

Informing Clients

Objective

To educate clients about the availability of emergency contraceptive pills (ECPs) and ensure correct use.

When ECPs have been successfully incorporated into a family planning program, it is important to provide adequate information about this contraceptive option so that clients can make an informed decision about whether or not to use ECPs—and if they choose to use them, to ensure they do it correctly. Many women do not know about ECPs, and many who have heard about them through advocacy campaigns may have questions and concerns about the method. This module discusses development of client materials that provide essential information and answer specific questions women may have about ECPs. In developing client materials, it is important to avoid overburdening the client with information, yet still provide enough so that she feels confident and safe taking ECPs. The following topics are discussed in this module:

- Identifying Key Audiences
- Developing Informational Materials for Clients
- Channels for Communicating ECP Messages to Clients

This module is closely related to Module A: Information for Policy Makers and Module C: Raising Public Awareness. The tools provided in these modules can be used across all three areas of activities. The tools are presented as examples and should be adapted according to local needs.

Tools Provided at the End of This Module

- Sample Text for Brochures
- Brochure in Three Formats
- South Africa Brochure

Additional tools that may be useful for providing information for clients can be found in the tools section of Module F: Regulation, Procurement, and Distribution of a Progestin-Only ECP and Module G: The Option of Providing Combined Oral Contraceptives (COCs) as Nondedicated Emergency Contraceptive Pills (ECPs).

The approaches used for informing ECP clients and potential ECP users will depend on a number of factors including resources available and the social and cultural environments of the clients. The main objective is to reach as large a number of potential clients as possible with correct, concise information about ECPs.

Identifying Key Audiences

Women who may need emergency contraception include sexually active adolescents, contraceptive users who experience a method failure or do not use their method consistently (condom users may experience breakage or slippage, oral contraceptive pill users may miss pills), women who have intercourse infrequently, those who are not using regular ongoing contraception methods, and those who want to space births, among others. A starting point in developing ECP materials for clients is to conduct an assessment of client information needs. A discussion of the assessment process, along with several assessment tools—including a client knowledge, attitudes, and practices questionnaire—are provided in Module E: Assessment.

Developing Informational Materials for Clients

In countries where ECPs have been successfully integrated into large-scale family planning programs, client materials typically provide factual information that clients need in order to make informed choices about using emergency contraception. Below are key facts that women may need or want to know. It is important to use language that is easy for clients to understand and to pre-test messages to be sure they are understood.

Key facts and messages

- ECPs work by preventing a pregnancy before it happens; ECPs will not work if a woman is already pregnant. Pregnancy is defined as implantation, when the fertilized egg attaches to the uterus.^{1,2 *}
- ECPs cannot interrupt an established pregnancy.¹
 - If a woman is already pregnant and takes ECPs, they will not harm the developing fetus.¹
- Although no studies have been conducted on ECPs and future fertility, studies conducted on oral contraceptives to determine their effect on fertility have shown that they have no effect on long-term fertility. Researchers have thus concluded that hormonal emergency contraception has no effect on future fertility.³
- Levonorgestrel-only ECPs and combined progestin-estrogen ECPs are not the same as mifepristone, which is commonly known as the abortion pill (RU 486).⁴
- ECPs are safe. There is no evidence that taking ECPs harms a woman or causes ill health effects.^{5,6}
- ECPs cannot protect against sexually transmitted infections (STIs) or HIV/AIDS. While ECPs can protect against pregnancy after unprotected intercourse, this method cannot replace condoms for protection against STIs or HIV/AIDS.
- ECPs are easy to use.
- ECPs are conveniently available. (*Providers should make sure that client outreach materials provide information on where women can go to get ECPs*).
- ECPs are not recommended for use as a regular contraceptive; other methods are more effective for regular use.

*The definition provided above is provided within a medical/clinical context. Individuals may have their own beliefs about when a pregnancy begins.

