

Unit 14

EMERGENCY CONTRACEPTIVE PILLS

Learning Objectives

At the end of this unit, learners should be able to:

- ❖ Define emergency contraception
- ❖ List the types and formulations of emergency contraceptive pills (ECPs) available in Malawi
- ❖ Explain how ECPs work
- ❖ State the effectiveness of ECPs
- ❖ List the characteristics of ECPs
- ❖ Determine a client's medical eligibility for ECP use
- ❖ Correct myths and misconceptions associated with ECPs
- ❖ Provide client instructions for using ECPs and the key counselling messages
- ❖ Demonstrate skills in counselling clients about using ECPs.

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Unit 14: Emergency Contraceptive Pills

Key Points

Emergency contraceptive pills:

- ❖ **Help to prevent pregnancy when taken up to 5 days (120 hours) after unprotected sex.** The sooner they are taken, the better.
- ❖ **Do not disrupt an existing pregnancy.**
- ❖ **Are safe and effective for all women**—even women who cannot use ongoing hormonal contraceptive methods.
- ❖ **Provide an opportunity for women to start using an ongoing family planning method.**
- ❖ **Are available in several formulations**—dedicated products, POPs and COCs all can act as emergency contraceptives.

14.1 Defining Emergency Contraception

Emergency contraception is a method of preventing pregnancy after unprotected sexual intercourse. ECPs are pills used for this purpose. They can be progestin-only pills (POPs), containing a progestin alone, or combined oral contraceptives (COCs), containing a progestin and an oestrogen together. There are also pills that are specifically formulated and packaged for emergency contraception use.

ECPs are sometimes called “morning-after pills” or post coital contraceptives.

Types of ECPs available in Malawi

- Postinor-2 (pills specifically formulated and packaged for emergency contraceptive use, containing the progestin levonorgestrel)
- Progestin-only pills (Ovrette, Microlut) containing norgestrel
- Combined oral contraceptive pills (Microgynon, Lo-Femenal) containing an oestrogen and a progestin

IUCDs FOR EMERGENCY CONTRACEPTION

Intrauterine Contraceptive Devices (IUCDs) may also be used as emergency contraception if inserted within 5 days after unprotected sexual intercourse. As emergency contraception, the Copper-T IUCD is much more effective than emergency contraceptive pills because it reduces the risk of getting pregnant by more than 99%. Another advantage to the Copper-T IUCD is that, if desired, clients can keep it in place to prevent pregnancy for up to 12 years.

How ECPs work

ECPs work primarily by preventing or delaying the release of eggs from the ovaries (ovulation). They do not work if a woman is already pregnant and do not harm existing pregnancies.

14.2 Effectiveness of ECPs

- If 100 women each had sex once during the second or third week of the menstrual cycle without using contraception, 8 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 combined pills for ECPs, 2 would likely become pregnant.

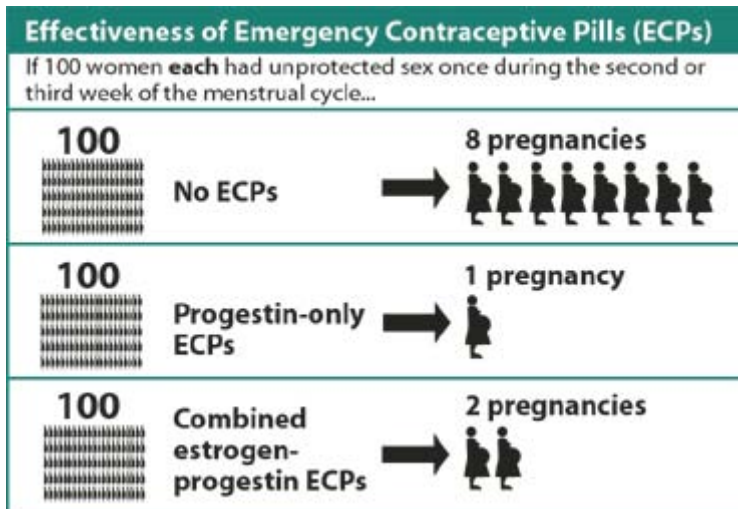


Illustration by Francine Mueller, CCP

Return of fertility

A woman can become pregnant immediately after taking ECPs. Taking ECPs prevents pregnancy only from acts of sex that took place during the previous 5 days. They will not protect a woman from pregnancy from acts of intercourse after she takes ECPs—not even on the next day. To stay protected from pregnancy, women must begin to use another contraceptive method at once.

