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EMERGENCY CONTRACEPTIVES

Introduction

Emergency contraception (EC) is a method used by a woman to prevent an unwanted pregnancy after unprotected sexual intercourse.

There are currently two methods of EC:

- Oral emergency contraceptive pills (ECPs)
- Copper-bearing intrauterine contraceptive device (IUCD)

Emergency contraceptive pills (ECPs) are sometimes referred to as "morning-after" or "post-coital" pills, but since these terms do not convey the correct timing for EC use, the preferred term is emergency contraceptive pills. ECPs should be used within 120 hours (5 days) after unprotected intercourse.

Types of ECPs that are available are:

- Oral contraceptives containing only progestin (levonorgestrel)
- Combined oral contraceptives (COCs) containing an oestrogen (ethinyl estradiol) and a progestin (levonorgestrel); this is known as the Yuzpe method

A copper-bearing IUCD (Copper T 380A or Multiload Cu-375) can also be used as EC when inserted within 5 days of unprotected intercourse. The IUCD can remain in place to serve as a regular contraceptive for up to 5–12 years, and it can be removed by a trained health provider whenever the client wishes.

Policy

Emergency contraception:

- Will be used by women only in case of emergency.
- Will be dispensed by skilled service providers.
- Will be dispensed with counselling about its side effects.
- Will not be used as a regular method of family planning.

Standards

The following standards should be observed:

- The client seeking EC should be provided with all necessary information regarding advantages, limitations, and side effects of the EC.
- EC should be dispensed and used within 120 hours of the unprotected act.
- Before dispensing it, the provider should ensure that the woman is not pregnant.
- The client should be counselled to start a regular method immediately or avoid sex until the start of the preferred method.

Mode of Action

Levonorgestrel ECPs have been shown to prevent ovulation, and do not have any detectable effect on the endometrium or progesterone levels when given after ovulation.

ECPs are not effective once the process of implantation has begun and will not cause abortion.

Effectiveness

- ECP: Effective when used immediately—up to 120 hours—after sex:
  - If 100 women each had sex once during the second or third week of the menstrual cycle without using contraception, eight would likely become pregnant.
  - If all 100 women used progestin-only ECPs, one would likely become pregnant.
  - If all 100 women used oestrogen and progestin ECPs, two would likely become pregnant.
- Copper-bearing IUCD:
  - The failure rate is not higher than 0.2 percent.
- Return to fertility:
  - A woman can become pregnant immediately after taking ECPs. They prevent pregnancy only from acts of sex that took place up to 5 days before. They will not protect a woman from pregnancy and from the act of sex after she takes ECPs, not even on the next day.

Advantages

- Safe and effective
- Easy to use
- Few or temporary side effects
- Can also be used by breastfeeding women
- Not associated with birth defects in case the method fails
- Can have in hand in case an emergency arises
- Do not cause delay in fertility return
- Women with HIV/AIDS and on ART can safely use

Limitations

- Should be taken within 120 hours after unprotected sex.
- Can cause minor side effects.
- Do not provide ongoing protection against pregnancy.
- Do not protect against sexually transmitted infections (STIs) and HIV/AIDS.

Client Assessment as per WHO Medical Eligibility Criteria
All women can use ECPs safely and effectively, including women who cannot use ongoing hormonal contraceptive methods. There are no medical conditions that make ECPs unsafe for any women because of the short-term nature of their use.

Method of Use

Any woman of reproductive age may need EC at some point to avoid an unwanted pregnancy. EC is meant to be used after intercourse in situations such as:

- When no contraceptive has been used and the client does not want to get pregnant.
- When there is a contraceptive failure or incorrect use, including:
  - Condom breakage, slippage, or incorrect use
  - If the client missed three or more consecutive COC pills
  - Progestin-only pill (mini-pill) taken more than 3 hours late
  - Progestin-only contraceptive injection, depot-medroxyprogesterone acetate, or norethindrone enanthate received more than 4 weeks or 2 weeks late respectively
  - A combined oestrogen-plus-progestin monthly injection received more than 7 days late; or dislodgement, delay in placing, or early removal of a contraceptive hormonal skin patch or vaginal ring

- Dislodgement, breakage, tearing, or early removal of a diaphragm or cervical cap
- Failed coitus interruptus (e.g., ejaculation in vagina or on external genitalia)
- Failure of a spermicide tablet or film to melt before intercourse
- Miscalculation of the periodic abstinence method or failure to abstain on fertile day of cycle
- IUCD expulsion

- In cases of sexual assault when the woman was not protected by an effective contraceptive method.

While all women in situations of conflict are vulnerable to sexual assault, young female adolescents may be the group most in need of EC services. Adolescent refugees are often targeted for sexual exploitation and rape, yet there are relatively few programmes that address the specific reproductive health needs of young people, and even fewer that provide EC.

