

## EMERGENCY CONTRACEPTION

### I. DEFINITION:

- A. Emergency contraception (EC) includes methods that act after intercourse to reduce the risk of pregnancy when other methods fail or when no contraception is used. There are currently 4 methods in widespread use worldwide:
1. Yuzpe Method with combined monophasic contraceptive pills (COCs)
  2. High-dose progestin-only pills (POPs), i.e. Plan B
  3. ella (ulipristal acetate), a progesterone antagonist, which is effective up to 5 days
  4. Copper IUD insertion

The three hormonal methods are most commonly utilized in the United States. Neither hormonal method is an abortifacient. They do not disturb an implanted pregnancy. Timing is an important factor. EC may be effective when taken within 72-120 hours (depending on method available) after unprotected sexual intercourse (sperm exposure).

The Yuzpe and POP methods are more effective the sooner it is taken. POP use within 1-3 days results in 2.7 pregnancies per 100 women. COC use within 1-3 days results in 4.3 pregnancies per 100 women. ella, used within 5 days (120 hrs), results in 2 pregnancies per 100 women.

Plan B one step is 88% effective after 24 hrs and up to 95% before 24 hrs. ella is up to 98% effective, and COC's are about 82% after 24 hrs and 92% before 24 hrs.

- B. OSDH Family Planning Program provides Plan B (POP) ONLY for emergency contraception. If another monophasic oral contraceptive pill must be used due to the unavailability of Plan B, documentation in the client's medical record must contain the reason for not providing Plan B, a verbal or written order from the advanced practice provider or back-up physician, name of the monophasic oral contraceptive used and instructions for use provided for the client.
- C. Candidates – Women who have had or who may be at risk for unprotected sexual intercourse are potential candidates for EC for immediate use, but women with contraindications to estrogen use should use POPs, if possible, as emergency contraception. Counsel women that EC provided through Family Planning is most effective when taken within 12-24 hours after unprotected intercourse, but has been shown to be effective within 72-120 hours, depending on method available. Offer EC to women who report unprotected or inadequately protected intercourse within the past 72-120 hours, depending on method available.

### II. CLINICAL FEATURES:

- A. Information from candidates includes:
1. Subjective
    - a. Client completes ODH Form 637 through the smoking questions
    - b. Screen for pregnancy
    - c. Include date and time of unprotected intercourse or method failure as outlined in Family Planning Program Manual
    - d. Ensure that the client is within the treatment time frame, so that no more than 72 hours have elapsed since last unprotected exposure. If needed past 72 hours but less than 120 hours, contact the advanced practice provider or back-up physician for a verbal or written order for ella (prescription) or a monophasic oral contraceptive and instructions.

2. Objective
  - a. Blood pressure
  - b. Height
  - c. Weight
  - d. Rule out pregnancy only if concerned that prior intercourse may have caused a pregnancy. (See PHYSICIAN APPROVED PROTOCOL: PREGNANCY TESTING & COUNSELING)

B. Complications

Although EC is not a teratogen, it should not be issued if the client is pregnant due to lack of effectiveness.

C. Contraindications to Emergency Contraception

Current diagnosis of pregnancy

D. Required Services

1. History must include the following:

- a. Date(s) and time of unprotected intercourse
- b. Method of contraception being used:
  - 1) None
  - 2) Oral Contraceptives – Include number of days late in taking OCP; number of pills missed; week in cycle when pill(s) were missed
  - 3) Hormonal patch – Include number of days without patch in place
  - 4) NuvaRing – number of hours out of vagina
  - 5) Barrier method – Used/not used; failure (i.e. breakage, tear, etc.)
  - 6) DMPA– Date of last injection
  - 7) IUD – Date of insertion
- c. Date of LMP
- d. Age
- e. Date of last delivery
- f. Smoking questions

E. Precautions

1. Pregnancy
2. Known hypersensitivity to any component of product
3. Undiagnosed abnormal vaginal bleeding

III. MANAGEMENT PLAN:

- A. Rule out pregnancy by determining if client meets any one of the following criteria:
- Is < 7 days after the start of normal menses
  - Has not had sexual intercourse since the start of last normal menses

- Has been correctly and consistently using a reliable method of contraception
- Is < 7 days after spontaneous or induced abortion
- Is within 4 weeks postpartum
- Is fully or nearly fully breastfeeding (greater than 85% of feeds are breastfeeds), amenorrheic, and < 6 months

