

## C2.19 – EMERGENCY CONTRACEPTIVE PILLS

### Policy

Emergency contraception pills (ECP) can be used in the following situations: unprotected intercourse, concerns about possible contraceptive failure, incorrect use of contraceptives, and sexual assault.

There are three types of emergency contraceptive pills (ECPs):

1. Progestin (levonogestrel) only pills
2. Ulipristal Acetate (ella® or ellaOne®), progesterone agonist/antagonist whose likely main effect is to inhibit or delay ovulation. ella® is available by prescription only and not stocked by all pharmacies.
3. Estrogen (ethinyl estradiol) and Progestin

### Mode of Action

- Primary mechanism of action is to delay or inhibit ovulation.
- Interferes with sperm migration and function.
- May interfere with fertilization.
- Affects necessary hormone levels, by the corpus luteum.
- May interfere with tubal transport.

### Procedure

#### Contraindications

##### Pregnancy and lactation

If a client is already pregnant, treatment with progestin-only ECPs is ineffective (ECP will not disrupt an established pregnancy). There is no evidence on post-fertilization effects. Women who are breastfeeding should not use ella® or should pump/dump for 24 hours after taking. Progestin as well as progestin/estrogen EC is not an abortifacient and progestin-only EC does not have a negative effect on an already developing pregnancy. Data on the impact of ella® on a pregnancy is lacking due to the fact that it is so effective at preventing ovulation and thus preventing pregnancy. Access to progestin-only ECP can be provided without a pregnancy test or visit.

##### Women with BMI >30% of Ideal Body Weight

These women will likely have decreased effectiveness of progestin and estrogen/progestin EC. Women with a BMI >30% who desire oral EC should be encouraged to consider ella® if possible and available. However, there may be some decreased efficacy of ella® in persons with BMI >30 as well. All clients, but specifically for clients with a BMI >30, discussion of intrauterine device as the most effective EC should be completed (IUD does not protect against STIs).

### Precautions

#### Risks During Pregnancy Usually Outweighs Risks for ECPs

There are no medical contraindications to the use of ECP except pregnancy. The advantages of ECP usually outweigh the theoretical risk even for women with contraindications to the ongoing use of combined oral contraceptive pills (such as vascular disease).

### Client Education and Counseling

All FP clients should be provided information about ECPs and when to use them. Clients must be provided with any one of the following:

1. ECP to have on hand
2. A phone number to call in case of need.
3. Where to purchase ECP over the counter or get a prescription for ella®.

### Indications for Use

- No more than 5 days since an act of intercourse where no contraceptive was used.
- Male condom slipped, broke or leaked.
- Female condom, diaphragm or cervical cap inserted incorrectly.
- More than 2 days late starting vaginal ring or patch.
- Error in coitus interruptus.
- Missed contraceptive pills.
- More than 14 days late for Depo-Provera injection.
- Error in periodic abstinence.
- IUD partially or totally expelled.
- Exposure to a teratogen when not protected by effective contraception.

Date Revised	September 2023
References	Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs (QFP) [2014] <a href="https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html">https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html</a>
Additional Resources	Current CDC U.S. Medical Eligibility Criteria; ACOG Practice Bulletin No. 112, Emergency Contraception, May 2010; Current US Selected Medical Practice Recommendations for contraceptive use  Emergency Contraception. Practice Bulletin 152. American College of Obstetricians and Gynecologists. Obstet Gynecol 2015; 126e: 1-11