Key technical information for developing client information

- There are two options for emergency contraception: doses of the hormones used in oral contraceptives and insertion of an IUD. Hormonal contraception used as emergency contraception is effective for up to 5 days (120 hours) after unprotected sex. Insertion of the IUD is effective as emergency contraception for up to 7 days after unprotected intercourse.
- ECPs should be taken as soon as possible, but not later than 120 hours or five days after unprotected intercourse. It is important to take the pills as soon as possible, because their effectiveness decreases over time. There are two types of oral contraceptive hormones used for emergency contraception:
 - Progestin-only ECPs: One 1.5 mg dose (2 tablets) taken as soon as possible after unprotected intercourse, ideally within 120 hours or five days.* When used correctly, progestin-only ECPs reduce the risk of pregnancy by 85 percent for a single act of unprotected intercourse.** Progestin-only ECPs have fewer side effects than combined oral contraceptives used for EC.
 - Combined Estrogen/Progestin ECPs: The first dose should be taken as soon as possible after unprotected intercourse and the second dose 12 hours later. The pills should be taken as soon as possible after unprotected intercourse, as effectiveness decreases over time, but they can be used up to 120 hours or five days later. When used correctly, combined oral contraceptives taken for emergency contraception reduce the risk of pregnancy by 75 percent for a single act of unprotected intercourse.^{6**}

Other sources of information for clients

Emergency contraception materials should direct clients to other resources where they can get more information about ECPs. Examples include hotline numbers, websites, and organizations that provide ECP services.

Advice for developing messages for clients

- Keep messages short, clear, and easy to understand.
- Use innovative language and a presentation style that is eye catching and appealing.
- Be sensitive to ethnic, cultural, and regional perspectives on topics related to sex and reproductive health.
- Consider translation of emergency contraception information into local dialects and multiple languages, if needed, to cover the wide spectrum of clients to be served.

*The single-dose regimen may differ from product labeling, due to the publication in 2002 of the results of a study indicating that a single dose of 1.5 mg of levonorgestrel can substitute for two 0.75 mg of levonorgestrel.

**These estimates of reduction in the risk of pregnancy following ECP use are based on studies that evaluated ECP use within a 72-hour time frame.

Channels for Communicating Emergency Contraception Messages to Clients

Health care and family planning clinics have proven to be very effective channels for communicating emergency contraception information. Providers can use their clients' regular visits for contraceptive and other health services as opportunities to discuss emergency contraception—and, where possible, to distribute ECPs in advance of need to clients at risk of unintended pregnancy. This is particularly important for clients receiving birth control methods such as oral contraceptives, condoms, hormonal injections, or other methods that can fail or be used incorrectly. Clinics also can distribute brochures and wallet cards, which clients can take home with them for future reference. It is also important to update brochures on other contraceptive methods such as oral contraceptives, condoms, hormonal injections, and others to include accurate and updated information about emergency contraception.

References

¹ Bacic, M., Wesselius de Casparis, A., and Diczfalusy, E. Failure of large doses of ethinyl estradiol to interfere with early embryonic development in the human species. *American Journal of Obstetrics and Gynecology* 107(4):531-534 (1970).

² Hughes, E.C. and Committee of Terminology of the American College of Obstetricians and Gynecologists. *Obstetrics-Gynecologic Terminology*. Philadelphia: F.A. Davis (1972).

³ Norris Turner, A. and Ellertson, C. How safe is emergency contraception? *Drug Safety* 25(10):695-706 (2002).

⁴ Glasier, A. Emergency contraception. *Best Practice & Research Clinical Obstetrics and Gynecology* 16(2):181-191 (2002).

⁵ Ho, P.C. and Kwan, M.S. A prospective randomized comparison of levonorgestrel with the Yuzpe regimen in post-coital contraception. *Human Reproduction* 8(3):389-392 (1993).

⁶ WHO Task Force on Postovulatory Methods of Fertility Regulation. Randomised controlled trial of levonorgestrel versus the Yuzpe regimen of combined oral contraceptives for emergency contraception. *Lancet* 352(9126):428-433 (1998).

Module D Tools List

■ **Sample Text for Brochures**

This is key text that PATH has used in its brochures. This is an example of the information that can be included in client materials. This text can be modified and adapted for local settings depending on the needs and knowledge level of clients.

