

SB0944_Provision_by_Registered_Nurses_and_Sale_of_

Uploaded by: Cecilia Plante

Position: FAV



TESTIMONY FOR SB0944
Nonprescription Drugs and Devices Provision by Registered Nurses
and Sale of Contraceptives Through Automatic Devices

Bill Sponsor: Senator Kelly

Committees: Finance and Judicial Proceedings

Organization Submitting: Maryland Legislative Coalition

Person Submitting: Aileen Alex, co-chair

Position: FAVORABLE

I am submitting this testimony in favor of SB0944 on behalf of the Maryland Legislative Coalition. The Maryland Legislative Coalition is an association of activists - individuals and grassroots groups in every district in the state. We are unpaid citizen lobbyists, and our Coalition supports well over 30,000 members.

SB0944 builds on one aspect of a law passed last year requiring public 4-year colleges and universities to provide 24-hour access to over-the-counter contraception on campus through student health centers, retail outlets on campus, and/or vending machines. SB0944 would allow 1) the sale of contraceptives by means of a vending machine or other automatic device and 2) registered nurses to provide, without a prescription, nonprescription contraception drugs and devices in a local health department.

Wider distribution of contraception would address barriers such as limited health center pharmacy hours, transportation challenges, high pharmacy costs, outdated age restrictions, and refusal to sell contraception outright. It also means reduced unintended pregnancies; better family planning; better health outcomes; and enhanced economic opportunities from the timing of reproductive choices to pursue education, career goals, and economic stability.

Access to contraception promotes gender equality by allowing both men and women to participate equally in family planning decisions. Statistically, women of color have lesser access to healthcare resources. Providing reproductive healthcare resources to these women is a crucial step in addressing the multifaceted injustices in both poverty and healthcare.

SB0944 supports reproductive justice and equitable access to healthcare. We support this bill and recommend a **FAVORABLE** report in committee.

Anne Arundel County _FAV_SB944.pdf

Uploaded by: Ethan Hunt

Position: FAV



March 12, 2024

Senate Bill 944

**Nonprescription Drugs and Devices - Provision by Registered Nurses and
Sale of Contraceptives Through Automatic Devices**

Senate Finance Committee

Position: FAVORABLE

Anne Arundel County **SUPPORTS** Senate Bill 944 – Nonprescription Drugs and Devices - Provision by Registered Nurses and Sale of Contraceptives Through Automatic Devices

Women’s health rights are under attack in states across the country, and Maryland has an obligation to remain a safe haven for women to make the best decisions for their lives and livelihoods. While we are taking steps to codify these rights, we can always do more, and ensuring that men and women have unfettered access to effective contraceptives is vital to this effort.

Senate Bill 944 provides a critical boost to reproductive freedom by enabling registered nurses to distribute contraceptives that do not require a prescription. By allowing registered nurses to distribute nonprescription contraceptives in a local health department, Marylanders have increased access to crucial health care. Physicians and nurses who may experience a high volume of cases at local health departments would benefit as they would be able to bypass a critical barrier and directly provide the assistance needed to their patients.

We have the opportunity to show that Maryland will do everything possible to fight back against restrictive laws that limit women’s choice for their health. For all of these reasons, I respectfully request a **FAVORABLE** report on Senate Bill 944.

SB0944_FAV_mgoldstein 2024.pdf

Uploaded by: Mathew Goldstein

Position: FAV



Secular Maryland

<https://secularmaryland.dorik.io> secularmaryland@tutanota.com

March 12, 2024

SB 944 - FAV

Nonprescription Drugs and Devices – Provision by Registered Nurses and Sale of Contraceptives Through Automatic Devices

Dear Chair Pamela Beidle, Vice-Chair Katherine Klausmeier, and Members of the Finance Committee,

Access to comprehensive contraceptive care with as few logistical, financial, and stigma related barriers as possible increases positive health outcomes for individuals and their communities. When people can get their preferred method of birth control, rates of unintended pregnancy, preterm births, and short interval pregnancies all decrease. Contraceptive access is associated with increased financial and educational opportunities. Students should not need to choose between finding alternative locations of care, which can present challenges such as off-campus transportation and cost, or go without contraception, increasing their risk of unintended pregnancy. Secular Maryland advocates for providing comprehensive and quality reproductive health care. We therefore support this bill mandating community colleges to develop and implement a plan to provide students with access to over-the-counter contraception.

