

**SECTION 2.2
EMERGENCY CONTRACEPTION**

I. Subjective Data

- A. May be provided to a woman with a history of unprotected intercourse within past 120 hours to prevent unintended pregnancy.
- B. **Levonorgestrel 1.5 mg. (Plan B One-Step™/Next Choice®)** may be purchased without a prescription by women or men **17 (seventeen) years** or older. Proof of age, such as a driver's license, must be presented by the person making the purchase. Women **16 (sixteen) years** and younger require a prescription and must sign a consent.
- C. Precautions – There are no medical contraindications to the use of **Plan B One-Step/Next Choice** emergency contraceptive pills with the exception of pregnancy. If a woman is already pregnant, treatment is ineffective. (**Contraceptive Technology 19th Edition, p.87**)
- D. **Ulipristal acetate (ella®)** is a progesterone agonist/antagonist which became available in the US by prescription in December 2010. Ella reduces the risk of pregnancy the entire course of 120 hours after unprotected intercourse. Ella is not recommended for breastfeeding women. Ella is contraindicated for use in the case of known or suspected pregnancy. The risks to a fetus when ella is administered to a pregnant woman are unknown. If this drug is inadvertently used during pregnancy, the woman should be apprised of the potential hazard to the fetus, according to the ella package insert.

II. Examination/Laboratory Testing

Urine pregnancy test, if indicated.

III. Assessment/Plan

- A. The following outlines the pill dosing for hormonal emergency contraception:

BRAND NAME	NUMBER OF TABLETS FOR EACH DOSE (only one dose required)
Plan B (0.75 mg Levonorgestrel)	2 tablets at the same time
Next Choice (0.75 mg Levonorgestrel)	2 tablets at the same time
PlanB One Step (1.5 mg Levonorgestrel)	1 tablet
ella (30 mg ulipristal acetate)	1 tablet

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BRAND NAME	NUMBER OF TABLETS FOR EACH DOSE (2 doses, 12 hours apart are required)
Lo/Ovral, Nordette, Levlen	4 tablets
Alesse	5 tablets
Triphasil, (yellow pills only)	4 tablets
Ovral	2 tablets

- B. Over-the-counter anti-nausea medication such as Dramamine/Bonamine may be recommended with use of combined hormonal options in the second table.

IV. Follow-Up

- A. Initiation of on-going contraception
1. Combined hormonal contraception (pills, patch, or vaginal ring) or progesterone only pills (POPS) may be initiated the day after initiation of EC pills. Use condoms for 7 days.
 2. **Depo Provera may be administered immediately. If Depo Provera is administered immediately, consider having the client return in 2-3 weeks for a repeat pregnancy test (Zieman M., Hatcher RA et al. A Pocket Guide to Managing Contraception. Tiger, Georgia: Bridging the Gap Foundation, 2010, page 78). Offer and do a pregnancy test, if indicated, before administering Depo Provera.** Client must be counseled that since ECP is not 100% effective, pregnancy cannot be ruled out prior to injection. While there is no clear association with harmful fetal effects, the client should be informed that the manufacturer does not recommend administering Depo Provera if pregnancy cannot be ruled out. Use condoms for 7 days.
 3. Paragard IUD may be inserted as an alternative to EC pills. See IUD protocol.
- B. If the patient has not had any bleeding within three weeks of taking emergency contraception or has reason to suspect she may be pregnant, a urine pregnancy test should be done.

V. Education

- A. The Emergency Contraception (EC) Consent/Information form and Emergency Contraception Progress Note form must be reviewed with the patient to assure understanding prior to her signing and initialing the consent. For those clients **≥ 17 years of age and using levonorgestrel emergency contraception**, the consent form is not required. Consideration should be given to using the progress note as a means of documenting the client's need for emergency contraception. A record must be established for any client receiving a visit for emergency contraceptive services.
- B. **Due to ulipristal's high affinity for binding to progesterone receptors, ulipristal may reduce the effectiveness of a woman's regular contraceptive method. Condoms should be recommended for 2 weeks after ulipristal use.**

