

EMERGENCY CONTRACEPTION (EC)

I. INTRODUCTION

Emergency contraception is an important option for pregnancy prevention following unprotected intercourse or a known contraceptive failure. While a number of drug regimens and contraceptive devices have been investigated for this purpose, only a specified regimen of oral contraceptives may be used.

Although the risk of pregnancy is greatest with mid-cycle exposure, emergency contraception may be offered for unprotected sexual exposure at any time during the cycle. If another instance of unprotected intercourse has occurred since their last menstrual period (LMP) emergency contraception may not protect against pregnancy.

II. CLIENT SELECTION

Emergency contraception order may be provided at the client's request or as a back up order written at the time of their initial/annual visit to be used when needed during the upcoming year (as an emergency measure). However, emergency contraceptive pills may be reissued to a client for use at a future time if the need arises. EC may be offered at any time during a woman's cycle.

A. Indications:

1. Emergency contraception may be used by women who have had unprotected intercourse, within the previous 120 hours. (FDA approved Emergency Contraception use within 72 hours of unprotected intercourse to be most effective).
2. EC may be ordered/issued for use should an act of unprotected intercourse occur.

B. Contraindications: Frequently repeated EC use may be harmful for women with conditions classified as USMEC 2, 3, or 4 for CHC or POC use.

III. MEDICAL SCREENING AND EVALUATION

A. EC is available without a prescription for clients ages 17 or older. A prescription/order is needed if the client is under age 17.

B. Prior to providing emergency contraception, the following must be done:

1. Obtain history as indicated
2. Perform highly sensitive urine pregnancy test if indicated
3. Perform examination and obtain lab tests only if indicated

IV. EMERGENCY CONTRACEPTION OPTIONS AND PRESCRIBING INFORMATION

- A. FDA-approved progestin-only pill specifically manufactured and marketed for emergency contraception: Two tablets (0.75 mg levonorgestrel each) as soon as possible within 120 hours after intercourse
OR
- B. One tablet (0.75 mg levonorgestrel) as soon as possible within 120 hours after intercourse followed by a second dose (0.75 mg) 12 hours later
OR
- C. One tablet (1.5 mg levonorgestrel) as soon as possible within 120 hours after intercourse
OR
- D. One tablet (30 mg ulipristal acetate—progesterone receptor modulator) as soon as possible within 120 hour after unprotected intercourse
OR
- E. Copper T – 380 IUD (Paraguard) – as soon as possible within 120 hours after first act of unprotected intercourse. IUD can stay in place and be used for ongoing contraception.

V. INITIATION OF CONTRACEPTION POST EMERGENCY CONTRACEPTION (EC)

Client must meet eligibility requirements for each method discussed in the following table refer to method specific guidelines.

Method	Initiation Instructions post EC
Combine Hormonal Contraception: Oral Contraceptives (COCs or POPs); contraceptive vaginal ring; transdermal contraceptive patch; or subdermal contraceptive implant	The following are options for initiation of methods after EC: <ul style="list-style-type: none"> • Initiate a new pill pack, ring, patch or Implanon after beginning the next menses • Start a new pill pack, ring, patch or implant the day after EC treatment is completed. Advise back-up method for 7 days (2 days for POPs) Additional information/instructions: <ul style="list-style-type: none"> • For implant, perform a highly sensitive urine pregnancy test prior to initiation unless first day of LNMP within past 7 days. Advise client to repeat pregnancy test if no menses in four weeks. • If a regimen of monophasic OC's was used as EC, the patient may continue to take one pill per day from the same pack. Advise back-up method for 7 days.
Depot-Medroxyprogesteron Acetate (DMPA)	The following are options for the initiation of DMPA after use of EC: <ul style="list-style-type: none"> • Initiate during first 5 days of next menses or • Initiate within 24 hours post EC use and: • Perform a highly sensitive urine pregnancy test prior to

	<p>initiation unless 1st day of LNMP was within past 5 days.</p> <p>Additional information/instructions:</p> <ul style="list-style-type: none"> • Advise client to repeat pregnancy test in 3-4 weeks • Advise back-up method for 7 days unless first day LNMP within past 5 days performed before the next DMPA injection may be given. • For these women, a urine pregnancy test must be performed before next DMPA injection given.
Copper-T IUD	<ul style="list-style-type: none"> • Inserted within 5 days of first act of unprotected intercourse • The Copper-T IUD can be used as both the EC method and for ongoing contraception (Copper-T Only). • Is the most effective type of EC

VI. CLIENT EDUCATION/ INFORMED CONSENT

- A. Clients receiving EC must receive education/consent that should include:
1. Information that for maximum effectiveness, EC treatment should be started as soon as possible after unprotected intercourse and within 120 hours.
 2. Information specific to EC, including effectiveness, benefits, risks, use, danger signs, potential side effects and complications.
 3. Client Education/Informed consent.
 4. Instructions to the client about returning to the clinic in 3-4 weeks if no menses occurs for a pregnancy test and options counseling.
 5. Advise to read the Patient Package Insert (PPI)
- B. The Client Must be Given:
1. Written and verbal instructions on EC (may use package insert)
 2. A copy of the method specific consent Form, if the client so requests
 3. Emergency 24 hour telephone number and location where emergency services can be obtained
 4. Clinic access information
 5. Counseling regarding the importance of a regular use of birth control
 6. Information regarding STIs/HIV as indicated, including:
 - a. Prevention
 - b. Modes of transmission
 - c. Signs and symptoms
 - d. The availability of confidential testing
 - e. Safer sex practices
 - f. Use of latex condoms must be encouraged for all sexually active clients as indicated
- C. Obtain a signed general consent for agency reproductive health services.