■ **Brochure in Three Formats**

This pocket-sized brochure is designed to be carried in a wallet or purse and can be accessed for easy reference. It provides abbreviated information about ECPs and refers clients to other resources for information such as an emergency contraception hotline. The covers of three different versions developed by PATH to reach women from diverse language and ethnic communities in the United States are shown here.

■ **South Africa Brochure**

This full-page, tri-fold brochure was developed by the Reproductive Health Research Unit of the University of Witwatersrand in South Africa and has been useful for providing clients with information about ECPs.

Sample Text for Brochures

Emergency Contraceptive Pills

What are emergency contraceptive pills (ECPs)?

- ECPs are a safe and effective method of birth control that can prevent pregnancy after sex.
- You should start ECPs within 120 hours (5 days) after unprotected sex if you don't want to become pregnant.
- ECPs are more effective the sooner after sex they are taken.
- ECPs are not abortion pills. They will not work if you are already pregnant.

When do I use emergency contraceptive pills?

ECPs can be used if you had unprotected sex in the last 5 days. Use ECPs if:

- You didn't use any birth control.
- The condom broke.
- You missed 3 or more birth control pills or started your pack late.
- Your diaphragm slipped.
- You missed your birth control shot.
- You were forced to have sex.

How do emergency contraceptive pills work?

ECPs prevent pregnancy by:

- Temporarily stopping an egg from being released.
- Stopping fertilization of the egg.
- Stopping a fertilized egg from attaching to the wall of the uterus.

ECPs do not protect against sexually transmitted infections, including HIV/AIDS.

Are there side effects?

ECPs make some women feel sick to their stomach or vomit. Some women may have sore breasts or headaches. These side effects last about one day. ECPs can also cause some women's periods to come a little early or late. They do not affect a woman's ability to become pregnant in the future.

How do I take emergency contraceptive pills?

- For the progestin-only regimen, take a single dose of 1.5 mg levonorgestrel as soon as possible within 120 hours after unprotected sex.
- For the estrogen and progestin regimen, take the first dose as soon as possible within 120 hours after unprotected sex and take the second dose 12 hours later.
- Keep a packet of ECPs at home to use when you need them.

Are there different types of ECPs?

- Yes, different types of ECPs have different levels of effectiveness.
- Taken in special doses, some regular birth control pills can be used as emergency contraception.

Sometimes you need a second chance.

You have 120 hours to act.

For emergency contraceptive pills:

- Call your doctor or clinic.
- Visit the emergency contraception website www.not-2-late.com.

This material was developed by PATH.

Brochure in Three Formats



These tri-fold brochures include information about ECPs on the inside.



This material was developed by PATH.

South Africa Brochure



What is emergency contraception?
Emergency contraception is used by a woman to prevent pregnancy after having unprotected sex. It is meant to be used in emergency situations, and not as a regular method of pregnancy prevention.

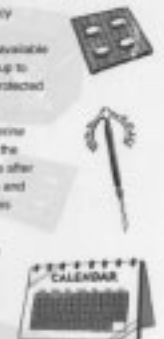
Who uses emergency contraception?
Emergency contraception is usually used by women who want to prevent pregnancy because they:

- Have had sex without any protection.
- Have had sex using protection, but believe that it did not work properly.
- Have been raped.

What methods can be used?
The main method of emergency contraception is emergency contraceptive pills, which are available at clinics. These can be used up to three days (72 hours) after unprotected sex.

Another method is the intrauterine device (IUD) which is put into the woman's womb up to five days after unprotected sex. Some clinics and doctors are not able to offer this method.

If more than three to five days have passed since having unprotected sex, emergency contraception will not work. Speak to your health worker about your choices.



How do emergency contraceptive pills work?
The pills work in three ways:

- By stopping a woman's ovary from releasing an egg.
- If an egg has been released, the pills may prevent the sperm from fertilising the egg.
- If an egg has been fertilised, the pills may prevent the egg from attaching to the wall of the womb.


