Team Name: Harm Reduction and Healthy Sexuality Team Lead: Regional Manager Public Health-Healthy Living Approved by: Executive Director North	Reference Number: CLI.6210.SG.003 Program Area: Public Health-Healthy Living Policy Section: General
Issue Date: June 7 2016 Review Date: Revision Date:	Subject: Emergency Contraception

STANDARD GUIDELINE SUBJECT:

Emergency Contraception: offering the emergency contraceptive pill (ECP)

PURPOSE:

The purpose of this guideline is to assist in proper management of clients who present to a community health care provider having had unprotected intercourse and wanting to prevent pregnancy. Emergency contraception provides women with a last chance to prevent pregnancy after unprotected sex. Women deserve that last chance, and barriers to availability should be eliminated (Trussel, Raymond, Cleland, 2016).

The goal is to provide access to nonjudgmental and confidential emergency contraception for individuals and populations who face barriers in obtaining contraceptive health care e.g. individuals and/or communities who experience power inequities, economic hardship/poverty, marginalized or stigmatized circumstances.

PROCEDURE:

History and Assessment

1. Obtain information regarding the woman's situation by completing the Emergency Contraceptive Pill Record. Determine that unprotected intercourse occurred within the past five days.
   Indications for emergency contraception include:
   - Failure to use a contraceptive method
   - Condom breakage or leakage
   - Dislodgement of diaphragm or cervical cap
   - Two or more missed birth control pills
   - Depo-Provera injection over a week late
   - Ejaculation on the external genitalia
   - Mistimed fertility awareness
   - Sexual assault in a situation when the woman has not been provided with reliable contraception, previous to the assault
2. ECP should be started as soon as possible after unprotected intercourse.
3. The woman should be evaluated for pregnancy if menses have not begun within 21 days following the ECP treatment.
4. The only absolute contraindication to ECP is known pregnancy.
5. Determine whether there is a need for a pregnancy test by the timing of her last menstrual period. If date of last menstrual period is more than four weeks ago, perform pregnancy test.
6. A pelvic examination is not indicated for the provision of ECP.

Education

1. The health care provider should discuss broader health issues such as Sexually Transmitted Infection (STI) risk, blood borne infection risk and reproductive history. However, failure to disclose this information by the woman should not preclude provision of ECP.
2. Advise client that a prescription is not required for ECP provision. Provide comprehensive instructions and informational material about ECPs in a format appropriate for the client (in different languages, appropriate reading levels and for special populations such as teens, men, women with special needs and sexual assault victims). Refer to Sexuality Education Resource Centre "What is emergency contraception?" http://www.serc.mb.ca./sexual-health/birth-control/emergency-contraceptive-ecp
3. A copper IUD can be inserted up to seven days after intercourse in clients who have no contraindications as a form of Emergency contraception. Refer to primary care provider for possible IUD insertion.
4. Counsel clients about potential side effects. The most common side effect of ECPs is nausea and vomiting. These effects do not typically last more than 24 hours and may be reduced by providing anti-nausea medications before taking ECPs. (Note: in the progestin only pill e.g. Plan B, these side effects are significantly lowered.)
5. Advise client that ECP will not protect them against unprotected intercourse in the days/weeks following treatment. Advise to use barrier method for the remainder of the cycle and a different method initiated at the beginning of the next cycle.
6. Remind client that ECPs do not provide protection against STIs. Review with clients the early signs and symptoms of STIs and emphasize the need to use condoms to protect against STIs.
7. Emphasize the need for effective contraception (other than ECPs).
8. Encourage client to obtain follow-up care in order to obtain an ongoing contraceptive method and/or to be tested for possible infection.
9. Counsel clients that if they do not have a menses within three weeks of taking ECPs, they need follow-up for possible pregnancy. Inform clients of resources available should the ECPs fail and they become pregnant. Resources available in Your Choice for Your Reasons: Youth Pregnancy Options Handbook for Service Providers (see references).
10. In situations where community access to ECP is limited, consider providing ECPs in advance. If you provide ECPs in advance (as a backup method should they be needed in the future) carefully describe their correct usage, proper storage and note expiry date.
11. Provide appropriate referrals for clients who have been sexually assaulted or abused.

Referral

Referral may be made as needed to a health care provider to initiate prescription birth control method. Referral may be made to other health care providers as necessary. Resources are listed in Your Choice for Your Reasons: Youth Pregnancy Options Handbook for Service Providers (see references).

Follow-Up

It is recommended that a follow-up appointment be made 21 days following treatment to determine if ECP was effective.

IMPORTANT POINTS TO CONSIDER:

1. If taken within 24 hours of unprotected sex, it will reduce the chances of pregnancy by about 95%.
2. If taken within 48 hours of unprotected sex, it will reduce the chances of pregnancy by about 85%.
3. If taken within 72 hours of unprotected sex, it will reduce the chances of pregnancy by about 58%.
4. ECP may work up to 5 (120 hours) days after unprotected sex.

EQUIPMENT/SUPPLIES:

Recommended Emergency Contraceptive Stock: minimum two per community site. Increase stock based on need. Order Emergency Contraceptive from pharmacy on Reproductive Supplies Pharmacy Order Form.

SUPPORTING DOCUMENTS:
CLI.6210.SG.003.FORM.01 Emergency Contraceptive Pill Record Form
CLI.6210.PL.001.FORM.04 Reproductive Supplies Stock Request Form

REFERENCES:

SOGC Clinical Practice Guidelines "Emergency Contraception" September 2012
http://sogc.org/wp-content/uploads/2013/01/gui280CPG1209E_001.pdf?d727de

The Emergency Contraception Website http://ec.princeton.edu/

"Emergency Contraception: A Last Chance to Prevent Unintended Pregnancy" by James Trussel PhD, Elizabeth G. Raymond, MD, MPH, Kelly Cleland, MPA, MPH3 March 2016 http://ec.princeton.edu/questions/ec-review.pdf

Healthy Child Manitoba, "Your Choice for Your Reasons: Youth Pregnancy Options Handbook for Service Providers" 2009. https://www.gov.mb.ca/healthychild/mcad/had_yourchoice.pdf