# Oral Emergency Contraception (EC): Assessment and Dispensing Guideline

## Site Applicability

VCH Community

## Practice Level

| Profession | Basic Skill | Advanced Skill (with the following additional education) |
|---|---|---|
| **RN/RPN** | • Clinical History<br>• Patient Education | **Nurse Independent Activity (NIA):**<br>With completion of required additional education:<br>• Understanding Autonomous Practice and Nurse Independent Activities (NIA)/ Nurse Initiated Protocols (NIP)<br>• Trauma Informed Practice course, such as Importance of a Trauma-Informed Lens<br>• UBC CPD emergency contraception update*<br>The following NIA has been approved for use as noted in the site applicability above:<br>• May provide Levonorgestrel EC (LNG-EC), without a provider order. |
| **RN(C)**<br>Certified Practice in Reproductive Health (Contraceptive Management) | • Clinical History<br>• Patient Education<br>• May provide progestin-only oral Emergency Contraceptive (EC) without a provider order. | |

* If any inconsistencies are noted between the UBC CPD emergency contraception update course and this DST, speak with a clinical nurse lead in your program area.

## Requirements

- NIA can only be used at sites where the NIA has been approved.
- For dispensing the following oral progestin-only emergency contraceptives that are packaged for single use and for emergency contraceptive use only:
  - Levonorgestrel EC (LNG-EC)

## Need to know

- As of April 1, 2023, contraception and emergency contraception pills are available free of charge (prescription not required) through community pharmacies to residents of BC who have current Medical Services Plan (MSP).
- This guideline outlines the assessment and dispensing of oral progestin-only emergency contraception (LNG-EC).
  - Information on intrauterine devices (IUD) is provided for the purposes of client education. A referral to a provider is required if a client requires an IUD.
- Progestin-only EC should be provided to any person who requests it.
  - There are no conditions in which the risks of emergency contraception use outweigh the benefits (Turok, 2023)
- ECs cannot cause an abortion and work prior to implantation of embryo (Turok, 2023).
- EC is **not indicated in known or suspected pregnancy**; however, there is no known harm to the person, pregnancy, or fetus, if ECs are inadvertently used while pregnant (Turok, 2023).
  - Offer EC regardless of the menstrual cycle day on which unintended pregnancy incident occurred.
- Access to EC should not be limited by age.
- Health care providers should not discourage use of LNG-EC based on people's body weight or body mass index (BMI). Research regarding LNG-EC effectiveness and BMI has had contradictory results. Current guidance suggests offering LNG-EC regardless of weight and/or BMI (Kardos, L., et al. 2019).
- Stigma around the use of EC can exist. Reassure clients about confidentiality and open access.
- Although there is escalation of care requirements, it is ideal but not mandatory for programs to have a provider available remotely or on-site any time a nurse is enacting this NIA in order to keep access to EC as open as possible across all sites.

## Equipment and Supplies

- Oral EC and contraception educational resources (see Options for Sexual Health)
- Oral Progestin-Only EC (i.e., LNG-EC)
- Urine beta-HCG point of care pregnancy tests
- Harm reduction supplies (e.g., condoms and naloxone kits)

## Guideline

### Assessment

#### Informed Consent

Follow the VCH Consent to Health Care policy. Informed consent includes discussion about:

- The nature of the proposed Health Care (i.e., how EC works, indications for EC).
- The risks and benefits of emergency contraception (Turok, 2023).
- The risks and benefits of alternative courses of Health Care, including the option of no Health Care.
- Opportunity for client to ask questions.
- Client demonstrating competency to consent.

- Ensuring a minor is capable of making their own health care decisions and consenting as per Section 17 of the Infant's Act.

