

# Clinical Protocol Template: Emergency Contraception

This template protocol is intended to assist family planning providers in developing local protocols for provision of emergency contraception in family planning settings. If your organization decides to use this template protocol, the author will tailor the contents to their own organization and create a local protocol. Decision points are listed as NOTE alerts throughout the template document. It is expected that the person(s) using the template protocol as a starting point will include the appropriate option that reflects their organization's current practices. If the organization has policies, procedures, or practices that are not listed as an option, they should be described in detail and inserted into the draft local protocol. When formatting the draft local protocol, the options that do not apply to the organization should be deleted.

## Introduction

[NAME OF SETTING] offers

**NOTE:** [oral over-the-counter, prescription and intrauterine device] emergency contraception (EC).

**NOTE:** If your site does not offer all EC methods, list where clients should be referred internally or in the community.

## What is Emergency Contraception?

Emergency contraception, or contraceptives (EC) are products that prevent pregnancy from occurring after unprotected or inadequately protected vaginal intercourse, when a birth control method has failed or is suspected of failing (i.e., condom breaks or slips off, more than one birth control pill is missed), or following sexual assault. EC is available in different forms, including over-the-counter pills, prescription pills, and intrauterine devices (IUDs). The best available research data indicates that levonorgestrel and ulipristal emergency contraceptive pills prevent pregnancy without any post-fertilization effects. EC does not interrupt an existing pregnancy; thus, it does not cause abortion. EC must be initiated within a specific timeframe from unprotected intercourse to be effective. It is not meant to be used as a regular contraceptive method, but as a secondary method for specific circumstances.

**NOTE:** If choosing an IUD for EC, then follow the IUD protocol and perform a targeted history and physical (H&P). A comprehensive H&P are not required for oral emergency contraception.

## History

**Demographics:** Age, Gender Identity

**Reason for Visit:** Assess need for emergency contraception (EC). Is the need due to a sexual assault? When did this occur? Is the client safe? Follow protocol for sexual assault if one has occurred.

**Menstrual History:** Last menstrual period, cycle regularity

**Sexual History:** Intercourse for the past 5 days

## Laboratory

- Offer gonorrhea and chlamydia testing
- Offer HIV and syphilis testing
- URINE PREGNANCY TEST** – Oral EC should be offered or made available any time unprotected or inadequately protected sexual intercourse occurs and the client is concerned that they are at risk of pregnancy. Emergency contraception should not be withheld or delayed in order to test for pregnancy, nor should it be denied because the unprotected coital act may not have occurred on a fertile day of the menstrual cycle (ACOG, 2022). While a urine pregnancy test is not required before oral EC administration, it should be performed prior to placement of an IUD for EC.

## ASSESSMENT/DIAGNOSIS & ICD-10

- NOTE:** Dependent on presentation and complaint(s)
- Encounter for prescription of emergency contraception (Z30.012)
  - Sexual assault (T74.2)
  - Contraceptive counseling (Z30.0)

## Plan of Care

### Emergency Contraception Option A

**ELLA®/ULIPRISTAL ACETATE (UPA)** – In a single dose (30 mg), should be provided within 120 hours of unprotected intercourse (UPI).

- Advise client to start or resume hormonal contraception no sooner than 5 days after taking UPA (this includes DMPA, implants, levonorgestrel IUD/IUC, pills, patch, and ring).
- 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.
- Any nonhormonal contraceptive method can be started immediately after the use of UPA.
- Advise the client to have a pregnancy test if they do not have a withdrawal bleed within 3 weeks. If they prefer continuous cycling, a pregnancy test can also be done in 3 weeks, as this client may not experience a normal withdrawal bleed, which is common for those on a hormonal method, as well as irregular bleeding in the first few weeks of use.

### Emergency Contraception Option B

**LEVONORGESTREL 1.5 MG** - In a single dose with maximum efficacy within 72 hours and moderate efficacy within 120 hours.

- Advise client any regular contraceptive method can be started immediately after taking levonorgestrel EC. 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.
- Advise the client to have a pregnancy test if they do not have a withdrawal bleed within 3 weeks. If they prefer continuous cycling, a pregnancy test can also be done in 3 weeks, as this client may not experience a normal withdrawal bleed, which is common for those on a hormonal method, as well as irregular bleeding in the first few weeks of use.

