**If ella® is unavailable, administer oral Levonorgestrel**

---

**Flow Chart to Aid Emergency Contraception (EC)**

**Decision-Making Process**

1. **Woman presents for emergency contraception**
   - Offer copper IUD to all (Explain insertion process and failure rate)
   - Decline copper IUD: Offer oral EC (Explain failure rate)

2. **Did the patient have hormonal birth control failure?**
   - Yes: LNG 1500
   - No: 
     - <72 hours since UPSI: BMI > 26
       - No: LNG 1500
       - Yes: UPA 30 mg**
     - Between 72 and 120 hours since UPSI: BMI > 26
       - No: LNG 1500
       - Yes: UPA 30 mg**
   - Patients can receive same-day copper IUD only at a clinic with full scope contraceptive services.

- LNG 1500
- UPA 30 mg**

**General flow chart pathway**

**Color Key:**
- Copper IUD administered
- ella® administered
- LNG 1500 administered
- General flow chart pathway
- Click for more information

**Abbreviations:**
- BMI – Body Mass Index
- EC – Emergency Contraception
- LNG 1500 – Levonorgestrel (Plan B One-Step® or Next Choice One Dose®)
- UPA 30mg – ella®
- UPSI – unprotected sexual intercourse (including missed pills)
- Copper IUD – Intrauterine device (ParaGard®)

**Instructions:**
- Administer one tablet of UPA 30mg, to take by mouth immediately
- Use condoms/abstinence for 14 days, take urine pregnancy test 3 weeks after UPSI
- Offer STI screening
- Can give Nexplanon®, depot medroxyprogesterone or insert a levonorgestrel-releasing IUD at the same time, but counsel patient it may reduce efficacy of ella®.

**Notes:**
- **If ella® is unavailable, administer oral Levonorgestrel**
Potential Outcomes for ella®

Ulipristal 30 mg (ella® or ellaOne®)

- Patient vomits within 3 hours
  - Give antiemetic (meclizine 50 mg, metoclopramide 10 mg, etc) and repeat dose

- Patient tolerates ella® dosage
  - Patient can resume progesterone-containing contraception after 5 days

- Patient experiences second episode of unprotected intercourse within same menstrual cycle
  - No evidence for repeat dose

- Patient has no period within 3 weeks
  - Administer pregnancy test

- Patient tolerates ella® dosage
  - Patient can resume progesterone-containing contraception after 5 days

- Patient experiences second episode of unprotected intercourse within same menstrual cycle
  - Patient has no period within 3 weeks
  - Administer pregnancy test

- Patient should practice abstinence or use barrier methods (i.e. condoms) during 5 days

- Can give Nexplanon® or depot medroxyprogesterone at the same time, but counsel patient it may reduce efficacy of ella®

- Can insert levonorgestrel-releasing IUD at the same time, but counsel patient it may reduce efficacy of ella®

Potential Outcomes for Plan B One-Step®

Levonorgestrol 1500 mg (Plan B One-Step®)

- Patient vomits within 3 hours
  - Give antiemetic (meclizine 50 mg, metoclopramide 10 mg, etc) and repeat dose

- Patient experiences second episode of unprotected intercourse within menstrual cycle
  - Patient may repeat dose but it may cause menstrual irregularities or be less effective

- Patient has no withdrawal bleeding within 3 weeks
  - Administer pregnancy test

- Patient does not experience any adverse side effects

- Patient may begin any contraceptive method immediately afterwards

- Patient may repeat dose but it may cause menstrual irregularities or be less effective
Potential Outcomes for Copper Intrauterine Devices (IUDs)

- **Copper IUD**
  - If patient desires, remove copper IUD after next cycle
  - If pelvic inflammatory disease, active pelvic infection, or pregnancy suspected
    - Do not insert; obtain appropriate test and defer insertion
  - Patient experiences no side effects
    - Patient can keep copper IUD up to 10 years

If the patient would prefer to take their Oral Contraceptive Pills (OCP) as EC, the following doses are recommended:

<table>
<thead>
<tr>
<th>Names of OCPs and Recommended Doses for EC Effect</th>
<th>4 Pills for First and Second Dose</th>
<th>5 Pills for First and Second Dose</th>
<th>6 Pills for First and Second Dose</th>
</tr>
</thead>
</table>

**Footnotes:**
1) Second dose of OCP should be taken 24 hours after the first dose
**Flow Chart to Aid Emergency Contraception (EC)**