How does the IUD work?
The IUD works by preventing the fertilised egg from attaching to the wall of the womb.

How good is emergency contraception for preventing pregnancy?
Emergency contraception is very good for preventing pregnancy, but it is meant to be used in emergency situations.

Can I use emergency contraceptives regularly?
If you use emergency contraceptive pills regularly, they are not as reliable as other contraceptive methods. These include condoms, contraceptive pills, contraceptive injections, the IUD, sterilisation or vasectomy.

Does emergency contraception prevent HIV/AIDS or other sexually transmitted diseases?
No. Condoms are the only contraceptive method that also protect you from these diseases.

If you have been infected with a sexually transmitted disease your health worker will give you medication to treat the infection, or refer you to a special clinic.



Are there any side effects?

- Emergency contraceptive pills are safe for almost anyone – even for women who cannot normally take the pill. Your health worker will make sure that emergency contraceptive pills are safe for you.
- Emergency contraceptive pills may cause nausea, vomiting, headache, breast tenderness, cramping or dizziness. Most side effects do not last for more than a day. Taking emergency contraceptive pills with a drink or food may help reduce the nausea.
- When your health worker puts in the IUD it may feel uncomfortable. It may also cause cramping and bleeding. You may also have heavier blood flow during your period. Speak to your health worker if you have any problems.

How will I know whether the emergency contraception method has worked?
You will not know straight away whether the emergency contraception has worked. You need to wait for your period.

If your period is more than one week late, a pregnancy test can be done. This will show whether you are pregnant or not. If you are pregnant speak to your health worker about your choices.


If I become pregnant after using emergency contraceptive pills, will the pregnancy be normal?
If the pills do not work, the baby will not be harmed. The pills cannot cause an abortion if the fertilised egg is already attached to the wall of the womb.

Where can I get emergency contraception?
Emergency contraceptive pills are available at your local clinic or doctor. IUDs are available at some clinics and doctors. If you want to use an IUD, ask to be sent to a doctor or clinic that offers it.

How do I use emergency contraceptive pills?
Emergency contraceptive pills can only be taken up to **three days (72 hours)** after unprotected sex. If a longer time has passed, the pills will not work.

If you are within the three day period, take the pills as follows:

1. Take two pills as soon as possible after unprotected sex. It is better to take the pills with milk or a snack, so this will make you less likely to feel sick or vomit.
2. Take the next two pills twelve hours after taking the first two pills. Take the pills with milk or a snack.
3. If you vomit within two hours of taking the pills, take another two pills as soon as possible. Contact your health worker immediately to obtain extra pills if you need them. If you vomit more than two hours after taking the pills, don't worry, because the medicine is already in your body.



Can I become pregnant if I have unprotected sex after taking the pills?
Yes, you can. The pills will not prevent pregnancy if you have unprotected sex again.

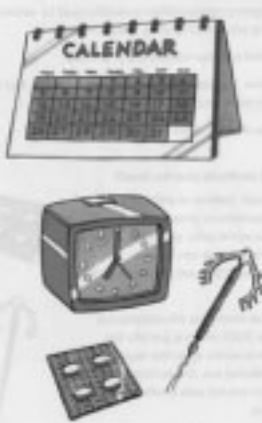
POINTS TO REMEMBER

- ✓ Emergency contraception is a safe method for preventing pregnancy after unprotected sex.
- ✓ Emergency contraceptive pills can prevent pregnancy up to three days (72 hours) after unprotected sex.
- ✓ Inserting an IUD can prevent pregnancy up to five days after unprotected sex.
- ✓ If emergency contraception does not work, the baby will not be harmed.
- ✓ Emergency contraception does not protect you from sexually transmitted diseases or HIV/AIDS. Condoms are the only contraceptive method that also protect you from these diseases.
- ✓ Speak to your health worker about other contraceptive choices such as condoms, contraceptive pills, contraceptive injections or the IUD.

For more information about AIDS you can phone the AIDS Helpline: 0800-012-322.
Contact your HEALTH WORKER for help.

Emergency Contraception

CALENDAR



It's your choice

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