

**Emergency  
Contraception**  
and the  
**Global Gag Rule**  
*An Unofficial Guide*



**Population Action**  
INTERNATIONAL



# Emergency Contraception and the Global Gag Rule

## *An Unofficial Guide*

**W**hile family planning opponents often misrepresent emergency contraception (EC) as medical abortion, in reality, EC is the only method of post-coital contraception. The purpose of this guide is to set the record straight: emergency contraception is just that – contraception – which can be used in an emergency situation, whether a condom breaks or circumstances lead to unprotected intercourse. As with other methods of contraception, emergency contraception is not subject to U.S. government restrictions that apply to abortion, including the global gag rule.

## Background

In January 2001, the Bush Administration reinstated restrictions on overseas health care organizations, commonly known as the ‘Mexico City Policy’. Under these restrictions, now referred to by family planning supporters as the global gag rule, no U.S. family planning assistance can be provided to foreign non-governmental organizations (NGOs) that use funding from any other source to:

- u perform abortions in cases other than a threat to the life of the woman, rape, or incest;

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Emergency contraception is just that – contraception – which can be used in an emergency situation, whether a condom breaks or circumstances lead to unprotected intercourse.

- u provide counseling and referral for abortion; or
- u lobby to make abortion legal or more available in their country.

The global gag rule does not prohibit foreign NGOs from providing EC as part of the family planning and reproductive health services they offer.

The restoration of the global gag rule has resulted in considerable confusion among health care providers and others. In response, PAI published the brochure, *What You Need to Know about the Global Gag Rule Restrictions: An Unofficial Guide* to help clarify for both U.S. and foreign NGOs the specific restrictions imposed by the policy. The brochure makes clear that foreign family planning and reproductive health NGOs can engage in certain types of abortion-related activities and still remain eligible for U.S. population assistance.

Since the publication of PAI's guide to the global gag rule, questions have arisen concerning the provision of emergency contraception (EC) and the global gag rule restrictions. **The global gag rule does not prohibit foreign NGOs from providing EC as part of the family planning and reproductive health services they offer. Foreign NGOs may provide EC counseling, dispense EC to clients and promote awareness of this contraceptive method and still remain eligible for U.S. population assistance.**

### About Emergency Contraception

Emergency contraception is a safe, effective birth control method that can prevent pregnancy after unprotected sex or contraceptive

failure. The most common form of EC is emergency contraceptive pills (ECPs), which contain higher doses of the hormones found in oral contraceptive pills: progestin, and in some types of ECPs, estrogen. If used within 72 hours of intercourse, EC can lower the chance of pregnancy by approximately 75 to 85 percent, with progestin-only pills being more effective than combined oral contraceptives.

ECPs come in a variety of regimens [see chart on page 8]. Combined pill regimens contain both estrogen and progestin. Each of the two dosages contains 0.1 mg of ethinyl estradiol and 0.5 mg of levonorgestrel. Each dose of progestin-only pills contains only 0.75 mg of levonorgestrel. In both regimens, the first dose is taken within 72 hours of unprotected intercourse, with the second dose following 12 hours after the first. Currently, there are two widely accepted forms of ECPs: oral contraceptive pill packs broken into EC dosages and dedicated products marketed specifically as EC.

If only oral contraceptive pill packs are available, specific pills may be combined to produce an effective emergency contraception regimen. This method allows women and family planning providers to use standard birth control supplies for emergency contraception, an option that may be particularly effective in a developing country setting where marketed, dedicated ECPs are not widely available. Such dedicated EC products include the brands Postinor-2® and NorLevo®.

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## EC is Not Abortion

EC does not interrupt a pregnancy. EC acts to prevent pregnancy in the same ways that oral contraceptive pills do.

EC does not interrupt a pregnancy. EC acts to **prevent** pregnancy in the same ways that oral contraceptive pills do: by delaying or blocking ovulation, or inhibiting fertilization. Although it is hypothesized that emergency contraception prevents implantation of a fertilized egg in the uterus, research studies have yet to establish evidence of this mode of action. Emergency contraception has no effect if a woman is already pregnant. The U.S. Government definition of pregnancy states: “pregnancy encompasses the period of time from confirmation of implantation (through any of the presumptive signs of pregnancy, such as missed menses, or by a medically acceptable pregnancy test), until expulsion or extraction of the fetus.”

## Contraindications and Side Effects

There are no medical contraindications to ECPs. ECP use can be considered even for women who have medical conditions that make ongoing use of combined oral contraceptives unwise, and the progestin-only ECP option provides an excellent alternative that contains no estrogen.

Short term side effects to emergency contraceptive pills are seen in approximately half of all women completing the two-dose regimen. Some women may experience nausea and vomiting. These symptoms are more common with combined ECPs than with progestin-only pills. Providing an anti-nausea

medicine one hour prior to administering the first dose of the ECPs does reduce the risk of nausea.