Mathew Goldstein
3838 Early Glow Ln
Bowie, MD 20716

2024 ACNM SB 944 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill Number: SB 944 - Nonprescription Drugs and Devices - Provision by Registered Nurses and Sale of Contraceptives Through Automatic Devices

Hearing Date: March 12, 2024

Position: Support

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *Senate Bill 944 – Nonprescription Drugs and Devices – Provision by Registered Nurses and Sale of Contraceptives Through Automatic Devices*. Maryland’s laws regarding condoms and other forms of over-the-counter contraception are outdated. This legislation updates several of provisions of law including:

- **Repealing the Ban on the Sale of Non-Latex Condoms in Vending Machines:** Maryland law prohibits the sale of non-latex condoms in vending machines. We understand that this prohibition dates back to the 1980’s when there were no non-latex condoms approved by the Food and Drug Administration. At the time, there may have been a concern about the effectiveness of non-latex condoms in protecting against HIV transmission. Now, the FDA has approved many types of non-latex condoms, as latex allergies have become more prevalent, with rates as high as 10%-17% for health care professionals because of overexposure by wearing latex gloves.¹ The bill repeals this outdated provision; and
- **Clarifying that Nurses can Provide Over-the-Counter Medications and Devices in Local Health Departments:** The Nurse Practice Act has a provision that allows registered nurses to dispense medication and supplies at local health departments in family planning and alcohol and drug abuse clinics. The existing law, as it references requirements for “prescriptions”, has created concern among registered nurses about whether they can provide condoms or other over-the-counter products to patients. The law should be clarified. There are rising rates of HIV and syphilis transmission in

Maryland. Nurses should have clarity that they are allowed to distribute condoms. There is also now an over-the-counter birth control pill, approved by the FDA last year, that will soon be available, and there may be low-cost options for local health departments.

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

ⁱ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5356959/>

2024 MNA SB 944 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill Number: SB 944 - Nonprescription Drugs and Devices - Provision by Registered Nurses and Sale of Contraceptives Through Automatic Devices

Hearing Date: March 12, 2024

Position: Support

The Maryland Nurses Association (MNA) supports *Senate Bill 944 – Nonprescription Drugs and Devices – Provision by Registered Nurses and Sale of Contraceptives Through Automatic Devices*. The law clarifies that registered nurses are able to distribute condoms and other over-the-counter products in local health departments. The current Nurse Practice Act only allows registered nurses in local health departments to dispense prescribed products. If these nurses provide over-the-counter products to a consumer, they risk disciplinary action by the Board.

Registered nurses have been able to dispense prescribed medication and devices in substance use disorder and family planning clinics in local health departments since 1999. Normally, registered nurses need prescriptive orders to dispense prescribed medication or devices; but in 1999, the Board of Physician Quality Assurance (now called the Board of Physicians) issued a declaratory ruling authorizing registered nurses to dispense prescribed medication and devices in local health departments without prescriptive orders. Registered nurses needed to follow a formulary approved by the Department of Health and Mental Hygiene (now Department of Health) and local health department procedures.

Then, in 2015, the Board of Nursing came to the Maryland General Assembly with House Bill 945/Senate Bill 626. In working with the Department of Health to implement the expedited partner therapy program, the Board had determined that the 1999 declaratory ruling was not legally sufficient. The law needed to be changed to allow registered nurses to dispense medications and devices of the formulary. The Maryland General Assembly passed the legislation unanimously, and it went into effect in October 2015.

