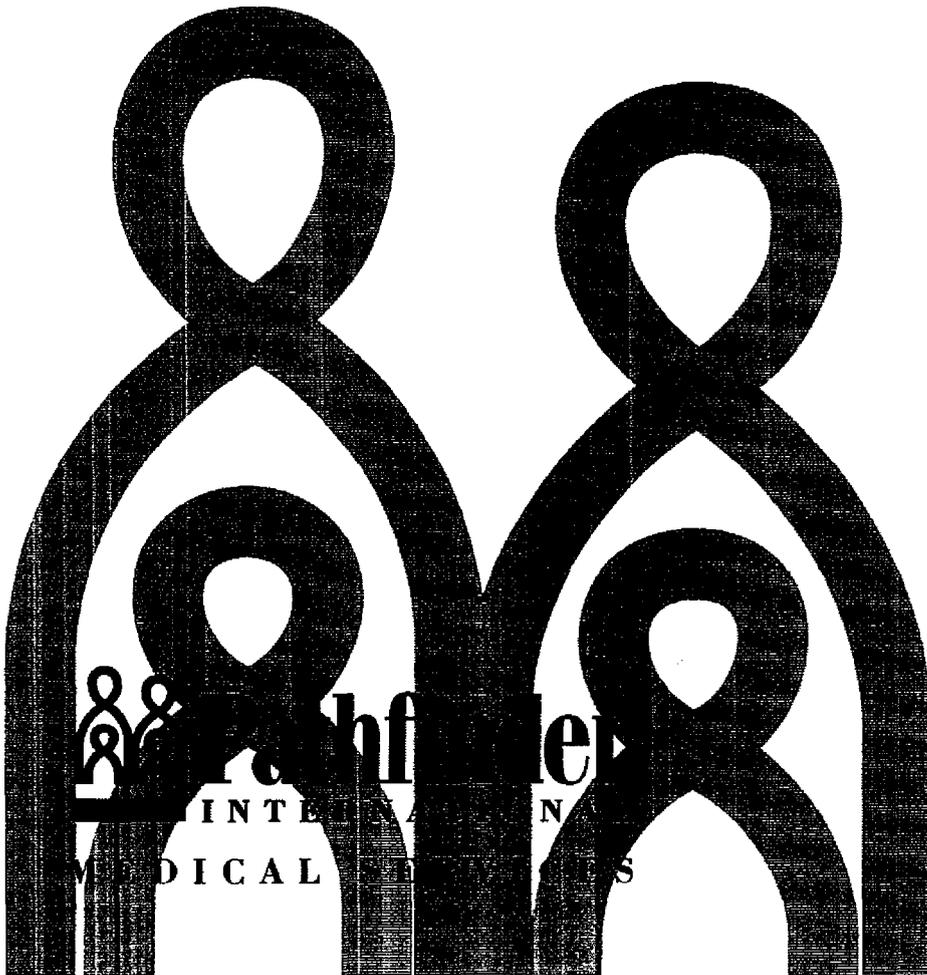


A comprehensive training course

5

Emergency Contraceptive Pills



Comprehensive
Reproductive Health and Family Planning
Training Curriculum

**MODULE 5:
EMERGENCY
CONTRACEPTIVE
PILLS**

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The entire comprehensive training curriculum was used to train service providers in 1995 under this cooperative project which included Pathfinder International, IPAS, AVSC International, and the Vietnamese Ministry of Health. Individual modules were used to train service providers in Nigeria (DMPA); Azerbaijan (Counseling); and Kenya, Tanzania, and Peru (Infection Prevention). Feedback from these trainings has been incorporated into the training curriculum to improve its content, training methodologies, and ease of use.

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NOTES TO THE TRAINER

PURPOSE

This training manual is designed for use as part of the comprehensive family planning and reproductive health training of service providers. It is designed to be used to train physicians, nurses and midwives.

This manual is designed to actively involve participants in the learning process. Sessions include simulation skills practice, discussions, and clinical practice using objective knowledge, attitude, and skills checklists.

This module, *Module 5: Emergency Contraceptive Pills*, is based largely on the Consortium for Emergency Contraception's *Using Emergency Contraceptive Pills: A Prototype ECP Training Curriculum and Service Delivery Guidelines*, both of which are excellent resources on emergency contraception.

DESIGN

The training manual consists of 15 modules:

1. Introduction/Overview
2. Infection Prevention
3. Counseling
4. Combined Oral Contraceptives and Progestin-only Pills
5. Emergency Contraceptive Pills
6. DMPA Injectable Contraceptive
7. Intrauterine Devices
8. Lactational Amenorrhea and Breastfeeding Support
9. Condoms and Spermicides
10. Voluntary Surgical Contraception
11. MVA for Treatment of Incomplete Abortion
12. Reproductive Tract Infections
13. Postpartum/Postabortion Contraception
14. Training of Trainers
15. Quality of Care

Included in each module is a set of knowledge assessment questions, skills checklists, trainer resources, participant materials, training evaluation tools, and a major references and training materials section.

SUGGESTIONS FOR USE

- The modules are designed to provide flexibility in planning, conducting, and evaluating the training course.

- The curriculum is designed to allow trainers to formulate their own training schedule, based on results from training needs assessments.
- The modules can be used independently of each other.
- The modules can also be lengthened or shortened depending on the level of training and expertise of the participants.
- In order to foster changes in behavior, learning experiences have to be in the areas of knowledge, attitudes, and skills. In each module, the overall objective, general, and specific objectives are presented in terms of achievable changes in these three areas.
- Training references and resource materials for trainers and participants are identified.
- Each module is divided into a *Trainer's Module* and *Appendix* section.
- The *Trainer's Module* presents the information in two columns:
 1. *Content*: This section contains the necessary technical information.
 2. *Training/Learning Methods*: This section contains the training methodology (i.e., lecture, role play, discussion, etc.) used to convey the technical information most effectively.
- The *Appendix* section contains:
 1. Participant handouts
 2. Transparencies
 3. Pre- & Post-Test (Participant Copy and Master Copy with Key)
 4. Participant Evaluation Form
- The *Participant Handouts* are referred to in the Training/Learning Methods sections of the curriculum and include a number of different materials and exercises, ranging from recapitulations of the technical information from the Content of the module to role play descriptions, skills checklists, and case studies.
- The *Participant Handouts* should be photocopied for the trainees and distributed to them in a folder or binder to ensure that they are kept together as a technical resource after the training course has ended.
- Transparencies have been prepared where called for in the text. These should be copied onto clear overheads for display during the training sessions.
- The *Participant Evaluation* form should also be copied to receive the trainees' feedback in order to improve future training courses.
- The methodologies section is a resource for trainers for the effective use of demonstration/return demonstration in training.

To ensure appropriate application of learning from the classroom setting to clinical practice, Clinical Practicum sessions are an important part of this training. To facilitate a clear understanding of client's rights, the following should be shared with participants, in preparation for their clinical practicum experiences:

CLIENT'S RIGHTS DURING CLINICAL TRAINING

The rights of the client to privacy and confidentiality should be considered at all times during a clinical training course. When a client is undergoing a physical examination it should be carried out in an environment in which her/his right to bodily privacy is respected. When receiving counseling, undergoing a physical examination, or receiving surgical contraceptive services, the client should be informed about the role of each individual inside the room (e.g., service provider, individuals undergoing training, supervisors, instructors, researchers, etc.).

The client's permission must be obtained before having a clinician-in-training observe, assist with or perform any services. The client should understand that s/he has the right to refuse care from a clinician-in-training. Furthermore, a client's care should not be rescheduled or denied if s/he does not permit a clinician-in-training to be present or provide services. In such cases, the clinical trainer or other staff member should perform the procedure. Finally, the clinical trainer should be present during any client contact in a training situation.

Clinical trainers must be discreet in how coaching and feedback are given during training with clients. Corrective feedback in a client situation should be limited to errors that could harm or cause discomfort to the client. Excessive negative feedback can create anxiety for both the client and clinician-in-training.

It can be difficult to maintain strict client confidentiality in a training situation when specific cases are used in learning exercises such as case studies and clinical conferences. Such discussions always should take place in a private area, out of hearing of other staff and clients, and be conducted without reference to the client by name (AVSC, "Tips for Trainers-8," September 1994; **NSV Trainer's Manual**).

DEMONSTRATION TECHNIQUE

The Five-Step Method of Demonstration and Return Demonstration is a training technique useful in the transfer of skills. The technique is used to make sure that participants become proficient in certain skills. It can be used to develop skills in pill dispensing, IUD insertion, performing a general physical examination, performing a breast or pelvic examination, etc. In short, it can be used for any skill which requires a demonstration. The following are the "five steps:"

1. **Overall Picture:** Provide participants with an overall picture of the skill you are helping them develop and a skills checklist. The overall picture should include why the skill is necessary, who needs to develop the skill, how the skill is to be performed, etc. Explain to the participants that these necessary skills are to be performed on models in the classroom according to the steps in the skills checklist and practiced until participants become proficient in each skill and before they perform them in a clinical situation.
2. **Trainer Demonstration:** The trainer should demonstrate the skill while giving verbal instructions. If an anatomical model is used, a participant or co-trainer should sit at the head of the model and play the role of the client. The trainer should explain the procedure and talk to the role playing participant as s/he would to a real client.
3. **Trainer/Participant Talk-Through:** The trainer performs the procedure again while the participant verbally repeats the step-by-step procedure.

Note: The trainer does **not** demonstrate the wrong procedure at any time. The remaining participants observe the learning participant and ask questions.
4. **Participant Talk-Through:** The participant performs the procedure while verbalizing the step-by-step procedure. The trainer observes and listens, making corrections when necessary. Other participants in the group observe, listen, and ask questions.
5. **Guided Practice:** In this final step, participants are asked to form pairs. Each participant practices the demonstration with their partner. One partner performs the demonstration and talks through the procedure while the other partner observes and critiques using the skills checklist. The partners should exchange roles until both feel competent. When both partners feel competent, they should perform the procedure and talk-through for the trainer, who will assess their performance using the skills checklist.

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MODULE 5: EMERGENCY CONTRACEPTIVE PILLS (ECPs)

INTRODUCTION:

Although well-documented and safe, Emergency Contraceptive Pills (ECPs) have not received significant attention or use until recently. ECPs can play a crucial role in family planning programs, providing a safe method of avoiding unwanted pregnancy **after unprotected intercourse**, as well as a bridge to continuing contraception. This training module will prepare providers to offer ECP services to family planning clients.

MODULE TRAINING OBJECTIVE:

To prepare providers to safely provide ECPs in appropriate situations, accompanied by clear and correct information and explanations.

SPECIFIC LEARNING OBJECTIVES:

By the end of the module, participants will be able to:

1. List at least three aspects of ECPs related to the following:
 - description
 - effectiveness
 - mechanism of action
 - characteristics
 - appropriate uses
 - other methods of emergency contraception
2. Discuss the precautions and considerations for the use of ECPs.
3. Explain how ECPs are used.
4. Demonstrate, through the use of case studies, how to manage ECP side effects.
5. Answer common questions related to ECPs in classroom exercise.
6. Demonstrate non-judgmental attitude and respect for the client in providing ECP services.
7. Demonstrate knowledge of ECP use through classroom situations.

TRAINING/LEARNING METHODOLOGY:

- Lecturette
- Discussion
- Brainstorming
- Grab bag
- Case studies
- Role plays

MAJOR REFERENCES AND TRAINING MATERIALS:

- Emergency Contraceptive Pills: Medical and Service Delivery Guidelines, Consortium for Emergency Contraception, August 1996.
- Emergency Contraceptive Pills: What You Need to Know, Consortium for Emergency Contraception, August 1996.
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- World Health Organization. Medical Eligibility Criteria for Initiating and Continuing Use of Contraceptive Methods, 1996.