VII. MANAGEMENT OF SIDE-EFFECTS

- A. Nausea/Vomiting:
1. Nausea/vomiting may occur up to 24 hours.

2. OTC antiemetics (Dramamine) may be taken (most effective 1 hour prior to ingestion).
 3. If vomiting occurs more than 30 minutes after EC ingestion, a replacement dose is not needed.
- B. Dizziness, headaches, breast tenderness, abdominal pain, fatigue or menstrual changes may occur but are usually of short duration and should not require special management. If symptoms persist, client should seek medical attention to rule out pregnancy or other cause of symptoms.

VIII. FOLLOW-UP

- A. Inform the client of EC failure possibility and chance of pregnancy.
- B. Advise client to go to an emergency room if any early pregnancy danger signs occur, such as:
1. Possible Tubal (Ectopic) Pregnancy:
 - a. Sudden pain, or pain that lasts, or strong cramps low in your abdomen, usually on one side or the other –with or without bleeding.
 - b. Fainting or dizziness that lasts more than a few seconds (that could be a sign of bleeding inside your abdomen).
 2. Possible miscarriage:
 - a. Heavy bleeding, sometimes with clots, pieces of tissue or bad cramps.
 - b. A period that is heavy and longer.
 - c. Fever or pain in your abdomen.
- C. Return to the clinic in 3-4 weeks post EC to:
1. Rule out pregnancy if no menses have occurred (If signs and symptoms of ectopic pregnancy and/or miscarriage patient should report earlier)
 2. STI check
 3. For contraceptive and EC supply visit

IX. DOCUMENTATION

- A. Order written in medical record at time of visit or as a standing order.
- B. EC's dispensed must be documented in the medical record and the family planning data system.

REFERENCES

1. Medical Eligibility Criteria for Contraceptive Use. MMWR, Vol. 59, No. RR-4, June 18, 2010
2. Ziemann, M., et. al. Managing Contraception for Your Pocket. 2010 (pg 621)
3. Hatcher, R., et al. Contraceptive Technology. 19th Edition, 2007.

CLIENT EDUCATION FOR EMERGENCY CONTRACEPTION (EC)

Before you take emergency contraceptive pills (ECPs), be sure you understand both the benefits and the possible problems of using ECPs. This information sheet also lists the danger signs you should watch for. If you have any questions as you read, we will be happy to talk about them with you.

Emergency contraceptive pills (ECPs) are hormonal pills (similar to birth control pills) that you take to try to prevent pregnancy after you have unprotected vaginal intercourse. Either your birth control method failed (for example your condom broke) or you didn't use a method.

ECP is believed to act by preventing ovulation or fertilization (by altering tubal transport of sperm and/or ova). In addition, it may inhibit implantation (by altering the endometrium). It is not effective if implantation has already begun.

There are alternatives to ECPs. When a copper intrauterine device (IUD) is inserted within 5 days of a single act of unprotected intercourse, it may prevent pregnancy. It may also be left in place for ongoing contraception. Or you can choose to "wait and see." Discuss all of the choices with your health care provider.

The sooner ECPs are taken, the better they work to prevent pregnancy. It is best to start the pills within 72 hours (3 days) of unprotected vaginal intercourse. When taken within the first 72 hours after intercourse, emergency contraception pills prevent pregnancy about 75 – 89% of the time. Studies have shown that even if ECPs are taken as late as 120 hours (5 days) after unprotected intercourse they may prevent pregnancy. It appears to be less effective the later it is used.

How well the pills work depends on how soon after intercourse they are started and what day in your menstrual cycle unprotected intercourse takes place. This method fails to prevent pregnancy in some cases, because:

- A fertilized egg already has implanted in the uterus
- Too much time passed since unprotected vaginal intercourse
- Failure of the drug itself.

You will get the FDA approved information provided by the pill manufacturer if you get these pills here. You should read the information and ask questions about anything you do not understand.

A sensitive urine pregnancy test should be done before taking ECPs if you think there is any chance that you could already be pregnant (if your last period was late, light, or short, or if you feel pregnant).

You should not use ECPs if you are (or think you are) already pregnant. However, if you are pregnant, or if the pills fail and pregnancy occurs, there have not been any reports of serious side effects to the woman or to the fetus from taking the pills. As with any pregnancy you would still need to be aware of signs and symptoms of ectopic pregnancy or miscarriage as discussed and seek immediate medical attention.

Some reactions to these pills (for about 24 hours) may include:

- Nausea, vomiting and/or abdominal pain
- Breast tenderness
- Irregular bleeding
- Headache or dizziness
- Fatigue

After taking ECPs, your next period could be early or late, or could be lighter or heavier, or could be the same as usual. If you use ECPs more than once in a monthly cycle, the chances of having problems with your next period will be greater.

If you see a clinician before you have your next period, you should tell him/her that you have taken ECPs.

If you do not want to become pregnant, it is important to begin a more reliable form of ongoing birth control. Ask about the options at your clinic.

Having unprotected sex may have put you at risk for sexually transmitted infections (STIs/HIV) and a serious infection could cause sterility. If you think you could be at risk for STIs/HIV, you should talk to your clinician about getting tested.

You should come back to the clinic for a checkup 3-4 weeks after taking these pills if you have not had a normal period, or if you feel like you could be pregnant, or if you have any early signs of pregnancy (such as feeling sick to your stomach, feeling very tired, breast swelling or tenderness).