The 2015 law was tailored for prescribed medications and devices. The Nurse Practice Act does not allow registered nurses to provide over-the-counter products to any individual without a prescription. This issue first arose when some nurses were hesitant to provide condoms to patients during a visit. The condoms could be kept in a bowl in a waiting or exam room, but nurses wondered if they risked disciplinary action under the Nurse Practice Act by handing a condom to a patient.

We support this legislation because it clarifies that registered nurses in local health departments may provide over-the-counter products that are on a formulary determined by the Department of Health. The bill also recognizes that the formulary should include over-the-counter contraception, including condoms.

We should note that when the FDA approves a product for over-the-counter use, it is only after extensive testing to ensure that consumers can read and follow the directions on the labeling for the product. This means that FDA believes consumers can appropriately determine if an over-the-counter product is right for them.

We ask for a favorable vote on this legislation. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

2024 WLCM SB 944 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV

Committee:	Senate Finance Committee
Bill:	Senate Bill 944 - Nonprescription Drugs and Devices - Provision by Registered Nurses and Sale of Contraceptives Through Automatic Devices
Hearing Date:	March 12, 2024
Position:	Support

The Women's Law Center of Maryland (WLC) supports *Senate Bill 944 – Nonprescription Drugs and Devices – Provision by Registered Nurses and Sale of Contraceptives through Automatic Devices*. The bill repeals outdated prohibitions on the sale of condoms through vending machines and clarifies that local health department nurses may dispense over-the-counter products, including condoms.

Maryland is the only state to impose a criminal misdemeanor penalty related to the sale of condoms in vending machines. No one may sell a non-latex condom in a vending machine in any setting, and no one may sell any type of condom through a vending machine in a school setting.

As we have reviewed the legislative history, we believe that the ban on the sale of non-latex condoms was related to concerns about the efficacy of non-latex condoms in preventing transmission of HIV in the 1980's. However, since that time, the Food and Drug Administration has approved a number of options for non-latex condoms, which are important because the growing number of people with latex allergies. Our review found no information or data that demonstrated why a criminal penalty was warranted for the sale of condoms in schools in vending machines.

It does not appear as though a Maryland court has ever imposed such penalties. However, these penalties perpetuate stigma about condom use. Such stigma is harmful. Maryland, just as other states, continues to see more cases of HIV, despite it being a preventable disease. In 2020, there were 724 new cases of HIV in Maryland.ⁱ

Maryland should not continue being the only state with criminal penalties related to the sale of condoms in vending machines. We ask for a favorable report to repeal these outdated penalties. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

The Women's Law Center of Maryland is a private, non-profit, legal services organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal assistance to individuals and strategic initiatives to achieve systemic change, working to ensure physical safety, economic security, and bodily autonomy for women in Maryland.

ⁱ <https://health.maryland.gov/phpa/OIDEOR/CHSE/SiteAssets/Pages/statistics/Maryland-HIV-Fact-Sheet-2021.pdf>

Sen Kelly_SB944 Amendment.pdf

Uploaded by: Senator Ariana Kelly

Position: FAV



SB0944/373023/1

AMENDMENTS
PREPARED
BY THE
DEPT. OF LEGISLATIVE
SERVICES

07 MAR 24
09:57:55

BY: Senator Kelly
(To be offered in the Finance Committee and the Judicial
Proceedings Committee)

AMENDMENTS TO SENATE BILL 944
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 4, after the first “of” insert “prohibiting the sale of natural membrane condoms, rather than all nonlatex condoms, through a vending machine or other automatic device;”; in the same line, strike “the prohibition on” and substitute “the criminal penalties related to”; and after line 23, insert:

“BY adding to

Article – Health – General
Section 21–228
Annotated Code of Maryland
(2023 Replacement Volume)”.

AMENDMENT NO. 2

On page 2, after line 30, insert:

“21–228.

A PERSON MAY NOT SELL OR OFFER FOR SALE A NATURAL MEMBRANE
CONDOM BY MEANS OF A VENDING MACHINE OR OTHER AUTOMATIC DEVICE.”.