RESOURCE REQUIREMENTS:

- Overhead projector
- Flipchart or whiteboard
- Marking pens

EVALUATION METHODS:

- Continuous assessment of objectives being learned
- Question/Answer during session
- Case studies
- Pre- & Post-Test

TIME REQUIRED:

Workshop: approximately 8 hours

MATERIALS FOR TRAINERS TO PREPARE IN ADVANCE:

1. *Transparency: Module Objectives*
2. *Copies of Participant Handouts* for all participants.
3. Flip chart with instructions for case studies.
4. Grab bag.
5. *Copies of Pre- & Post-Test and Participant Evaluation.*

Specific Objective #1: List at least three aspects of ECPs related to description, effectiveness, mechanism of action, characteristics, and appropriate uses.

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Introduction</p> <p>Despite the availability of highly effective methods of contraception, many pregnancies are unplanned and unwanted. These pregnancies carry a higher risk of morbidity and mortality, often due to unsafe abortion. Many of these unplanned pregnancies can be avoided using emergency contraception.</p> <p>Definition of ECPs</p> <p>Emergency contraceptive pills (ECPs) are hormonal methods of contraception that can be used to prevent pregnancy following an unprotected act of sexual intercourse.</p> <p>ECPs are sometimes referred to as "morning-after" or "post-coital" pills. Because these terms do not accurately convey the correct timing of use (ECPs can be used up to three days following unprotected intercourse), and because they do not convey the important message that ECPs should not be used regularly (they are intended for "emergency" use only), these terms have been replaced by the term "emergency contraceptive pills."</p> <p>This training course includes information on two types of emergency contraceptive pills:</p> <ul style="list-style-type: none"> • pills containing a combination of a progestin (levonorgestrel or norgestrel) and an estrogen (ethinyl estradiol) • pills containing a progestin only (levonorgestrel or norgestrel). 	<p>Introduction of Participants (Px): (30 minutes)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Divide the Px into pairs. • Ask each Px to interview her/his partner for five minutes. S/he may ask any questions that will help her/him get to know her/his partner. • After the interviews, have the Px regroup. Ask each Px to tell the group about her/his partner. • Administer the Pre-Test to determine areas needing particular attention. <p>Lecturette: (10 minutes)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Introduce the concept of ECPs, give a description, and review its effectiveness. • Allow for Px questions and provide clarification. <p><i>(See Px Handout 1: ECPs as a Method.)</i></p>

Specific Objective #1: Continued

CONTENT Knowledge/Attitudes/Skills	Training/Learning Methods (Time Required)
<p>Effectiveness of ECPs</p> <p>After a single act of unprotected sexual intercourse, the Yuzpe regimen (which contains estrogen and a progestin) fails in about two percent of women who use it correctly (the chances of pregnancy are approximately four times greater when no emergency contraceptive is used). The progestin-only regimen is equally effective.</p> <p>Overall, ECPs are less effective than regular contraceptive methods. Because the ECP pregnancy rate is based on a one-time use, it cannot be directly compared to failure rates of regular contraceptives, which represent the risk of failure during a full year of use. If ECPs were to be used frequently, the failure rate during a full year of use would be higher than those of regular hormonal contraceptives. Therefore, ECPs are not recommended for regular use.</p> <p>Mechanism of Action</p> <p>The precise mode of action of ECPs is uncertain and may be related to the time it is used in a woman's cycle. ECPs are thought to prevent ovulation, fertilization, and/or implantation. ECPs are not effective once the process of implantation of a fertilized ovum has begun. ECPs will not cause an abortion and have no known adverse effects on (the growth and development of) an established pregnancy.</p> <p>Safety</p> <ul style="list-style-type: none"> • ECPs are considered very safe. 	<p>Lecturette: (10 minutes)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Highlight the content which gives the rationale for not using ECPs as a regular contraceptive method. • Ask Px how ECPs prevent pregnancy. Confirm or correct Px responses. • Provide additional information from the content column if it is not covered through the question and answers. • Note on a flip chart the content of Px responses related to ECPs' mechanism of action.

Specific Objective #1: Continued

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Safety (cont.)</p> <ul style="list-style-type: none"> • In the more than 20 years in which ECPs have been used, no deaths or serious medical complications have been reported. • The dose of hormones in ECPs is relatively small; the short exposure to estrogens and/or progestins does not appear to alter blood-clotting mechanisms, as occurs with longer use of combined oral contraceptives (COCs). • The COCs used as ECPs have not been associated with fetal malformations or congenital defects. • While ECPs are unlikely to increase a woman's risk of ectopic pregnancy, there may be a higher percentage of ectopic pregnancies among ECP failure cases than among a normal pregnant population. Therefore, providers should rule out the possibility of ectopic pregnancy in all cases of ECP failure. <p>Characteristics</p> <ul style="list-style-type: none"> • Documented safety • Readily available (both combined and progestin-only pills) • Acts to prevent ovulation, fertilization, or implantation • Reduces the need for abortions • Reduces the risk of unwanted pregnancy • Appropriate for use after unprotected intercourse (including rape or contraceptive failure) • Can be used by young adults who may be less likely to prepare for a first sexual encounter • Provides a bridge to the practice of regular contraception 	<p>Lecturette: (10 minutes)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Highlight the points on safety, since these points are different from safety concerns of long-term COC use. • Allow for questions from Px. <p>Brainstorming: (10 minutes)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Ask Px, based on content just covered, what would be the characteristics (advantages and disadvantages) of ECPs. • Record Px comments on flip chart and ask for clarification as required. • Note the accuracy/appropriateness of Px contribution to brainstorming ECP characteristics.

Specific Objective #1: Continued

CONTENT Knowledge/Attitudes/Skills	Training/Learning Methods (Time Required)
<p>Characteristics (cont.)</p> <ul style="list-style-type: none"> • Drug exposure and side effects are of short duration • Does not protect against transmission of STDs and AIDS • Does not provide ongoing protection against pregnancy • Should be used within three days of unprotected intercourse • May cause nausea and sometimes vomiting • May change the time of the woman's next menstrual period or produce spotting • May cause breast tenderness, headache, dizziness, or fatigue • Not appropriate for regular use due to high cumulative failure rate <p>Indications for the Use of ECPs</p> <p>ECPs are indicated to prevent pregnancy within three days (72 hours) of unprotected sexual intercourse, including:</p> <ul style="list-style-type: none"> • when no contraceptive has been used • when there is a contraceptive accident or misuse, including: <ul style="list-style-type: none"> • condom rupture, slippage, or misuse • diaphragm or cap dislodgement, breakage or tearing, or early removal • failed coitus interruptus (e.g., ejaculation in vagina or on external genitalia) • miscalculation of the periodic abstinence method • IUD expulsion • in cases of sexual assault <p>Who can provide ECPs?</p> <p>ECPs can be distributed safely by a variety of trained personnel and through clinical and non-clinical service delivery systems.</p>	<p>Brainstorming: (10 minutes)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Ask Px, based on content just covered, what would be the appropriate uses for ECPs. • Record Px comments on flip chart and ask for clarification as required. • Confirm or correct answers as necessary. • Note the accuracy/appropriateness of Px contributions to brainstorming uses of ECPs.

Specific Objective #1: Continued

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Who can provide ECPs? (cont.)</p> <p>Doctors, nurses, midwives, and other clinically-trained personnel; pharmacists; and community health workers may be able to provide ECPs, depending on local regulations and practice. All ECP providers should receive training before distributing ECPs.</p> <p>Appropriate distribution mechanisms can include family planning and reproductive health care clinics, general practitioners and family doctors, community-based services, pharmacies, social marketing programs, and health service programs for youth, among others.</p> <p>When ECPs are provided through non-clinic outlets, the providers must have access to referral services for those cases where it may be required (for instance, if more than 3 days have elapsed since the act of unprotected intercourse and ECPs can no longer be used).</p> <p>ECPs can be provided either at the time treatment is required or prophylactically (i.e., in advance of the need for treatment). Prophylactic distribution can be done at the time of a regular family planning visit and may be particularly appropriate for women who select methods that are highly dependent upon correct use at the time of intercourse (for instance, condoms or the diaphragm). Prophylactic distribution can greatly improve the convenience of the method and help ensure that women have access to treatment as soon as they need it. Regardless of whether ECPs are distributed prophylactically, providers should inform women about their availability at the time of regular family planning or reproductive health service visits.</p>	<p>Lecturette: (10 minutes)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Emphasize that ECPs can be provided by a broad range of personnel, not just physicians. • Stress that advance counseling about ECPs and/or prophylactic distribution can greatly improve access to ECPs. <p>Discussion: (10 minutes)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Ask Px how ECPs will be provided through their services (which personnel are authorized to provide; what types of distribution mechanisms will be used, whether ECPs will be provided prophylactically). • If appropriate, ask Px to brainstorm ways that access to ECPs could be increased in their community, especially for high-risk groups such as adolescents or displaced populations.

Specific Objective #2: Discuss the contraindication to the use of ECPs.

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Precautions and Considerations</p> <p>ECPs should not be given to a woman who has a confirmed pregnancy, primarily because there will be no effect.</p> <p>If, after evaluation, the woman wants ECPs and pregnancy cannot be ruled out with absolute certainty, it is permissible to give ECPs if you explain that she could already be pregnant, in which case the regimen will not be effective.</p> <p>Based on results from studies of high-dose oral contraceptives (which are similar to ECPs), experts believe there is no harm to the pregnant woman or fetus if ECPs are inadvertently used during early pregnancy.</p> <p>There are no other known medical contraindications to the use of ECPs. The dose of hormones used in emergency contraception is relatively small and the pills are used for a short time, so the contraindications associated with continuous use of COCs and progestin-only pills do not apply.</p>	<p>Lecturette: (10 minutes)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Present the precautions and considerations. • Assess Px understanding by asking the following questions: <ul style="list-style-type: none"> • Should ECPs be offered to a women whose period is 5 days late? Answer: No. • Can ECPs be provided to a woman with a history of severe headaches? Answer: Yes. • Can ECPs be provided to a woman who has diabetes? Answer: Yes. • Can ECPs be provided to a woman with high blood pressure? Answer: Yes. • Can ECPs be provided to a woman with varicose veins? Answer: Yes. • Note on a flip chart the accuracy of Px answers to questions related to the precautions and considerations. <p>(See Px Handout 2.)</p>

Specific Objective #3: Explain how ECPs are used.

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>ECP Regimens</p> <p>Two ECP regimens can be used:</p> <ol style="list-style-type: none"> 1. The standard regimen consists of "combined" pills containing ethinyl estradiol and levonorgestrel or comparable formulations (for instance, those containing norgestrel). This regimen is known as the "Yuzpe method" and has been studied and widely used since the mid-1970s. <p>When high-dose pills containing 50 mcg ethinyl estradiol and 0.25 mg levonorgestrel (or 0.50 mg norgestrel) are available:</p> <ul style="list-style-type: none"> • two pills should be taken as the first dose as soon as convenient but no later than three days (72 hours) after unprotected intercourse. These should be followed by another two pills 12-hours later. <p>When only low-dose pills containing 30 mcg ethinyl estradiol and 0.15 mg levonorgestrel (or 0.30 mg norgestrel) are available:</p> <ul style="list-style-type: none"> • four pills should be taken as soon as convenient but no later than three days (72 hours) after unprotected intercourse. These should be followed by another four pills 12- hours later. <ol style="list-style-type: none"> 2. Emerging data indicate that an alternate hormonal regimen consisting of progestin-only pills is equally as effective as the Yuzpe regimen but has a significantly lower incidence of side effects. 	<p>Lecturette: (10 minutes)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Present the ECP regimens. • Review <i>Px Handout 3: Formulations and Dose Required for Emergency Contraception</i>, which presents the content information in table form.

