

Emergency Contraceptives

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

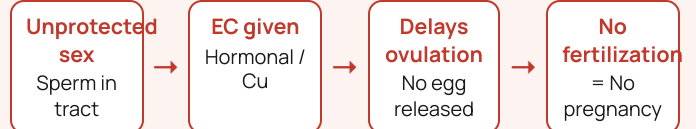
HIGH-YIELD

Reproductive Health
Pharmacology • Maternity

1 Definition / Overview

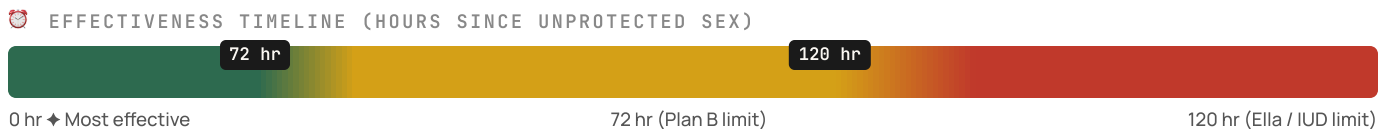
- ▶ **Emergency contraception (EC)** = methods used **after** unprotected sex or contraceptive failure to **prevent** pregnancy.
- ▶ **EC is NOT the abortion pill** — it prevents pregnancy; it does **not** end an established one.
- ▶ **Time-sensitive**: the sooner it's taken, the more effective. Once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

2 Pathophysiology (Mechanism)



- ▶ **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



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** Prompt — take ASAP
- L** Levo = 72 hr
- A** Abortion — it is NOT
- N** Not for routine use
- A** Antiemetic for nausea
- H** High BMI? → Ella/IUD
- E** Ella = 120 hr (Rx)
- A** Assess pregnancy 1st
- D** Discuss 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.