8a - SB 944 - FIN - MDH- LOSWA (1).pdf

Uploaded by: Jason Caplan

Position: FWA



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 12, 2024

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

RE: Senate Bill 944 – Nonprescription Drugs and Devices - Provision by Registered Nurses and Sale of Contraceptives Through Automatic Devices - Letter of Support with Amendments

Dear Chair Beidle and Committee members:

The Maryland Department (the Department) respectfully submits this letter of support with amendments for SB 944- Nonprescription Drugs and Devices - Provision by Registered Nurses and Sale of Contraceptives Through Automatic Devices. SB 944 repeals the prohibition on the sale of certain contraceptives by means of a vending machine or other automatic device; and authorizes registered nurses to provide, without a prescription, nonprescription drugs and devices in a local health department under certain circumstances.

SB 944 provides key modernization to public health practices regarding the accessibility and availability of contraceptives. The Department, as a recipient of Centers for Disease Control and Prevention (CDC) Integrated Human Immunodeficiency Virus (HIV) Surveillance and Prevention Programs for Health Departments (CFDA) funding, is required to implement a condom distribution program as part of Maryland's larger HIV prevention strategy. The passage of SB 944 would facilitate the inclusion of condoms in public health vending machines and address the longstanding barrier preventing registered nurses in local health departments from directly providing condoms to constituents in the privacy of an exam room. Instead, they have been limited to merely notifying constituents of the presence of condoms in a lobby bowl. These modifications support structural interventions to broaden use of condoms as a cost-effective strategy to prevent STI and HIV transmissions,¹ while also supporting family planning.

SB 944 would also allow the sale of contraceptives in secondary schools. Research indicates that providing condoms in high schools does not prompt increased sexual activity among teens; rather it can increase condom use among sexually active students and students at high risk. When contraception is more widely available, students are more likely to use it, leading to improved sexual health outcomes.²

¹ Condom Distribution Structural Intervention (CDSI); CDC website, accessed 02/23/2024
<https://www.cdc.gov/hiv/effective-interventions/prevent/condom-distribution-programs/index.html>

² Algur E, Wang E, Friedman HS, Deperthes B. A systematic global review of condom availability programs in high schools. *Journal of Adolescent Health*. 2019 Mar 1;64(3):292-304. doi: 10.1016/j.jadohealth.2018.11.013

The prohibition of nonlatex condoms in vending machines dates to an era when condom vending machines in public restrooms were utilized as a public health strategy. At the time, “nonlatex” only referred to natural membrane condoms, which are less effective at preventing transmission of HIV and STIs.³ However, advancements in condom technology now offer several latex alternatives, such as plastic or synthetic rubber, catering to individuals with latex allergies. Therefore, the Department proposes an amendment that would prohibit the sale of condoms with natural membranes by means of a vending machine or other automatic device. This proposed amendment will ensure that SB 944 only increases the availability of effective contraceptives.

Sexual health includes the availability, accessibility, and acceptability of contraception and disease prevention tools, used consistently and correctly. SB 944 supports these goals removing current barriers.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,



Laura Herrera Scott, M.D., M.P.H.
Secretary

³ HIV Prevention: Condoms. Centers for Disease Control and Prevention. May 2021.
<https://www.cdc.gov/hiv/basics/hiv-prevention/condoms.html>

AMENDMENT TO HOUSE BILL HB 1171
(First Reading File Bill)

AMENDMENT NO.1

On page 2, beginning in line 6, strike “[“.

On page 2, line 7, before “(A)” insert “[“.

AMENDMENT NO. 2

On page 2, after line 12, insert “A PERSON MAY NOT SELL OR OFFER FOR SALE A NATURAL MEMBRANE CONDOM BY MEANS OF VENDING MACHINE OR OTHER AUTOMATIC DEVICE.”

