NCLEX-RN ✦ NGN 2026

Emergency Contraceptives

Plan B • Ella • Copper IUD • The Morning-After Methods

HIGH-YIELD

Reproductive Health
Pharmacology • Maternity

1 Definition / Overview

- **Emergency contraception (EC)** = methods used **after** unprotected sex or contraceptive failure to **prevent** pregnancy.
- EC is NOT the abortion pill — it prevents pregnancy; it does **not** end an established one.
- **Time-sensitive:** the sooner it's taken, the more effective. Once implantation occurs, EC will not work.
- Indicated after assault, condom failure, missed pills, or contraceptive misuse.

2 Pathophysiology (Mechanism)

Unprotected sex (Sperm in tract) → **EC given** (Hormonal / Cu) → **Delays ovulation** (No egg released) → **No fertilization** (= No pregnancy)

- **Primary action:** delays/inhibits the LH surge → prevents ovulation.
- **Secondary:** thickens cervical mucus, alters sperm/egg transport.
- **Copper IUD:** Cu^{2+} ions = spermicidal; also impairs implantation.

3 Types of EC & Time Windows

EFFECTIVENESS TIMELINE (HOURS SINCE UNPROTECTED SEX)

0 hr ✦ Most effective | 72 hr (Plan B limit) | 120 hr (Ella / IUD limit)

Levonorgestrel

Plan B One-Step • Next Choice

DOSE	1.5 mg PO × 1
WINDOW	≤ 72 hr (best < 24 hr)
ACCESS	OTC no Rx, no age limit
BEST FOR	BMI < 25; first-line OTC

Ulipristal Acetate

Ella (SPRM)

DOSE	30 mg PO × 1
WINDOW	≤ 120 hr equally effective
ACCESS	Rx only
BEST FOR	BMI 25–35; days 3–5

Copper IUD

ParaGard (non-hormonal)

ACTION	Inserted by HCP
WINDOW	≤ 120 hr >99% effective
ACCESS	Rx + procedure
BEST FOR	Any BMI; ongoing 10–12 yr contraception

⚖ **BMI matters:** Levonorgestrel (Plan B) is **less effective if BMI >25** and may be **ineffective if BMI >30**. Ulipristal works better in higher BMI but still declines >35. **Copper IUD is unaffected by weight** — most effective option for any patient.

4 Side Effects & S/Sx

COMMON	Nausea (~23%), vomiting, headache, dizziness, fatigue, breast tenderness
MENSTRUAL	Spotting, irregular bleeding; next period may be early, late, heavier, or lighter
CU IUD	Cramping, heavier menses, possible expulsion (rare)

RED FLAGS — Call HCP:
• **Severe lower abdominal pain** 3–5 wk later → r/o **ectopic pregnancy**
• Heavy/prolonged bleeding · No period within 3 wk · Signs of pregnancy

5 Priority Nursing Interventions

- **Assess** time since unprotected intercourse → choose appropriate method.
- **Verify** negative pregnancy test before **Ella** or **Cu IUD** insertion.
- **Administer** EC ASAP — counsel that earlier = more effective.
- **Give antiemetic** (e.g., ondansetron) if patient is nauseated.
- **Repeat dose** if patient vomits within **2–3 hours** of taking it.
- **Educate** on STI risk — EC does **not** prevent HIV/STIs; offer testing.
- **Plan** follow-up pregnancy test if no menses in **3 weeks**.
- **Discuss** ongoing contraception & resume regular method.
- Provide **nonjudgmental**, trauma-informed care; assess for assault.

6 Pharmacology Deep-Dive

Levonorgestrel

Plan B One-Step (Progestin)

CLASS	Progestin-only EC
MOA	Suppresses LH surge → delays/inhibits ovulation
SE	Nausea, HA, fatigue, irregular bleed, breast tenderness
NSG	OTC; take ASAP; repeat if vomits <2 hr; safe with breastfeeding

Ulipristal Acetate

Ella (SPRM)

CLASS	Selective progesterone receptor modulator
MOA	Blocks progesterone receptors → delays ovulation **even after LH surge begins**
SE	HA, nausea, abdominal pain, dysmenorrhea
NSG	Rx only; **pump & discard breast milk × 24 hr**; wait **5 days** before resuming hormonal contraception

Copper IUD

ParaGard (non-hormonal)

CLASS	Intrauterine device · Cu^{2+} ions
MOA	Spermicidal; impairs fertilization & implantation
SE	Cramping, heavier menses, dysmenorrhea
NSG	**Most effective EC**; provides **10–12 yr** ongoing contraception; teach to check strings monthly

💡 **Key drug interaction: Ulipristal (Ella)** & **hormonal contraception** reduce each other's effectiveness. Wait **5 days** after Ella before starting/resuming the pill, patch, or ring → use barrier method in the meantime.

7 NCLEX Test Traps ⚠️

✗ EC = abortion pill ✓ EC **prevents**; mifepristone (RU-486) terminates an established pregnancy.

✗ "It works any time within 5 days for everyone" ✓ Plan B = **72 hr**; Ella = **120 hr**; Cu IUD = **120 hr**.

✗ Withholding EC because pt is on the pill ✓ EC is given **regardless** of current contraception if there's a missed dose / failure.

✗ Giving EC without checking BMI ✓ Plan B fails as BMI rises — recommend **Ella or Cu IUD** if BMI >25.

✗ Restarting birth-control pill same day as Ella ✓ Wait **5 days**, use a barrier method.

✗ Skipping pregnancy test before Cu IUD/Ella ✓ Confirm **not currently pregnant** first.

✗ Forgetting STI prophylaxis after assault ✓ Offer EC + **HIV PEP** + STI testing + trauma support.

8 Patient Education

- **Sooner is better.** Take immediately — efficacy drops every hour.
- **Not for routine use.** Less reliable than regular contraception.
- **No STI protection.** Use a condom; get tested if exposure unknown.
- Your **next period may shift** by ±1 week — that's normal.
- If period is **>3 weeks late** → take a pregnancy test.
- Severe one-sided **abdominal pain** at 3–5 wk → ER (ectopic risk).
- If you **vomit within 2–3 hours**, contact provider — repeat dose may be needed.
- **Ella + breastfeeding:** pump & discard milk for **24 hours**.
- EC will **not** harm an established pregnancy or future fertility.
- Discuss **long-term contraception** options at follow-up.

9 Memory Boosters & Mnemonics

"PLAN AHEAD"

P	**P**rompt — take ASAP
L	**L**evo = 72 hr
A	**A**bortion — it is NOT
N	**N**ot for routine use
A	**A**ntiemetic for nausea
H	**H**igh BMI? → Ella/IUD
E	**E**lla = 120 hr (Rx)
A	**A**ssess pregnancy 1st
D	**D**iscuss ongoing BC

"3 — 5 — 5"

Time windows in days:

3 days — **Plan B**
levonorgestrel

5 days — **Ella**
ulipristal

5 days — **Cu IUD**
ParaGard

Pattern Tips

- **OTC?** → only **Plan B**
- **Most effective?** → **Cu IUD** (>99%)
- **Highest BMI?** → IUD > Ella > Plan B
- **Day 4–5?** → Ella or IUD
- **Breastfeeding?** → Plan B safe; Ella = pump/discard 24 hr

★ NGN VIGNETTE ★

24-yr-old, BMI 32, presents **96 hr** after a condom break. UPT negative. Which EC? *SATA*

✓**Ella** ✓**Cu IUD**

Past 72-hr Plan B window + BMI >30 makes levonorgestrel ineffective. **Ella** works ≤120 hr at higher BMI; **Cu IUD** is most effective & weight-independent.