

EMERGENCY CONTRACEPTION

Week 69

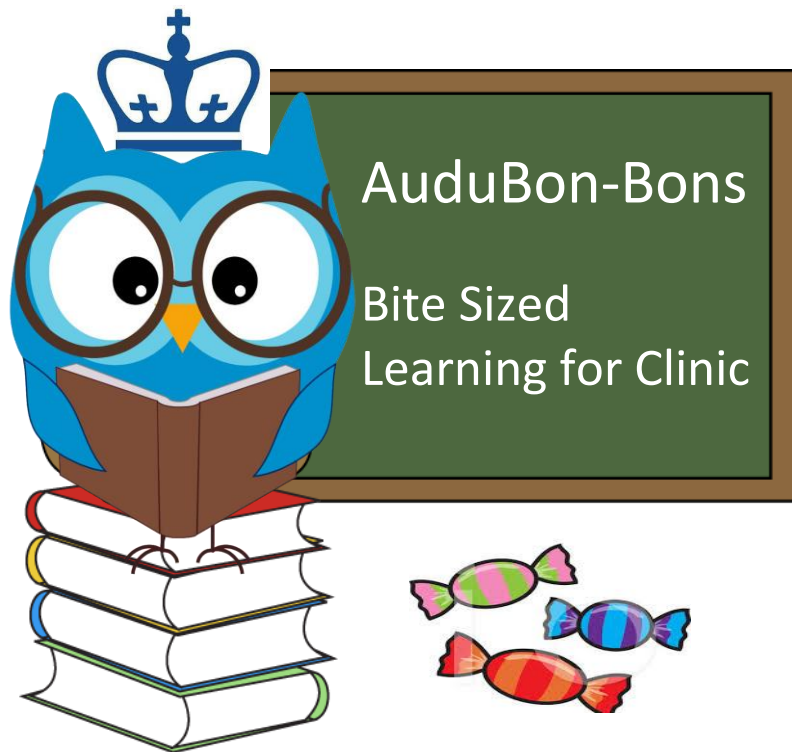
Prepared by: **Holli Jakalow, MD**

With SDH and .phrase slides by Chloé Altchek

Reading Assignment:

ACOG Practice Bulletin #152

Emergency Contraception



LEARNING OBJECTIVES



- To identify candidates for emergency contraception
- To counsel on the options for emergency contraception: including method of action, timing, adverse effects, and efficacy
- To understand when to initiate regular contraception after use of emergency contraception



CASE VIGNETTE

- Ms. Kahlo, a 23yo G0 woman presents to clinic requesting emergency contraception.



FOCUSED HISTORY

What elements of the patient's history are most relevant?

- **PMH:** Denies
- **PSH:** Denies
- **POBH:** G0
- **PGYNH:** Regular menses Q28 days lasting 5 days. Denies history of STIs or abnormal paps. Up to date on pap. Last STI screening last month. Has 1 male partner. Was previously using COCPs, but forgot to refill the prescription last month. Had intercourse without contraception yesterday.
- **MEDS:** None
- **ALL:** NKDA
- **FH:** HTN, T2DM
- **SH:** Graduate student in fine arts. Lives with roommate Denies IPV. 3 ETOH drinks per week. Denies tobacco or drug use. Accepts blood products.



PERTINENT PHYSICAL EXAM FINDINGS

What elements of the patient's physical exam are most relevant?

An exam is not necessary to provide emergency contraception!

CANDIDATES FOR EMERGENCY CONTRACEPTION

Who are candidates for emergency contraception?

- Any woman who has had unprotected or inadequately protected sexual intercourse and does not wish to become pregnant

According to the Centers for Disease Control and Prevention's U.S. Medical Eligibility Criteria for Contraceptive Use 2016, are there any conditions in which the risks of emergency contraception outweigh the benefits?

- 4 (A condition that represents an unacceptable health risk if the contraceptive method is used):
 - Copper IUD in pregnancy
- 3 (A condition for which the theoretical or proven risks usually outweigh the advantages of the method):
 - Copper IUD in patient who had a complicated solid organ transplant
 - Graft failure, rejection, or cardiac allograft vasculopathy

Are any screening procedures necessary before providing emergency contraception?

- None!



OPTIONS FOR EMERGENCY CONTRACEPTION

What are the options for emergency contraception?