B. Medication choices:

1. Utilize Missed Hormonal Contraceptive instruction sheet (ODH # 902 for pills, 903 for ring and 904 for patch) to issue Emergency Contraception to the client.
2. Progestin-only pill
  - a. **Plan B** – single pill dose formula or
  - b. **Plan B** - two tablets in single dose formula or
  - c. **Plan B** – two tablets taken as 1 (one) dose in clinic and followed by 1 (one) tablet, 12 (twelve) hours later.
3. If Plan B is unavailable or the client comes in between 72 and 120 hours after the unprotected intercourse, contact advanced practice nurse with prescriptive authority or back-up physician for order for Yuzpe Method (alternative monophasic regimen) order or ella order (prescription).
4. For nausea, the PHN may recommend the following OTCs for purchase:
  - a. **Meclizine hydrochloride** 50mg 1 hour before each EC dose (Dramamine, Bonine, Dizmiss, Vergon)

OR

- b. **Diphenhydramine hydrochloride** 25mg 1-2 tabs 1 hour before each EC dose. (Benadryl)

- C. In the absence of pregnancy, the PHN can issue Emergency Contraception, with the instructions on the use, risks and benefits thoroughly explained to the client. If issuing an option with two pills, the nurse will work with the client to determine the time to take the first dose, so that the second dose is at a convenient time when possible.
- D. If vomiting occurs within one hour of taking the dose, instruct the client to call the clinic for instructions. The PHN may issue an additional dose and counsel client on time change needed.
- E. Document the times client should take the first and second doses on ODH 336, if applicable.
- F. Provide *Emergency Contraception (EC) Client Instructions* (for ODH 336)
- G. Client Education: Counseling standards provided at this visit should include the following, as well as adequate information to correctly use EC:
  1. EC should NOT be used as the only method of contraception. EC is less effective and more expensive than ongoing contraception.
  2. Counseling women that nausea and vomiting may occur. Provide information about over the counter anti-nausea medication; recommend they be taken 30 minutes to an hour before the dose and every four hours as needed. Caution women some over the counter medications may cause drowsiness or dizziness and to avoid situations that may be dangerous, such as driving.

3. If vomiting does occur within one hour of taking the medication, the dose should be repeated.
4. EC will NOT provide birth control if the client has unprotected intercourse AFTER taking the medication. At that point, protection must be used if pregnancy is not desired.
5. EC does NOT provide protection from sexually transmitted infections.
6. Encourage abstinence until the next menses; strongly encourage barrier methods if abstinence is not an option.
7. Oral contraceptive, patch or NuvaRing users should start a new cycle of contraceptive the day after EC is completed and continue using daily as prescribed. Any partial packages of OCPs being used prior to EC should be discarded.
8. Return to clinic for pregnancy test if no menses within 21 days and/or no menses on inactive pills.
9. DMPA users:  
  
Obtain a negative pregnancy test the day they obtain EC. If negative, may issue EC and DMPA Advise client to return in 3 to 4 weeks for repeat pregnancy test.
10. Minors should be encouraged to involve parent/guardians in their decisions regarding their reproductive health.
11. If client is not currently enrolled in family planning and desires services, and if her menses is due before the first family planning appointment is available, offer Early Start service.
12. EC consent (ODH 336) should be signed by client and discussed.
13. Verify client understands Emergency Contraception instructions.
14. Provide the client a family planning clinic appointment within 28 days. If the client should decline this, document accordingly on ODH 336.
15. EC pills offer no lingering reliable protection against pregnancy. Encourage initiation of a method immediately.
16. If initiating oral contraceptive, patch, or NuvaRing, client may wait for the next menses or start method the next day with 7-day backup method (this will affect the timing of the next menses).
17. If starting barrier methods, start immediately.
18. If starting Natural Family Planning, use abstinence until next menses (date of ovulation and mucus production will be changed by EC pills).
19. Advise women to watch for signs that may indicate serious problems in early pregnancy, such as abnormal bleeding, cramping, and abnormal pain. Also discuss warning signs and symptoms of problems associated with pill use.