14.3 Characteristics

Advantages

- Are controlled by the woman
- May reduce need for abortion
- Can be used after a regular contraceptive method fails (i.e. condom breaks) or following rape or other unplanned intercourse

Disadvantages

- Not as effective as contraceptive methods that are used before or during sex, like COCs or condoms. Not to be used as primary protection against pregnancy.
- Do not protect against sexually transmitted infections (STIs), including HIV.

Side effects

Some users report the following:

- Changes in bleeding patterns including:

Slight irregular bleeding for 1–2 days after taking ECPs

Monthly bleeding that starts earlier or later than expected

- In the first 24 hours after taking ECPs, the client may complain of:
 - Nausea, vomiting and/or dizziness
 - Abdominal pain
 - Fatigue
 - Headaches
 - Breast tenderness
- **Note:** Progestin-only ECPs are less likely to cause side effects than ECPs that contain oestrogen.

Health benefits and Health risks: None

14.4 Correcting Misconceptions

Emergency contraceptive pills:

- Do not cause abortion
- Do not cause birth defects if pregnancy occurs
- Are not dangerous to a woman's health
- Do not promote sexual risk-taking or promiscuity
- Do not make women infertile.

14.5 Women Who Can Use ECPs

ECPs are safe and suitable for all women, including women who cannot use ongoing hormonal contraception. There are no contraindications for ECP use.

14.6 Medical Eligibility Criteria for ECPs

- There are no contraindications for ECP use.
- Tests and examinations are not necessary for using ECPs.
- 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 woman because of the short-term nature of their use.

14.7 Timing: When to Use ECPs

Anytime within 120 hours (5 days) after unprotected sex. The sooner after unprotected sex that ECPs are taken, the more effective they are.

- ECPs can be used any time a woman thinks that she might become pregnant, such as:
- After forced sex (rape), coerced sex or any unprotected sex
- After contraceptive mistakes, such as:

Condom was used incorrectly, slipped, or broke

Couple incorrectly used a fertility awareness method (for example, failed to abstain or to use another method during the fertile days)

Man failed to withdraw, as intended, before he ejaculated

Woman has missed 3 or more combined oral contraceptive pills or has started a new pack 3 or more days late

IUCD has come out of place

Woman is more than 4 weeks late for her repeat DMPA injection.



Illustration by Rafael Avila and Rita Meyer

14.8 Providing ECPs

Dosing information

- Progestin-only pills

Postinor-2 (1.5 mg lovonorgestrel), 2 pills in a single dose (the preferred choice)

Ovrette (norgestrel 0.075 mg), 40 pills taken at one time in a single dose

- Combined oral contraceptives:

Lo-Feminal (0.03 mg ethinyl estradiol, 0.3 mg norgestrel), 4 pills at one time, followed by 4 pills 12 hours later.

Give pills

- The client can take them immediately.
- Tell her to take the next dose in 12 hours, if required by product instructions.

Describe the most common side effects and explain that they are not signs of illness

- Nausea, abdominal pain, possibly others
- Slight bleeding or change in timing of monthly bleeding.

Explain what to do about side effects

- Nausea:

Not recommended to use anti-nausea medication routinely

If she has had nausea with previous ECP use or with the first dose of a 2-dose regimen, she can take anti-nausea medication, such as 50 mg meclizine, one-half hour to one hour before taking ECPs.

- Vomiting:

If the woman vomits within 2 hours after taking ECPs, she should take another dose. (She can use anti-nausea medication with this repeat dose, as above.)

If vomiting continues, she can take the repeat dose by placing the pills high in her vagina.
If vomiting occurs more than 2 hours after taking ECPs, she does not need to take any extra pills.