**Decision-Making Process**

| 1. When was your last known menstrual period? (Please do urine HCG if greater than one month ago) | Answer: |
| 2. When did you have unprotected intercourse? | Answer: |
| 3. Have you used emergency contraception prior to this request? / No | Yes, Plan B® (insert date in comments) / Yes, ella® (specify in the comments) |
| 4. Would you like to be screened for sexually transmitted infections today? / No | Yes |
| 5. Are you currently using any form of contraception? / No | Yes, oral contraception / Yes, condoms |
| 6. If you are on oral contraception pills, when did you take your last pill? | Answer: |
| 7. If you are not on any form of contraception, would you like to schedule an appointment for contraception today, or attend the walk-in contraception clinic on Mondays from 1200-1530? (please specify in comments if appointment is booked.) / Yes | No |
| 8. Do you have any allergies? (if yes, please specify in comments) / Yes | No |
| 9. Are you on any medications? (if yes, please specify in comments) | Yes / No |

**Treatment options:**
- Offer placement of copper IUD if provider and appointment available.
- Please use ella® as first line oral contraception unless oral birth control failure is reason for emergency contraception. ella® can be taken up to 5 days after unprotected intercourse.

| Copper IUD if provider and appointment available | ella® 30mg tablet | Plan B® (use if patient is on oral contraception and unprotected intercourse occurred less than 72 hours prior) |

**Method specific education**

**Copper IUD (ParaGard):** Offers immediate contraceptive effect. Failure rate less than 1%. Offers continued birth control for up to 10 years. Your next period should be on time, if not, please take a pregnancy test. Screening for sexually transmitted infections available.

**ella®:** Can give Nexplanon®, depot medroxyprogesterone or insert a levonorgestrel-releasing IUD at the same time, but counsel patient as it may reduce efficacy of ella®. Please use condoms or abstain from any intercourse for 14 days after starting a new birth control. You should take a pregnancy test 3 weeks from the incident of unprotected intercourse. Screening for sexually transmitted infections is available.

**Levonorgestrel (Plan B One-Step®):** You may start a new birth control immediately. Your next period should occur on time, if not, please take a pregnancy test. You may also take a pregnancy test 3 weeks after the incident of unprotected sex. Screening for sexually transmitted infections is available. Plan B® may be also purchased over the counter.

**Patient education:**

- Take the pill as soon as you pick it up.
- If you have unprotected sex again after you take the pill, you can still become pregnant. Use a condom or another type of birth control if you have sex again after you take the emergency contraception.
- If you throw up less than 3 hours after you take the pill, you will need to take it again. Please contact the clinic, so that a nausea medication can be ordered for you.

**Emergency Contraception will not terminate an existing pregnancy, and it is still possible to become pregnant with emergency contraception. You should get your period within a week of when you expect it. If you do not get your period within 3-4 weeks of using emergency contraception, take a pregnancy test.**

- Contact the clinic if you have heavy bleeding or pain in your belly.
Copper IUD (ParaGard®)

- Offers an immediate contraceptive effect.
- Failure rate of approximately 1 in 2000 or 0.0005%.
- The patient’s next period should be on-time. If not, conduct a pregnancy test.
- Offer sexually transmitted infection screening if patient reports exposure or if active infection is suspected.

Levonorgestrel (Plan B One-Step® or Next Choice®)

- Conducive to immediately starting another form of contraception.
- Failure rate for oral EC of 1 in 50 or 2%.
- Patients should take pregnancy test 3 weeks from incident of unprotected sex.
- The patient’s next period should be on-time. If not, conduct a pregnancy test.
- Offer STI screening to all patients. Consider treatment with antibiotics if patient’s STI status is unknown.
- Core formulary located at each MTF.

ella®

- Patients can receive Nexplanon®, depot meoxyprogesterone or a levonorgestrel-releasing IUD at the same time, but counsel patient as it may reduce efficacy of ella®
- Patients must use condoms or abstain for 14 days while starting new contraception.
- Failure rate for oral EC of 1 in 50 or 2%.
- Patients should take pregnancy test 3 weeks from incident of unprotected sex.
- Offer STI screening to all patients. Consider treatment with antibiotics if patient’s STI status is unknown.

Additional Resources for Patients

For additional information on contraceptive options, visit:
www.bedsider.org

Additional Resources for Providers

www.bedsider.org  www.reproductiveaccess.org
www.cdc.gov

MTF-Specific Resources

Full scope contraceptive services are available on a walk in basis in the Women's Health Clinic Mondays 1200-1530, or by appointment with PCM.