8b - 944 - FIN - MACHO - LOSWA (1).pdf

Uploaded by: State of Maryland (MD)

Position: FWA



**2024 SESSION
POSITION PAPER**

BILL: **SB 944 – Nonprescription Drugs and Devices – Provision by Registered Nurses and Sale of Contraceptives Through Automatic Devices**

COMMITTEE: **Senate Finance Committee**

POSITION: **Letter of Support With Amendments**

BILL ANALYSIS: **SB 944 would repeal the prohibition on the sale of certain contraceptives by means of vending machines or other automatic device; authorize registered nurses to provide, without a prescription, nonprescription drugs, and devices in a local health department under certain circumstances.**

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) submits this **Letter of Support With Amendments** regarding SB 944. In general, MACHO supports the intent of the bill to broaden the availability of nonprescription contraceptives by enabling registered nurses employed by local health departments (LHDs) to distribute contraceptive devices without the additional step of a prescription or physician oversight. This change will improve access to contraceptive devices such as latex condoms, help to streamline efforts in LHDs and save valuable staff time as physicians will no longer have to write standing orders or prescriptions related to this service and allow clinical staff to focus on other priorities. The repeal of the prohibition on the sale of nonprescription contraceptives, such as latex condoms, via vending machine, will also help to improve access to contraception and be an important method of preventing transmission of sexually transmitted infections.

However, the elements of the bill authorizing registered nurses to provide, without a prescription, nonprescription drugs raise some concerns about oversight and workflows, absent language clarifying the circumstances and specific types of medications this legislation would authorize. There may be instances where the use of certain nonprescription medications would be inadvisable for patients with particular medical conditions or histories. The addition of clarifying language to include specific types of nonprescription medication would alleviate these concerns. In the absence of that language and in the interest of improving access to nonprescription contraceptive devices, MACHO recommends the following amendments:

On Page 4, Line 14, delete DRUGS AND

On Page 4, Line 22, delete DRUGS AND

For these reasons, the Maryland Association of County Health Officers submits this Letter of Support with Amendments for SB 944. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaiora1@jhu.edu or 410-937-1433. *This communication reflects the position of MACHO.*

Maryland Catholic Conference_UNF_SB944.pdf

Uploaded by: Diane Arias

Position: UNF



MARYLAND
CATHOLIC
CONFERENCE

March 12, 2024

Senate Bill 944

**Nonprescription Drugs and Devices – Provision by Registered Nurses and Sale of
Contraceptives Through Automatic Devices
House Health and Government Operations Committee**

Position: Unfavorable

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 944 repeals the prohibition on the sale of certain contraceptives by means of a vending machine or other automatic device; and authorizes registered nurses to provide, without a prescription, nonprescription drugs and devices in a local health department under certain circumstances.

The use of over-the-counter (OTC) contraception eliminates the need for clinician involvement in obtaining these medications. Typically, clinicians guide contraception uses by discussing potential health implications based on individual conditions. However, the broader effects of contraceptive use on women and society are not well-researched. In an average human menstrual cycle, women experience significant hormonal fluctuations, with about an 8-fold increase in 17β -estradiol (the most prevalent and potent form of estrogen in mammals) and an approximately 80-fold increase in progesterone.¹ Promoting OTC contraceptives through vending machines, as proposed by Senate Bill 944, raises concerns. Such accessibility may encourage the suppression of natural sex hormone production, impacting various aspects of daily human activities, including stress, eating patterns, emotion regulation, learning, and attraction, with long-lasting cascading effects.

While the bill aims to provide access to OTC contraception without prescriptions, it is important to note its lack of a comprehensive approach to health decisions and the potential implications of contraceptive use on individuals. Rather than solely promoting contraceptive use, legislation

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7882021/>

should prioritize enhancing knowledge and awareness of women's bodies while safeguarding their unique ecosystems.

For these reasons, the MCC asks for an unfavorable report on **SB 944**.

Thank you for your consideration.