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### Emergency Contraception Option C

#### COPPER IUC (CU-IUC)

**(BRAND NAME PARAGARD®)** – Most guidelines recommend placing the copper IUD within 5 days of unprotected or inadequately protected vaginal intercourse. However, research shows this can extend to 7 days. Research also suggests that the copper IUD is highly effective as EC if placed at any time in the menstrual cycle.

- See IUD insertion protocol.
- Perform pregnancy test either at home or in clinic before placement and if no menses occurs within 2-4 weeks of copper IUD placement.

### Emergency Contraception Option D

#### LEVONORGESTREL 52 MG IUC (LNG-IUC) (BRAND NAME MIRENA® OR LILETTA®)

– This EC method is placed up to 5 days after unprotected or inadequately protected vaginal intercourse.

- See IUD insertion protocol.
- Perform pregnancy test either at home or in clinic before placement and within 2 - 4 weeks of levonorgestrel IUD placement.

### Emergency Contraception Option E

**YUZPE METHOD** – Two doses of combined oral contraceptive 12 hours apart started within 5 days of UPI. Each dose should contain 0.1 mg ethinyl estradiol and either 0.5 mg of levonorgestrel or 1 mg of norgestrel. (See Table)

- This method is most appropriate for those clients already on a combined oral contraceptive and is contraindicated in those >35 years of age who also smoke > 15 cigarettes per day. Exact number of pills needed per dose can be found in the attached table and depends on the formulation the client is currently taking.\* Nausea is common with combined oral contraceptives used as EC. Vomiting within 3 hours of taking EC will require another dose of EC and use of an antiemetic.
- Advise client any regular contraceptive method can be started immediately after taking EC. 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.
- Advise the client to have a pregnancy test if they do not have a withdrawal bleed within 3 weeks. If they prefer continuous cycling, a pregnancy test can also be done in 3 weeks, as this client may not experience a normal withdrawal bleed, which is common for those on a hormonal method, as well as irregular bleeding in the first few weeks of use.

## Client Counseling and Education

- Clients should be counseled on birth control options and of the low efficacy of oral EC as a primary method of birth control.
- Reinforce that oral EC is most effective when taken early but may be used up to 120 hours after UPI and that if UPI occurred at the most fertile time of the cycle, they may be at increased risk of EC failure.
- Discuss that studies have indicated that people with a BMI > 25 or weight > 176 pounds may be at increased risk of EC failure with levonorgestrel EC.
- Educate about the EC's mechanism of action and that it does not cause abortion, rather oral EC suppresses or postpones ovulation. The mechanism of action for the IUD as EC is not well understood. There is no evidence to support any harm to the fetus if oral hormonal EC is taken while pregnant.
- Inform that EC does not protect against STIs and that condoms are needed for this protection.
- Inform the client that menses may change, and they may experience irregularity in the cycle after the use of EC. The current or subsequent cycle could be affected. If menses is delayed by one week or more, they need a pregnancy test (at home or return to clinic).
- If the client's pregnancy test is positive, non-directive options counseling and referral for appropriate care should follow.
- Clinical evaluation is necessary for anyone using EC experiencing lower abdominal pain or persistent irregular bleeding as these could indicate a spontaneous abortion or ectopic pregnancy.
- Ensure client is aware that pregnancy may occur if they have unprotected vaginal intercourse following EC use.
- Advise the client that levonorgestrel EC is available over the counter (OTC). Common brand names are Plan B, One Step, Take Action, My Choice, New Day, Next Choice One Dose, My Way, Fall Back Solo, and Aftera.
- Document that client verbalizes understanding of counseling options and offer appointment for ongoing contraception, STI testing, and preventive care, as needed.

## Initiating Another Contraceptive Method

- When to start the new method:
  - Following oral LNG for EC, combination and progestin only birth control (pills, patches, or rings) should be started immediately. A barrier method or abstinence should be used for 7 days following the start of the new method. After 21 days, if they have not had withdrawal bleeding, another pregnancy test should be done. At home pregnancy testing is appropriate. There is no need to return to the health center for pregnancy testing. However, for those desiring further contraceptive counseling or other follow up care, an office visit is reasonable.
  - Following UPA for EC, advise the client to start or resume hormonal contraception no sooner than 5 days after use of UPA. There is risk that the regular contraceptive method might decrease the effectiveness of the UPA if taken earlier.
- Discuss the possible need, even after start of new method, for EC in the future and how to access and use it. This should be routinely discussed with each patient seeking contraception.
- A prescription for UPA is appropriate for anyone starting a new short-acting method of contraception because statistically most people will not be using that method one year later. Therefore, prescribe EC in advance and prn.