**Indications**

Known or suspect unprotected or inadequately protected sex, which *may* include:

- Sexual assault
- Lack of contraception use
- Uncertainty about whether contraception was used
- Condom breakage, leakage, or slippage
- Contraceptive method may have failed (missed doses, late doses, or before contraceptive method is effective on initiation)
- Ejaculation on external genitalia

**Clinical history**

- Determine date of last menstrual period (LMP).
- Assess for inadequately or unprotected sexual intercourse (i.e., vaginal intercourse, missed dose(s) of oral contraception, condom failure, or if ejaculate may have come into contact with the vagina) prior to most recent LMP.
- Assess date and time of most recent inadequately or unprotected sexual intercourse.
- If a client is unable to provide reliable information around LMP or most recent time of unprotected sexual intercourse, use clinical judgment regarding the offering of pregnancy test and EC. To guide information around timing, ask the client:
  - What day of the week it may have occurred.
  - If this occurred before or after work, school, special event.
  - Have a calendar available to help client determine date.
- Assess for current contraceptive use.
- Assess for medication interactions, including hepatic enzyme inducers and efavirenz.
- Assess for safety and broader determinants of health, including housing stability, income, mental health and substance use. Explore how these intersect with the client's gender, sexuality and ethnicity, and how they may impact their health care and broader social experiences.

**Pregnancy testing**

- A urine pregnancy test is:
  - Not routinely required for provision of oral LNG-EC.
  - Recommended if prior episode(s) of inadequately or unprotected sexual intercourse has occurred since the most recent LMP and more than 120 hours (5 days) ago.
- False negative results cannot be ruled out up to 14 days after a possible unprotected or inadequately protected intercourse episode.
- If a pregnancy test is positive, do not give LNG-EC. Provide pregnancy options counselling and/or refer to provider.
- VC Primary Care and InSite Supervised Consumption Site: also refer to Pregnancy Testing and Results Counseling Guideline

**Escalation of care**

Consult with and/or refer to a provider, sexual assault/forensic services, and/or an RN(C) in Reproductive Health where appropriate and available in your area. Scenarios can include:

- Baseline STI testing.
- STI prophylaxis (i.e., Chlamydia/Gonorrhea treatment, hepatitis B immune globulin, HIV Post-Exposure Prophylaxis).
- Safety planning (e.g., client cannot return home).
- Follow-up if any physical injuries and/or any suspected abuse of a minor, see VCH Duty to Report: Child Abuse and Neglect (Community).
- Client would like to file a report with law enforcement.
- Request for intrauterine device (IUD) or intrauterine system (IUS) insertion.
- Known or suspected pregnancy.

Refer to provider if there are any medication interactions (e.g., efavirenz or hepatic enzyme inducers). When dispensing medications through Profile EMR, the EMR will create a pop-up indicating that these medication interactions exist.

For informational purposes:

- First line EC for people on efavirenz is a Cu-IUD. Alternatively, 3 mg of LNG-ECP can be given (University of Liverpool, 2023).
- Clients on a hepatic enzyme inducer may benefit from a double dose of LNG-ECP (DrugBank, 2023).

**Breastfeeding/Chest-feeding**

All EC methods are acceptable for use during lactation (Turok, 2023).

- LNG-EC is the first line EC for breast/chest-feeding individuals.
- With a client-specific order UPA-EC is acceptable, but counsel clients to express breast milk for 24 hours after based on evidence of drug in milk during rodent trials.

**Contraindications**

Other than known pregnancy, there are no relative or absolute contraindications to EC:

*"There are no absolute medical contraindications to the use of emergency contraception. There are no age limits for the use of emergency contraception. Eligibility criteria for general use of a copper IUD also apply for use of a copper IUD for emergency purposes."*

(World Health Organization, 2021)

Continue to offer LNG-EC, UPA-EC and/or the Cu-IUD. If EC is ingested while pregnant, the fetus will not be harmed, nor will the pregnancy be disrupted. (Canadian Contraception Consensus, 2015). See product monograph for full list of contraindications.

**Allergies**

Do not provide LNG-ECP if the client has an anaphylactic allergy to any component of ECP. Consult or refer to a primary health care provider for immediate advice.