2024 SB944 Vending Machine Contraception.pdf

Uploaded by: Deborah Brocato

Position: INFO



Opposition Statement SB944

Nonprescription Drugs and Devices - Provision by Registered Nurses
and Sale of Contraceptives through Automatic Devices
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We oppose SB944

On behalf of our 200,000 followers across the state, we respectfully object to SB944. The 2022 session of the Maryland General Assembly significantly lowered the standard of care for women and girls with The Abortion Care Access Act by removing the physician requirement for medical and surgical abortions. The Food and Drug Administration (FDA) has approved for over-the-counter (OTC) use emergency contraception pills (morning after pills) and now the Opill, a daily contraceptive pill. Both contraceptive pills are abortifacient in that they prevent implantation of a baby. Maryland Right to Life opposes this further promotion of abortion and the use of taxpayer funds for that end. Maryland Right to Life requests an amendment excluding abortion purposes from this bill.

The Opill is newly approved by the FDA for OTC use. One pill contains 0.75mg norgestrel which is to be taken daily at the same time each day. This daily pill works by preventing ovulation, preventing the sperm from reaching the egg, or **by thinning the uterine lining to prevent implantation of a fertilized egg in the womb (abortion)**. Risks include liver problems, ectopic pregnancy and severe allergic reaction. (mayoclinic.org)

Emergency contraception pills are taken as a one-dose pill after sex. **The emergency contraception pill contains 1.5mg norgestrel, which is 20 times the dose of the daily Opill taken all in one dose**. It is important to note that girls could take this high dose hormone regularly which is not how it is meant to be used and could cause serious health problems. This pill also works by preventing ovulation or **preventing implantation of a fertilized egg in the uterus (abortion)**. Risks include severe bleeding and ectopic pregnancy. The likelihood of those risks increase if this high-dose hormone is taken often, like after each sexual encounter. (mayoclinic.org)

This bill along with many others are treating abortion drugs as though they are without serious side effects. These hormones being placed in vending machines like candy and being handed out at every venue possible leaves the women and girls to believe they will suffer no harm. Maryland needs to do better to inform the women and girls of Maryland so they can make informed decisions about their reproductive healthcare.

Maryland is a State Sponsor of Abortion. The Abortion Care Access Act provides that taxpayer funds are used to pay for abortion through Medicaid and private health insurance providers. This legislation will further use taxpayer funds to provide abortifacient birth control to the general public.

Maryland is one of only 4 states that forces taxpayer funding of abortion. Maryland taxpayers are forced to subsidize the abortion industry through direct Maryland Medicaid reimbursements to abortion providers, through various state grants and contracts, and through pass-through funding in various state programs. Health insurance carriers are required to provide reproductive health coverage to participate with the Maryland Health Choice program.



SB944
2024

Americans oppose taxpayer funding of abortion. Taxpayers should not be forced to fund elective abortions, which make up the vast majority of abortions committed in Maryland. Polls consistently show that 60% of Americans, pro-life and pro-choice, oppose taxpayer funding of abortion.

Funding restrictions are constitutional. The Supreme Court of the United States has ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that "*no other procedure involves the purposeful termination of a potential life*", and held that there is "*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*"

Maryland Right to Life requests an amendment excluding abortion purposes from this bill. Without it, we ask for an unfavorable report on SB944.

Mayo Clinic - Morning after pill.pdf

Uploaded by: Deborah Brocato

Position: INFO



Morning-after pill

Overview

The morning-after pill is a type of emergency birth control (contraception). Emergency contraception is used to prevent pregnancy for women who've had unprotected sex or whose birth control method has failed.

The morning-after pill is intended for backup contraception only, not as a primary method of birth control. Morning-after pills contain either levonorgestrel (Plan B One-Step) or ulipristal acetate (ella).

Levonorgestrel is available over-the-counter without a prescription; ulipristal acetate is available only with a prescription.

Why it's done

Morning-after pills can help prevent pregnancy if you've had unprotected sex — either because you didn't use birth control, you missed a birth control pill, you were sexually assaulted or your method of birth control failed.

Morning-after pills do not end a pregnancy that has implanted. They work primarily by delaying or preventing ovulation.

Keep in mind that the morning-after pill isn't the same as mifepristone (Mifeprex), also known as RU-486 or the abortion pill. This drug terminates an established pregnancy — one in which the fertilized egg has attached to the uterine wall and has begun to develop.