Specific Objective #3: Continued

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>ECP Regimens (cont.)</p> <p>When pills containing 0.75 mg levonorgestrel are available:</p> <ul style="list-style-type: none"> • one pill should be taken as the first dose as soon as convenient but no later than three days (72 hours) after unprotected intercourse. This should be followed by another pill 12-hours later. <p>When only pills containing 0.03 mg levonorgestrel (or 0.0375 mg levonorgestrel or 0.075 mg norgestrel) are available:</p> <ul style="list-style-type: none"> • 20 pills should be taken as the first dose as soon as convenient but no later than three days (72 hours) after unprotected intercourse. These should be followed by another 20 pills 12-hours later. <p>3. Treatment using either regimen should not be delayed unnecessarily as efficacy may decline over time.</p>	

Specific Objective #4: Demonstrate, through the use of case studies, how to manage ECP side effects.

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Common Side Effects of ECPs</p> <p><i>Nausea</i></p> <p>Occurs in about 50 percent of clients using the combined ECP regimen but it does not usually last more than 24 hours. Nausea occurs in approximately 20 percent of women using progestin-only ECPs.</p> <p><i>Management</i></p> <p>Taking the pills with food or milk may help reduce nausea. Prophylactic administration of an anti-emetic has been shown to reduce nausea in some women. However, because it is impossible to predict which women will benefit from prophylactic anti-emetic use and because it is costly to administer prophylactic anti-emetics to all ECP users, routine prophylactic use of anti-emetics is not recommended in settings with limited resources. Prophylactic anti-emetics may be recommended for women who have previously experienced nausea while using ECPs or those who have experienced nausea while using hormonal methods of contraception. Anti-emetics administered after the onset of nausea are not likely to have an effect.</p> <p><i>Vomiting</i></p> <p>Occurs in about 20 percent of clients using the combined ECP regimen. Vomiting occurs in approximately five percent of women using progestin-only ECPs.</p>	<p>Lecturette: (10 minutes)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Present the common side effects and the frequency of their occurrence. • List the four other possible side effects. <p>Reading: (20 minutes)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Distribute <i>Px Handout 4: Side Effects and Management</i>. • Ask volunteer Px to take turns reading each side effect and its management. • Stop after each reading and allow for questions to clarify management. • Encourage Px to use handouts as a reference when providing services.

Specific Objective #4: Continued

CONTENT Knowledge/Attitudes/Skills	Training/Learning Methods (Time Required)
<p>Common Side Effects of ECPs (cont.)</p> <p><i>Management</i></p> <p>If vomiting occurs within two hours of taking ECPs, the dose should be repeated. In cases of severe vomiting, vaginal administration of the pills can be used.</p> <p><i>Irregular uterine bleeding</i></p> <p>Some women may experience spotting after taking ECPs. The majority of women will have their menstrual period on time or early.</p> <p><i>Management</i></p> <p>If there is a delay in menstruation of more than one week, a pregnancy test should be performed.</p> <p><i>Other side effects of ECPs</i></p> <p>These include breast tenderness, headache, dizziness, and fatigue. These side-effects generally do not last more than 24 hours.</p> <p><i>Management</i></p> <p>Aspirin or another non-prescription pain reliever can be used to reduce discomfort due to headaches or breast tenderness.</p> <p>Aside from these side effects, there are no known adverse medical effects to a woman from use of ECPs. There are also no known teratogenic effects (birth defects) on the fetus in the event of inadvertent ECP use during early pregnancy.</p>	<p>Case Studies: (Total 45 min., 15 min. for group work, 30 min. for plenary.)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Divide group into 3 smaller groups. • Distribute <i>Px Handout 5: ECP Side Effects Case Studies</i>. • Display flip chart with group task and instructions: <ol style="list-style-type: none"> (1) Read through the case thoroughly, (2) Select a recorder and reporter to present group's work, (3) Answer or perform tasks that relate to managing the assigned case. • Invite each group to present their work in 5 minutes; lead feedback and discussion for 5 minutes per case study. • Distribute <i>Px Handout 5a: ECP Side-Effects Case Studies (Answer Key)</i>. • Note accuracy of group work; supplement or correct as necessary.

Specific Objective #5: Answer common questions related to ECPs in classroom exercise.

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Common Questions Asked About ECPs</p> <p>Can COCs that contain progestins other than levonorgestrel also be used for ECPs?</p> <p>Why is pregnancy the only precaution for using ECPs when there are several precautions and considerations for the routine use of the same COCs?</p> <p>Can triphasic pills be used for ECPs?</p> <p>Can progestin-only pills be used as ECPs?</p> <p>What should a woman do if vomiting is severe after the first dose of ECPs and she cannot take her second dose?</p> <p>Should we provide ECPs if the woman had unprotected sex on a day when her risk of pregnancy was not very high?</p> <p>If knowledge of ECPs becomes widespread, could incorrect use or overuse of ECPs become a problem?</p> <p>Is it a problem if a woman uses ECPs as her standard contraceptive?</p> <p>Can a woman receive ECPs if she presents later than three days (72 hours) after unprotected sex?</p>	<p>Grab Bag: (30 minutes)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Cut up a copy of <i>Px Handout 6</i> so that each question is on a separate strip of paper. • Place folded questions in a bag and shake to distribute them within the bag. • Invite one Px at a time to pick from the bag, read the question aloud and answer it. • If the Px is unable to answer the question, it can be passed once, to another Px. • If the question cannot be answered at the second pass, answer the question and assist Px to understand the content. • Confirm or correct answers. • Correct answers may be found on <i>Px Handout 6a: Common Questions Asked about ECPs (Answer Key)</i> or in <i>Specific Objectives</i> throughout the module. • Continue until all nine questions are answered. • At the end of the exercise, distribute <i>Px Handout 6a</i>. • Note the degree and frequency of accuracy in answering ECP questions.

Specific Objective #6: Demonstrate non-judgmental attitude and respect for the client in providing ECP services.

CONTENT Knowledge/Attitudes/Skills	Training/Learning Methods (Time Required)
<p>Counseling</p> <p>As with any contraceptive method, ECPs should be provided in a manner that is respectful of the client and responsive to her needs for information and counseling. During counseling, providers should reassure all clients, regardless of age or marital status, that all information will be kept confidential. Providers also should be supportive of the client's choices and refrain from making judgmental comments or indicating disapproval through body language or facial expressions while discussing ECPs with clients. Supportive attitudes will help improve compliance and set the stage for effective follow-up counseling about regular contraceptive use and sexually-transmitted disease prevention.</p> <p>Whenever possible, ensure that counseling is conducted in a private and supportive environment. In situations where it is difficult to maintain privacy (for instance, in pharmacies), give the method to the client with appropriate verbal and printed instructions and advise her to attend a clinic or contact a health care/family planning provider for counseling about regular contraceptive methods.</p> <p>There are a number of special issues related to counseling clients for use of ECPs:</p> <p><i>Stress</i></p> <p>Clients may feel particularly anxious after unprotected intercourse due to fear of becoming pregnant, worry about missing the 72-hour window of opportunity for emergency</p>	<p>Brainstorming: (5-10 minutes)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Remind Px that as with other contraceptive methods, counseling is an important part of ECP service delivery. • Ask Px to brainstorm some of the key principles of good counseling (many Px may be familiar with these principles from previous training). <p>Possible responses include:</p> <ul style="list-style-type: none"> • Greet clients warmly • Be respectful • Ensure privacy and confidentiality • Respect client's choices • Avoid making judgements • Ask if client has questions • Listen to client's concerns <p>Lecturette: (10 minutes)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Emphasize the special counseling and information needs of ECP clients as described in the content column. <p>(See <i>Px Handout 7.</i>)</p>

Specific Objective #6: Continued

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p><i>Stress (cont.)</i></p> <p>contraception, embarrassment at failing to contracept effectively, general embarrassment about sexual issues, rape-related trauma, concern about AIDS, or a combination of these factors. For this reason, maintaining a supportive atmosphere during counseling is especially important.</p> <p><i>Frequent use</i></p> <p>Emphasize that ECPs are for emergency use only. They are not recommended for routine use because of the increased possibility of failure compared to regular contraceptives and the increased incidence of side effects. [Note: Although frequent use of ECPs is not recommended, repeated use poses no health risks to users and should never be cited as a reason for denying women access to treatment.]</p> <p><i>HIV and STDs</i></p> <p>Clients may be very concerned about possible infection, especially in cases of rape. Counseling on this topic should be provided along with STD diagnostic services (or referrals) and information about STD/HIV preventive measures. Clients must understand that ECPs offer no protection against STDs, including HIV/AIDS.</p> <p><i>Counseling about other contraceptive methods</i></p> <p>Whenever possible, clients requesting ECPs should also be offered information and services for regular contraceptives.</p>	

Specific Objective #6: Continued

CONTENT Knowledge/Attitudes/Skills	Training/Learning Methods (Time Required)
<p><i>Counseling about other contraceptive methods (cont.)</i></p> <p>However, not all clients want contraceptive counseling at the time of ECP treatment. Thus, while counseling related to the use of regular contraceptives is recommended for all ECP clients, it should not be a prerequisite for providing ECP services. Clients who are interested in learning about other methods should receive information and counseling at the time of the ECP visit or at a follow-up appointment scheduled at a more convenient time, or should be referred to a FP clinic if other FP methods are not available (i.e., at pharmacies, etc.). If the reason for requesting emergency contraception is that a regular contraceptive method was not used, or was used incorrectly, discuss how it can be used consistently and correctly in the future.</p> <p>Client Screening</p> <p>Screen the client for ECP use by:</p> <ul style="list-style-type: none"> • assessing the date of last menstrual period and whether it was normal, to exclude the possibility that the client may already be pregnant; • establishing the time of first episode of unprotected intercourse since the last menstrual period, to ensure the client is within the 72-hour treatment timeframe. <p>Other health assessment (e.g., laboratory tests, pelvic exam, etc.) is not required unless the pregnancy status is in doubt, but could be offered as part of routine reproductive health services if medically indicated for other reasons and desired by the client.</p> <p>Providers also should ask if the client is</p>	<p>Lecturette: (20 minutes)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Write the steps in providing ECP services on flip chart: <ul style="list-style-type: none"> • Greet client and ask what she needs • Screen client • Tell client about ECPs • Give clear information about use, side effects, and follow-up • Provide written instructions, if available • Discuss ongoing regular contraceptives, if desired • Allow client to ask questions throughout visit • Using the information in the content column, review each step with Px, allowing time for questions. • Recap steps of the information giving process. Review <i>Px Handout 7: Providing ECP Services</i>.