If vomiting occurs one hour or less after the woman has taken the first dose, some clinicians may advise a repeat dose. If vomiting occurs, it is likely that enough of the contraception has been absorbed into the blood stream to be effective. In cases where vomiting makes oral administration impossible, the repeat dose may be administered vaginally (inserted high in the vagina). Other side effects may include short-term fatigue, headache, dizziness, breast tenderness, or a change in the timing of the next period.

## Emergency Contraception and USAID Policy

Confusion regarding USAID policy on EC is widespread. Many foreign NGOs, fearing that post-coital contraception is prohibited by USAID, have stopped providing emergency contraception. This perception is not accurate. **Foreign NGOs are not prohibited from providing emergency contraception under the global gag rule or any other USAID policy.**

U.S. and foreign NGOs receiving USAID assistance for family planning may provide both emergency contraception pills (ECPs) and intrauterine devices (IUDs), and may engage in EC advocacy — in accordance with host country laws and policies.

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## Sources

*For an informational fact sheet on emergency contraception, see* Family Health International, Fact Sheet: Contraception after Intercourse. <http://www.fhi.org/en/fp/fppubs/network/v21-1/nt2111.html>

*For information on EC availability worldwide, see* the Emergency Contraception Website, Emergency Contraception Around the World, <http://ec.princeton.edu/worldwide/default.asp>

*For information on the medical service guidelines for emergency contraception, see* the Consortium for Emergency Contraception, <http://www.cecinfo.org/files/Medical-Service-Delivery-Gdelines.pdf> (requires Adobe Acrobat Reader)

*For the full text of the global gag rule restrictions, see* U.S., USAID, Contract Information Bulletin, "Restoration of the Mexico City Policy — White House Memorandum for the Acting Administrator of the U.S. Agency for International Development (Revised)," [CIB 01-08 (R)], 29 March 2001. Available on the USAID website at [http://www.usaid.gov/procurement\\_bus\\_opp/procurement/cib/cib0108r.pdf](http://www.usaid.gov/procurement_bus_opp/procurement/cib/cib0108r.pdf) (requires Adobe Acrobat Reader)

For official clarification of U.S. government restrictions affecting family planning assistance, organizations should write directly to:

Director, Office of Population and Reproductive Health, Bureau for Global Health  
U.S. Agency for International Development  
Ronald Reagan Building 3.06-11  
1300 Pennsylvania Avenue NW  
Washington, DC 20523-3600 USA

For more information on USAID population and reproductive health programs, consult the USAID website at [www.usaid.gov/pop\\_health/pop/index.html](http://www.usaid.gov/pop_health/pop/index.html)

For specific inquiries, please address questions to the e-mail address listed on bottom of the webpage.

For copies of the documents quoted or referenced in this summary, for assistance in understanding current USAID policies, or to submit information on the experiences of organizations in implementing the global gag rule or providing emergency contraception, please write to:

Population Action International  
Attn: PP/SI  
1300 19th Street, NW, Second Floor  
Washington, DC 20036 USA  
[implement@popact.org](mailto:implement@popact.org)

Other NGOs that may be able to furnish various types of assistance — informational, technical, legal, or financial — regarding emergency contraception include:

- u Consortium for Emergency Contraception, Family Health International
- u Reproductive Health Technologies Project
- u International Planned Parenthood Federation
- u Program for Appropriate Technology in Health (PATH)

## Emergency Contraception

### Regimens and International Availability

	Formulation (per pill)	Common Brand Names	First Dose (Number of Tablets)	Second Dose (Number of Tablets)
<b>Levonorgestrel-only Regimen</b>	LNG 0.75 mg	Levonelle-2, NorLevo, Postinor-2, Vikela, Plan B® (all are pre-packaged emergency contraception)	1	1
	LNG 0.03 mg	Microlut, Microval, Norgeston	25	25
	LNG 0.0375 mg	Ovrette	20	20
<b>Combined Regimen</b>	EE 50 mcg + LNG 0.25 mg Or EE 50 mcg + NG 0.50 mg	Eugynon 50, Fertilan, Neogynon, Noral, Nordiol, Ovidon, Ovral, Ovran, PC-4, Preven® (pre-packaged emergency contraception)	2	2
	EE 30 mcg + LNH 0.15 mg Or EE 30 mcg + NG 0.30 mg	Lo/Femenal, Microgynon 30, Nordette, Ovral L, Rigevidon	4	4

