Module H

Provider Training

Objective

To provide techniques and materials for training medical and nonmedical personnel who will be distributing emergency contraception to clients.

Training health care providers to screen and counsel clients for emergency contraceptive pills (ECPs) will help ensure successful introduction of the method and its correct use. The substance of this module is a prototype training curriculum that can be adapted to different kinds of health providers. As an introduction to the curriculum, the following topics are discussed:

- Provider Training
- Target Audiences for Training
- How to Use the Emergency Contraception Curriculum

Tools Provided at the End of This Module

- Emergency Contraception Curriculum
- Pre- and Post-Session Questionnaire
- Handout 1: Key Messages for Emergency Contraceptive Pill Clients
- Handout 2: Sample Emergency Contraceptive Pill Screening Checklist
- Handout 3: Counseling for Emergency Contraceptive Pill Clients
- Handout 4: Counseling Skills Observer Checklist
- Training Aid 1: Grab Bag—Key Messages for Emergency Contraceptive Pill Clients
- Training Aid 2: Demonstration Role-Play
- Training Aid 3: Emergency Contraceptive Pill Client Situation Role-Plays

Provider Training

For more than 30 years, emergency contraception has been known to be an effective method for preventing pregnancy after unprotected sexual intercourse. However, it is only within the past ten years that emergency contraception has received widespread attention as a contraceptive option, and dedicated ECPs have only recently become available. As a result, information about screening and counseling ECP clients is not yet included in many training programs for health providers. Emergency contraception is unique in that it is a postcoital method, women need it due to unexpected circumstances, and it must be taken within a short time frame. Provider training can help ensure quality of services. Pre-service training, as

part of the curriculum in university schools of medicine and pharmacy, can ensure long-term sustainability of provider training. For example, in Cambodia, provider training has been institutionalized by the University of Health Science Faculty of Pharmacy. The Faculty of Pharmacy adapted and—in collaboration with the Pharmacists Association of Cambodia—integrated PATH's pharmacy personnel training curriculum into the final year of studies.

Target Audiences for Training

Providers of emergency contraception will differ in each country, depending on the laws, regulations, and the sociocultural situations. Groups in both the public and private sectors that have been instrumental in providing emergency contraception information and services to women include:

- Nurses
- Physicians
- Trained health workers, such as community health volunteers and midwives
- Community-based distributors
- Pharmacists and pharmacy counter staff
- Peer educators such as youth leaders at factories*
- Domestic and sexual abuse and rape survivor counselors and advocates

Training should be adapted to meet the specific needs of the training participants. Assessment work can help guide training. Some important questions to ask when determining participants for training include:

- At what stage of introduction is emergency contraception currently?
- What is the educational background of participants?
- Which provider groups are most accessible to potential users of emergency contraception?
- Which provider groups will be able to reach the largest number of women?
- Which provider groups are the most motivated?

How to Use the Emergency Contraception Curriculum

This training curriculum can be adapted and used for a range of providers with differing levels of knowledge. For example, the emphasis on technical information or the time spent on interactive exercises can be modified and adapted to meet the needs of specific groups. This curriculum has been adapted and used successfully in several countries. Various adaptations have been incorporated into the curriculums of schools of pharmacy, as well as continuing education programs of health professional organizations. Efforts to

* Peer educators can play a critical role in raising awareness among women who might not otherwise receive information; however, they do not typically distribute ECPs or provide the kind of technical information contained in this module.

include emergency contraception in the curriculums of health provider training programs can help to ensure widespread provider knowledge about emergency contraception. Providers who are already trained in emergency contraception will benefit from periodic "refresher" training sessions that emphasize key elements of ECP service delivery as well as updated service delivery guidelines based on current medical evidence.

The curriculum guides the trainer through essential information about ECPs, related reproductive health issues such as sexually transmitted infections (STIs), and counseling issues such as continued contraception and referral. It is important for the trainer to become familiar with all of the material in this curriculum; however, it is not intended to be read aloud or used as a lecture script. The curriculum is formatted to create an interactive learning environment, and questions and activities are included to promote discussion. The activities aim to help the trainees improve their skills in providing ECPs and other reproductive health services. The curriculum and training materials presented here were drawn from a number of existing curricula and training resources.

Training techniques used throughout the curriculum include:

- Small and large group discussions
- Presentation of material by the trainer
- Role-play
- Brainstorming
- Games
- Working in small groups or pairs

The training tools are designed as a generic model for training various types of providers including clinicians and pharmacists. Consider including additional information specific to the level of provider that will be trained and the setting in which they will be providing ECPs to clients. Some topics for consideration include:

Clinicians

- Providing information (both verbal and written depending on the woman's need) about other ongoing family planning methods including the intrauterine device.
- Providing information about STIs including HIV/AIDS management and treatment.
- Providing information to women in a clinic setting; ensuring a private and supportive environment.
- Providing ECPs in advance of need to women at risk of unintended pregnancy.