Give more ECPs and help her start an ongoing contraceptive method

- If possible, give her more ECPs to take home in case she needs them in the future. This is known as “advanced provision” and has proven to be effective since women who already have the pills available are more likely to take them and to take them sooner after unprotected intercourse (when they are more effective).
- Explain that ECPs will not protect her from pregnancy for any future sex—even the next day. Therefore, they are not to be used as a regular family planning method.
- Counsel the client to choose a family planning method to start using after the emergency contraception, if she does not plan for pregnancy immediately.
- Advise the client when to start contraception after ECP use. She can start most contraceptive methods (e.g. implants, injectables) on the same day as ECPs. (See table in Section 14.9.)
- If she does not want to start a contraceptive method now, give her condoms or COCs and ask her to use them if she changes her mind. Give instructions on use. Invite her to come back any time if she wants another method or has any questions or problems.
- Tell her that ECPs do not protect from STIs/HIV.
- Explain that ECPs will not harm an existing pregnancy.
- Advise the client to return if her next monthly bleeding:

Is unusually light (possible pregnancy)

Does not start within 4 weeks (possible pregnancy)

Is unusually painful (possible ectopic pregnancy)

14.9 When to Start Contraception after ECP Use

Method	When to start
Combined oral contraceptives, progestin-only pills	<ul style="list-style-type: none"> • She can begin the day after she takes the ECPs. There is no need to wait for her next monthly bleeding. <ul style="list-style-type: none"> - New users should begin a new pill pack. - A continuing user who needed ECPs due to error can resume use as before. • All women need to use a backup method*—for the first 7 days.
Progestin-only injectables/DMPA	<ul style="list-style-type: none"> • She can start progestin-only injectables/DMPA on the same day as the ECPs, or if preferred, within 7 days after the start of her monthly bleeding. She will need a backup method for the first 7 days after the injection. She should return if she has signs or symptoms of pregnancy other than not having monthly bleeding.
Implants	<ul style="list-style-type: none"> • She can start after her monthly bleeding has returned. Give her a backup method* or oral contraceptives to use until then, starting the day after she finishes taking the ECPs.
Intrauterine contraceptive device (IUCD)	<ul style="list-style-type: none"> • A copper-bearing IUCD can be used for emergency contraception. This is a good option for a woman who wants an IUCD as her long-term method (see IUCDs, Unit 8). • If she decides to use an IUCD after taking ECPs, the IUCD can be inserted on the same day she takes the ECPs. There is no need for a backup method.
Male and female condoms	<ul style="list-style-type: none"> • Immediately.
Fertility awareness methods	<ul style="list-style-type: none"> • Standard Days Method®: With the start of her next monthly bleeding. • TwoDay Method®: Once normal secretions have returned. • Give her a backup method* or oral contraceptives to use until she can begin the method of her choice.
* Backup methods include male and female condoms. If possible, give her condoms.	

14.10 Questions and Answers about ECPs

1. Do ECPs disrupt an existing pregnancy?

No. ECPs do not work if a woman is already pregnant. When taken before a woman has ovulated, ECPs prevent the release of an egg from the ovary or delay its release by 5 to 7 days. By then, any sperm in the woman's reproductive tract will have died, since sperm can survive there for only about 5 days.

2. Do ECPs cause birth defects? Will the foetus be harmed if a woman accidentally takes ECPs while she is pregnant?

No. Good evidence shows that ECPs will not cause birth defects and will not otherwise harm the foetus if a woman is already pregnant when she takes ECPs or if ECPs fail to prevent pregnancy.

3. How long do ECPs protect a woman from pregnancy?

Women who take ECPs should understand that they could become pregnant the next time they have sex unless they begin to use another method of contraception at once. Because ECPs delay ovulation in some women, she may be most fertile soon after taking ECPs. If she wants ongoing protection from pregnancy, she must start using another contraceptive method at once.

4. What oral contraceptive pills can be used as ECPs?

Many combined (oestrogen-progestin) oral contraceptives and progestin-only pills can be used as ECPs. Any pills containing the hormones used for emergency contraception—levonorgestrel, norgestrel, norethindrone, and these progestins together with oestrogen (ethinyl estradiol)—can be used. (See “Formulations and Dosage Required for Emergency Contraception” in the Teaching Resources section for examples of what pills can be used.)