## Intervention

### EC Options

**Table 1. Emergency Contraception Options** (Adapted from Canadian Contraception Consensus, 2015)

| Process | Emergency Contraception Options | Timing since last sexual intercourse without, partial or failed contraception |
|---|---|---|
| No order required | Levonorgestrel 1.5mg tablet (LNG-ECP) | Within 120 hours (5 days) |
| **Requires a referral to a provider** | Copper Intrauterine Device (Cu-IUD) | Within 7 days |
| | Levonorgestrel Intrauterine Device (LNG IUD) | Within 120 hours (5 days) |
| | Ulipristal Acetate (UPA-ECP) * | Within 120 hours (5 days) |

* Currently not covered by BC Pharmacare.

## Considerations

- Copper IUD or LNG IUD are first line EC options as they can be used for long term contraception.
- Oral ECP should not be deferred when considering copper or LNG IUD. Always provide oral ECP and information on IUD options and timelines.

**Table 2. Risk of pregnancy by timing since last unprotected vaginal intercourse**

(Adapted from Canadian Contraception Consensus, 2015)

| Method | Days since last inadequately or unprotected sexual intercourse | | | | | | |
|---|---|---|---|---|---|---|---|
| | ≤ 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **Levonorgestrel (LNG EC)** | 2.3% | 1.6% | 2.7% | 2.8% | 3.0% | N/A | N/A |
| **Copper Intrauterine Device (Cu-IUD)** | 0.01% | 0.01% | 0.01% | 0.01% | 0.01% | 0.01% | 0.01% |

### Dispensing

At time of visit and for individuals who may experience barriers accessing services, consider providing an extra dose of oral ECP for future use and a take home pregnancy test with instructions.

Follow the dispensing instructions in the VCH Community Medication Standard and the Dispensing Medications (Nursing) Procedure.

### Follow up and patient education

- Menses may be early, on time or delayed. Advise client to have a pregnancy test if they do not have normal menstrual bleeding at 21 days following ECP treatment (LNG-EC, UPA-EC, or Cu-IUD).
- Recommend seven-day use of backup method, such as condoms or abstinence.
- Advise client of possible side effects:
  - Possible side effects are uncommon. If they occur, they usually last less than 24 hours.

- Side effects may include headache, abdominal cramping, nausea and dysmenorrhea (Turok, 2023)
- If vomiting occurs **within one (1) hour** of taking oral EC dose should be repeated.

- If no menses occurs within three (3) weeks of taking ECP, client should have a pregnancy test.
- Inadequately or unprotected sexual intercourse may pose a risk of acquiring STIs. Screening or referral to sexual health services should be offered. Depending on clinical presentation and immunization history, offer STI testing.
  - If client is using substances, explore how they are engaging in safer substance use and ways of reducing overdose risk. Provide overdose training and naloxone kits as needed.

### Documentation

As per the VCH Nurse Independent Activities (NIA) and Nurse Initiated Protocols (NIP) policy, and VCH/site specific requirements and BCCNM Documentation Standards.

## Related Documents

VCH Dispensing Medications (Nursing) Procedure

VCH Community Medication Standard

VCH Duty to Report: Child Abuse and Neglect (Community)

Trauma Informed Practice

Resisting Stigma on Substance Use

VC Primary Care Program, InSite Supervised Consumption Site (SCS) only:

- Pregnancy Testing and Results Counseling Guideline
- VC Primary Care: Pathways to Sexual Assault Care

RNs with Certified Practice in Reproductive Health (Contraceptive Management or Sexually Transmitted Infection) only:

- Dispensing Prophylactic Medications Post-sexual Assault
- Infant's Act

## Definitions

**Emergency Contraception (EC)** refers to all methods of contraception that are used after sexual contact and before implantation of a fertilized egg. The currently approved methods in Canada are the Copper IUD (Cu-IUD), Levonorgestrel (LNG-EC) and Ulipristal Acetate (UA-EC).

## References

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