Pharmacists

- Ensuring privacy in pharmacy settings.
- Providing women with appropriate verbal and printed instructions for using ECPs.
- Referring women to other health care providers for family planning methods and STI management/treatment.

The training session is scheduled to last for approximately five and a half hours depending on how many breaks are included.

Each section begins on a new page. **The trainer/presenter is encouraged to adapt and modify the training curriculum to best meet the needs of the audience and country situation.** Suggestions for the amount of time needed to conduct each session are also provided, but the trainer should adjust the time as appropriate for the audience. The type of training technique (e.g., role-play or group discussion) used for each section is also included after the section title. The trainer may change the methodology used for each section according to the audience—for instance, a group discussion could be changed to a presentation. In addition, depending on local realities and needs, there are certain activities or sections that might only be used for certain groups. Regardless of the techniques used, participants should be encouraged to share their thoughts, ideas, and experiences throughout the training.

Key points are included at the end of each section. The trainer should ensure that these messages are covered during the training. The training curriculum includes training aids (TAs), which are referenced throughout the curriculum.

Trainers should provide each training participant with a packet of materials to reinforce key points covered in the training. The packet of materials should include photocopies of handouts (HOs) and reference materials included in the curriculum notebook as well as any other materials deemed appropriate by the trainer or presenter. At the beginning of each session, the trainer is provided with a list of TAs and HOs used for that module. The trainer is also provided with a list of country-specific information needed for each module. The trainer should collect this information and insert it into the curriculum prior to conducting the training workshop. Technical references are listed at the end of the curriculum.

Once participants have completed the training, certificates of completion should be given.

Additional Resources for Developing Training Sessions

A resource for developing training sessions for pharmacists is: *Youth-Friendly Pharmacy Program Implementation Kit: Guidelines and tools for implementing a youth-friendly reproductive health pharmacy program* (PATH, 2003). This is also available on the internet at:

http://www.path.org/files/RH_PPIK_1.pdf ; http://www.path.org/files/RH_PPIK_2.pdf ; http://www.path.org/files/RH_PPIK_3.pdf ; http://www.path.org/files/RH_PPIK_4.pdf ; http://www.path.org/files/RH_PPIK_5.pdf.

Resources for developing clinician focused training sessions can be found at: http://www.path.org/resources/ec_diverse-communities-proj.htm#notebook.

The International Consortium for Emergency Contraception's *Emergency Contraception Pills: Medical and Service Delivery Guidelines* provides medical guidelines that can serve as a standard of care for implementing a service protocol around ECPs. It can be found in the appendix. It is also available on-line at:

http://www.cecinfo.org/html/res-downloadable-mtrls.htm.

Module H Tools List

Emergency Contraception Curriculum

A curriculum for training providers of emergency contraception with information on unintended pregnancy, background on emergency contraception, regimen effectiveness, mechanism of action, safety and use, common side effects, counseling, screening and education, follow-up, and awareness and increasing awareness of ECPs. The tools listed below are to be used in conjunction with the curriculum.

Pre- and Post-Session Questionnaire

Questionnaires to be used both before and after the training to help the trainer understand and measure participant knowledge level and awareness.

Handout 1: Key Messages for Emergency Contraceptive Pill Clients

This tool has a list of key topics and issues that should be discussed with the client when providing ECPs. Alternatively, if privacy cannot be assured, the handout can be given to the client to take home.

Handout 2: Sample Emergency Contraceptive Pill Screening Checklist

This tool is designed to help providers remember what to ask a client when screening her for ECP provision.

Handout 3: Counseling for Emergency Contraceptive Pill Clients

This tool helps train providers to counsel women in a manner that is respectful of the client and responsive to her needs for information and counseling.

Handout 4: Counseling Skills Observer Checklist

This tool can be used both in training and as a reminder for providers on the best ways to counsel women for ECP use.

Training Aid 1: Grab Bag—Key Messages for Emergency Contraceptive Pill Clients

These statements are intended to be used as training tools for providers. The pieces can be drawn from a bag or hat and act as prompts for what a provider should tell a client about ECPs.

Training Aid 2: Demonstration Role-Play

This role-play is a tool that can help providers prepare for a variety of situations in which many different types of women may request ECPs.

Training Aid 3: Emergency Contraceptive Pill Client Situation Role-Plays

These role-plays are tools that can help providers prepare for the many different types of situations and women that may request ECPs.

Emergency Contraception Curriculum for {insert group} in {insert country}

Overview

Learning objectives

By the end of this training, participants will be able to:

- Describe the history and expanding role of emergency contraception in pregnancy prevention.
- Describe key facts about emergency contraception including different regimens, effectiveness, mechanism of action, safety, and side effects.
- Exhibit good emergency contraceptive counseling skills.
- Identify mechanisms for raising awareness of emergency contraception within the client population.
- Increase their awareness of emergency contraception resources in [*insert country*].

