPFA, 2013b). Costs vary from community to community, based on regional and local expenses. 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.	Nationwide, the price of medication abortion ranges between $300 and $800. This includes two or three office visits, testing, and exams (PPFA, 2013a). Costs vary from community to community, based on regional and local expenses.

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