5. Is it safe to take 40 or 50 progestin-only pills as ECPs?

Yes. Progestin-only pills contain very small amounts of hormone. Thus, it is necessary to take many pills in order to receive the total ECP dose needed (unless specially formulated progestin-only ECPs such as Postinor II are available). In contrast, the ECP dosage with combined (oestrogen-progestin) oral contraceptives is generally only 2 to 5 pills in each of 2 doses 12 hours apart. Women should not take 40 or 50 combined (oestrogen-progestin) oral contraceptive pills as ECPs.

6. Are ECPs safe for women with HIV or AIDS? Can women on antiretroviral therapy safely use ECPs?

Yes. Women with HIV, AIDS, and those on antiretroviral therapy can safely use ECPs. There are no contraindications for ECP use; ECPs are safe and suitable for all women.

7. Are ECPs safe for adolescents?

Yes. There are no contraindications for ECP use; ECPs are safe and suitable for all women.

A study of ECP use among girls 13 to 16 years old found it safe. Furthermore, all of the study participants were able to use ECPs correctly.

8. Can a woman who cannot use combined (oestrogen-progestin) oral contraceptives or progestin-only pills as an ongoing method still safely use ECPs?

Yes. This is because ECP treatment is very brief. There are no contraindications for ECP use; ECPs are safe and suitable for all women.

9. If ECPs failed to prevent pregnancy, does a woman have a greater chance of that pregnancy being an ectopic pregnancy?

No. To date, no evidence suggests that ECPs increase the risk of ectopic pregnancy. Worldwide studies of progestin-only ECPs, including a United States Food and Drug Administration review, have not found higher rates of ectopic pregnancy after ECPs failed than are found among pregnancies generally.

10. Why give women ECPs before they need them? Won't that discourage or otherwise affect contraceptive use?

No. Studies of women given ECPs in advance report these findings:

- Women who have ECPs on hand took them sooner after having unprotected sex than women who had to seek out ECPs. Taken sooner, the ECPs are more likely to be effective.
- Women given ECPs ahead of time were more likely to use ECPs than women who had to go to a provider to get ECPs.
- Women continued to use other contraceptive methods as they did before obtaining ECPs in advance.

11. Should women use ECPs as a regular method of contraception?

No. Nearly all other contraceptive methods are more effective in preventing pregnancy. A woman who uses ECPs regularly for contraception is more likely to have an unintended pregnancy than a woman who uses another contraceptive regularly. Still, women using other methods of contraception should know about ECPs and how to obtain them if needed—for example, if a condom breaks or a woman misses 3 or more COCs.

Emergency Contraceptive Pills Teaching Resources

Formulations and Dosage Required for Emergency Contraception

Formulation	Common Brand Names	1st Dose	2nd Dose	Timing of Administration
LNG .75mg Note: There are 2 possible regimens for Postinor and NorLevo	Postinor, NorLevo	2 pills (1.5mg) in a single dose		One dose (two pills) should be taken as soon as possible within 120 hours of unprotected sexual intercourse. First dose as soon as possible within 120 hours of unprotected sexual intercourse; second dose 12 hours later
LNG 0.75mg Note: There are 2 possible regimens for Postinor and NorLevo	Postinor, NorLevo	1 pill	1 pill	
LNG 0.03mg	Microlut, Norgeston, Microval	25 pills	25 pills	
NG 0.075mg	Ovrette	20 pills	20 pills	
EE 50 mcg + LNG 0.25mg	Neogynon, Noral, Nordiol, Ovidon, Ovrán	2 pills	2 pills	
EE 50 mcg + NG 0.50 mg	Eugynon 50, Ovral	2 pills	2 pills	
EE 30 mcg + LNG 0.15mg	Microgynon 30, Nordette, Rigevidon, Levlen	4 pills	4 pills	
EE 30 mcg + NG 0.30 mg	Lo/Femenal, Lo/Ovral	4 pills	4 pills	

EE = ethinyl estradiol LNG =levonorgestrel NG =norgestrel

Note: Treatment using either regimen (estrogen and progestin or progestin only) should not be delayed unnecessarily as efficacy declines over time.