Risks

Emergency contraception is an effective option for preventing pregnancy after unprotected sex, but it isn't as effective as other methods of contraception and isn't recommended for routine use. Also, the morning-after pill can fail even with correct use, and it offers no protection against sexually transmitted infections.

The morning-after pill isn't appropriate for everyone. Don't take a morning-after pill if:

- You're allergic to any component of the morning-after pill
- You're taking certain medications that can decrease the effectiveness of the morning-after pill, such as barbiturates or St. John's wort

If you're overweight or obese, there's some indication that the morning-after pill won't be as effective in preventing pregnancy as it is for women who aren't overweight.

Also, make sure you're not pregnant before using ulipristal. The effects of ulipristal on a developing baby are unknown. If you're breast-feeding, ulipristal isn't recommended.

Side effects of the morning-after pill, which typically last only a few days, might include:

- Nausea or vomiting
- Dizziness
- Fatigue
- Headache
- Breast tenderness
- Bleeding between periods or heavier menstrual bleeding
- Lower abdominal pain or cramps

How you prepare

For maximum effectiveness, emergency contraception should be started as soon as possible after unprotected intercourse, and within 120 hours. You can take emergency contraceptive pills anytime during your menstrual cycle.

What you can expect

To use the morning-after pill:

- Follow the morning-after pill's instructions. If you use Plan B One-Step, take one Plan B One-Step pill as soon as possible and less than 72 hours after unprotected sex. If you use ella, take one ella pill as soon as possible and less than 120 hours after unprotected sex.
- If you vomit within two hours after taking the morning-after pill, ask your health care provider if you should take another dose.

- Don't have sex until you start another method of birth control. The morning-after pill doesn't offer lasting protection from pregnancy. If you have unprotected sex in the days and weeks after taking the morning-after pill, you're at risk of becoming pregnant. Be sure to begin using or resume use of birth control.

Using the morning-after pill may delay your period by up to one week. If you don't get your period within three to four weeks of taking the morning-after pill, take a pregnancy test.

Normally, you don't need to contact your health care provider after using the morning-after pill. However, if you have bleeding or spotting that lasts longer than a week or develop severe lower abdominal pain three to five weeks after taking the morning-after pill, contact him or her. These can indicate a miscarriage or that the fertilized egg has implanted outside the uterus, usually in a fallopian tube (ectopic pregnancy).

[By Mayo Clinic Staff](#)

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Mayo Clinic - Opill.pdf

Uploaded by: Deborah Brocato

Position: INFO



Minipill (progestin-only birth control pill)

Overview

The minipill norethindrone is an oral contraceptive that contains the hormone progestin. Oral contraceptives are medicines used to prevent pregnancy. These medicines also are called birth control pills.

Unlike combination birth control pills, the minipill — also known as the progestin-only pill — doesn't have any estrogen in it.

The minipill thickens cervical mucus and thins the lining of the uterus. These prevent sperm from reaching the egg and a fertilized egg from implanting in the womb. The minipill may keep you from ovulating. This means that the pill keeps your ovaries from releasing an egg. However, about half the people using the minipill still ovulate.

To be effective in preventing pregnancy, you must take the minipill every day at the same time.

Why it's done

The minipill is a method of birth control that's easy to reverse. And your fertility is likely to return quickly. You can get pregnant almost right away after you stop taking the minipill.

Besides preventing pregnancy, the minipill may reduce or stop heavy or painful periods. The minipill also may help treat a type of skin irritation called estrogen dermatitis that seems to be related to the menstrual cycle.

You might consider the minipill if:

- **You've given birth or are breastfeeding.** The minipill is safe to start any time during breastfeeding. It does not affect the amount of milk produced. You can begin using the minipill right away after giving birth, even if you're not breastfeeding.
- **You have certain health problems.** If you have a history of blood clots in the legs or the lungs, or if you have an increased risk of those conditions, your provider might advise that you take the minipill. The minipill also might be a good choice if you have high blood pressure or heart problems.
- **You're concerned about taking estrogen.** Some women choose the minipill because of possible side effects of birth control pills containing estrogen.

