

**EMERGENCY CONTRACEPTIVE PILLS (ECPs)**

DEFINITION	Emergency contraceptives are used after unprotected intercourse or known or suspected contraceptive failure to prevent pregnancy. A short course of high dose contraceptive pills may prevent pregnancy primarily by delaying or inhibiting ovulation and inhibiting fertilization and may at times inhibit implantation. It is not effective once implantation has begun and has no effect on fetal development if woman is already pregnant.
SUBJECTIVE	May include: <ol style="list-style-type: none">1. LMP2. History of unprotected intercourse within last 72-120 hours. (It is less effective if > than 120 hours, but it still can be given.)3. History of all unprotected intercourse since last menses.4. See table attachments for Conditions in the provision of ECPs
OBJECTIVE	May include: <ol style="list-style-type: none">1. Blood pressure2. Focus exam, as indicated (i.e., pelvic exam, cervicitis/vaginitis, etc.) Should exclude: <ol style="list-style-type: none">1. Pregnancy
LABORATORY	May include: <ol style="list-style-type: none">1. Sensitive urine pregnancy test
ASSESSMENT	Candidate for ECP.
PLAN	<ol style="list-style-type: none">1. Treatment options:<ol style="list-style-type: none">a. Progestin only pills: Levonorgestrel 0.75 mg. Take two tablets (PO) now in a single dose. (Alternative dosing: take one tablet now and repeat one tablet 12 hours later.b. Levonorgestrel 1.5 mg. Take one tablet now (PO) as directed.c. Ulipristal 30 mg. Take one pill (PO), as directed (prescription only)d. Combined estrogen-progestin pills: Take first dose now and repeat dose in 12 hours. See Contraceptive Technology page 115 for a list of some of the currently available COC's containing levonorgestrel.2. The use of an antiemetic should be considered with the use of combined pills. There is less incidence of nausea /vomiting when using progestin-only pill.3. Options for preventing or treating nausea include the following:<ol style="list-style-type: none">a. <u>Nonprescription Drugs</u>: (May cause drowsiness.)<ul style="list-style-type: none">• Dimenhydrinate (Dramamine) 50 mg tablets. Swallow 1 or 2 tablets 1 hour before taking Emergency Contraceptive Pills and repeat every 4 to 6 hours prn.• Cyclizine hydrochloride (Marezine) 50 mg tablets. Swallow 1 tablet 1 hour before taking Emergency Contraceptive Pills and

	<p>repeat every 4-6 hours prn.</p> <ul style="list-style-type: none"> • Diphenhydramine hydrochloride (Benadryl) 25 mg tablets. Swallow one or two tablets 1 hour before taking Emergency Contraceptive Pills and repeat every 4 to 6 hours prn. • Meclizine hydrochloride (Antivert) 25mg tablets. Swallow one or two tablets 1 hour before taking Emergency Contraceptive Pills. Repeat if needed in 24 hours. <p>b. <u>Prescription Drugs</u> (Do not drive or use dangerous equipment.)</p> <ul style="list-style-type: none"> • Trimethobenzamide hydrochloride (Tigan) 300 mg. tablets. Swallow 1 tablet 1 hour before taking Emergency Contraceptive pills and every 8 hours prn. • Promethazine hydrochloride (Phenergan) 12.5-25 mg tablets. Swallow 1 tablet 1 hour before taking Emergency Contraceptive Pills or insert a 12.5-25 mg. rectal suppository a half hour before and every 12 hours prn. <p>4. May provide an advance supply of emergency contraceptive pills.</p>
CLIENT EDUCATION	<ol style="list-style-type: none"> 1. Provide client education handout(s). Review manufacturer's inserts. Review symptoms, complications, and danger signs. 2. Review safer sex education, as appropriate. 3. Instruct client ECP may shorten cycle or may experience menstrual changes for 1 or 2 cycles. 4. Discuss contraceptive options with client. Help the client develop plans for birth control after ECP. 5. Advise pregnancy test if no menses within 3 weeks. 6. Recommend that client RTC PRN.
CONSULT / REFER TO PHYSICIAN	<ol style="list-style-type: none"> 1. Any client who cannot tolerate ECP dosing for consideration of other options (e.g., IUD insert, other medication regimens).

Revised 09/11, 3/14, 06/16

Conditions in the provision of ECPs

<p>Table 1: Can use ECPs without restriction (WHO category #1): Pregnancy – Although this method is not indicated for a woman with a known or suspected pregnancy, no known harm to the woman, the course of her pregnancy, or the fetus if ECPs are inadvertently used is known to exist.</p>	<p>Table 2: Advantages generally outweigh theoretical or proven risks (WHO category #2):</p>
<p>Breastfeeding History of ectopic pregnancy Rheumatoid Arthritis Inflammatory bowel disease (ulcerative colitis, Crohn disease) Rape History of Bariatric surgery Solid organ transplantation Repeated ECP use. Frequently repeated ECP use may be harmful for women with conditions classified as 2, 3, or 4 for COC, CIC or POC use.</p>	<p>History of sever cardiovascular complications (ischemic heart disease, cerebrovascular attack, or other thromboembolic conditions) Angina Pectoris Migraine Severe liver disease (including jaundice)</p>

References:

1. Hatcher, R. A., Trussell, J., Nelson, A. L. Cates, W., Kowal, D. Policar, M., (2011). Contraceptive Technology. (20th revised ed.), pp. 113-137; Ardent Media, Inc, New York, NY.
2. Zeiman, M., Hatcher, R. A., Managing Contraception. Eleventh Edition 2013. Bridging the Gap Foundation: Atlanta, Georgia.
3. MMWR Morbidity and Mortality Weekly Report, June 14, 2013, Vol. 62, U.S. Medical Eligibility Criteria for Contraceptive Use, Initiation of Emergency Contraception, 2013 pp. 34-35. Website: <http://ec.princeton.edu/questions/dose.html>