(Adapted from: Salvador-Davila, Graciela 2007)

ECPs Case Studies

(Adapted from: Salvador-Davila, Graciela 2007)

Case Study 1

Miss M. is 21 years old and is coming to you today for ECPs. Her last menstrual period (LMP) was five days ago, she has had two pregnancies, both aborted. The client says she smokes five cigarettes per day. There is no history of blood clots in the veins, high blood pressure, migraines, or cancer of the reproductive organs. She had unprotected intercourse this morning at 1:00 a.m. Miss M. has not been using contraceptives since she has not been sexually active, and this is a new relationship, but she is interested in using pills.

Can this client use ECPs?

Case Study 2

Today is 5 February 2010. Miss S. is a 16-year-old who has come to see you at your clinic. Her last menstrual period, which was normal, started on 8 January. She has never been pregnant, does not smoke, and has no history of medical conditions. She had unprotected intercourse on 3 February. She has been using condoms for contraception. Upon further history-taking you find that she used ECPs in September 2008 and again in March 2009.

Can this client use ECPs?

Case Study 3

Mrs. R. is 33 years old. Her LMP was two weeks ago. She has a history of asthma and herpes, and she smokes one pack of cigarettes per day. There is no other history of medical conditions. She had unprotected intercourse yesterday morning. She usually uses condoms for contraception.

Can this client use ECPs?

Case Study 4

Miss P. is 17 years old and has never been pregnant, and she has a negative medical history. Her LMP was three weeks ago. She had unprotected intercourse three days ago, and she was using condoms and states that the condom broke.

Can this client use ECPs?

Case Study 5

Mrs. B. is 37 years old, has one living child, and had one spontaneous abortion at six weeks of pregnancy. She comes to you today for help because it has been two weeks since she aborted, and she had unprotected sexual intercourse yesterday morning. She wants to use a contraceptive method that she does not have to “worry about doing something” when she has sexual intercourse.

Can this client use ECPs?

Case Study 6

Ms. T. is 28 years old and has one child. Her LMP was two weeks ago and normal. She has no health problems. She comes to you today for ECPs. She had unprotected sexual intercourse 4 days ago when her husband forced her to have sex. She does not want any more children, but her husband will not agree. She is willing to use a contraceptive without his knowledge.

Can this client use ECPs?

Case Study 7

Ms. Q. brings her 17 year-old sister to you because the sister was raped last night on her way home from work. The family filed a complaint with the police, and the sister was “treated” at the hospital with a tranquilizer. A neighbour suggested that they get ECPs for the sister to prevent a pregnancy. The sister has never had sexual intercourse before and thinks her LMP was three weeks ago. There is only a history of an appendectomy at age 12.

Can this client use ECPs?

Case Study 8

Ms. W. is a first-time family planning client. After discussing various contraceptive options, she has selected condoms as her preferred method. She has never used them before, but she paid close attention to your demonstration of how to use condoms.

- a. Would you tell this client about ECPs? Why or why not?

- b. Would you provide ECPs to this client during this visit? Why or why not?

ECPs Case Studies Answer Key

(Adapted from: Salvador-Davila, Graciela 2007)

Case Study 1

Can this client use ECPs? **Yes.**

Case Study 2

Can this client use ECPs? **Yes.**

Case Study 3

Can this client use ECPs? **Yes.**

Case Study 4

Can this client use ECPs? **Yes.**

Case Study 5

Can this client use ECPs? **Yes.**

Case Study 6

Can this client use ECPs? **Yes.**

Case Study 7

Can this client use ECPs? **Yes.**

Case Study 8

a. Would you tell this client about ECPs? Why or why not?

Yes. Clients need to know that ECPs are available and the correct time period for their use. Providing this information to your client will help her act responsibly and quickly in the event she fails to use a condom or experiences condom breakage.

b. Would you provide ECPs to this client during this visit? Why or why not?