- **Ulipristal acetate**
 - Selective progesterone receptor modulator
 - One 30mg tablet
 - Requires a prescription
 - FDA labeled for use as emergency contraception
- **Levonorgestrel**
 - Progestin only
 - One 1.5mg tablet
 - Available over the counter without age restriction (\$50)
 - FDA labeled for use as emergency contraception
- **Combined progestin-estrogen pills**
 - Variety of formulations
 - Requires a prescription
 - Not FDA labeled for use as emergency contraception
- **Copper IUD**
 - Requires office visit and insertion by a clinician
 - Not FDA labeled for use as emergency contraception



OPTIONS FOR EMERGENCY CONTRACEPTION

What is the method of action for each method?

- **Ulipristal acetate**

- Inhibits or delays ovulation by inhibiting follicular rupture even after level of LH has started to increase

- **Levonorgestrel**

- Preventing or delaying ovulation and impairing luteal function by delaying follicular development when administered before the level of LH increases

- **Combined progestin-estrogen pills**

- Inhibiting implantation of a fertilized egg
- May also delay or suppress ovulation or interfere with corpus luteum function and prevent implantation

- **Copper IUD**

- Prevents fertilization by affecting sperm viability and function and may affect the oocyte and endometrium



OPTIONS FOR EMERGENCY CONTRACEPTION

What is the timing of use after unprotected sexual intercourse for each method?

- **Ulipristal acetate**
 - Up to 5 days
- **Levonorgestrel**
 - Up to 3 days
- **Combined progestin-estrogen pills**
 - Up to 5 days
- **Copper IUD**
 - Up to 5 days



OPTIONS FOR EMERGENCY CONTRACEPTION

What are the adverse effects for each method?

- **Ulipristal acetate**
 - Nausea, headache, irregular bleeding
- **Levonorgestrel**
 - Nausea, headache, irregular bleeding
- **Combined progestin-estrogen pills**
 - Higher rates of nausea than ulipristal acetate and levonorgestrel,
 - irregular bleeding
- **Copper IUD**
 - Uterine perforation, cramping, increase duration of menstrual flow or dysmenorrhea



OPTIONS FOR EMERGENCY CONTRACEPTION

What is the efficacy of each method?

- **Ulipristal acetate**
 - 98.2-99.1%
- **Levonorgestrel**
 - 60-94%
- **Combined progestin-estrogen pills**
 - 56-98%
- **Copper IUD**
 - 98-100%



REGULAR CONTRACEPTION FOLLOWING EMERGENCY CONTRACEPTION

When should regular contraception be initiated or resumed after use of emergency contraception?

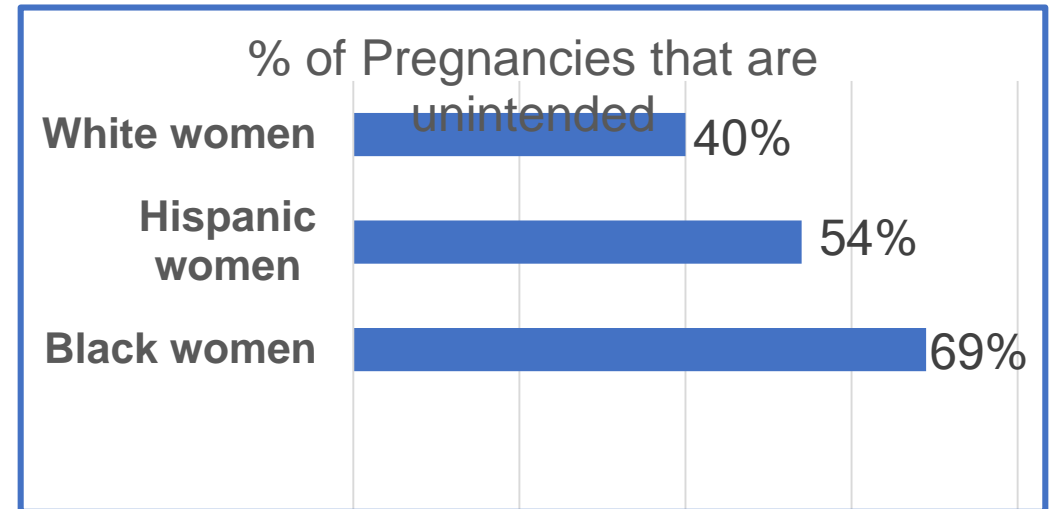
- Hormonal contraception:
 - **Ulipristal acetate**
 - Can be initiated immediately after, but abstinence or barrier method should be used for the next 14 days or until her menses
 - Remember this may work by delaying ovulation, so patients are at risk of becoming pregnant later in the same menstrual cycle.
 - **Levonorgestrel or COCPs**
 - Can be initiated immediately after, but abstinence or barrier method should be used for the next 7 days
- **Copper IUD is both emergency and long-acting contraception!**