Specific Objective #6: Continued

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Client Screening (cont.)</p> <p>currently using a regular method of contraception; this question can be a good starting point for a discussion of regular contraceptive use and how to use methods correctly.</p> <p>Any precautions (by history) to the option of continuing with the oral contraceptives as the contraceptive of choice immediately after ECP use (i.e., cardiovascular disorder, smoking, breastfeeding, breast cancer, or high blood pressure [by exam]) should be noted during the medical exam in case the woman wishes to continue with this method.</p> <p>Information for the Client</p> <p>Women should be provided with basic information about ECPs before receiving emergency contraceptive pills. ECP information for the client should include discussion of how and when to take the pills, possible side effects and their management, and failure rates.</p> <p>When providing ECPs, it is important to inform women how to use the method and what to expect and to make sure they understand the importance of using ongoing contraception. Information and services for regular contraceptive use also should be provided if desired by the client.</p> <p>Key Points</p> <p>The following list covers key points to include when giving information to ECP clients:</p> <ul style="list-style-type: none"> • Make certain that the client does not want to become pregnant, but that she 	<p>Discussion: (20 minutes)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Ask Px what medical history information is necessary to provide ECPs. • Answers should include the information under <i>Screening</i> in the "Content" column. • Confirm or correct answers as needed. • Present the questions including the rationale for them. • Distribute and discuss <i>Px Handouts 7a and 7b</i>, which contain screening checklists for ECPs and for ECP clients wishing to continue with COCs.

Specific Objective #6: Continued

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Key Points (cont.)</p> <p>understands that there is still a chance of pregnancy even after treatment with ECPs. Explain that ECPs will not harm the fetus should they fail to prevent pregnancy.</p> <ul style="list-style-type: none"> • Explain how to take ECPs correctly. Advise clients not to take any extra ECPs, as these will likely increase the level of side effects but will not increase effectiveness. • Describe common side effects. Advance counseling about possible side effects helps women know what to expect and may lead to greater tolerance. • Tell the client that drinking milk or eating a snack with the pills or taking them near bed time may help reduce nausea. Help the client decide on the appropriate time to take the first dose so that taking the second dose 12 hours later will not be inconvenient. However, the first dose should not be delayed unnecessarily as efficacy may decline over time. • Explain that the dosage needs to be repeated if the client vomits within two hours of taking ECPs. • Make sure that the client understands that ECPs will not protect her from pregnancy if she engages in unprotected intercourse in the days or weeks following treatment. This is a common misperception among some clients. Advise the client to use a barrier method, such as the condom, for the remainder of her cycle. A different contraceptive method can be initiated at the beginning of her next cycle. • Explain that the ECPs typically do not cause the client's menses to resume immediately. This is another common misperception. The client should 	<p>Learning Exercise: (30 minutes)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Divide the Px into small groups. • Ask Px to use <i>Px Handout 7: Providing ECP Services</i> and <i>Px Handout 3: Formulations and Dose Required for Emergency Contraception</i> to create simple written client instructions for both regimens. • Encourage the Px to think of ways these messages could be illustrated with examples. • Review the groups' output.

Specific Objective #6: Continued

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Key Points (cont.)</p> <p>understand that her period may come a few days earlier or later than normal. Explain that if her menses is more than a week late, she may be pregnant.</p> <ul style="list-style-type: none"> • Advise the client to come back or visit a referral clinic (as appropriate) if there is a delay in her menses of more than one week; if she has any reason for concern; or as soon as possible after the onset of the menstrual period for contraceptive counseling, if desired. • Use simple written or pictorial instructions to help reinforce important messages about correct use of ECPs. <p>Written Instructions for the Client</p> <p>The following written instructions should also be provided:</p> <p>Note: If the client is not literate, these same instructions must be explained very carefully and repeated by the client.</p> <p>Sample Instructions for Using Emergency Contraceptive Pills (ECPs)</p> <ol style="list-style-type: none"> 1. Swallow the first dose as soon as convenient but no later than three days (72 hours) after having unprotected sex. 2. Swallow the second dose 12 hours after the first dose. <p>Do not take any extra emergency contraceptive pills. More pills will not decrease the risk of pregnancy any further. They will only make you more nauseous.</p>	

Specific Objective #6: Continued

CONTENT Knowledge/Attitudes/Skills	Training/Learning Methods (Time Required)
<p>Follow-up</p> <p>If the client has already adopted a method of contraception for regular use and wishes to continue using this method, no follow-up is needed unless the client has a delay in her menstruation, suspects she may be pregnant, or has other reasons for concern.</p> <p>During the follow-up appointment:</p> <ul style="list-style-type: none"> • Record the client's menstrual data to verify that she is not pregnant (if in doubt, perform a pregnancy test). • Discuss contraceptive options, as appropriate. • If desired, provide a contraceptive method according to the woman's choice. <p>If ECPs have failed and the client is pregnant:</p> <ul style="list-style-type: none"> • Advise the client on available options and let her decide which is most appropriate for her situation. Her decision should be respected and supported. Refer the client to other service providers as appropriate. • If the client decides to continue the pregnancy, she should be reassured that there is no evidence of any teratogenic effect (birth defects) following ECP use. • While ECPs are unlikely to increase a woman's risk of ectopic pregnancy, there may be a higher percentage of ectopic pregnancies among ECP failure cases than among a normal pregnant population. As such, providers should be certain to rule out the possibility of ectopic pregnancy in all cases of ECP failure. 	<p>Discussion: (15 minutes)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Ask Px what the goals of an ECP follow-up visit should be. • Answers should be consistent with material in the content column. • Confirm or correct Px answers. • Allow time for questions and clarifications.

Specific Objective #6: Continued

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Initiating Regular Contraception</p> <ul style="list-style-type: none"> • Condoms, diaphragms, and spermicidal foam or film can all be used immediately. • Oral contraceptives may be initiated either immediately or within five days of the beginning of the next menstrual cycle (or according to the instructions for the type of pill being used). • Injectables should be initiated within seven days of the beginning of the next menstrual cycle. • IUDs should be initiated during the next menstrual cycle. • Natural family planning will require abstinence from sexual intercourse or the use of a back-up method such as condoms for one or more menstrual cycles to ensure regularity. (More cycles will be needed if this method is new to a woman.) • Implants should be initiated within seven days of the beginning of the next menstrual cycle. 	<p>Role Play: (60 minutes)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Divide Px into three-person groups after completing presentation of <i>Specific Objective #6</i>. • Explain that each Px will have a chance to role play as a service provider, as a client, and as an observer. • Ask Px to spend five minutes looking over <i>Px Handouts 7a, 7b, and 8: ECP Counseling Skills Checklist</i> before they begin the role plays. • <i>Px Handouts 9a, 9b, and 9c</i> describe client roles. Give a copy of <i>Px Handout 9a</i> to one member of each of the groups; repeat with <i>Px Handouts 9b and 9c</i>. • Tell the group they have ten minutes to conduct each role play and 30 minutes for a large group discussion of the exercise. • During the first role play, the Px with <i>Px Handout 9a</i> will be the client; one of the other group members will play the provider and the other will observe. • In the second role play, the Px with <i>Px Handout 9b</i> will play the client, etc. • The client should play the role described on the handout.

Specific Objective #6: Continued

CONTENT Knowledge/Attitudes/Skills	Training/Learning Methods (Time Required)
<p>Initiating Regular Contraception (cont.)</p> <ul style="list-style-type: none"> • Sterilization should only be performed when informed free choice can be assured. It is not recommended that clients make this decision under the stressful conditions that often surround ECP use. If the woman wants no more children and desires contraceptive sterilization, the decision may be considered after the next menses. Interim contraception should be provided. 	<p>Role Play (cont.)</p> <ul style="list-style-type: none"> • The service provider should counsel the client, going through all the steps on the <i>Px Handout 8: ECP Counseling Skills Checklist</i>. • The observer checks off the steps on the checklist and writes observations. • Rotate the roles and repeat the role play. • After the role plays, return the checklists to the person being monitored and discuss in small groups ways to improve counselling services. • Reassemble the full group and ask the Px to talk about their experiences as service providers, clients, and observers. • Use <i>Px Handout 9d</i> as a guide for your discussion.

Specific Objective #7: Demonstrate knowledge of ECP use through classroom situations.

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Synthesis</p> <p>This part of the session provides an opportunity for participants to practice applying their new knowledge of ECP service provision.</p>	<p>Trainer Presentation and Group Discussion: (45 minutes)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Present each of the ten situations for ECP provision found in <i>Px Handout 10: Situations for ECP Provision</i>. • Ask Px the questions that follow each situation. • Discuss and supplement their responses as necessary. • At the end of the exercise, distribute <i>Px Handout 10</i>. <p>Closure: (35 minutes)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Review session objectives and allow for Px questions. • Administer <i>Post-Test</i>. • Distribute <i>Participant Evaluation Forms</i>.

Participant Handout 1: ECPs as a Method

Introduction

Despite the availability of highly effective methods of contraception, many pregnancies are unplanned and unwanted. These pregnancies carry a higher risk of morbidity and mortality, often due to unsafe abortion. Many of these unplanned pregnancies can be avoided using emergency contraception.

Definition of ECPs

Emergency contraceptive pills (ECPs) are hormonal methods of contraception that can be used to prevent pregnancy following an unprotected act of sexual intercourse.

ECPs sometimes are referred to as "morning-after" or "post-coital" pills. Because these terms do not accurately convey the correct timing of use (ECPs can be used up to three days following unprotected intercourse), and because they do not convey the important message that ECPs should not be used regularly (they are intended for "emergency" use only), these terms have been replaced by the term "emergency contraceptive pills."

This training course includes information on two types of emergency contraceptive pills:

- pills containing a combination of a progestin (levonorgestrel or norgestrel) and an estrogen (ethinyl estradiol)
- pills containing a progestin only (levonorgestrel or norgestrel).

Effectiveness of ECPs

After a single act of unprotected sexual intercourse, the Yuzpe regimen (which contains estrogen and a progestin) fails in about two percent of women who use it correctly (the chances of pregnancy are approximately four times greater when no emergency contraceptive is used). The progestin-only regimen is equally effective.

Overall, ECPs are less effective than regular contraceptive methods. Because the ECP pregnancy rate is based on a one-time use, it cannot be directly compared to failure rates of regular contraceptives, which represent the risk of failure during a full year of use. If ECPs were to be used frequently, the failure rate during a full year of use would be higher than those of regular hormonal contraceptives. Therefore, ECPs are inappropriate for regular use.

Mechanism of Action

The precise mode of action of ECPs is uncertain and may be related to the time it is used in a woman's cycle. ECPs are thought to prevent ovulation, fertilization, and/or implantation. ECPs are not effective once the process of implantation of a fertilized ovum has begun. **ECPs will not cause an abortion** and have no known adverse effects on (the development of) an established pregnancy.

Participant Handout 1: ECPs as a Method (cont.)

Safety

- **ECPs are considered very safe.**
- In the more than 20 years in which ECPs have been used, no deaths or serious medical complications have been reported.
- The dose of hormones in ECPs is relatively small; the short exposure to estrogens and/or progestins does not appear to alter blood-clotting mechanisms, as occurs with longer use of combined oral contraceptives (COCs).
- The COCs used as ECPs have not been associated with fetal malformations or congenital defects.
- While ECPs are unlikely to increase a woman's risk of ectopic pregnancy, there may be a higher percentage of ectopic pregnancies among ECP failure cases than among a normal pregnant population. Therefore, providers should rule out the possibility of ectopic pregnancy in all cases of ECP failure.

Characteristics

- Documented safety
- Readily available (both combined and progestin-only pills)
- Acts to prevent ovulation, fertilization, or implantation
- Reduces the need for abortions
- Reduces the risk of unwanted pregnancy
- Appropriate for use after unprotected intercourse (including rape or contraceptive failure)
- Can be used by young adults who may be less likely to prepare for a first sexual encounter
- Provides a bridge to the practice of regular contraception
- Drug exposure and side-effects are of short duration
- Does not protect against the transmission of STDs and AIDS
- Does not provide ongoing protection against pregnancy
- Should be used within three days of unprotected intercourse
- May cause nausea and sometimes vomiting, especially with COC regimens
- May change the time of the woman's next menstrual period
- Not appropriate for regular use due to high cumulative failure rate

Participant Handout 1: ECPs as a Method (cont.)

