Abstract
Hormonal emergency contraception (HEC) is one of the few resources a woman can use to avoid an unwanted pregnancy after having sexual intercourse without protection or faulty protection. The current preferred HEC is the pill containing levonorgestrel (LNG) alone. According with WHO it can prevent pregnancies if used up to 120 hours after sexual intercourse, but its efficacy declines from 85% to 31%, the more its use is postponed. Introduction of HEC in Latin American countries has generated much controversy due to the erroneous perception that it causes abortion and the opposition of the more conservative segments of the population who fear its availability may increase promiscuity. In order to disseminate scientific evidence produced by research designed to understand how LNG prevents pregnancy when it is used in HEC, and its correct interpretation, this article offers a critical analysis of those studies and explains in addition under what circumstances the method fails to prevent pregnancy. The bulk of the evidence indicates that LNG prevents pregnancy only when it can impede fertilization and negates that it prevents pregnancy by interfering with embryo implantation, therefore the belief that LNG causes abortion has no scientific support.