Yes, if your program's protocols include prophylactic provision of ECPs. Having an advance supply of the method will make it easier for her to take ECPs as soon after unprotected sexual intercourse as possible in the event she needs it.

ECPs Role Plays

(Adapted from: Salvador-Davila, Graciela 2007)

Role Play 1

Client role

Today you will play the role of Miss M., a 20-year-old woman. Tell the provider that you have heard about emergency contraception from friends and think you might need it, but you are scared to try it because you think that it might make you infertile and that it might not be safe because you smoke.

Background information that you may need to answer questions your provider asks you:

- You had unprotected sexual intercourse last night (you were not expecting to have sex with your new boyfriend and did not have any contraceptive protection nearby).
- Your last menstrual period ended 5 days ago and was normal.
- You are a heavy smoker and have herpes but have no other health problems.
- You have been pregnant twice before and had abortions both times and are scared of having another.
- You have not been sexually active for a while but are starting a new relationship.
- You are interested in learning more about the pill for ongoing contraception.

Role Play 2

Client role

Today you will play the role of Mrs. R., a 31-year-old woman. Tell the provider that you had sexual intercourse on Friday night and the condom broke. Now it's Tuesday, and you are very worried you may have gotten pregnant. You would have come to the clinic earlier, but you couldn't find transportation and child care. You want to know if there is anything you can do now to prevent pregnancy and if there is a more reliable method you can use in the future.

Background information that you may need to answer questions your provider asks you:

- Your last menstrual period started three weeks ago and was normal.
- You are married and have two children.
- Your physician told you that you couldn't use the pill because of your severe migraine headaches, so you and your husband use condoms.
- You have diabetes and had a severe case of hepatitis a year ago.
- You and your husband are considering sterilization, but you want to wait a few years until your youngest child is a little older.

Role Play 3

Client role

Today you will play the role of Mrs. Q., a 25-year-old woman. Tell the provider that you have heard there is a pill you can take after having sexual intercourse to prevent pregnancy and that you want to get some to use for contraception. You have used regular contraceptive pills on and off for the past few years but often forget to take them. In fact, you got pregnant with your third child while you were using the pill. You were really excited to hear about this new pill from friends because you have heard it is very effective, and you know it will be a lot easier to remember to take than the daily pill. You need the new kind of pills right away because you just had sexual intercourse last night, and you have not yet started your new pill pack so are not protected.

Background information that you may need to answer questions your provider asks you:

- Your last menstrual period started 5 weeks ago.
- You have been using pills but think you forgot to take quite a few of them this month; you haven't yet started your new pack because you are waiting for your period to start.
- You and your husband have been having sexual intercourse regularly; your most recent sex was last night.
- You have asthma.
- You really want to use a method that is easy to remember.

ECPs Role Play Processing Guide

(Adapted from: Salvador-Davila, Graciela 2007)

Key points to discuss in Role Play 1

- Client is eligible for ECPs (within 120 hours of unprotected sex, last menstrual period normal).
- Client is concerned about safety of ECPs (fears infertility and is concerned about smoking) and should have been given special counselling on these topics.
- Client is motivated to practice contraception (fear of having another abortion) and has a desire for more information on the pill; provider should have given contraceptive information and services.
- Client's relationship is new, and she has a history of herpes; provider should have emphasized STI protection with client.

Key points to discuss in Role Play 2

- Client is within the 120-hour window of opportunity for ECPs; provider can give ECPs but should counsel client that effectiveness decreases as time passes.
- Even though the client has been told she should not use oral contraceptives, she has no medical contraindications to ECP use.
- Since the client and her husband are considering sterilisation in the future, she might want to consider using a long-term method (IUCD or implants) since they are extremely effective/reliable but reversible.

Key points to discuss in Role Play 3

- Client may be pregnant already (based on LMP). A pregnancy test should be given. If not available, the Pregnancy Checklist can be used. If she is not pregnant, she can receive ECPs. If she is, she should be referred for appropriate services.
- Provider should have corrected client's misperception that ECPs can be used as a routine method and discussed which of the regular contraceptives might meet her needs for future contraception.
- Depending on her reproductive intentions, she might want to consider a long-term method (IUCD, implant) since these methods do not require daily action. DMPA could also be appropriate.

