

4.4 Emergency Contraception

DEFINITION: Women who have had unprotected intercourse or who have experienced a failure of their contraceptives (e.g., condom breakage, missed pills) may reduce their risk of becoming pregnant by using emergency contraception (EC) post coitally. The earlier EC is used, the more effective it is. Current product labeling for hormonal EC indicates it should be initiated within 72 hours of exposure but more recent studies have shown efficacy if treatment is initiated within 120 hours (5 days).

A female egg is only capable of being fertilized for 24 hours after ovulation and sperm are only capable of fertilizing the egg for 5 to 6 days. Pregnancy is most likely if intercourse occurs in the 48 hours before ovulation.

SUBJECTIVE: If acute need for EC:

1. LMP, PMP
2. History of any unprotected acts of intercourse since LNMP

If advance prescription:

1. Non-pregnant patient using a birth control method that may fail her in the future (either method or user failure)
2. Patient interested in using hormonal EC in the future

Must exclude:

1. Pregnancy
 2. Acute, unexplained abnormal vaginal bleeding
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OBJECTIVE: Must include:

1. Negative sensitive urine pregnancy test for women with:
 - Signs or symptoms of pregnancy
 - Delayed menses
 - Any other episode of unprotected intercourse (UPI) which occurred in this menstrual cycle more than 120 hours prior to presentation
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ASSESSMENT: Client at risk for unintended pregnancy and is candidate for EC

PLAN:

1. Obtain informed consent for use of ECPs witness and date
2. Prescribe: Levonorgesterel: Plan B/Next Choice (0.75 mg) or Plan B One-Step/Next Choice One-Step (1.5 mg)
 - a. Plan B/Next Choice labeling instructs patients to take 1 tablet orally every 12 hours within 72 hours but;
 - b. Preferred method is to take 2 tablets at once within 120 hours of UPI
- OR
3. Prescribe: Ulipristal acetate: ella (30 mg) – 1 tablet within 120 hours (5 days) of UPI
4. For patients with BMI \geq 25: consider offering ella due to increased risk of EC failure with increased BMI
- OR
5. Insert the Copper IUC (Paragard) – if is within 5 days of UPI
6. Use as EC only if patient desires long-term birth control also
7. Advise patient of menstrual changes
8. Prescribe antiemetic (OTC or prescription as determined locally) with hormonal EC
9. Return to clinic for pregnancy test if no menses within 2-4 weeks of using EC
10. Start patient on their desired birth control method the day after taking hormonal EC
11. A prescription for EC should only be given to female patients since it is not meant for male use.

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- CLIENT EDUCATION:
1. Reinforce that hormonal ECP works best if taken early. May use if for up to 120 hours after UPI, but pregnancy rates are higher if ECP is taken later.
 2. Discuss with patient that studies have indicated that women with a BMI ≥ 25 may be at increased risk of ECP failure with levonogestrel ECP.
 3. Discuss with patient that if UPI occurred at the most fertile time of her cycle she may be at increased risk of ECP failure.
 4. Discuss with patient if vomits within 2 hours of taking EC there is no need to repeat EC unless a pill is seen in the vomitus.
 5. Advise patient that ECPs will not work if she is already pregnant. Inform patient that if she has conceived less than 10 days ago, the pregnancy test may not be able to detect that pregnancy.
 6. Review mechanisms of action. Hormonal ECP does NOT cause abortion but suppresses ovulation. There is no evidence that it will harm a fetus if she uses it while she is pregnant.
 7. Advise patient that ECP is used as an emergency method only and not intended as a primary birth control method.
 8. Reinforce with patient that ECP is not 100%. Remind patient to get pregnancy testing if she has had no menses in 2-4 weeks after using EC.
 9. Instruct patient EC will not protect against STIs.
 10. For patients needing EC:
 - a. Advise patient that some pharmacies may not rapidly fill prescription.
 - b. Recommend she have prescription filled soon and keep ECP readily available since studies indicate better compliance if ECP is readily accessible.
 - c. Instruct patient to check for expiration date and to review instructions on how to use ECP.
 11. Tell patient that Plan B/Next Choice is available in many pharmacies behind-the-counter. People (female and male) 17 years of age and older with a government issued photo ID may purchase it out-of-pocket without a prescription.
 12. Tell patient that Plan B One-Step/Next Choice One-Step has been approved by the FDA for purchase OTC for females and males 15 years of age and older with a government issued photo ID.
 13. Males may only pick up ECP for their female partners if the female is an established patient and has notified clinic personnel of her need to have the identified male pick up her ECP. Prescription and permission for pick up should be documented in the chart.