But the minipill isn't the best choice for everyone. Your health care provider may not advise you to take the minipill if you:

- Have past or present breast cancer.
- Have certain liver diseases.
- Have unexplained uterine bleeding.
- Take certain medicines for tuberculosis or HIV/AIDS or to control seizures.

If you'll have trouble taking the pill at the same time every day due to a changing work schedule or other factors, the minipill may not be the best birth control choice.

Risks

Pregnancy

With typical use, as many as 9 out of 100 people who use the minipill will get pregnant during the first year of use. With perfect use as directed, the pregnancy rate is less than 1 in 100 people every year. This rate is close to that of other birth control methods that use hormones.

If you get pregnant while taking the minipill, there appears to be a slightly higher chance that the fertilized egg will implant outside the uterus, usually in a fallopian tube. This is called an ectopic pregnancy. The fallopian tubes carry eggs from the ovaries to the uterus.

There doesn't seem to be an increased risk of birth defects in babies born to people taking the minipill while pregnant. But you should stop taking the minipill as soon as you find out you're pregnant.

Sexually transmitted infections

The minipill won't protect you from sexually transmitted infections. To help protect against these infections, practice safer sex.

Side effects

Side effects of the minipill might include:

- Irregular menstrual bleeding and spotting.

- Acne.
- Breast tenderness.
- Decreased sex drive, also called libido.
- Depression.
- Headaches.
- Nausea.
- Ovarian cysts.

How you prepare

You'll need a prescription for the minipill from your health care provider. Minipills usually come in packs of 28 active pills. This means that all the pills contain progestin. There are no inactive pills without hormones.

As long as you aren't pregnant, you can start taking the minipill anytime — ideally on the first day of your menstrual period.

You might be able to skip the recommended two days of avoiding sex or using backup birth control, such as a condom, if you start taking the minipill:

- During the first five days of your period.
- Between six weeks and six months after giving birth if you are fully breastfeeding and haven't had a period.
- Within the first 21 days after giving birth if you're not breastfeeding.
- The day after you stop using another hormonal method of contraception.
- Right away after a pregnancy loss or abortion.

If you start taking the minipill more than five days after the start of a period, you may need to avoid sex or use a backup method of birth control for the first two days you take the minipill.

If you're switching from a combination birth control pill to the minipill, start taking the minipill the day after you take your last active combination birth control pill.

Talk with your provider so that you know when you need to avoid sex or use a backup method of birth control when starting and using the minipill.

What you can expect

While taking the minipill, you may have less bleeding during periods or you may not have any bleeding at all.

To use the minipill:

- **Talk to your health care provider about a starting date.** Make sure you have a backup method of birth control available if needed.
- **Choose a routine time to take the pill.** It's important to take the minipill at the same time every day. If you take the minipill more than three hours later than usual, avoid sex or use a backup method of birth control for at least two days.
- **Know what to do if you miss pills.** If you miss taking a minipill by more than three hours after your routine time, take the missed pill as soon as you remember, even if it means taking two pills in one day. Avoid sex or use a backup method of birth control for the next two days. If you've had unprotected sex, talk to your health care provider about the type of emergency contraception you should use.
- **Don't take breaks between pill packs.** Always have your next pack ready before you finish your current pack. Unlike combination birth control pills, minipill packs don't contain a week of inactive pills.
- **Know what to do when you're sick.** If you have vomiting or severe diarrhea while using the minipill, the progestin might not be absorbed by your body. Avoid sex or use a backup method of birth control until two days after the vomiting and diarrhea stop. If you throw up within three hours of taking a minipill, take another pill as soon as possible.
- **Tell your health care provider about all medicines you take.** Some medicines may make the minipill less effective. For example, you may need to use a backup method of birth control when taking certain antibiotics.

If your period is heavier than expected or lasts for more than eight days, talk to your health care provider. Also contact your provider if you have any concerns or if you'd like to change to another method of birth control.

Your health care provider can talk with you about birth control options to decide if minipills are right for you.

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