SASKATCHEWAN RN ASSOCIATION

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION

RNs WITH ADDITIONAL AUTHORIZED PRACTICE
CLINICAL DECISION TOOL
DECEMBER 1, 2016

HORMONAL EMERGENCY CONTRACEPTION ADULT & PEDIATRIC

DEFINITION

The use of hormonal medications within 120 hours (5 days) of unprotected or inadequately protected intercourse for the prevention of unintended pregnancy.

IMMEDIATE CONSULTATION REQUIRED IN THE FOLLOWING SITUATIONS

- Client was victim of sexual assault
- Client presents over 120 hours (5 days) after sexual intercourse
- Known pregnancy
- Undiagnosed abnormal vaginal bleeding
- Hypersensitivity to any component of the drug(s)

CAUSES

- Unprotected intercourse

PREDISPOSING AND RISK FACTORS

- Unprotected intercourse

HISTORY

- Date and characteristics of last menstrual period to estimate potential time of ovulation and risk of pregnancy
- Time of most recent unprotected or inadequately protected intercourse
- Current use of any other contraceptive methods
- Use of emergency contraception in the past
- Assess potential for exposure to sexually transmitted infections (STIs)
- Elicit any concurrent medical conditions including:
    - Diabetes, hypertension, migraines, heart disease, thromboembolic disease, history of cerebrovascular accident, severe cirrhosis or liver tumour, breast cancer
- Current medications
- Allergies
- If the client was the victim of assault or abuse, maintain the chain of evidence and refer client to a physician/RN(NP) or Sexual Assault Nurse Examiner (SANE) as per employer policy.

PHYSICAL FINDINGS

- None

DIFFERENTIAL DIAGNOSIS

- None

COMPLICATIONS

- Treatment failure

INVESTIGATIONS AND DIAGNOSTIC TESTS

- A urine human chorionic gonadotropin (hCG) is not required before use of emergency contraception; however, if the client is seen in person, urine hCG is usually performed and documented.
- STI specimens, if indicated.

MAKING THE DIAGNOSIS

- Unprotected intercourse within the preceding 120 hours
- Inadequately protected intercourse within the preceding 120 hours; this can include, but is not limited to:
    - Missing two or more consecutive combined oral contraceptive pills
    - One or more progesterone-only pills missed or delayed by more than 3 hours
    - Depot medroxyPROGESTERone acetate (Depo-Provera) injection is 2 or more weeks late
    - Transdermal contraceptive patch is detached for:
        - 24 hours or longer during week 1
          Or
        - 72 hours or longer during week 2 or 3
    - Vaginal contraceptive ring is expelled or removed for:
        - 3 hours or longer during week 1
          Or
        - 72 hours or longer during week 2 or 3
    - Vaginal ring left in for more than 5 weeks in a row
    - The start of a combined hormonal contraception is delayed by 24 hours or more
    - Mistimed fertility awareness

- Ejaculation onto genitals
- Coitus interruptus
- Condom breakage, leakage or slippage
- Intrauterine contraceptive device expulsion or midcycle removal
- Dislodgement of diaphragm or cervical cap during intercourse
- Spermicide alone at midcycle
- Sexual assault (client not using reliable contraception)
- Condom alone or spermicide alone plus recent teratogen exposure [e.g., ISOtretinoin (Accutane)]

MANAGEMENT AND INTERVENTIONS

Goals of Treatment

- Prevention of pregnancy

Appropriate Consultation

- Presentation consistent with those identified in the Immediate Consultation Required in the Following Situations section.
- Consult a physician/RN(NP) if using Yuzpe regimen to ensure there are no contraindications to estrogen and client receives adequate dose.

Non-Pharmacological Interventions

- Advise client about potential side effects (e.g., nausea, vomiting, abdominal pain, fatigue, headache and breast tenderness).
- Advise the client that a normal period should occur within 3 weeks of using emergency contraception.
- Client should be counselled to use a backup method of contraception until the next menstrual cycle.
- If the client has diabetes, provide education regarding blood glucose monitoring and request an earlier follow-up because the effect of progestin on blood glucose levels is not known.

Pharmacological Interventions

- Plan B (progesterone only option)
  - Consider alternative is women with a BMI ≥ 25 **kg/m^2**

- Levonorgestrel 0.75 mg 2 doses orally
  - Both doses can be taken at the same time
    Or
  - One dose stat and the second dose 12 hours later

Or

- **Ulipristal 30 mg one tablet orally (progesterone only option)**
  - **More effective in women with BMI greater than 25 kg/m²**

Both Plan B and ulipristal are more effective and cause fewer adverse effects than the Yuzpe method which contains both estrogen and progesterone.

Client and Caregiver Education

- Counsel client/caregiver about the appropriate use of medications (dose, frequency, compliance, etc.).
- If the client vomits within the first 2 hours after taking Plan B or 3 hours after taking ulipristal hormonal emergency contraception, the dose should be repeated.
- Emergency contraception will not interrupt a pregnancy that has already implanted in the uterine lining.
- There are no known teratogenic effects if progestin-only emergency contraception is taken during pregnancy.
- Ulipristal is pregnancy category X and should not be given to a woman who is breastfeeding.
- Emergency contraception can be given to a woman who is breastfeeding.
- Discuss and provide materials, as appropriate, concerning:
  - Safe sex practices
  - Future use of emergency contraception
  - STI prevention

Monitoring and Follow-Up

- When emergency contraception is prescribed, the client should be seen for follow-up:
  - if she has not had a menstrual period within 3 weeks.
    - To test for pregnancy

    - If pregnancy test positive, discuss options including termination of pregnancy
  - after the next menstrual period.
    - To discuss more effective contraception
    - For education regarding safe sexual practices

There does not appear to be any adverse risk with repeated use of progestin-only emergency contraception; however, repeated use of emergency contraceptives requires further counselling and education on contraceptive choices.

Referral

- Presentation consistent with those identified in the Immediate Consultation Required in the Following Situations section.
- Positive pregnancy test at follow-up appointment.

DOCUMENTATION

- As per employer policy

REFERENCES

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