20. Advise of other possible side effects, including breast tenderness, headache, abdominal pain, and dizziness. Side effects usually subside within a day or two after treatment.
21. If the client is late taking the second dose of the 2-dose packaging, counsel her to take the dose. Counsel that EC may not be as effective due to the lateness of the second dose.
22. EC may be issued as often as necessary. Education should also be given each time. Education should also be given during family planning appointments of availability and when to seek it.

H. Prescriptions for Clients who have SoonerCare or SoonerPlan coverage

1. Clients who have SoonerCare or SoonerPlan coverage or who appear to be eligible for SoonerCare or SoonerPlan through online enrollment, are given a number AND meet the above requirements, should be given a prescription for Plan B-One Step. This may be accomplished by the APRN writing the order and the public health nurse then calling in the prescription.

Needed information in this case includes:

- a. Client's name and date of birth
- b. Clinician's name and credentials, including NPI number
- c. Medication ordered, dose, route and instructions
- d. Number of refills
- e. Name, address and phone number of county health department
- f. Name and credentials of nurse calling prescription

If the APRN chooses, a written prescription may be given to the client to take to the pharmacy.

2. If no APRN is available, the prescription can be called in under the Medical Director for Maternal Child Health, Dr. Pamela Miles following the guidance above.

If the prescription from Dr. Miles is faxed in, documentation on the prescription must reflect:

- a. Name of pharmacy
- b. Phone number called or faxed to
- c. Contraceptive ordered, including instructions on how to take it (i.e. take one by mouth now, as directed)
- d. No refill
- e. Name of nurse calling in prescription
- f. Name, address and phone number of County Health Department

3. The public health nurse is to utilize the attached order – Prescription for Emergency Contraception – when faxing or calling in the prescription from Dr. Miles. The prescription is then to be filed in the client record behind the progress notes.

Further documentation needs to be made in the progress notes as follows:  
"Prescription called into pharmacy. See prescription for this date."

4. Emergency Contraception visits are monitored in PHOCIS by MCH staff to ensure staff are following policy.

I. Documentation

1. Concise, clear, and complete documentation of required services must be present.
2. All indications for EC must be documented (see III.D).
3. If the client refuses a family planning clinic appointment, document her reasons on ODH 336.

J. Return visit

1. It is essential that an appointment for family planning services be made within 28 days of the EC visit, if not currently a family planning client.
2. The client must be advised that EC should NOT be used as an ongoing method of contraception as it does not always prevent a pregnancy.
3. Women requesting emergency contraception should be offered information and services for regular contraception.

REFERENCES:

- American College of Obstetricians & Gynecologists, Emergency contraception, *ACOG Practice Bulletin: Clinical Management Guidelines for Obstetrician-Gynecologists* 2010 (Reaffirmed 2013) (No. 112): 9 p.
- Centers for Disease Control and Prevention (2013). U.S. selected practice recommendations for contraceptive use, 2013: adapted from the World Health Organization selected practice recommendations for contraceptive use, 2<sup>nd</sup> edition. MMWR 2013: 62. Retrieved July 1, 2013 from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6205a1.htm>
- Zieman, M., Hatcher, R. A., Cwiak, C., Darney, P. D., Creinin, M. D., & Stosur, H. R. (2010). *Managing contraception for your pocket* (10th ed.). Tiger, Ga: Bridging the Gap Foundation.
- Hatcher, R. A., Trussell, J., Nelson, A. L., Cates, W., Jr., Stewart, F. H., & Kowal, D. (2011). *Contraceptive technology* (20th ed.). New York: Ardent Media, Inc.
- Trussell, J., & Raymond, E.G. *Emergency contraception: A last chance to prevent unintended pregnancy*. September 2012. Retrieved 9/28/2012 from: <http://ec.princeton.edu/questions/ec-review.pdf#page=3>

Client: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_

***R* Prescription for Emergency Contraception *R***

**Plan B, one packet**

**Directions: As directed**

**No Refills.  
Generic Equivalent Acceptable**

Pamela S Miles MD      1619945466  
Pamela Miles, M.D.      NPI #      Date

\_\_\_\_\_ County Health Department      \_\_\_\_\_ Site Address      \_\_\_\_\_ Phone

| <i>For County Health Department Use only</i> |  |
|--|--|
| Time of call                                 |  |
| Name of Pharmacy                             |  |
| Phone number of pharmacy                     |  |
| Fax number – if faxed                        |  |
| Nurse calling in or faxing prescription      |  |

Oklahoma State Department of Health