Indications for the Use of ECPs

ECPs are indicated to prevent pregnancy within three days (72 hours) of unprotected sexual intercourse, including:

- when no contraceptive has been used
- when there is a contraceptive accident or misuse, including:
 - condom rupture, slippage, or misuse
 - diaphragm or cap dislodgement, breakage or tearing, or early removal
 - failed coitus interruptus (e.g., ejaculation in vagina or on external genitalia)
 - miscalculation of the periodic abstinence method
 - IUD expulsion
- in cases of sexual assault

Who can provide ECPs?

ECPs can be distributed safely and effectively by a variety of trained personnel and through a variety of clinical and non-clinical service delivery systems. Doctors, nurses, midwives, and other clinically-trained personnel; pharmacists; and community health workers may be able to provide ECPs, depending on local regulations and practice. All ECP providers should receive training before distributing ECPs.

Appropriate distribution mechanisms can include family planning and reproductive health care clinics, general practitioners and family doctors, community-based services, pharmacies, social marketing programs, and health service programs for youth, among others.

When ECPs are provided through non-clinic outlets, the providers must have access to referral services for those cases where it may be required (for instance, if more than three days have elapsed since the act of unprotected intercourse and ECPs can no longer be used).

ECPs can be provided either at the time treatment is required or prophylactically (i.e., in advance of the need for treatment). Prophylactic distribution can be done at the time of a regular family planning visit and may be particularly appropriate for women who select methods that are highly dependent upon correct use at the time of intercourse (for instance, condoms or the diaphragm). Prophylactic distribution can greatly improve the convenience of the method and help ensure that women have access to treatment as soon as they need it. Regardless of whether ECPs are distributed prophylactically, providers should inform women about their availability at the time of regular family planning or reproductive health service visits.

Participant Handout 2: Contraindication to ECPs

ECPs should not be given to a woman who has a confirmed pregnancy, primarily because there will be no effect.

If, after evaluation, the woman wants ECPs and pregnancy cannot be ruled out with absolute certainty, it is permissible to give ECPs if you explain that she could already be pregnant, in which case the regimen will not be effective.

Based on results from studies of high-dose oral contraceptives (which are similar to ECPs), experts believe there is no harm to the pregnant woman or fetus if ECPs are inadvertently used during early pregnancy.

There are no other known medical contraindications to the use of ECPs. The dose of hormones used in emergency contraception is relatively small and the pills are used for a short time, so the contraindications associated with continuous use of COCs and progestin-only pills do not apply.

Participant Handout 3: Formulations and Dose Required for Emergency Contraception

Formulation	Common Brand Names	Tablets per Dose	Doses Required	Timing of Administration
EE 50 mcg + LNG 0.25 mg or EE 50 mcg + NG 0.50 mg	Neogynon, Noral, Nordiol, Ovidon, Ovran Eugynon 50, Ovral	2 2	2 2	First dose within 72 hours of unprotected sex; second dose 12 hours later
EE 30 mcg + LNG 0.15 mg or EE 30 mcg + NG 0.30 mg	Microgynon 30, Nordette, Rigevidon Lo/Femenal, Ovral L	4 4	2 2	First dose within 72 hours of unprotected sex; second dose 12 hours later
LNG 0.75 mg	Postinor	1	2	First dose within 72 hours of unprotected sex; second dose 12 hours later
LNG 0.03 mg or NG 0.075 mg	Microlut, Norgeston, Microval Ovrette	20 20	2 2	First dose within 72 hours of unprotected sex; second dose 12 hours later

EE = ethinyl estradiol

LNG =levonorgestrel

NG =norgestrel

Note: Treatment using either regimen (estrogen and progestin or progestin-only) should not be delayed unnecessarily as efficacy may decline over time.

Participant Handout 4: Side Effects and Management

Side Effect/Explanation	Management of Side Effect
<p><i>Nausea</i></p> <p>Occurs in about 50 percent of clients using the combined ECP regimen but it does not usually last more than 24 hours. Nausea occurs in approximately 20 percent of women using progestin-only ECPs.</p>	<p>Taking the pills with food or milk may help reduce nausea. Prophylactic administration of an anti-emetic has been shown to reduce nausea in some women. However, because it is impossible to predict which women will benefit from prophylactic anti-emetic use and because it is costly to administer prophylactic anti-emetics to all ECP users, routine prophylactic use of anti-emetics is not recommended in settings with limited resources. Prophylactic anti-emetics may be recommended for women who have previously experienced nausea while using ECPs or those who have experienced nausea while using hormonal methods of contraception. Anti-emetics administered after the onset of nausea are not likely to have an effect.</p>
<p><i>Vomiting</i></p> <p>Occurs in about 20 percent of clients using the combined ECP regimen. Vomiting occurs in approximately 5 percent of women using progestin-only ECPs.</p>	<p>If vomiting occurs within two hours of taking ECPs, the dose should be repeated. In cases of severe vomiting, vaginal administration of the pills can be used.</p>
<p><i>Irregular uterine bleeding</i></p> <p>Some women may experience spotting after taking ECPs. The majority of women will have their menstrual period on time or early.</p>	<p>If there is a delay in menstruation of more than one week, a pregnancy test should be performed.</p>
<p><i>Other side effects of ECPs</i></p> <p>These include breast tenderness, headache, dizziness, and fatigue. These side effects generally do not last more than 24 hours.</p>	<p>Aspirin or another non-prescription pain reliever can be used to reduce discomfort due to headaches or breast tenderness.</p>

Participant Handout 5: ECP Side Effects Case Studies

- Case 1:** Ms. K. is an 18-year-old who took her first dose of ECPs six hours ago. She has returned to you because she is nauseous and is afraid that she will vomit with the second dose. How would you handle this client's complaint?
- Case 2:** Mrs. Z. is a 32-year-old who has just taken her second ECP dose. She is complaining of a very strong headache. How would you handle this client's complaint?
- Case 3:** Ms. N. is a 22-year-old who vomited eight hours after her first dose of ECPs. She is afraid of taking the second dose and has come to you for advice. How would you handle this client's situation?

Participant Handout 5a: ECP Side Effects Case Studies Answer Key

Case 1: Ms. K. is an 18-year-old who took her first dose of ECPs six hours ago. She has returned to you because she is nauseous and is afraid that she will vomit with the second dose. How would you handle this client's complaint?

Answer: *Remind Ms. K. that nausea is to be expected. Tell Ms. K. that anti-nausea medication is not likely to relieve her nausea. Encourage Ms. K. to take the second dose with food. Alternatively, tell the client that she can place the tablets in her vagina; it may not reduce the nausea but it will ensure the medicine gets into her blood to prevent pregnancy.*

Case 2: Mrs. Z. is a 32-year-old who has just taken her second ECP dose. She is complaining of a very strong headache. How would you handle this client's complaint?

Answer: *Remind Mrs. Z. that headaches are a possible side effect of using ECPs and that it will not last long. For pain relief, offer the client aspirin, ibuprofen, or acetaminophen.*

Case 3: Ms. N. is a 22-year-old who vomited eight hours after her first dose of ECPs. She is afraid of taking the second dose and has come to you for advice. How would you handle this client's situation?

Answer: *Reassure Ms. N. that vomiting can occur with ECP use and that since it was long after taking the pills, the ECP is in her blood to prevent pregnancy. Tell Ms. N. that taking the second dose with food may help. Remind her that if she vomits within two hours, she should repeat this dose. Alternatively, she can place the second dose of ECP in her vagina; it may not reduce the nausea but it will ensure that the medicine gets into her blood to prevent pregnancy. Vaginal administration may be a better option for a woman having repeated vomiting. You may give her a second packet of ECPs in case she needs to repeat the second dose.*

Participant Handout 6: Common Questions Asked about ECPs (Grab Bag Exercise)

1. Can COCs that contain progestins other than levonorgestrel also be used for ECPs?
2. Why is pregnancy the only contraindication for using ECPs when there are several contraindications for the routine use of the same COCs?
3. Can triphasic pills be used for ECPs?
4. Can progestin-only pills be used as ECPs?
5. What should a woman do if vomiting is severe after the first dose of ECPs and she cannot take her second dose?
6. Should we provide ECPs if the woman had unprotected sex on a day when her risk of pregnancy was not very high?
7. If knowledge of ECPs becomes widespread, could incorrect use or overuse of ECPs become a problem?
8. Is it a problem if a woman uses ECPs as her standard contraceptive?
9. Can a woman receive ECPs if she presents later than three days (72 hours) after unprotected sex?

Participant Handout 6a: Common Questions Asked about ECPs Answer Key

1. Can COCs containing progestins other than levonorgestrel also be used for ECPs?

COCs containing norgestrel also can be used. Because norgestrel contains only half the amount of active substance as levonorgestrel, twice as much norgestrel is needed.

2. Why is pregnancy the only precaution for using ECPs when there are several precautions and considerations for the routine use of the same COCs?

The duration of use of ECPs is short; a recent study has shown that blood clotting does not change with this short exposure. Therefore, the risk of complications related to blood clotting, such as heart attack or blood clots in the legs is probably very low.

3. Can triphasic pills be used for ECPs?

Some triphasic oral contraceptives contain levonorgestrel (LNG) as the progestin. However, since the hormone doses vary within the pack, selecting the right pills may be more complicated (only the pills containing 0.125 mg levonorgestrel can be used). It is better to keep the instructions for ECPs as simple as possible; therefore, triphasic COCs are suitable only as a substitute, when standard COCs with LNG are not available.

4. Can progestin-only pills be used for ECPs?

Yes. In some countries, a special high-dose progestin-only pill, Postinor, containing 0.75 mg levonorgestrel, is sold specifically for emergency (post-coital) contraception. Where available, Postinor should be included as an ECP option. Mini-pills also can be used. (See Px Handout 3.)

5. What should a woman do if vomiting is severe after the first dose of ECPs and she cannot take her second dose?

Non-prescription, anti-nausea medication generally is not effective once nausea is present. Taking the pill with food or before sleep may help. If vomiting persists, one option may be for her to place the second dose of pills high into the vagina. Although studies are not complete about how effective this is, EE and LNG can be absorbed through the vaginal wall and she will get some benefit. If the woman has no other options, (vomiting being severe) vaginal placement seems more reasonable than not taking the second dose. Inform the woman that the treatment may not be effective if the second dose is not taken.

Participant Handout 6a: Common Questions Asked about ECPs Answer Key (cont.)

6. Should we provide ECPs if the woman had unprotected sex on a day when her risk of pregnancy was not very high?

Yes, a woman cannot be sure she is infertile at any time during her cycle.

7. If knowledge of ECPs becomes widespread, could incorrect use or overuse of ECPs become a problem?

Misuse is not likely. In countries where ECPs have been publicized and made readily available, misuse has not been a problem. Making ECPs readily available with accurate instructions through established family planning services, whether clinic or community based, will help reduce any risk of incorrect or frequent use and will ensure appropriate follow-up counseling and contraceptive services.

8. Is it a problem if a woman uses ECPs as her standard contraceptive?

Yes. Contraceptive protection will be low. The 2 percent failure rate of ECPs is for one menstrual cycle. Most women will have 13 menstrual cycles in a year; therefore the cumulative failure rate for one year would be very high among sexually active women. However, since nausea typically occurs for 50 percent of women using combined ECPs and 20 percent of women using progestin-only ECPs, it is unlikely that many women would rely on ECPs for contraception if other more effective options are readily available. Use of ECPs on a frequent basis also may result in disrupted menstrual cycles and erratic intermenstrual bleeding. Providers must fully inform women that ECPs are not effective or suitable as a regular method of contraception.

