

**NC Emergency Care for  
Sexual Assault Survivors  
*Emergency Contraception***



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**RAPE AND PREGNANCY**

- An estimated 25,000 U.S. women become pregnant as a result of sexual assault each year. EC could be used to prevent as many as 22,000 of these pregnancies.<sup>1</sup>
- 12% of all women experience sexual assault in a lifetime and 4.7% of those assaults result in pregnancy.<sup>2</sup>
- An estimated 3 million unintended pregnancies occur in the U.S. each year. EC could prevent as many as 1.5 million, including as many as 800,000 pregnancies that result in abortion.<sup>3</sup>

**SAFE AND EFFECTIVE PREGNANCY PREVENTION**

- Emergency contraception is a safe and effective, FDA-approved method of preventing pregnancy after unprotected intercourse.<sup>4</sup>
- EC is time-sensitive. The sooner it is given, the better it works.<sup>5</sup>
- EC pills can be given in different ways. One approach requires giving a first dose within 72 to 120 hours of unprotected intercourse and a second dose 12 hours later. The second approach, which applies uniquely to progestin-only medications, entails giving the entire course of medication at one time within 72 to 120 hours after unprotected intercourse.<sup>6</sup>
- The side effects of EC are temporary and may include nausea, vomiting and breast tenderness. Plan B<sup>®</sup> appears to be associated with the fewest side effects.<sup>7</sup>
- According to the World Health Organization, EC will have no effect on an established pregnancy.<sup>8</sup> It is not the same thing as RU-486, the “abortion pill.”

**EC IN THE ER: CARE FOR RAPE SURVIVORS**

- The American Medical Association, the American College of Emergency Physicians and the American College of Obstetricians and Gynecologists all recognize EC as part of standard rape treatment.
- Yet only 20% of rape victims receiving treatment at hospital ERs actually received EC over a seven-year time period in the 1990s, according to a national study.<sup>9</sup>
- Surveys in several states have found wide variation in hospital policies on provision of EC to rape survivors.<sup>10,11</sup>
- Nine states— California, Massachusetts, New Jersey, New Mexico, New York, Ohio, Oregon, South Carolina, and Washington — require emergency rooms staff provide EC to women after sexual assault.<sup>12</sup>

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- <sup>1</sup> Stewart, F. and Trussell, J. "Prevention of Pregnancy Resulting from Rape," *American Journal of Preventive Medicine*. 2000. (19):228-229. An earlier estimate by Holmes (1996) is 32,000 pregnancies result from sexual assault.
- <sup>2</sup> Holmes, M.M., Resnick, H.S., Kilpatrick, D.G., and Best, C.L. "Rape-related Pregnancy: Estimates and Descriptive Characteristics from a National Sample of Women," *American Journal of Obstetrics and Gynecology*. 1996. 175:320-325.
- <sup>3</sup> Trussell, J., et al. "Emergency Contraception Pills: A Simple Proposal to Reduce Unintended Pregnancies," *Family Planning Perspectives*. 1992. 14:269-273.
- <sup>4</sup> Food and Drug Administration approval announcement. "Prescription Drug Products: Certain combined oral contraceptives for use as postcoital emergency contraception," *Federal Register*. Vol. 62, No. 37. February 25, 1997.
- <sup>5</sup> Ellertson, C., Evans, M., Ferden, S., Leadbetter, C., Spears, A., Johnstone, K., et al. "Extending the time limit for starting the Yuzpe Regimen of emergency contraception to 120 hours," *Obstetrics and Gynecology*. 2003. 101(6):1168-71.
- <sup>6</sup> von Hertzen, H. "Low dose mifepristone and two regimens of levonorgestrel for emergency contraception: a WHO multicentre randomized trial," *The Lancet*. 2002. 360:1803-09.
- <sup>7</sup> American College of Obstetricians and Gynecologists. "Emergency oral contraception," *ACOG Practice Bulletin*. 2001. Washington, D.C.: ACOG.
- <sup>8</sup> World Health Organization. Emergency Contraception: A guide to the provision of services," *Reproductive Health and Research*. 1998.
- <sup>9</sup> Amey, A. and Bishai, D. "Measuring the Quality of Medical Care for Women Who Experience Sexual Assault with Data from the National Hospital Ambulatory Medical Care Survey," *Annals of Emergency Medicine*. June 2002. 39:6.
- <sup>10</sup> Patel, A. et al., "Under-use of Emergency Contraception of Victims of Sexual Assault, International Journal of Fertility and Women's Health. November/December 2004.
- <sup>11</sup> Polis, C. Schaffer K, Harrison T, "Accessibility of Emergency Contraception in California's Catholic Hospitals," *Ibis Reproductive Health*, March 2005
- <sup>12</sup> Kaiser Family Foundation. *Emergency Contraceptive Pills*, Washington DC: Henry J Kaiser Family Foundation. Women's Health Policy Facts. November 2005. retrieved 12/30/05 from <http://www.kff.org/womenshealth/upload/3344-03.pdf>
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National Sexual Resource Center, Education Fund of Family Planning Advocates of NYS, & Clara Bell Duvall Reproductive Freedom Project of the ACLU of Pennsylvania. *Preventing Pregnancy from Sexual Assault*, 2003.