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- C. Client should be counseled that Emergency Contraception should be used as an emergency measure and is not recommended as a regular method of birth control. Counseling and documentation should be done regarding regular use of a birth control method.
- D. **There appears to be no harm for repeat use of levonorgestral emergency contraception. Ulipristal emergency contraception is not recommended for repeated use in the same menstrual cycle.**
- E. The patient should be given a copy of the FDA package insert provided by the manufacturer of the pills.
- F. There should be documentation of patient instructions to return for a follow up visit in three weeks if she has no menstrual period or if she desires family planning services.
- G. The client must be given emergency contact information.
- H. Prophylactic use - Clinics are expected to give information on emergency contraception at each new and annual exam, regardless of the method the client is using. Consideration should be given to including a package of emergency contraception to take home.
- I. In an effort to reduce barriers to accessing emergency contraception, males should be able to purchase emergency contraceptive pills for their partners. **Levonorgestrel emergency** contraceptive pills are available to consumers **17 years** and older without a prescription. Its non-prescriptive sale to those **17 years** and older is not limited to women.

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The following is a sample of an Emergency Contraception Consent Form. This form can be downloaded from the **CDPHE Family Planning Program** website at: <http://www.cdphe.state.co.us/pp/womens/FPNursingConsntsForms.html>.

EMERGENCY CONTRACEPTION (EC) CONSENT / INFORMATION

WHAT IS IT? Emergency contraceptive pills (EC) are hormone pills (like birth control pills) that you take right after unprotected sex to try to reduce your chance of pregnancy.

THEY WORK BY:

- Keeping the ovary from releasing an egg;
- Making the mucus from the cervix thick so the sperm can't get into the uterus;
- They work best if they are taken within 120 hours after having sex without birth control.

HOW DO I TAKE IT? 1.) For Plan B or Next Choice®, swallow both pills while you are in the clinic. For Plan B One Step™, swallow the single pill while you are in the clinic. 2.) **For ella®, swallow the single pill while you are in the clinic.** 3.) For all other options, swallow the first dose of EC as soon as you can. Swallow the second dose 12 hours after you took the first dose. 4.) Some kinds of EC can make you feel sick to your stomach. Ask your provider if she or he recommends you take an over-the-counter medicine for nausea, like Dramamine or Bonamine before the first dose of EC.

HOW WELL DOES IT WORK? EC does not work every single time. If you don't start your period within 3 weeks after taking EC, call the clinic. EC should just be used in an emergency. It is not good as a regular method of birth control. After you use EC, you should start using a reliable method of birth control right away.

CAN EVERYONE TAKE EC? You should not take EC if you already know for sure that you are pregnant. If you are pregnant but don't know it, or if the EC doesn't work and you are pregnant, it will not hurt you or the pregnancy to take EC. **You should not use ella if you suspect you are pregnant or are breastfeeding.** Also, ella may reduce the effectiveness of your regular hormonal method so you should continue your hormonal method and use a reliable barrier contraceptive method after using ella. Ella should not be used more than once in the same menstrual cycle.

WHAT WILL I FEEL LIKE WHEN I TAKE EC? You may not have any symptoms. Some women may have one or more of the following:

- Nausea or vomiting;
- Tender breasts;
- Headaches;
- Dizziness or tiredness;
- Irregular bleeding
- Stomach pain**

Your next period after you take EC may be different than your periods usually are. It may be early or late, and it might be heavier or lighter.

Call the clinic or go to the nearest emergency room if you have:

- Very bad headaches
- Very bad abdominal pain
- Changes in your vision
- Trouble breathing or chest pain
- Very bad leg pain
- Heavy bleeding

You have been given _____ Take _____ pill(s) now; take _____ pill(s) in 12 hours.

If you have any questions, call the clinic at _____

Patient signature _____ Date _____

Staff signature _____ Date _____

INTERPRETER'S STATEMENT

I have translated the information and advice presented orally to the client who has chosen to use Emergency Contraception. I have also read this consent to her in a language she understands and explained the content to her. To the best of my knowledge and belief she understands this explanation and voluntarily consents to the use of Emergency Contraception.

Interpreter's Signature

Date

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The following is a sample of an Emergency Contraception Information Form. This form can be downloaded from the **CDPHE Family Planning Program** website at:
<http://www.cdphe.state.co.us/pp/womens/FPNursingConsntsForms.html>.