9. Can a woman receive ECPs if she presents later than three days (72 hours) after unprotected sex?

Experts believe that ECPs may still have some effect in preventing pregnancy for up to five days after unprotected intercourse, when the process of implantation begins. The benefit of treatment within five days may outweigh any disadvantages. However, the woman must understand that her chances of pregnancy may be increased, compared with a woman who takes ECPs within three days (72 hours).

Participant Handout 7: Providing ECP Services

Counseling

As with any contraceptive method, ECPs should be provided in a manner that is respectful of the client and responsive to her needs for information and counseling. During counseling, providers should reassure all clients, regardless of age or marital status, that all information will be kept confidential. Providers also should be as supportive of the client's choices and refrain from making judgmental comments or indicating disapproval through body language or facial expressions while discussing ECPs with clients. Supportive attitudes will help improve compliance and set the stage for effective follow-up counseling about regular contraceptive use and sexually-transmitted disease prevention.

Whenever possible, ensure that counseling is conducted in a private and supportive environment. In situations where it is difficult to maintain privacy (for instance, in pharmacies), give the method to the client with appropriate verbal and printed instructions and advise her to attend a clinic or contact a health care/family planning provider for counseling about regular contraceptive methods.

There are a number of special issues related to counseling clients for use of ECPs:

Stress

Clients may feel particularly anxious after unprotected intercourse due to fear of becoming pregnant, worry about missing the 72-hour window of opportunity for emergency contraception, embarrassment at failing to contracept effectively, general embarrassment about sexual issues, rape-related trauma, concern about AIDS, or a combination of these factors. For this reason, maintaining a supportive atmosphere during counseling is especially important.

Frequent use

Emphasize that ECPs are for emergency use only. They are not recommended for routine use because of the increased possibility of failure compared to regular contraceptives and the increased incidence of side-effects.

Note: Although frequent use of ECPs is not recommended, repeated use poses no health risks to users and should never be cited as a reason for denying women access to treatment.

HIV and STDs

Clients may be very concerned about possible infection, especially in cases of rape. Counseling on this topic should be provided along with STD diagnostic services (or referrals) and information about STD/HIV preventive measures. Clients must understand that ECPs offer no protection against STDs, including HIV/AIDS.

Participant Handout 7: Providing ECP Services (cont.)

Counseling about other contraceptive methods

Whenever possible, clients requesting ECPs should also be offered information and services for regular contraceptives. However, not all clients want contraceptive counseling at the time of ECP treatment. Thus, while counseling related to the use of regular contraceptives is recommended for all ECP clients, it should not be a prerequisite for providing ECP services. Clients who are interested in learning about other methods should receive information and counseling about appropriate methods at the time of the ECP visit or at a follow-up appointment scheduled at a more convenient time, or referred to a FP clinic if other FP methods are not available (i.e., at pharmacies, etc.). If the reason for requesting emergency contraception is because the regular contraceptive method was not used, or was used incorrectly, discuss with the client how it can be used consistently and correctly in the future.

Client Screening

Screen the client for ECP use by:

- assessing the date of last menstrual period and whether it was normal, to exclude the possibility that the client may already be pregnant;
- establishing the time of first episode of unprotected intercourse since the last menstrual period, to ensure the client is within the 72-hour treatment timeframe.

Other health assessment (e.g. laboratory tests, pelvic exam, etc.) is not required unless the pregnancy status is in doubt, but could be offered as part of routine reproductive health services if medically indicated for other reasons and desired by the client.

Providers also should ask if the client is currently using a regular method of contraception; this question can be a good starting point for a discussion of regular contraceptive use and how to use methods correctly.

Any precautions or considerations (by history) to the option of continuing with the oral contraceptives as the contraceptive of choice immediately after ECPs use (i.e., cardiovascular disorder, smoking, breastfeeding, breast cancer, or high blood pressure [by exam]) should be noted during the medical exam in case the woman wishes to continue with this method.

Information for the Client

Women should be provided with basic information about ECPs before receiving emergency contraceptive pills. ECP information for the client should include discussion of how and when to take the pills, possible side effects and their management, and failure rates.

When providing ECPs, it is important to inform women how to use the method and what to expect and to make sure they understand the importance of using ongoing

Participant Handout 7: Providing ECP Services (cont.)

contraception. Information and services for regular contraceptive use also should be provided if desired by the client.

Key Points

The following list covers key points to include when giving information to ECP clients:

- Make certain that the client does not want to become pregnant, but that she understands that there is still a chance of pregnancy even after treatment with ECPs. Explain that ECPs will not harm the fetus should they fail to prevent pregnancy.
- Explain how to take ECPs correctly. Advise clients not to take any extra ECPs, as these will likely increase the level of side effects but will not increase effectiveness.
- Describe common side effects. Advance counseling about possible side effects helps women know what to expect and may lead to greater tolerance.
- Tell the client that drinking milk or eating a snack with the pills or taking them near bed time may help reduce nausea. Help the client decide on the appropriate time to take the first dose so that taking the second dose 12 hours later will not be inconvenient. However, the first dose should not be delayed unnecessarily as efficacy may decline over time.
- Explain that the dosage needs to be repeated if the client vomits within two hours of taking ECPs.
- Make sure that the client understands that ECPs will not protect her from pregnancy if she engages in unprotected intercourse in the days or weeks following treatment. **This is a common misperception among some clients.** Advise the client to use a barrier method, such as the condom, for the remainder of her cycle. A different contraceptive method can be initiated at the beginning of her next cycle.
- Explain that the ECPs typically do not cause the client's menses to come immediately. **This is another common misperception.** The client should understand that her period may come a few days earlier or later than normal. Explain that if her period is more than a week late, she may be pregnant.
- Advise the client to come back or visit a referral clinic (as appropriate) if there is a delay in her menstruation of more than one week; if she has any reason for concern; or as soon as possible after the onset of the menstrual period for contraceptive counseling, if desired.
- Use simple written or pictorial instructions to help reinforce important messages about correct use of ECPs.

The following written instructions should also be provided:

Sample Instructions for Using Emergency Contraceptive Pills (ECPs)

1. Swallow the first dose as soon as convenient but no later than three days (72 hours) after having unprotected sex.
2. Swallow the second dose 12 hours after the first dose.

Participant Handout 7: Providing ECP Services (cont.)

Do not take any extra emergency contraceptive pills. More pills will not decrease the risk of pregnancy any further. They will only make you feel more nauseous.

Note: If the client is not literate, the client instructions must be explained very carefully and repeated by the client.

Follow-up

If the client has already adopted a method of contraception for regular use and wishes to continue using this method, no follow-up is needed unless the client has a delay in her menstruation, suspects she may be pregnant, or has other reasons for concern.

During the follow-up appointment:

- Record the client's menstrual data to verify that she is not pregnant (if in doubt, perform a pregnancy test).
- Discuss contraceptive options, as appropriate.
- If desired, provide a contraceptive method according to the woman's choice.

If ECPs have failed and the client is pregnant:

- Advise the client on available options and let her decide which is most appropriate for her situation. Her decision should be respected and supported. Refer the client to other service providers as appropriate.
- If the client decides to continue the pregnancy, she should be reassured that there is no evidence of any teratogenic effect (birth defects) following ECP use.
- While ECPs are unlikely to increase a woman's risk of ectopic pregnancy, there may be a higher percentage of ectopic pregnancies among ECP failure cases than among a normal pregnant population. As such, providers should be certain to rule out the possibility of ectopic pregnancy in all cases of ECP failure.

Initiating Regular Contraception

- Condoms, diaphragms, and spermicidal foam or film can all be used immediately.
- Oral contraceptives may be initiated either immediately or within five days of the beginning of the next menstrual cycle (or according to the instructions for the type of pill being used).
- Injectables should be initiated within seven days of the beginning of the next menstrual cycle.
- IUDs should be initiated during the next menstrual cycle.
- Natural family planning will require abstinence from sexual intercourse or use of a back up method such as condoms for one or more menstrual cycles to ensure regularity. (More cycles will be needed if this method is new to a woman.)
- Implants should be initiated within seven days of the beginning of the next menstrual cycle.

Participant Handout 7: Providing ECP Services (cont.)

Initiating Regular Contraception (cont.)

- Sterilization should only be performed when informed free choice can be ensured. It is not recommended that clients make this decision under the stressful conditions that often surround ECP use. If the woman wants no more children and desires contraceptive sterilization, the decision may be considered after the next menses. Interim contraception should be provided.

Initiating Regular Contraception After ECP Use	
Method	Appropriate Timing
Condom	Can be used immediately.
Diaphragm	Can be used immediately.
Spermicide	Can be used immediately.
Oral Contraceptives	Initiate either immediately or within five days of the beginning of the next menstrual cycle (or according to the instructions for the type of pill being used). If the client chooses to continue using a low-dose COC for the remainder of the menstrual cycle immediately following ECP use, she should also use a barrier method during the first seven days when COCs are started mid-cycle. (See <i>Px Handout 7b</i> for appropriate screening checklist.)
Injectable	Initiate within seven days of the beginning of the next menstrual cycle.
IUD	Initiate during the next menstrual cycle.
Natural Family Planning	May need to abstain from sex or use a back-up method such as condoms for one or more menstrual cycles to ensure regularity (probably more if this method is new to a woman).
Implants	Initiate within seven days of the beginning of next menstrual cycle.
Sterilization	Perform the operation only after informed free choice can be ensured. It is not recommended that clients make this decision under the stressful conditions that often surround ECP use. For women desiring sterilization, the decision may be considered and counseling provided after the next menstrual cycle. Interim contraception should be provided.

Participant Handout 7a: Sample ECP Screening Checklist

Ask the potential client the following questions:	Response
1. Has the first instance of unprotected sex during this menstrual cycle been within the last 72 hours?	Yes No
<p>If the client answers "Yes," then she may be eligible for ECPs. Note: ECPs may be given after 72 hours, although effectiveness may be reduced. Continue the screening checklist.</p>	
2. Have you had your last menstrual period within the last month? Write in the date of the first day of the last menstrual period. (_____)	Yes No
3. Was this period normal in both its length and timing?	Yes No
<p>If the client answers "Yes" to both of these questions, you may give ECPs. If the client answers "No" to either of these questions or you suspect that the sexual history may not be accurate, do a pregnancy test and/or refer the client for a physical exam to diagnose pregnancy.</p>	
4. Is the client pregnant?	Yes No
<p>If the client is not pregnant, you may give ECPs. If the client's pregnancy status is unclear, you may still give ECPs, with the explanation that the method will not work if she is already pregnant.</p>	

Participant Handout 7b: Sample Screening Checklist for Clients Continuing COCs

Ask the potential COCs client the following questions:	Response
1. After using ECPs, do you want to use birth control pills? If "no," which other method? (Provide counseling and give other method, or plan for her to receive the method at the follow-up visit.)	Yes No
2. Do you have heart disease?	Yes No
3. Have you ever had a problem with blood clots?	Yes No
4. Do you smoke? (If the client smokes, advise her to quit, regardless of amount.)	Yes No
If the woman smokes and is 35 or older, do not give COCs . If she is younger than 35, you may give low-dose COCs, but advise her to quit smoking due to the increased risk of cardiovascular disease.	
5. Is the woman's blood pressure over 160/100?	Yes No
6. Do you have a history of breast cancer?	Yes No
If the answer to questions 2-6 is "no," you may give low-dose oral contraceptives to follow ECP use for the remainder of this menstrual cycle.	