As with all health interventions, EC should be implemented in accordance with cultural values and national protocols. EC is one component of reproductive health care, and communities need to receive full and impartial information and counselling about it as they do for all other forms of reproductive health care. Health workers may require additional training in EC if they are not familiar with its use to ensure a sensitive and culturally appropriate response to women's needs. EC services are aligned with national laws and policies.

Dedicated ECP products are specially packaged with the appropriate higher dosages of the two types. Both ECP types are effective, but the preferred method is the progestin-only contraceptive, due to its higher efficacy rate and lower risk of nausea and vomiting.

Each type of contraceptive has different regimens, with both high and low doses. The charts and descriptions below detail the regimens for each type of ECP. For all regimens, ECPs should be taken as soon as possible after intercourse, but optimally within 120 hours.

Table 13-1. Types of Emergency Contraceptive Pills and Their Doses

Formulation (Examples of Brands)	Number of Pills to Swallow within 120 Hours
Progestin-only oral contraceptives containing 0.075 mg (75 mcg) of norgestrel *(Ovrette, Neogest, Norgeal)*	40
Progestin-only oral contraceptives containing 0.03 mg (30 mcg) of levonorgestrel *(Folistrel, Microval, Microlut, Microluton, Mikro-30 Wyeth, Mikro-30, Norgeston, Nortrel)*	50
Low-dose COCs containing 0.15 mg of levonorgestrel plus 0.03 mg (30 mcg) of ethinyl estradiol *(Nova, Novadol, Famila)*	8 (4 stat and 4 after 12 hours)
Levonorgestrel 0.75 mg (*Postinor-2/EC/ECP/ EmKit*)	2

Table 13-2. Emergency Contraceptive Pills: Side Effects and Their Management

Side Effect	Management
Nausea: Nausea is the most common side effect of ECPs. About 50 percent of women using COCs and 20 percent of women using progestin-only pills for EC experience nausea. It usually does not last more than 24 hours.	• Routine use of antiemetic medications is not recommended. • If previously experienced nausea with ECP dose, take a single dose of meclizine 1 hour before the first dose of ECPs to help reduce the risk of nausea and vomiting. Clients should be warned that meclizine may cause drowsiness. Evidence does not suggest that taking ECPs with food will alter the risk of nausea.
Vomiting: Vomiting occurs in 20 percent of women using COCs and 5 percent of women using progestin-only pills. Vomiting within 2 hours of taking ECPs can reduce the effectiveness of the method.	Repeat the dose if vomiting occurs within 2 hours of taking the pills. If vomiting is severe, the repeat dose may be administered high-up vaginally.
Irregular uterine bleeding: Spotting may occur in some women.	• It will usually stop without treatment. • Assure the women that it is not a sign of illness.
Changes in the time of next monthly bleeding or suspected pregnancy	• If menstruation is delayed by more than a week, a pregnancy test should be performed. • Monthly bleeding will start earlier or later and is not a sign of illness.
Other side effects: Other side effects that have been reported with EC include breast tenderness, headache, dizziness, and fatigue. These side effects usually do not last more than 24 hours.	Pain relievers, like aspirin or paracetamol, can be used to reduce discomfort.

Method-Specific Counselling for Emergency Contraception

Health care providers who counsel clients about EC should be careful to withhold judgemental comments and refrain from expressing disapproval of a client's decision.

Explaining the Use of Emergency Contraception

- Explain emergency oral contraception, its side effects, and effectiveness.
- Provide the pills for emergency oral contraception or insert an IUCD as chosen by the client after counselling.
- If the client is already pregnant, do not provide ECPs.

Follow-Up

1. Advise the client to return or to see the health care provider if her next period is quite different from the usual, especially if it is:
   - Unusually light (possible pregnancy)
   - Does not start within 4 weeks (possible pregnancy)
   - Unusually painful (possible ectopic pregnancy, but emergency oral contraception does not cause ectopic pregnancy)
2. Describe the symptoms of STIs, for example, lower abdominal pain, unusual vaginal discharge, or pain or burning on urination. Advise her to see a health care provider if any of these symptoms occurs.
3. As EC is appropriate for emergency use only, clients should be offered information on other contraceptive methods that they can use on a regular basis. However, it is important to inform clients that while EC should not be used as a regular contraceptive method, its recurrent use will not pose a health risk.
4. Clients who have opted for the IUCD as their preferred EC (when appropriate and possible) should be made aware that this IUCD can serve as their regular family planning method for a maximum of 5–12 years. (The Copper T is approved for up to 12 years; the Multiload is approved for up to 5 years.)