

4.3 EMERGENCY CONTRACEPTION (EC)

TITLE	DESCRIPTION
DEFINITION:	The term “emergency contraception” (EC), also known as the “the morning-after pill”, refers to contraceptive method that can be used to help prevent pregnancy after unprotected sex. EC offers an important chance to prevent an unintended pregnancy when a regular method fails, no method was used, or sex was forced. Advance provision of EC pills is recommended for all women at risk for unintended pregnancy. Methods available include levonorgestrel, ulipristal acetate, and copper IUC (Cu-IUC).
SUBJECTIVE:	<p>If acute need for EC, Must Include:</p> <ol style="list-style-type: none"> 1. LMP and history of any unprotected intercourse (UPI) since LNMP. <p>If advance prescription:</p> <ol style="list-style-type: none"> a. Couple using a method which might not be correctly and consistently used. b. Client interested in having ECs available in case of need. <p>May Include:</p> <ol style="list-style-type: none"> 1. Comprehensive medical, family, social, sexual, reproductive life plan and contraceptive history (initial, or updated as indicated).
OBJECTIVE:	<p>Assess as Indicated:</p> <ol style="list-style-type: none"> 1. Assess for existing pregnancy in women with: <ol style="list-style-type: none"> a. Signs or symptoms of pregnancy. b. Delayed menses. c. Any other episode of unprotected intercourse (UPI) which occurred in this menstrual cycle more than 120 hours prior to presentation. d. Height, weight, and BMI
LABORATORY:	Pregnancy test.
ASSESSMENT:	Client at risk for unintended pregnancy and is candidate for EC.
PLAN:	<p>Emergency Contraception Options:</p> <ol style="list-style-type: none"> 1. <u>Levonorgestrel 1.5 mg</u> in a single dose with a maximum efficacy within 72 hours and moderate efficacy with 120 hours but is most effective within 72 hours of unprotected intercourse (UPI). * <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 2. Levonorgestrel 0.75 mg followed by a second dose of 0.75 mg tablet 12 hours later. * <p>*NOTE:</p> <ol style="list-style-type: none"> a. Advise client any regular contraceptive method can be started immediately after taking Levonorgestrel EC. Client needs to abstain from intercourse or use barrier contraception for 7 days. b. Advise the client to have a pregnancy test if she does not have a withdrawal bleed within 3 weeks. If she prefers continuous cycling a pregnancy test can

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	<p>also be done in 3 weeks.</p> <p style="text-align: center;">OR</p> <p>3. ELLA/ulipristal acetate – in a single dose (30 mg), should be provided within 5 days of unprotected intercourse.</p> <ol style="list-style-type: none"> a. Advise client to start or resume hormonal contraception no sooner than 5 days after unprotected intercourse (this includes DMPA, implants, IUCs, pills, patch, and ring). b. The client needs to abstain from sexual intercourse or use barrier contraception for the next 7 days after starting or resuming regular contraception or until next menses, whichever comes first. c. Any nonhormonal contraceptive method can be started immediately after the use of ulipristal acetate. d. Advise the woman to have a pregnancy test if she does not have a withdrawal bleed within 3 weeks. This includes clients who prefer to use continuous cycling option. e. <u>Any client breastfeeding using ulipristal acetate, discard breast milk for at least 24 hours post treatment.</u> <p style="text-align: center;">OR</p> <p>4. <u>Copper IUC (Cu-IUC)</u> - can be inserted within 5 days of UPI, for clients seeking long term contraceptive method. NOTE: In addition, when the day of ovulation can be estimated, the Cu-IUC can be inserted beyond 5 days after UPI, as long as insertion does not occur > 5 days after ovulation.</p> <p>5. Document client verbalizes understanding of counseling information.</p> <p>6. Return to clinic for pregnancy test if no menses within 2-4 weeks of using EC, PRN if problems, or as designated by the clinician.</p>
EDUCATION	<ol style="list-style-type: none"> 1. Reinforce that hormonal EC works best if taken early. May use for up to 120 hours after UPI, but pregnancy rates are higher if EC is taken later. 2. Discuss with client that studies have indicated that women with a BMI \geq 25 may be at increased risk of EC failure with Levonorgestrel EC. 3. Discuss with client that if UPI occurred at the most fertile time of her cycle she may be at increased risk of EC failure. 4. Discuss with client 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 client that EC will not work if she is already pregnant. Inform client 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 EC does <u>NOT</u> cause abortion but suppresses or postpones ovulation. There is no evidence that it will harm a fetus if she uses it while pregnant. 7. Advise client that EC is used as an emergency method only and not intended as a primary birth control method. 8. Instruct client EC will not protect against STIs. 9. Discuss birth control options.

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	10. Advise client EC is available OTC. 11. Stress importance of back up method for 7 days.
REFERRAL TO MEDICAL PROVIDER:	None unless medically indicated.
REFERENCES:	<ol style="list-style-type: none">1. <i>Centers for Disease Control and Prevention (CDC). U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. MMWR.</i>2. <i>Centers for Disease Control and Prevention (CDC) U.S. Selected Practice Recommendation for Contraceptive Use 3rd edition, 2016.</i>3. <i>Contraceptive Technology Update. Check Birth Control Start After Ulipristal Acetate; 2017 May: 54-55.</i>