Participant Handout 8: ECP Counseling Skills Checklist

Task	Yes/ No	Comments
1. Greets the client in a friendly, respectful, and helpful way.		
2. Asks client why she has come to the clinic or what makes her think that she needs ECPs. Ensures confidentiality.		
3. Takes a brief medical history, which includes information on dates of unprotected sex and last menstrual period.		
4. Tells the client about ECPs, including how they work, their effectiveness, and the possible side-effects.		
5. Allows client to ask questions.		
6. Explains the correct use of ECPs.		
7. Shows client the ECP tablets.		
8. Asks the client to summarize the instructions.		
9. Gives client correct number of ECP tablets.		
10. Explains how to manage possible ECPs side-effects: 10.1 <i>Nausea</i> : reminds client that it is a common side-effect. Suggests taking pill(s) with food or vaginal placement of second dose.		
10.2 <i>Vomiting</i> : reassures client that side-effect can occur. Suggests taking pill(s) with food or milk or at bedtime or vaginal placement of second dose. Advises client to repeat the dose if it is vomited within two hours.		

Participant Handout 8: ECP Counseling Skills Checklist (cont.)

Task	Yes/ No	Comments
10.3 <i>Breast tenderness, headaches, or dizziness:</i> reminds client the side-effects are common and will not last long. Offers aspirin or ibuprofen for discomfort.		
10.4 <i>Irregular bleeding or spotting:</i> reassures client that this is a common side-effect and should not last long.		
11. Tells client to return or report to a clinic or hospital if she has any concerns or questions.		
12. Tells client her menstrual period may be a few days early or late, but most likely will be on time. Reminds client to return for a pregnancy test if her menses are more than a week late.		
13. Reminds client that ECPs are not suitable as a regular method of contraception. Asks client if she would like to discuss other methods she can use in the future.		
14. Provides contraceptive information and services or schedules an appointment for another visit to discuss ongoing contraceptive use. Provides referral services and/or STD/HIV prevention information as needed.		
15. Demonstrates a non-judgmental attitude and respect for client throughout ECP service provision.		

Participant Handout 9a: Role Play A

Today you will play the role of Miss M., a 20 year old woman:

Tell the provider that you have heard about emergency contraception from friends and think you might need it, but you are scared to try it because you think that it might make you infertile and that it might not be safe because you smoke.

Background information that you may need to answer questions your provider asks you:

- You had unprotected sex last night (you were not expecting to have sex with your new boyfriend and did not have any contraceptive protection nearby).
- Your last menstrual period ended five days ago and was normal.
- You are a heavy smoker and have herpes but have no other health problems.
- You have been pregnant twice before and had abortions both times and are scared of having another one.
- You have not been sexually active for awhile but are starting a new relationship.
- You are interested in learning more about the pill for ongoing contraception.

Participant Handout 9b: Role Play B

Today you will play the role of Mrs. R., a 31 year old woman:

Tell the provider that you had sex on Friday night and the condom broke. Now it's Tuesday and you are very worried you may have gotten pregnant. You would have come to the clinic earlier, but you couldn't find transportation and child care. You want to know if there is anything you can do now to prevent pregnancy and if there is a more reliable method you can use in the future.

Background information that you may need to answer questions your provider asks you:

- Your last menstrual period started three weeks ago and was normal.
- You are married and have two children.
- Your doctor told you that you couldn't use the pill because of your severe migraine headaches, so you and your husband use condoms.
- You have diabetes and had a severe case of hepatitis a year ago.
- You and your husband are considering sterilization, but you want to wait a few years until your youngest child is a little older.

Participant Handout 9c: Role Play C

Today you will play the role of Mrs. Q., a 25-year-old woman:

Tell the provider that you have heard there is a pill you can take after having sex to prevent pregnancy and that you want to get some to use for birth control. You have used regular birth control pills on and off for the past few years, but often forget to take them. In fact, you got pregnant with your third child while you were using the pill. You were really excited to hear about this new pill from friends, because you have heard it is very effective and you know it will be a lot easier to remember to take than the daily pill. You need the new kind of pills right away because you just had sex last night and you have not yet started your new pill pack so are not protected.

Background information that you may need to answer questions your provider asks you:

- Your last menstrual period started five weeks ago.
- You have been using pills, but think you forgot to take quite a few of them this month; you haven't yet started your new pack because you are waiting for your period to start.
- You and your husband have been having sex regularly; your most recent sex was last night.
- You have asthma.
- You really want to use a method that is easy to remember.

Participant Handout 9d: Trainer's Notes for Counseling Role Play Processing

After the small groups have completed all three role plays, process the exercise in a plenary session. Process the content of each role play separately, following the outline below:

1. Ask someone who played the part of the "provider" to describe the client visit, including what information and/or services he/she provided to the client.
2. Ask others who played the role of provider in this role play if they discovered any additional information about their client that led them to provide different treatment or advice. Discuss any differences or deficiencies in the treatment provided.
3. Using the Counseling Skills Checklist (*Px Handout 8*) as a guide, ask participants if the "providers" they observed demonstrated any areas of particular strength or weakness. Ask participants to suggest ways "providers" could improve their counseling and service delivery skills.

Key points to discuss in Role Play A:

- Client is eligible for ECPs (within 72 hours of unprotected sex, normal last menstrual period).
- Client is concerned about safety of ECPs (fears infertility and concern about smoking) and should have been given special counseling on these topics.
- Client is motivated to practice contraception (fear of having another abortion) and has a desire for more information on the pill; provider should have given contraceptive information and services.
- Client's relationship is new and she has a history of herpes; provider should have emphasized STD protection with client.

Key points to discuss in Role Play B:

- Client is just beyond the 72-hour window of opportunity for ECPs; provider can give ECPs, but should counsel client that effectiveness is less certain and that there is no known harm to the fetus if the treatment fails.
- Even though the client has been told she should not use oral contraceptives, she has no medical contraindications to ECP use.

Key points to discuss in Role Play C:

- Client may be pregnant already (based on LMP). If a pregnancy test is negative, she can receive ECPs. If a pregnancy test is positive, refer for appropriate services.
- Provider should have corrected client's misperception that ECPs can be used as a routine method and discussed which of the regular contraceptives might meet her needs for future contraception.

Participant Handout 10: Situations for ECPs Provision

1. Miss M. is a 21-year-old coming to you today for ECP. Her last menstrual period (LMP) was five days ago, she has had two pregnancies, both aborted. The client also admits to smoking five cigarettes per day. There is no history of blood clots in the veins, high blood pressure, migraines, or cancer of the reproductive organs. She had unprotected intercourse this morning at 1:00 a.m. Miss M. has not been using contraceptives since she has not been sexually active and this is a new relationship but she is interested in using pills.
 - (a) Can this client use ECPs? Yes.
 - (b) If you give her ECPs and Lo-Femeral is in stock, what dosage would you give her? *Four tablets within 72 hours + four tablets 12 hours after the first dose.*
 - (c) What instructions and information would you give her? *Tell the client about how ECPs work, their effectiveness, characteristics of ECP, and possible side effects. Explain the correct use of the method. Explain the risk of sexually transmitted diseases, including HIV infection, and how to protect herself. Discuss future contraceptive needs if the client wishes. Inform client to return for follow-up if she has a delay in her menstruation, suspects she may be pregnant, or has other concerns. Encourage client to stop smoking.*

2. Today is 2/5/96 and Miss S. is a 16-year-old coming to you with a LMP of 1/8/96 which was normal. She has never been pregnant, does not smoke, has no history of medical conditions. She had unprotected intercourse on 2/3/96. She has been using condoms for contraception. Upon further history-taking you find that she used ECPs 9/95 and 1/3/96.
 - (a) Can this client use ECPs? Yes.
 - (b) If you give her ECPs and Postinor is in stock, what dosage would you give her? *One tablet within 72 hours + one tablet 12 hours after the first dose.*
 - (c) What instructions and information would you give her? *Tell the client about how ECPs work, their effectiveness, characteristics of ECPs, possible side effects, and their availability. Explain the correct use of the method. Stress that ECPs is not a method for regular contraception, it is for emergency use. Discuss the client's needs for continuing contraception. Explain the risk of STDs, including HIV infection, and how to protect herself. Inform client to return for follow-up if she has a delay in her menstruation, suspects she may be pregnant, or has other concerns.*

Participant Handout 10: Situations for ECPs Provision (cont.)

3. Mrs. R. is a 33-year-old seeing you today, LMP was two weeks ago. She has a history of asthma, herpes, and smokes one pack of cigarettes per day. There is no other history of medical conditions. Date of unprotected intercourse was yesterday morning; she usually uses condoms for contraception.
 - (a) Can this client use ECPs? Yes.
 - (b) If you give her ECPs and Ovral is in stock, what dosage would you give her?
Two tablets within 72 hours + two tablets 12 hours after the first dose.
 - (c) What instructions and information would you give her? *Tell the client about how ECPs work, their effectiveness, characteristics of ECPs, and possible side effects. If she wishes, help the client choose a contraceptive method that is suitable to her lifestyle and health for use after ECPs. Explain the correct use of the method. Explain the risk of STDs, including HIV infection, and how to protect herself. Inform client to return for follow-up if she has a delay in her menstruation, suspects she may be pregnant, or has other concerns. Encourage client to stop smoking.*

4. Miss P. is 17 years old, has never been pregnant, and has a negative medical history. Her LMP was three weeks ago. The act of unprotected intercourse was three days ago, she was using condoms and states that the condom "broke".
 - (a) Can this client use ECPs? Yes.
 - (b) If you give her ECPs and Postinor is in stock, what dosage would you give her?
One tablet within 72 hours + one tablet 12 hours after the first dose.
 - (c) What information and instructions would you give her? *Tell the client about how ECPs work, their effectiveness, characteristics of ECPs, and possible side effects. If the client wishes, help her choose a contraceptive method that is suitable to her lifestyle and health for use after ECPs. Explain the correct use of the method. Explain the risk of STDs, including HIV infection, and how to protect herself. Inform client to return for follow-up if she has a delay in her menstruation, suspects she may be pregnant, or has other concerns.*

5. Mrs. B. is 37 years old, has one living child, and had one spontaneous abortion at six weeks of pregnancy. She comes to you today for help because it has been two weeks since she aborted and she had unprotected sex yesterday morning. She wants to use a contraceptive method that she does not have to "worry about doing something" when she has sex.
 - (a) Can this client use ECPs? Yes.

Participant Handout 10: Situations for ECPs Provision (cont.)

5. Continued

- (b) If you give her ECPs and Nordette is in stock, what dosage would you give her? *Four tablets within 72 hours + four tablets 12 hours after the first dose.*
- (c) What information and instructions would you give her? *Tell the client about how ECPs work, their effectiveness, characteristics of ECPs, and possible side effects. Explain the correct use of the method. Since she requests it, help the client choose a contraceptive method that is suitable to her lifestyle and health for use after ECPs. Give information about oral contraceptives, IUDs, implants, injectable hormones, and voluntary surgical contraception (VSC). Refer for injectable, IUD, implant, or VSC services. Explain the risk of STDs, including HIV infection, and how to protect herself. Inform client to return for follow-up if she has a delay in her menstruation, suspects she may be pregnant, or has other concerns.*

6. Ms. T. is 28 years old with one child, LMP two weeks ago and normal. Medical history is negative. She comes to you today for ECPs. She had unprotected sex four days ago when her husband forced her to have sex. She does not want any more children, but her husband will not agree. She is willing to use a contraceptive without his knowledge.