EMERGENCY CONTRACEPTION (EC) INFORMATION FOR NON-PRESCRIPTION USERS

WHAT IS IT? Emergency contraceptive pills (EC) are hormone pills (like birth control pills) that you take right after unprotected sex to try to reduce your chance of pregnancy.

THEY WORK BY:

- Keeping the ovary from releasing an egg.
- Making the mucus from the cervix thick so the sperm can't get into the uterus.
- Changing the lining of the uterus so the fertilized egg can't attach and become a pregnancy.
- They work best if they are taken within 120 hours after having sex without birth control.

HOW DO I TAKE IT?

- 1.) For Plan B or **Next Choice**®, swallow both pills while you are in the clinic.
- 2.) **For Plan B One Step**® swallow the single dose pill while you are in the clinic.
- 3.) For all other options, swallow the first dose of EC as soon as you can. Swallow the second dose 12 hours after you took the first dose.
- 4.) Some kinds of EC can make you feel sick to your stomach. Ask your provider if she or he recommends you take an over-the-counter medicine for nausea, like Dramamine or Bonamine before the first dose of EC.

HOW WELL DOES IT WORK? EC does not work every single time. If you don't start your period within 3 weeks after taking EC, call the clinic. EC should just be used in an emergency. It is not good as a regular method of birth control. After you use EC, you should start using a reliable method of birth control right away.

CAN EVERYONE TAKE EC? You should not take EC if you already know for sure that you are pregnant. If you are pregnant but don't know it, or if the EC doesn't work and you are pregnant, it will not hurt you or the pregnancy to take EC.

WHAT WILL I FEEL LIKE WHEN I TAKE EC? You may not have any symptoms. Some women may have one or more of the following:

- | | |
|---|---|
| <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Dizziness or tiredness |
| <input type="checkbox"/> Tender breasts | <input type="checkbox"/> Irregular bleeding |
| <input type="checkbox"/> Headaches | |

Your next period after you take EC may be different than your periods usually are. It may be early or late, and it might be heavier or lighter.

Call the clinic or go to the nearest emergency room if you have:

- Very bad headaches
- Very bad abdominal pain
- Changes in your vision
- Trouble breathing or chest pain
- Very bad leg pain
- Heavy bleeding

You have been given _____ Take ____ pill(s) now; take ____ pill(s) in 12 hours.

If you have any questions, call the clinic at _____.

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The following is a sample of an Emergency Contraception Progress Note. This form can be downloaded from the CDPHE Family Planning Program website at:
<http://www.cdphe.state.co.us/pp/womens/FPNursingConsntsForms.html>.

EMERGENCY CONTRACEPTION PROGRESS NOTE		
Patient Name _____		Date _____
Date of Birth _____		
SUBJECTIVE: (CLIENT PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY)		
1. The first day of my last normal menstrual period was _____		
2. Date of my last intercourse _____ Time: _____		
<hr/>		
OBJECTIVE: (CLINICIAN TO COMPLETE)		
Blood Pressure: _____	Pregnancy Test: Positive	Negative N/A
ASSESSMENT:		
Based on the information above, there ARE ARE NOT contraindications to starting emergency contraception.		
PLAN:		
PILL BRAND NAME	INITIAL DOSE	DOSE-12 HOURS AFTER INITIAL
Lo/Ovral	4 white pills	4 white pills
Levlen	4 light-orange pills	4 light-orange pills
Nordette	4 light-orange pills	4 light-orange pills
Triphasil	4 yellow pills	4 yellow pills
Allesse	5 pink pills	5 pink pills
Plan B	2 pills	No second dose needed
Next Choice®	2 pills	No second dose needed
Plan B One Step™	1 pill	No second dose needed
ella®	1 pill	No second dose needed
<input type="checkbox"/> Emergency Contraception Instructions <input type="checkbox"/> FDA package insert <input type="checkbox"/> Emergency contact information <input type="checkbox"/> Dispensed condoms <input type="checkbox"/> Return to clinic in 3 - 4 weeks if no menses or if desires Family Planning Services <input type="checkbox"/> Consent signed (if <17 years old for levonorgestral products and all ages for ella and combined oral contraceptives) <input type="checkbox"/> Other _____		
Discussed Contraceptive plan: Dispensed method: _____		
Clinician Signature _____		Date _____