Emergency contraception (EC) refers to back-up methods of contraception that women can use within the first few days after unprotected intercourse to prevent an unwanted pregnancy.\(^1\)

Emergency contraception is intended for use when:\(^3\)
- No contraceptive has been used;
- There is contraceptive failure, or incorrect use of the contraceptive through:
  - condom breakage or slippage;
  - three or more consecutive missed combined oral contraceptive pills;
  - the progestogen-only pill being taken more than three hours late;
  - the woman being more than two weeks late for a progestogen-only contraceptive injection;
  - dislodgement, delay in placement, or early removal of a contraceptive hormonal skin patch or vaginal ring;
  - Intrauterine device (IUD) expulsion.

EC methods act after intercourse, but before implantation, and are intended as back-up or occasional solution to prevent pregnancy, and not as a primary contraceptive.

In South Africa, the products licensed for emergency contraception are Norlevo\(^\text{®}\) (levonorgesterel 0.750 mg) and Escapelle\(^\text{®}\) (levonorgesterel 1.5 mg). The World Health Organization's (WHO) recommended regimen for EC is levonorgestrel 1.5 mg as a single dose.\(^1\) Initially, it was recommended that levonorgestrel be provided in two divided doses.\(^2\) However, studies have now shown that a single dose of 1.5 mg is as effective as two 0.75 mg doses, without additional side-effects.\(^2\)

In providing EC, a nursing professional is presented with an excellent opportunity to advise and direct women to more appropriate contraceptive methods. Women should also be reminded that EC does not protect them against sexually transmitted diseases such as HIV and chlamydial infection.

### Do:
- Take EC as soon as possible after unprotected sexual intercourse as it will be more effective.\(^2\)
- Encourage a more reliable, sustainable form of contraception.\(^2,3\)
- Advise women taking EC that it will not protect against future pregnancy, following another episode of unprotected sexual intercourse.\(^2\)
- Advise women who present following missed pills to resume pill-taking within 12 hours and to use an alternative form of contraception for seven days in addition to taking their pill.\(^2,3\)
- Check the woman's concomitant medicine as some medicines can interact with EC and decrease its efficacy.\(^3\)
- Take another tablet if vomiting occurs within three hours.\(^3\)
- Try to find a quiet place to discuss EC with the patient, as confidentiality needs to be maintained and many women find discussing intimate issues difficult.

### Don’t:
- Use EC regularly as it is not as effective as an ongoing combination oral contraceptive. Frequent use may result in side-effects such as menstrual irregularities.\(^2\)
- Call EC the “morning-after pill” as this term implies a time limitation which is misleading.\(^2\)
- Give EC to a woman who already has a confirmed pregnancy. Although it won't harm the woman or foetus if inadvertently used,\(^1,3\) it won’t work either.
Refer to the doctor if:

- Menstrual periods are delayed by more than five days, or pregnancy is suspected.
- The woman has severe hepatic impairment.

A word on treatment:

Levonorgestrel emergency contraceptives work by preventing ovulation and do not have any detectable effect on the uterine lining or progesterone levels when given after ovulation. They are not effective once the process of implantation has begun and will not cause abortion. EC is estimated to prevent 85% of pregnancies if taken within 72 hours of unprotected sexual intercourse.

**Administration:**

*Norlevo* (levonorgestrel 0.750 mg): Take the first tablet as soon as possible after sexual intercourse. The other tablet should be taken 12 hours later.

*Escapelle* (levonorgestrel 1.5 mg): Take a single tablet no later than 72 hours after unprotected intercourse. Both products are licensed for use up to 72 hours after unprotected sexual intercourse. A WHO study showed that it may be effective for up to 120 hours post unprotected sexual intercourse. Use in such circumstances is not licensed in South Africa. Following treatment, clinical trials have shown that 1% of women experience vomiting and 15% described some degree of nausea.

**Intrauterine contraception:** The copper IUD is the less frequently used method of EC and acts by preventing fertilisation. The failure rate is less than 1%. It can prevent pregnancy when inserted up to five days after unprotected sexual intercourse. The IUD also has the potential to provide ongoing contraception. The IUD must be inserted by a certified practitioner and is therefore limited to a clinical setting.

There is some concern about the risk is pelvic infection.

References