- (a) Can this client use ECPs? *Yes, although treatment may not be effective when used beyond 72 hours after unprotected sex.*
- (b) If you give her ECPs and Neogynon is in stock, what dosage would you give her? *Two tablets within 72 hours + two tablets 12 hours after the first dose.*
- (c) What information and instructions would you give her? *Tell the client about how ECPs work, their effectiveness, characteristics of ECPs, and possible side effects. Explain the correct use of the method. If she wishes, help the client choose a contraceptive method that is suitable to her lifestyle and health for use after ECPs. Explain the risk of STDs, including HIV infection, that her history of forced sex may also indicate that she is at risk of STDs, and how to protect herself. Inform client to return for follow-up if she has a delay in her menstruation, suspects she may be pregnant, or has other concerns. Explore with client the need for social services referral.*

Participant Handout 10: Situations for ECPs Provision (cont.)

7. Mrs. J. is a 24-year-old with three children. She found her diaphragm dislodged this morning. Her LMP was one week ago. She has a history of high blood pressure during pregnancy and migraine headaches. She is satisfied with her diaphragm but is not ready for another pregnancy.
- (a) Can this client use ECPs? *Yes.*
 - (b) If you give her ECPs and Ovrette is in stock, what dosage would you give her? *Twenty tablets within 72 hours + twenty tablets 12 hours after the first dose.*
 - (c) What information and instructions would you give her? *Tell the client about how ECPs work, their effectiveness, characteristics of ECPs, and possible side effects. Explain the correct use of the method. Explain the risk of STDs, including HIV infection, and how to protect herself. Inform client to return for follow-up if she has a delay in her menstruation, suspects she may be pregnant, or has other concerns. Check the client's diaphragm size and help her practice correct insertion and placement.*
8. Mrs. F. is a 30-year-old with four children, who comes to you for ECPs because her friend told her that she could prevent a pregnancy by taking pills after sex. Mrs. F. had stopped using pills three months ago because she kept forgetting to take them. Her LMP was five weeks ago and she fears that she is pregnant. The last act of unprotected sex was two days ago.
- (a) Can this client use ECPs? *No.*
 - (b) What instructions and information would you give her? *Tell the client that she may already be pregnant; advise her about her options and counsel as appropriate; if she wants to continue the pregnancy, refer the client for antenatal services. Provide a pregnancy test. If the client is not pregnant, give information about the contraceptives available at your pharmacy and long-term/permanent methods available at clinics/hospitals in the area. Refer client for long-term/permanent methods if that is her choice.*
9. Ms. Q. brings her 17-year-old sister to you because the sister was raped last night on her way home from after-school work. The family filed a complaint with the police and the sister was "treated" at the hospital with a tranquilizer. A neighbor suggested that they get ECPs for the sister to prevent a pregnancy. The sister has never had sex before and thinks her LMP was three weeks ago. There is only a history of an appendectomy at age 12.
- (a) Can this client use ECPs? *Yes.*
 - (b) With Microgynon 30 in stock, what dosage would you give her? *Four tablets within 72 hours + four tablets 12 hours after the first dose.*

Participant Handout #10: Situations for ECPs Provision (cont.)

9. Continued

(c) What information and instruction would you give her? *Tell the client about how ECPs work, their effectiveness, characteristics of ECPs, and possible side effects. Explain the correct use of the method. If she wishes, help the client choose a contraceptive method that is suitable to her lifestyle and health for use after ECPs. Explain that because she was raped she is at a high risk of STDs, including HIV infection, and how to protect herself. Inform client to return for follow-up if she has a delay in her menstruation, suspects she may be pregnant, or has other concerns. Ask if the client or her sister want a social services referral.*

10. Ms. W. is a first-time family planning client. After discussing various contraceptive options, she has selected condoms as her preferred method. She has never used them before, but paid close attention to your demonstration of how to use condoms.

(a) Would you tell this client about ECPs? *Yes. Clients need to know that ECPs are available and the correct time period for their use. Providing this information to your client will help her act responsibly and quickly in the event she fails to use a condom or experiences condom breakage.*

(b) Would you provide prophylactic ECPs to this client? *Yes, if your program's protocols include prophylactic provision of ECPs. Having an advance supply of the method will make it easier for your client to take ECPs as soon after unprotected sex as possible in the event she needs it.*

(c) What information and instruction would you give her? *Tell the client how ECPs work, their effectiveness, and possible side effects. Explain the correct use of the method. Emphasize that ECPs are for "emergency" use only, and that the method she has selected (condoms) is a more reliable form of contraception for regular use.*

Transparency: Module Objectives

SPECIFIC LEARNING OBJECTIVES:

1. List at least three aspects of ECPs related to the following:
 - description
 - effectiveness
 - mechanism of action
 - characteristics
 - appropriate uses
 - other methods of emergency contraception
2. Discuss the precautions and considerations of ECP use.
3. Explain how ECPs are used.
4. Demonstrate, through the use of case studies, how to manage ECP side effects.
5. Answer common questions related to ECPs in classroom exercise.
6. Demonstrate non-judgmental attitude and respect for the client in providing ECP services.
7. Demonstrate knowledge of ECP use through classroom situations.

EMERGENCY CONTRACEPTIVE PILLS PRE- & POST-TEST

Participant Name: _____

Instructions: Circle the letter(s) of the answer(s) you consider correct. There may be more than one correct answer.

1. ECPs may be used:
 - a. up to 24 hours after unprotected sex
 - b. up to 48 hours after unprotected sex
 - c. up to 72 hours after unprotected sex
 - d. up to one week after unprotected sex

2. The **most common** side effects of ECPs are:
 - a. nausea
 - b. vomiting
 - c. blurry vision
 - d. weight gain
 - e. none of the above

3. If using **low-dose combined oral contraceptives**, the correct formulation for emergency contraception would be:
 - a. two pills immediately followed by two pills 12 hours later
 - b. four pills immediately followed by four pills 12 hours later
 - c. twenty pills immediately followed by twenty pills 12 hours later
 - d. one pill immediately

4. The following methods may be started immediately following ECP use:
 - a. Voluntary Surgical Contraception
 - b. Injectables
 - c. Combined Oral Contraceptives
 - d. Condoms
 - e. Norplant implants

5. Following ECP use, the percentage of women who become pregnant is approximately:
 - a. 20 percent
 - b. 10 percent
 - c. 5 percent
 - d. 2 percent

6. ECPs are appropriate for use in the following situations:
 - a. In cases of contraceptive failure
 - b. In cases of sexual assault
 - c. In cases of contraceptive non-use
 - d. All of the above

7. Following ECPs use, vomiting will occur:
 - a. in approximately 10% of women
 - b. in approximately 20% of women
 - c. in approximately 50% of women
 - d. all women

8. If a woman vomits eight hours following her first dose of ECPs, the appropriate treatment is to:
 - a. skip the second dose
 - b. repeat the first dose
 - c. suggest vaginal administration of the second dose
 - d. have the client drink milk

Instructions: Mark "True" or "False" in the blank provided for each statement.

9. ___ Only pills containing estrogen and a progestin may be used for emergency contraception.

10. ___ ECPs cause nausea in approximately 20% of users.

11. ___ ECPs provide contraceptive protection for the duration of the menstrual cycle in which they are used.

12. ___ ECPs **cannot** cause an abortion.

13. ___ Condoms and other barrier methods may be started immediately following ECPs use.

14. ___ The only contraindication to ECP use is a current pregnancy.

15. ___ ECPs provide protection against HIV/AIDS and other STDs.

16. ___ Depending on local regulations, ECPs can be provided by properly trained doctors, nurses, or pharmacists.

17. ___ ECPs can be effective when used as a regular contraceptive method.

18. ___ All clients should undergo a full pelvic exam before receiving ECPs.

EMERGENCY CONTRACEPTIVE PILLS PRE- & POST-TEST

Participant Name: _____

Instructions: Circle the letter(s) of the answer(s) you consider correct. There may be more than one correct answer.

1. ECPs may be used:
 - a. up to 24 hours after unprotected sex
 - b. up to 48 hours after unprotected sex
 - c. **up to 72 hours after unprotected sex**
 - d. up to one week after unprotected sex

2. The **most common** side effects of ECPs are:
 - a. **nausea**
 - b. **vomiting**
 - c. blurry vision
 - d. weight gain
 - e. none of the above

3. If using **low-dose combined oral contraceptives**, the correct formulation for emergency contraception would be:
 - a. two pills immediately followed by two pills 12 hours later
 - b. **four pills immediately followed by four pills 12 hours later**
 - c. twenty pills immediately followed by twenty pills 12 hours later
 - d. one pill immediately

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 - a. Voluntary Surgical Contraception
 - b. Injectables
 - c. **Combined Oral Contraceptives**
 - d. **Condoms**
 - e. Norplant implants

5. Following ECP use, the percentage of women who become pregnant is approximately:
 - a. 20 percent
 - b. 10 percent
 - c. 5 percent
 - d. **2 percent**

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 - a. In cases of contraceptive failure
 - b. In cases of sexual assault
 - c. In cases of contraceptive non-use
 - d. **All of the above**

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 - a. in approximately 10% of women
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8. If a woman vomits eight hours following her first dose of ECPs, the appropriate treatment is to:
 - a. skip the second dose
 - b. repeat the first dose
 - c. **suggest vaginal administration of the second dose**
 - d. have the client drink milk

Instructions: Mark "True" or "False" in the blank provided for each statement.

9. F Only pills containing estrogen and a progestin may be used for emergency contraception.

10. F ECPs cause nausea in approximately 20% of users.

11. F ECPs provide contraceptive protection for the duration of the menstrual cycle in which they are used.

12. T ECPs **cannot** cause an abortion.

13. T Condoms and other barrier methods may be started immediately following ECPs use.

14. T The only contraindication to ECP use is a current pregnancy.

15. F ECPs provide protection against HIV/AIDS and other STDs.

16. T Depending on local regulations, ECPs can be provided by properly trained doctors, nurses, or pharmacists.

17. F ECPs can be effective when used as a regular contraceptive method.

18. F All clients should undergo a full pelvic exam before receiving ECPs.

Comprehensive FP/RH Curriculum Participant Evaluation

Module 5: Emergency Contraceptive Pills

Rate each of the following statements as to whether or not you agree with them, using the following key:

- 5 Strongly agree
- 4 Somewhat agree
- 3 Neither agree nor disagree
- 2 Somewhat disagree
- 1 Strongly disagree

Course Materials

I feel that:

- The objectives of the module were clearly defined. 5 4 3 2 1
- The material was presented clearly and in an organized fashion. 5 4 3 2 1
- The pre-/post-test accurately assessed my in-course learning. 5 4 3 2 1
- The counseling skills checklist was useful. 5 4 3 2 1

Technical Information

- I learned new information in this course. 5 4 3 2 1
- I will now be able to:
 - explain the role of Emergency Contraceptive Pills in FP programs. 5 4 3 2 1
 - counsel and provide services to clients seeking ECPs. 5 4 3 2 1
 - counsel ECP clients on continuing contraception and provide follow-up services to ECP clients. 5 4 3 2 1

Training Methodology

- The trainers' presentations were clear and organized. 5 4 3 2 1
- Class discussion contributed to my learning. 5 4 3 2 1
- I learned practical skills in the role plays and case studies. 5 4 3 2 1
- The required reading was informative. 5 4 3 2 1
- The trainers encouraged my questions and input. 5 4 3 2 1

Training Location & Schedule

The training site and schedule were convenient.

5 4 3 2 1

The necessary materials were available.

5 4 3 2 1

Suggestions

What was the most useful part of this training? _____

What was the least useful part of this training? _____

What suggestions do you have to improve the module? Please feel free to reference any of the topics above. _____