**Table 18-1 “Yuzpe regimen” options for EC when requested and more effective EC is not available**

<b>Brand</b>	<b>Company</b>	<b>First Dose</b>	<b>Second Dose (12 Hours Later)</b>	<b>Ethinyl Estradiol per Dose (µg)</b>	<b>Levonorgestrel per Dose (mg)</b>
<b>Afirmelle</b>	Aurobindo	5 white pills	5 white pills	100	0.50
<b>Altavera</b>	Sandoz	4 peach pills	4 peach pills	120	0.60
<b>Amethia</b>	Actavis	4 white pills	4 white pills	120	0.60
<b>Amethia Lo</b>	Actavis	5 white pills	5 white pills	100	0.50
<b>Amethyst</b>	Actavis	6 white pills	6 white pills	120	0.54
<b>Aubra</b>	Afaxys	5 white pills	5 white pills	100	0.50
<b>Ayuna</b>	Aurobindo	4 orange pills	4 orange pills	100	0.50
<b>Aviane</b>	Teva	5 orange pills	5 orange pills	100	0.50
<b>Camrese</b>	Teva	4 light blue-green pills	4 light blue-green pills	120	0.60
<b>CamreseLo</b>	Teva	5 orange pills	5 orange pills	100	0.50
<b>Chateal</b>	Afaxys	4 white pills	4 white pills	120	0.60
<b>Cryselle<sup>®</sup></b>	Teva	4 white pills	4 white pills	120	0.60
<b>Elinest<sup>®</sup></b>	Novast	5 orange pills	4 orange pills	120	0.60
<b>Enpresse</b>	Teva	4 orange pills	4 orange pills	120	0.50
<b>Falmina</b>	Novast	5 orange pills	5 orange pills	100	0.50
<b>Introvale</b>	Sandoz	4 peach pills	4 peach pills	120	0.60
<b>Jolessa</b>	Teva	4 pink pills	4 pink pills	120	0.60
<b>Kurvelo</b>	Lupin	4 peach pills	4 peach pills	120	0.60
<b>Lessina</b>	Teva	5 pink pills	5 pink pills	100	0.50
<b>Levonest</b>	Novast	4 light brown pills	4 light brown pills	120	0.50
<b>Levora</b>	Actavis	4 white pills	4 white pills	120	0.60
<b>LoSeasonique</b>	Teva	5 orange pills	5 orange pills	100	0.50

(Table 18-1 Continued)

Brand	Company	First Dose	Second Dose (12 Hours Later)	Ethinyl Estradiol per Dose (µg)	Levonorgestrel per Dose (mg)
Low-Ogestrel <sup>a</sup>	Actavis	4 white pills	4 white pills	120	0.60
Lutera	Actavis	5 white pills	5 white pills	100	0.50
Marlissa	Glenmark	4 peach pills	4 peach pills	120	0.60
Myzilra	Novast	4 yellow pills	4 yellow pills	120	0.50
Nordette	Teva	4 light-orange pills	4 light-orange pills	120	0.60
Orsythia	Vintage	5 pink pills	5 pink pills	100	0.50
Portia	Teva	4 pink pills	4 pink pills	120	0.60
Quasense	Actavis	4 white pills	4 white pills	120	0.60
Seasonale	Teva	4 pink pills	4 pink pills	120	0.60
Seasonique	Teva	4 light blue-green pills	4 light blue-green pills	120	0.60
Setlakin	Novast	4 pink pills	4 pink pills	120	0.60
Sronyx	Actavis	5 white pills	5 white pills	100	0.50
Triphasil	Wyeth	4 yellow pills	4 yellow pills	120	0.50
Trivora	Actavis	4 pink pills	4 pink pills	120	0.50
Vienna	Sandoz	5 white pills	5 white pills	100	0.50

<sup>a</sup> The progestogen in Cryselle, Elinest, and Low-Ogestrel is norgestrel, which contains two isomers, only one of which (LNG) is bioactive; the amount of norgestrel in each tablet is twice the amount of LNG.

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