



### Emergency Contraceptive Pills (ECP's)

<b>DEFINITION</b>	Emergency contraceptives are used after unprotected/under-protected 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.
<b>SUBJECTIVE</b>	May include: <ol style="list-style-type: none"> <li>1. LMP</li> <li>2. History of unprotected intercourse within last 72-120 hours. (It is less effective if &gt; than 120 hours, but it still can be given.)</li> <li>3. History of all unprotected intercourse since last menses</li> </ol>
<b>OBJECTIVE</b>	May include: <ol style="list-style-type: none"> <li>1. Blood pressure</li> <li>2. Focus exam, as indicated (i.e., pelvic exam, cervicitis/vaginitis, etc.)</li> </ol> Should exclude: <ol style="list-style-type: none"> <li>1. Pregnancy</li> <li>2. Any method specific Category 4 conditions from the CDC MEC table. Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use. (cdc.gov)</li> </ol>
<b>LABORATORY</b>	May include: <ol style="list-style-type: none"> <li>1. Sensitive urine pregnancy test</li> </ol>
<b>ASSESSMENT</b>	Candidate for ECP
<b>PLAN</b>	<ol style="list-style-type: none"> <li>1. Treatment option: <ol style="list-style-type: none"> <li>a. Levonorgestrel 1.5mg. Take one tablet now (PO), as directed.</li> <li>b. Ulipristal 30mg. Take one pill (PO), as directed (prescription only).</li> <li>c. Certain combined OC's may be used for emergency contraception. (See table page 10-1 in Contraceptive Technology 21st Edition, p. 333).</li> </ol> </li> <li>2. The use of an antiemetic should be considered with the use of combined pills. There are fewer incidences of nausea/vomiting when using the progestin-only pill. <ol style="list-style-type: none"> <li>a. Options for preventing or treating nausea (for combined pills) include: <ol style="list-style-type: none"> <li>i. Nonprescription drugs (may cause drowsiness): <ol style="list-style-type: none"> <li>i. Dimenhydrinate (Dramamine) 50mg tablets. Swallow 1-2 tablets one hour before taking ECP's and repeat every 4-6 hours prn.</li> <li>ii. Diphenhydramine hydrochloride (Benadryl) 25 mg tablets. Swallow 1-2 tablets one hour before taking ECP's and repeat every 4- 6 hours prn.</li> <li>iii. Meclizine hydrochloride (Antivert/Dramamine II) 25mg tablets. Swallow 1-2 tablets one hour before taking Emergency Contraceptive Pills. Repeat if needed in 24 hours. May cause sedation</li> </ol> </li> <li>ii. Prescription drugs (do not drive or use dangerous equipment): <ol style="list-style-type: none"> <li>i. Zofran 4-8mg. Swallow pills or use rapid dissolving tablets one hour prior to ECP's.</li> <li>ii. Promethazine hydrochloride (Phenergan) 12.5-25mg tablets. Swallow 1 tablet one hour before taking ECP's or insert a 12.5-25mg rectal suppository ½ hour before and every 12 hours prn.</li> <li>iii. Metoclopramide (Reglan) 10 mg one hour before ECP.</li> </ol> </li> </ol> </li> </ol> </li> <li>3. May provide an advance supply of emergency contraceptive pills.</li> </ol>
<b>CLIENT EDUCATION</b>	<ol style="list-style-type: none"> <li>1. Provide client education handout(s). Review manufacturer's inserts. Review symptoms, complications, and danger signs.</li> <li>2. Review safer sex education, as appropriate</li> </ol>



	<ol style="list-style-type: none"> <li>3. Instruct client ECP may shorten cycle or may experience menstrual changes for 1 or 2 cycles</li> <li>4. Discuss contraceptive options with client. Help the client develop plans for birth control after ECP. Contraceptive methods may be started immediately after use of ECP, or after 5 days of taking Ulipristal 30 mg.</li> <li>5. Advise pregnancy test if no menses within 3 weeks</li> <li>6. Recommend that client RTC PRN</li> </ol>
<p><b>DRUG INTERACTIONS</b></p>	<p>Drug interactions — Drugs that induce liver enzymes, particularly cytochrome P450 3A4 (CYP3A4) enzyme inducers, have the potential to decrease the contraceptive efficacy of levonorgestrel and ulipristal. Of note, elevated levels of liver enzymes can persist for up to 28 days after discontinuing these medications.</p> <p>Medications groups that reduce plasma levonorgestrel levels include:</p> <ol style="list-style-type: none"> <li>1. ●Anticonvulsant (e.g., barbiturates, primidone, phenytoin, carbamazepine)</li> <li>2. ●Antituberculosis (e.g., rifampicin, rifabutin)</li> <li>3. ●Antiretroviral (e.g., ritonavir, efavirenz)</li> <li>4. ●Antifungal (e.g., griseofulvin)</li> <li>5. ●Herbal supplement St. John's wort (<i>Hypericum perforatum</i>)</li> </ol> <p>Similarly, experts advise avoiding ulipristal acetate in women using enzyme-inducing drugs or who have taken them within the last 28 days [50]. Additionally, women should also be advised to avoid ulipristal if they are currently taking drugs that increase gastric pH (e.g., antacids, histamine H2 antagonists and proton pump inhibitors) [51]. The copper IUD is the preferred EC for these women.</p>
<p><b>CONSULT/ REFER TO PHYSICIAN</b></p>	<ol style="list-style-type: none"> <li>1. Any client who cannot tolerate ECP dosing for consideration of other options (i.e., IUD insert, other medication regimens).</li> </ol>

**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. Pp. 329-365
2. Centers for Disease Control and Prevention. Emergency Contraception. CDC - Emergency Contraception - US SPR - Reproductive Health
3. Centers for Disease Control and Prevention. US Medical Eligibility Criteria for Contraceptive Use. Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use. (cdc.gov)
4. US Medical Eligibility Criteria (US MEC) for Contraceptive Use, 2016 | CDC