

Emergency Contraceptives as a Method for Preventing Unwanted Pregnancy



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Abstract

Emergency contraception is most effective for preventing unintended pregnancy when taken as early as possible following unprotected sexual intercourse. It is also called postcoital or morning after conception. It means prevention of pregnancy by contraception taken after unprotected intercourse. It should be taken during the period of unprotected sex like condom breakage, pill omission, IUCD expulsion missed injection, missed calculation of the periodic abstinence and sexual assault. There are two main methods of emergency contraception. They are;

- Oral contraceptives pills- combined pills and progestin only pill
- IUCD

Emergency contraception prevents pregnancy by delaying or inhibiting ovulation, by stopping the fertilization of an egg or by inhibiting the implantation of a fertilized egg in the uterus. It should be started within 72 hours or 3-5 days of unprotected intercourse. It is ineffective after 5 days. If vomiting occurs within 24 hours of pills intake additional dose is required. Emergency contraceptive is not used for regular ongoing contraception.

Health care providers should regularly inform clients about emergency contraceptives and family planning programme.

Introduction

Emergency contraception is contraception provided to women to prevent unintended pregnancy following an unprotected act of sexual intercourse. The term emergency contraception is preferred over post-coital contraceptives because it also implies that the method is not for regular use.

In situations of unprotected intercourse, or situations of method failure (e.g., condom breakage), highly effective emergency contraceptive methods are available to prevent unwanted pregnancy. Unfortunately, few couples are aware of the availability and safety of such methods. Health care providers should regularly inform clients about emergency contraception and family planning programs should make emergency contraception available and accessible by:

- providing emergency contraception services every day;
- having numerous providers who are familiar with its use;
- allowing packaging of oral contraceptives for use as emergency contraception; and

- allowing providers who do not typically initiate oral contraceptive pills (i.e., MCHWs or VHWs) to provide the method and counsel clients to seek regular contraceptive services

Role of Emergency Contraception in Preventing Pregnancy

The purpose of contraception is to prevent pregnancy. According to accepted medical science, pregnancy begins with the implantation of the fertilized egg in the uterine wall. The process of implantation commences at the end of the first week after fertilization. Methods that delay or inhibit ovulation, block fertilization, or prevent implantation of the fertilized egg are means of preventing pregnancy. Any mechanism that works prior to implantation is by definition a contraceptive. The International Federation of Gynecology and Obstetrics has stated that “Emergency contraception [EC] is not an abortifacient because it has its effect prior to the earliest time of implantation.”

WHO describes EC as “contraceptive methods that can be used by women in the first few days following unprotected intercourse to prevent an unwanted pregnancy.” Emergency contraceptives include EC pills and the intrauterine device (IUD). They may prevent pregnancy by delaying or inhibiting ovulation, by stopping the fertilization of an egg, or by inhibiting the implantation of a Fertilized egg in the uterus. Once implantation has begun, EC pills become ineffective, as they cannot interfere with an existing pregnancy.

Types

In Nepal, where emergency contraception is available, it is important that women who may need this service (including those using barrier methods) should be aware of it and know where they can easily obtain it. Easy access is important because of the short time period after unprotected intercourse during which emergency contraception is likely to be effective. Health professionals to whom these women may turn should either be able to give the treatment themselves or refer the women as a matter of urgency to a suitable health care facility. Insertion of an IUD with its necessary examination is more intrusive than the use of oral pills and may be unacceptable to some women, especially if they have only recently started sexual intercourse or are the victims of rape.

There are two main methods available in Nepal that can be used as emergency contraceptives. They are:

- Oral contraceptives pills(Combined pills COCs and progestin only pills POPs)
- Intrauterine devices (IUDs)

While all contraceptives are appropriate **before** intercourse, several methods also can be used within a short time **after** unprotected intercourse. Often called “morning after pills” it is more appropriate to call them **secondary** or **emergency contraceptives**. These names remove the idea that the user must wait until the morning after unprotected intercourse to start treatment or that she will be too late if she cannot

obtain the pills or an IUD until the afternoon or night after intercourse.

Indications

Emergency contraception is meant to be used only following an unprotected act of sexual intercourse to prevent pregnancy. The following are a number of situations when a woman can use or may need to use emergency contraception:

- When no contraceptive method has been used
- In case of contraceptive accident or misuse, eg:
 - Condom rupture, slippage or misuse
 - Failed coitus interrupts
 - Miscalculation of the periodic abstinence method
- IUD expulsion
- Unprotected intercourse prior to the effective time of vasectomy
- When the woman has been a victim of sexual assault

If a woman is breastfeeding but not using LAM and thinks she might be at risk of pregnancy, emergency contraception may be used.