#### Abbreviations:

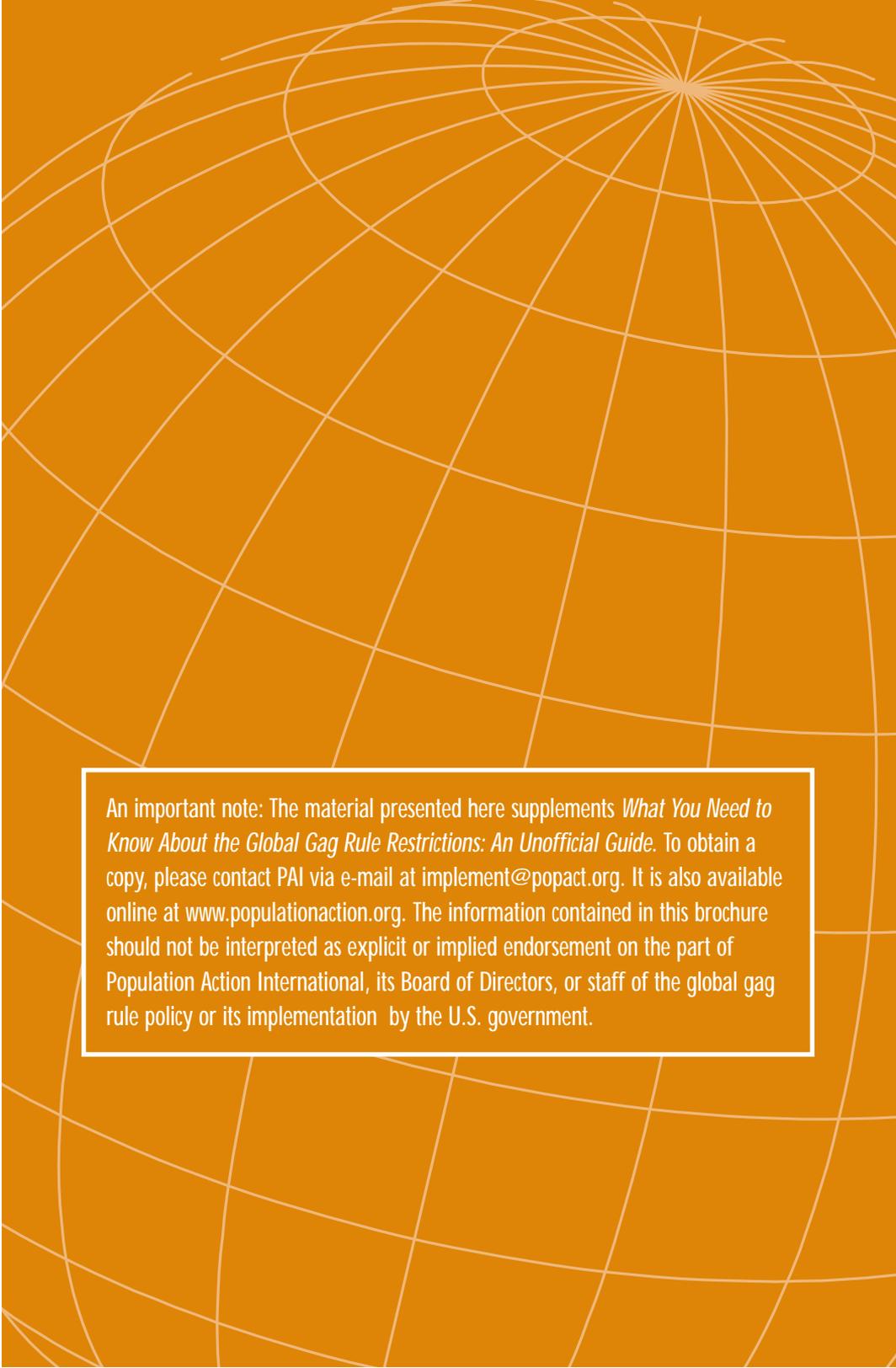
EE = ethinyl estradiol

LNG = levonorgestrel

NG = norgestrel

For all regimens, the first dose should be taken as soon as possible after intercourse, optimally within 72 hours, and the second dose should be taken 12 hours after the first dose.

Source: Consortium for Emergency Contraception



An important note: The material presented here supplements *What You Need to Know About the Global Gag Rule Restrictions: An Unofficial Guide*. To obtain a copy, please contact PAI via e-mail at [implement@popact.org](mailto:implement@popact.org). It is also available online at [www.populationaction.org](http://www.populationaction.org). The information contained in this brochure should not be interpreted as explicit or implied endorsement on the part of Population Action International, its Board of Directors, or staff of the global gag rule policy or its implementation by the U.S. government.

## About PAI

Population Action International (PAI) is an independent policy advocacy group working to strengthen political and financial support worldwide for population programs grounded in individual rights. Founded in 1965, PAI is a private, non-profit group and accepts no government funds.

At the heart of Population Action International's mission is its commitment to advance universal access to family planning and related health services, and to educational and economic opportunities, especially for girls and women. Together, these strategies promise to improve the lives of individual women and their families, while also slowing the world's population growth and helping preserve the environment.



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