ECPs Activity: Myth or Fact?

(Adapted from Advocates for Youth)

Directions

1. In advance, make two signs—one that says “Myth” and another that says “Fact.” Tape them to the walls at opposite ends of the room.
2. Select the questions you want to include from the list, or use all of the ones provided.
3. Ask the students to stand. Tell them that you are going to read a series of statements about emergency contraceptive pills. If they believe the statement is true, they are stand under the sign that says “Fact.” If they believe the statement is false, they are to stand under the sign that says “Myth.”
4. Check to see if there are any questions.
5. Read the statements below (without the answers!). After each statement, ask the group standing under the incorrect sign first to explain why they chose that answer. Then ask the group standing under the correct answer to explain why they chose their answer. Be sure to gently dispel any myths and stress that the goal of the activity is to become more educated about the topic, not to embarrass anyone.
6. After the activity, ask everyone to take a seat again. Ask what they learned about ECPs that surprised them. Do they know anyone that knows about ECPs or where to get them?
7. Brainstorm about the benefits of ECPs and also some of the concerns about them.

Questions and answers to ECP Myth or Fact activity

1. Emergency contraceptive pills are a type of birth control that must be used before a person has sex.
False. ECPs are used after a person has unprotected sexual intercourse.
2. ECPs can reduce a woman’s risk of pregnancy by 75% when taken within 120 hours of unprotected sexual intercourse.
True. Women should use ECPs within 120 hours (5 days) after unprotected sexual intercourse. The sooner the better!
3. ECPs do not cause side effects.
False. Some women taking ECPs may feel nauseous, dizzy, or tired. Some women vomit and have a headache or sore breasts. These side effects are temporary and should last less than a day or two. There are no medical risks in taking ECPs.
4. ECPs may be harmful to adolescent women.
False. ECPs are a safe and effective option for adolescent women. In fact, research shows the ECPs are safer than aspirin. Furthermore, they do not cause birth defects or abortion if a woman is already pregnant when she takes them.
5. ECPs protect against STIs, including HIV.
False. ECPs prevent pregnancy, not STIs. Using condoms every time a person has intercourse is the best way to prevent STIs.
6. ECPs can cause abortion.

False. ECPs work by preventing pregnancy, not by causing abortion.

ECPs Grab Bag Activity

(Adapted from: Salvador-Davila, Graciela 2007)

Directions

- In advance, photocopy the questions on the next page and cut them so that there is one question on each piece of paper. Put the pieces of paper in a hat or box.
- Select the questions you want to include, or use all of the ones provided. Make sure that the content of each question selected was covered during class or in assigned readings.
- Tell the students that you are going to ask them, one by one, to pick a piece of paper out of the hat/box (without being able to read it in advance). You will then read the question written on the paper, and the student should provide the correct answer.
- Proceed with this activity until all of the questions have been discussed.

Answers to the ECP Grab Bag questions:

1. Why is pregnancy the only contraindication for using ECPs when there are several contraindications for the routine use of the same COCs?

The duration of use of ECPs is short; blood clotting does not change with this short exposure. Therefore, the risk of complications related to blood clotting, such as heart attack or blood clots in the legs, is probably very low.

2. Can progestin-only pills be used for ECPs?

Yes, a special high-dose progestin-only pill, Postinor, is sold specifically for emergency contraception. Where available, Postinor should be included as an ECP option. POPs or mini-pills also can be used.

3. Should we provide ECPs if the woman had unprotected sexual intercourse on a day when her risk of pregnancy was not very high? Why or why not?

Yes, a woman cannot be sure she is infertile at any time during her cycle.

4. If knowledge of ECPs becomes widespread, could incorrect use or overuse of ECPs become a problem? Why or why not?

Misuse is not likely. In countries where ECPs have been publicized and made readily available, misuse has not been a problem. Making ECPs readily available with accurate instructions through established family planning services, whether clinic or community-based, will help reduce any risk of incorrect or frequent use and will ensure appropriate follow-up counselling and contraceptive services.

