The commonly accepted estimate that we used—that emergency contraceptive pill use prevents 75% of pregnancies that would have occurred without its use—is based on studies evaluating the Yuzpe regimen of combined oral contraceptives. However, levonorgestrel alone has been shown to be more effective than the Yuzpe regimen. If the levonorgestrel-only product approved for use in the United States in 1999 was widely used during 2000 and 2001, the number of abortions averted may have been even higher than our estimate.

On the other hand, studies have found that the effectiveness of the Yuzpe regimen ranges from 56% to 89%. In addition, some users of emergency contraceptives who became pregnant and had abortions may have used the method incorrectly—for example, after they were already pregnant. Although some studies estimating effectiveness of emergency contraception include women who used the method inappropriately, most use screening criteria to include only women for whom emergency contraception was most likely to be effective (e.g., women who had had only one act of unprotected intercourse and who were not pregnant before taking emergency contraceptive pills). If the proportion of women having abortions in 2000 who became pregnant after correctly using emergency contraceptives was actually lower than 1.3%, the number of abortions prevented may be lower than our estimate.

**DISCUSSION AND CONCLUSION**

On the basis of our survey findings, we estimate that of the 1.3 million women who underwent induced abortions in 2000, 608,000 had not been using a contraceptive method around the time they became pregnant, 610,000 had been using a method but not consistently or correctly, and 95,000 had thought they were using the method perfectly but became pregnant because of method failure. Although these estimates are based solely on women’s retrospective reports and perceptions of why they became pregnant, they raise issues that are common among all contraceptive users and thus need to be addressed.

Method failure rates during perfect use are quite low for oral contraceptives and male condoms (0.1–0.5% and 3%, respectively, in the first year of use). Previous research has found that some women overreport compliance with contraceptive regimens, and women having abortions may have overreported perfect method use. Nonetheless, the potential number of unintended pregnancies due to method failure is quite large. In 1995, 10 million women were using the pill, and eight million the condom. If all 10 million women using the pill did so perfectly over the full year, 0.1–0.5%, or 10,000–50,000 users, would have become pregnant. Similarly, if all eight million condom users used the method perfectly for the year, 3%, or 240,000, would have become pregnant. These estimates confirm the validity of the number of abortions that women attributed to method failure during perfect use (95,000). This finding underscores the importance of providing women and their partners with information and services they need to select methods with which they are most likely to be successful, as well as the continuing need for development of additional method choices.

Inconsistent method use was the most common reason women using the pill or condoms became pregnant. Condom users also had to deal with problems of slippage and breakage, which, although fairly rare, increase the chance of pregnancy. For example, couples in clinical trials comparing the efficacy of latex and polyurethane condoms reported slippage or breakage of 1–4% of the condoms they had used during a six-month period. Among women hav-