Emergency Contraceptive – CON 17

DEFINITION

Emergency contraceptive (EC) is used after unprotected intercourse or a known or suspected contraceptive failure to prevent conception and subsequent pregnancy. Methods use to prevent conception after coitus include levonorgestrel pill (Plan B or generic), ulipristal acetate (UPA) pill (ella), or copper-releasing IUD. Mechanism of action varies but includes inhibiting or delaying ovulation and may prevent fertilization and interference with implantation. There are no risks from EC use that outweigh the benefits of preventing unintended pregnancy. EC pill use is not intended for routine use as a contraceptive.

SUBJECTIVE

Should include:

1. Menstrual history including LMP
2. Obtain history of first episode of unprotected intercourse in cycle to determine if pregnancy test is warranted
3. Obtain history of last episode of unprotected intercourse to ensure patient is within time frame for EC
4. Obstetric history; breastfeeding status
5. Current contraceptive use, method administration/compliance, and reproductive life plan
   - UPA is not preferred ECP method if hormonal contraception was utilized within past 5 days due to decreased efficacy likely to receptor site competition.
6. STI/PID; vaginitis symptoms
7. STI and HIV status/risk factors
   - Medical history to determine acceptability of Cu-IUD method and method contraindications as guided by Medical Eligibility Criteria (MEC) for Contraceptive Use.
   - Drugs or herbal products that induce CYP3A4 decrease the effectives of UPA.

OBJECTIVE

May include:

1. Vitals, weight and BMI
2. Focus exam, as indicated (i.e., pelvic exam, cervicitis/vaginitis, etc.)
3. Pregnancy test (if history indicates)

Establish reasonable certainty that the patient is not already pregnant.

LABORATORY

May include:

1. Urine pregnancy test

ASSESSMENT

Candidate for EC

PLAN

1. Treatment option:
   a. Take levonorgestrel pill (Plan B or generic) as soon possible, within 120 hours after unprotected intercourse, for maximum effectiveness. Medication can be prescribed via prescription or OTC. Levonorgestrel 1.5mg. Take one tablet now (PO), as directed. Any regular contraceptive method can be started immediately after the use of levonorgestrel EC pill.
   b. Take Ulipristal acetate (ella) as soon as possible, within 120 hours after unprotected intercourse for maximum effectiveness. UPA 30mg. Take one pill now (PO), as directed (prescription only). UPA may be taken with or without food. UPA may be taken at any time during the menstrual cycle. UPA has been shown to be more effective than the levonorgestrel formulation 3–5 days after unprotected sexual

intercourse. Advise the woman to initiate or resume hormonal contraception no sooner than 5 days after use of UPA and use a reliable barrier method until the next menstrual period. Provide or prescribe a regular contraceptive method, as patient desires. Initiation of progestin-containing contraceptives may impair the ability of UPA to delay ovulation. Breastfeeding patients should pump and discard breastmilk from infant's feeding supply for 36 hours after administration.

c. The Copper IUD can be inserted within 5 days of the first act of unprotected sexual intercourse as an emergency contraceptive. Efficacy rate is nearly 100%.

2. Discuss menstrual cycle tracking with the patient; cycle delay and/or intermittent vaginal bleeding may occur after EC use or following IUD insertion.
3. The use of an antiemetic may be considered with the use of EC pill. Pretreatment with antiemetics may be considered depending on availability and clinical judgment. If the patient vomits within 3 hours of taking EC pill, consider the administration of a repeat dose of ~~progestin~~ pill EC and the use of antiemetics.
4. May provide an advance supply of emergency contraceptive pills.
5. A follow-up physical or pelvic examination is recommended if there is any doubt concerning the general health or pregnancy status of any woman after taking EC.
6. Advise patients to seek medical attention if they experience severe lower abdominal pain 3 to 5 weeks after EC use, in order to be evaluated for an ectopic pregnancy.

CLIENT EDUCATION

1. 1. Provide client education handout(s). Review manufacturer's inserts
2. To maximize effectiveness, women should be educated about the availability of EC in advance of need.
3. Review safer sex education, as appropriate. EC does not protect against STI/HIV.
4. Review and provide patient education regarding the side effect profile of selected EC
5. If expected menses is delayed by one week or more, advise the patient that a pregnancy test should be performed and if needed, follow-up with a provider.
6. Review patient's reproductive life plan, pregnancy intention and desire to initiate contraceptive method

CONSULT / REFER TO PHYSICIAN

1. Positive pregnancy result
2. Known or suspected pregnancy

REFERENCES

1. Hatcher RA, Nelson, A, Trussell J, Cwiak, C, Cason, P, Policar, M, Edelman, A, Aiken, A, Marrazzo, J, Kowal, D. Contraceptive Technology. 21st edition. Atlanta GA: Ardent Media, Inc., 2018. Pg. 329-365
2. Centers for Disease Control and Prevention. US Medical Eligibility Criteria for Contraceptive Use. Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use (U.S. MEC). Retrieved from https://www.cdc.gov/contraception/media/pdfs/2024/07/us-mec-summary-chart-color-508.pdf
3. CDC U.S. Medical eligibility criteria for contraceptive use, 2024. Retrieved from https://www.cdc.gov/contraception/hcp/usmec/
4. Kelsey, B. & Nagtalon-Ramos, J. (2021). Midwifery & women's health nurse practitioner certification review guide. Jones & Bartlett Learning.
5. Hickey, M. (2022). Emergency contraception update. Women's Healthcare, 10(3), 21-27.
6. American College of Obstetricians and Gynecologists. Emergency contraception. Practice Bulletin No. 152. Obstet Gynecol 2015;126:e1–11. Retrieved from https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2015/09/emergency-contraception
7. Ella (ulipristal acetate) tablet, for oral use, prescribing information. HRA Pharma America; June 2021. Retrieved from https://www.ella-now.com/wp-content/uploads/sites/82/2023/05/Prescribing-Information_ella-ulipristal-acetate-tablet_June-2021.pdf
8. Plan B One-Step. 2024. Plan B resources package insert. Retrieved from https://www.planbonestep.com/resources/