5. Is it a problem if a woman uses ECPs as her standard contraceptive? Why or why not?

Yes. Contraceptive protection will be low. The 2% failure rate of ECPs is for one menstrual cycle. Most women will have 13 menstrual cycles in a year; therefore, the cumulative failure rate for 1 year would be very high among sexually active women. However, since nausea typically occurs in around 40% of women using combined ECPs and close to 20% of women using progestin-only ECPs, it is unlikely that many women would rely on ECPs for contraception if other more effective options are readily available. Use of ECPs on a

frequent basis also may result in disrupted menstrual cycles and erratic intermenstrual bleeding. Providers must fully inform women that ECPs are not effective or suitable as a regular method of contraception.

ECPs Grab Bag Questions

1. Why is pregnancy the only contraindication for using ECPs when there are several contraindications for the routine use of the same COCs?
2. Can progestin-only pills be used for ECPs?
3. Should we provide ECPs if the woman had unprotected sexual intercourse on a day when her risk of pregnancy was not very high? Why or why not?
4. If knowledge of ECPs becomes widespread, could incorrect use or overuse of ECPs become a problem? Why or why not?
5. Is it a problem if a woman uses ECPs as her standard contraceptive? Why or why not?

ECPs Quiz Questions

(Adapted from Salvador-Davila, Graciela 2007)

1. Emergency Contraceptive Pills (ECPs) may be used:
 - a. Up to 24 hours after unprotected sex
 - b. Up to 72 hours after unprotected sex
 - c. Up to 120 hours after unprotected sex
 - d. Up to one week after unprotected sex
2. Following ECP use with progestin-only pills, the percentage of women who become pregnant is approximately:
 - a. 20%
 - b. 10%
 - c. 2%
 - d. 1%
3. The most common side effects of ECPs are (tick all that apply):
 - a. Nausea
 - b. Vomiting
 - c. Blurry vision
 - d. Weight gain
 - e. None of the above
4. ECPs are appropriate for use in the following situations:
 - a. In cases of contraceptive failure
 - b. In cases of sexual assault
 - c. In cases of contraceptive non-use
 - d. All of the above

Questions 5–13: Indicate whether each of the following statements is **true** or **false** by marking **“T”** for **“True”** or **“F”** for **“False”** in the space provided before each statement.

- ___5. ECPs cannot cause abortion.
- ___6. All clients should undergo full pelvic exams before receiving ECPs.
- ___7. Only pills containing both estrogen and a progestin may be used for emergency contraception.
- ___8. ECPs cause nausea in 70% of users.
- ___9. ECPs provide contraceptive protection for the duration of the menstrual cycle in which they are used.
- ___10. Condom use may be initiated immediately following ECP use.
- ___11. The only contraindication to ECP use is a current pregnancy.
- ___12. ECPs provide protection against HIV/AIDS and other STIs.
- ___13. ECPs are effective when used as a regular contraceptive method.

ECPs Quiz Questions Answer Key

1. Emergency Contraceptive Pills (ECPs) may be used:
c. Up to 120 hours after unprotected sex
2. Following ECP use with progestin-only pills, the percentage of women who become pregnant is approximately:
d. 1%
3. The most common side effects of ECPs are (tick all that apply):
a. Nausea
b. Vomiting
4. ECPs are appropriate for use in the following situations:
d. All of the above

Questions 5–13: Indicate whether each of the following statements is **true** or **false** by marking **“T”** for **“True”** or **“F”** for **“False”** in the space provided before each statement.

- T__** 5. ECPs cannot cause abortion.
- F__** 6. All clients should undergo full pelvic exams before receiving ECPs.
- F__** 7. Only pills containing both oestrogen and a progestin may be used for emergency contraception.
- F__** 8. ECPs cause nausea in 70% of users.
- F__** 9. ECPs provide contraceptive protection for the duration of the menstrual cycle in which they are used.
- T__** 10. Condom use may be initiated immediately following ECP use.
- T__** 11. The only contraindication to ECP use is a current pregnancy.
- F__** 12. ECPs provide protection against HIV/AIDS and other STIs.
- F__** 13. ECPs are effective when used as a regular contraceptive method.

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