



AT THE SOUTHERN NEVADA HEALTH DISTRICT

SOUTHERN NEVADA COMMUNITY HEALTH CENTER POLICY AND PROCEDURE

DIVISION:	FQHC	NUMBER(s):	CHCA-008
PROGRAM:	Family Planning	VERSION:	1.01
TITLE:	Emergency Contraception	PAGE:	1 of 4
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION:	Emergency contraception use in the family planning clinic.	ORIGINATION DATE: February 1, 2010	
APPROVED BY:		REPLACES: November 10, 2011	
FQHC CHIEF OPERATIONS OFFICER:			

Randy Smith	Date		
DISTRICT HEALTH OFFICER:			

Fermin Leguen MD, MPH		Date	

I. PURPOSE

Emergency Contraception (EC) is to be used to aid in the prevention of an unwanted pregnancy after unprotected intercourse (if a contraceptive method failed or if not using birth control.). It is not a substitute for regular contraception and does not protect against Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) and/or other Sexually Transmitted Infections (STI).

II. SCOPE

This policy applies to all Workforce members within the scope of their practice.

III. POLICY

It is the policy of Southern Nevada Community Health Center (SNCHC) to offer EC to clients who are not seeking pregnancy and have had unprotected intercourse (UPIIC) or birth control failure within the last one hundred twenty (120) hours. Examples include condom failure, multiple missed oral contraceptive pills (OCP) doses (three or more hours late for progestin-only pill), late for Depo-Provera injection, withdrawal method and/or

displaced intrauterine device (IUD)

IV. PROCEDURE

A. Methods of Emergency Contraception

1. Levonorgestrel (LNG) 1.5 mg/1 tablet, a progestin only formula is offered at the Family Planning clinic, in either Generic or Brand, whichever is available through 340B.
 - a. It is 89% effective, if used correctly within seventy-two (72) hours of unprotected intercourse. Studies have shown it may work up to five (5) days or one hundred twenty (120) hours.
2. Ulipristal acetate (UPA) 30 mg/1 tablet, a progesterone agonist/antagonist, is also offered.
 - a. UPA, the most effective EC pill available in the United States (U.S.), is up to 85% effective when used within one hundred twenty (120) hours of unprotected intercourse.
3. The copper IUD (Cu-IUD) is the most effective method of EC, reducing the risk of pregnancy following unprotected intercourse by 99%. Cu-IUD is recommended for patients who desire the use of this method as ongoing contraception.
 - a. Cu-IUD prevents fertilization and may be inserted within five (5) days of unprotected sexual intercourse. If ovulation can be estimated, the Cu-IUD can also be inserted > 5 days after intercourse, but not > 5 days after ovulation.

B. Education Potential Clients on the EC described above.

1. Ascertain last menstrual period (LMP) and last UPIC and contraception history.
2. If LMP is six (6) weeks or greater, pregnancy test is warranted.

C. Contraindications

1. Known pregnancy.
2. Hypersensitivity to any of the pills' components (see package insert).
3. Educate client on possible side effects:
 - a. Generally emergency contraception pills have few and infrequent side effects. Possible side effects may include:
 - i. Nausea, vomiting, headaches, spotting, early or delayed menses, dysmenorrhea, abdominal pain, breast tenderness, fatigue, dizziness.

- ii. If vomiting occurs within two (2) hours of administration, have client call back for further direction to be provided by the Nurse Practitioner. Patient will most likely need another dose.
- iii. Side effects or emergency use of Cu-IUD are similar to those associated with routine placement such as abdominal discomfort and vaginal bleeding and/or spotting.

D. Special Consideration for Prescriber

1. Body Mass Index (BMI): Some data suggests reduced efficacy of LNG in women weighing seventy-five (75) kg or more and/or BMI \geq 26. UPA is more effective in women with a higher BMI. The Cu-IUD is the most effective method for patients who are obese.
2. LNG is most effective if taken within seventy-two (72) hours of unprotected intercourse. UPA is labeled for use up to one hundred twenty (120) hours following intercourse.
3. Consider use of ECP when removing an IUD, if unprotected intercourse has occurred within the last seven (7) days.
4. Although ECP is considered generally safe for use while breastfeeding, the U.S. Medical Eligibility Criteria (MEC) recommends discontinuing breastfeeding/discarding pumped milk for twenty-four (24) hours following use of UPA.
5. Due to UPA's mechanism of action, initiation of progestin-containing contraceptives should occur no sooner than five (5) days after use and a reliable barrier method should be used until next menses.
 - i. Initiation or restart of hormonal contraceptives that contain progestin should be delayed until five (5) days after UPA dose.

E. Patient Education

1. EC will not affect nor terminate an existing pregnancy.
2. ECP has an 89% (not 100%) effectiveness rate. Therefore, if no menses within three (3) weeks, pregnancy test should be done.
3. Clients aged 18 or older should be advised that Levonorgestrel ECP is available without a prescription at local pharmacies as well.
4. EC is not recommended to be used as an ongoing contraceptive method.
5. There are many methods of reversible contraception available thru SNCHC Family Planning clinics- discuss types and how to access services.

6. If client has interest in method not available through SNCHC clinics, discuss availability of those methods in the community.
7. If client has interest in method not available through SNCHC clinics, discuss availability of those methods in the community.
8. Discuss the potential of STI exposure based on history and encourage Syphilis and HIV testing when appropriate.

Acronyms/Definitions

Not Applicable

V. REFERENCES

- A. American College of Obstetricians and Gynecologists (ACOG) Practice Bulletin number 152, September 2015
- B. Plan B One Step (DuraMed Pharmaceuticals) package insert.
- C. Contraceptive Technology 21st edition page 329-356
- D. Ella Product and Prescribing Information

VI. DIRECT RELATED INQUIRIES TO

Community Health Nurse, Supervisor
 FQHC, Family Planning

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 1.01		Total rewrite Revised procedure according to ADM-001 Replaces Emergency Contraception (EC) Effective 11/10/2011
Version 0	11/10/2011	First issuance

VII. ATTACHMENTS

Not Applicable