Risk of already being Pregnant

Before providing emergency contraception, be sure the client is **not** already pregnant (i.e., she might have become pregnant in the previous month). Symptoms of early pregnancy may include:

- Breast tenderness
- Nausea
- Change in the last menses (light flow, short duration, etc.)

If pregnancy is suspected, **before** providing emergency contraception, counsel the client regarding her options and the risk of potential problems if she is already pregnant. In general, a one-time use of oral contraceptives as emergency contraception would have no impact on an early, unrecognized pregnancy.

Risk of becoming Pregnant

The risk of becoming pregnant depends on the day of the woman's cycle in relation to ovulation. New data from a study indicate that the fertile period lasts only about 6 days, and ends on the day of ovulation (i.e., cycle days 9 to 14 of a 28-day cycle). Use of emergency contraception during the fertile period reduces the risk of pregnancy by at least 75%. Overall, only 1–3% of women using emergency contraception become pregnant during that cycle. There is evidence that progestin-only emergency contraception is slightly more effective. If the woman has used hormonal emergency contraception and pregnancy does occur, the small doses of hormones are not harmful to the developing fetus and so the pregnancy need not be terminated if it all of happens.

Contraindications

There are no known contraindications to the use of hormonal emergency

contraception. The dose of hormones used in emergency contraception is small and the pills are given for a short time, so the contraindications associated with continuous use of combined hormonal contraception do not apply. However, women known to be at higher risk of thromboembolism should consider levonorgestrel pills (POPs) or an IUD as an option.

IUDs

- If it is possible to remove the IUD at the next menses, some contraindications that apply to continuous use of IUDs do not apply.
- In case of pelvic infection or a condition that poses a risk of introducing infection (e.g., in a woman with purulent cervicitis) the use of an IUD should be avoided.
- The possibility that the woman may already be pregnant should be excluded, since insertion of an IUD increases the risk of abortion.

Clinical Procedure and Follow Up

Emergency contraception is prescribed as two oral doses, taken 12 hours apart, of combined estrogen and progestin (COCs) initiated within 72 hours of unintended exposure, or progestin alone (POPs) initiated within 72 hours of unintended exposure. Women may experience nausea, especially with the combined pill method, and an anti-emetic may be prescribed. Adequate absorption occurs in the first hour after ingestion, but if vomiting occurs before this interval the dose should be repeated with an anti-emetic.

IUD insertion within 5 days of unintended exposure is highly effective for prevention of pregnancy

Clients who are provided emergency contraception should be counselled to expect a menses within 3–4 weeks. If they have not had a menses they should return to the clinic and pregnancy test should be performed. If positive, they should receive counseling for antenatal care

METHODS OF EMERGENCY CONTRACEPTION

Methods	Timing	Remarks	Client Instructions
COCs (Combined Oral Contraceptive Pills)	Should be taken within 72 hours of unprotected intercourse and repeated after 12 hours	<ul style="list-style-type: none"> • Effective (2% become pregnant) <p>Side effects:</p> <ul style="list-style-type: none"> • Nausea • Vomiting • Breast tenderness, headache, dizziness • Irregular uterine bleeding: Some women may experience spotting. If menstrual period is delayed, the possibility of pregnancy should be excluded. • If pregnancy is not prevented, counsel client for antenatal care. 	<p>COCs (low-dose) (30–33 µg EE)</p> <p>Take 4 tablets within 72 hrs</p> <p>⌚</p> <p>12 hrs later</p> <p>⌚</p> <p>Take 4 more tablets</p> <p>Total = 8 tablets</p>
Progestin- Only Pills (POPs)	Should be taken within 48 hours of unprotected intercourse and repeated after 12 hours	<ul style="list-style-type: none"> • Effective (less than 3% become pregnant) <ul style="list-style-type: none"> • Same side effects as with COCs but significantly less severe and nausea, vomiting is minimal • If pregnancy is not prevented, counsel client for antenatal care 	<p>POPs (0.75 mg levonorgestrel, e.g., Postinor[®])</p> <p>Take 1 tablet within 72 hrs</p> <p>⌚</p> <p>12 hrs later</p> <p>⌚</p> <p>Take 1 more tablet (Total dose = 1.5 mg of levonorgestrel)</p> <p>OR</p> <p>POPs (0.075 mg norgestrel, e.g., Ovrette[®])</p> <p>Take 20 tablets within 72 hrs</p> <p>⌚</p> <p>12 hrs later</p> <p>⌚</p> <p>Take 20 more tablets (Total dose = 3.0 mg of norgestrel)</p>
IUDs	Should be inserted within 5 days of unprotected intercourse	<ul style="list-style-type: none"> -Very effective (less than 1% become pregnant) -Provide long-term contraception -Few side effects -Insertion requires a minor procedure 	Counsel about post insertion spotting

References:

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