SOCIAL DETERMINANTS OF HEALTH

Disparities in rates of unintended pregnancy:

Black and Latinx women and women of low SES are less likely to use contraception overall, use different contraceptive methods, and have higher rates of contraceptive failure than white women and women of higher SES



Think of creative and accessible ways of providing information to patients about birth control options – please share your ideas!



SOCIAL DETERMINANTS OF HEALTH (cont'd)



Locations that offer Plan B near Washington Heights


- Pharmacy Farmacia , W 142nd street
- 139 Pharmacy, 3415 Broadway
- Farmacia, 3397 Broadway & 1473 Amsterdam
- Duane Reade, 3387 Broadway
- Hamilton Pharmacy Prescriptions Farmacia, 5 Hamilton Place
- Broadway Pharmacy, 3340 Broadway

Cost of EC:

- Plan B \$40 - \$50
- Take Action and My Way \$15 - \$45
- Generic brand After Pill can be ordered online www.afterpill.com for \$20 + \$5 shipping (can't be shipped quickly enough to use right away, but can be bought in advance and kept for emergencies)
- **CUMC family planning clinic at 21 Audubon offers EC at no charge**

PRO TIP!

Advise patients to get EC BEFORE they need it. That way they can take it as soon as possible if they have unprotected sex.



TAKE NOTE: New York State law requires that every hospital providing emergency treatment to rape survivors must promptly offer written and oral information about EC and must provide EC when requested.

EPIC .PHRASE

.BBonECCounseling

Description: Emergency Contraception Counseling

Options for emergency contraception were discussed with the patient, including ulipristal acetate, levonorgestrel, combined progestin-estrogen pills, and copper IUD. The risks and benefits of each option were discussed including availability, method of action, efficacy, timing of use, and adverse effects. Timing of restarting or initiating regular contraception was also discussed.



CODING AND BILLING

- **ICD-10 Codes**

- Z30.430

- Encounter for insertion of intrauterine contraceptive device

- Z30.012

- Encounter for prescription of emergency contraception

- Z30.0

- Encounter for general counseling and advice on contraception



EVIDENCE

Emergency contraception. Practice Bulletin No. 152. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2015;126e1-11.

Centers for Disease Control and Prevention. Medical Eligibility Criteria (US MEC) for Contraceptive Use: Classifications for Emergency Contraception. 2017. <https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/appendixj.html> Accessed May 2020.

Matyanga, Celia M. J., and Blessing Dzingirai. Clinical Pharmacology of Hormonal Emergency Contraceptive Pills. *International Journal of Reproductive Medicine*, vol. 2018, 2018, pp. 1–5.

Bell, D. L., Camacho, E. J., & Velasquez, A. B. (2014). Male access to emergency contraception in pharmacies: A mystery shopper survey. *Contraception*, 90(4), 413-415. doi:10.1016/j.contraception.2014.06.032

Finer, L. B., & Henshaw, S. K. (2006). Disparities in Rates of Unintended Pregnancy In the United States, 1994 and 2001. *Perspectives on Sexual and Reproductive Health*, 38(2), 90-96. doi:10.1363/3809006

Dehlendorf, C., Rodriguez, M. I., Levy, K., Borrero, S., & Steinauer, J. (2010). Disparities in family planning. *American Journal of Obstetrics and Gynecology*, 202(3), 214-220. doi:10.1016/j.ajog.2009.08.022

Finer, L. B., & Zolna, M. R. (2011). Unintended pregnancy in the United States: Incidence and disparities, 2006. *Contraception*, 84(5), 478-485. doi:10.1016/j.contraception.2011.07.013