Time

Approximately 5 hours and 30 minutes (depending on length and frequency of breaks).

Agenda

1. Introduction and Pre-Session Questionnaire (15 min.)
2. Unintended Pregnancy (30 min.)
3. Background on Emergency Contraception (25 min.)
4. Effectiveness of Two Emergency Contraceptive Pill Regimens (20 min.)
5. Description of Emergency Contraceptive Pill Regimens (15 min.)
6. Emergency Contraceptive Pill Mechanism of Action (20 min.)
7. Emergency Contraceptive Pill Safety and Use (15 min.)
8. Common Side Effects (15 min.)
9. Emergency Contraception Screening and Communication (20 min.)
10. Counseling for Emergency Contraceptive Pill Clients (45 min.)
11. Follow-Up and Referral for Clients (15 min.)
12. Increasing Awareness of Emergency Contraception (30 min.)
13. Review, Conclusion, and Post-Session Questionnaire (20 min.)

Handouts and training aids

Pre- and Post-Session Questionnaire

HO 1: Key Messages for Emergency Contraceptive Pill Clients

HO 2: Sample Emergency Contraceptive Pill Screening Checklist

HO 3: Counseling for Emergency Contraceptive Pill Clients

HO 4: Counseling Skills Observer Checklist

TA 1: Grab Bag—Key Messages for Emergency Contraceptive Pill Clients

TA 2: Demonstration Role-play

TA 3: Emergency Contraceptive Pill Client Situation Role-Plays

Preparation

You will need the following materials:

- Flip chart, overhead, or chalkboard
- Markers or chalk

Local data on the following issues can be used:

- Number of unintended pregnancies by year for the past several years.
- Number of pregnancies in girls under 15 years of age for the past several years.
- Number of abortions by year.
- Number of abortions to girls under 15 years of age by year.
- Emergency contraception availability.
- Status of dedicated emergency contraceptive pill product.
- Emergency contraception awareness or use.
- Local brands of antiemitics (i.e., antinausea drugs).

Content and format for this curriculum were adapted from:

- *Diverse Audiences Emergency Contraception Clinical Provider Training Curriculum*. Seattle, WA: PATH (2000).
- *Comprehensive Reproductive Health and Family Planning Training Curriculum* (Module 5: Emergency Contraceptive Pills). Watertown, MA: Pathfinder International (revised 2000).
- *Special Report on Emergency Contraception: The Pharmacist's Role*. American Pharmaceutical Association (2000).
- *Expanding Global Access to Emergency Contraception: A Collaborative Approach to Meeting Women's Needs*. Seattle, WA: International Consortium for Emergency Contraception (2000).

Introduction and Pre-Session Questionnaire

(15 Minutes)

1. **Introduce trainer and participants.**
2. **Review objectives of this session (write out on flip chart paper, overhead, or chalkboard).**
3. **Establish time frame for this session.**

See **Overview** for objectives. Emphasize practical approach of training.

This training is designed to build knowledge of emergency contraception (EC) by providing accurate, up-to-date information. The session is scheduled to last for approximately five hours and thirty minutes. During the session participants will share their thoughts, ideas, and experiences in discussions, small group work, role-plays, and large group discussions. Encourage participants to ask questions when they have them.

4. **Distribute pre-session questionnaire. Allow participants approximately ten minutes to complete the questionnaire.**

Unintended Pregnancy

(30 Minutes)

Discussion, presentation, pair work, and brainstorming

1. **Ask participants "What is unintended pregnancy? How common is it?" List participants' responses on a flip chart, overhead, or chalkboard.**
2. **Using the participant responses, define unintended pregnancy and its consequences. Present information below if necessary.**
3. **Link this information to the need for EC, citing data on need from [insert country]**

Definition: *Unintended pregnancy* is "a pregnancy that is unwanted or mistimed at conception." Unintended pregnancy **does not** mean unwanted births or unloved children. However, it **does** mean less opportunity to prepare and less time for:

- Prepregnancy risk identification.
- Management of preexisting conditions.
- Changes in diet and vitamins.
- Avoidance of alcohol, toxic exposure, and smoking.
- Ensuring the financial resources needed to deliver and support a new child.

Each year in the world:

- Seventy-five million women experience an unintended pregnancy.[1]
- Thirty million women experience contraceptive failure.[2]
- Approximately 43 million abortions occur, of which twenty million are unsafe.[3,4]

4. **Ask participants to work in pairs for five minutes. Each pair should make a list of their responses to the question: "What are the consequences of unintended pregnancy?"**
5. **Ask several volunteers to offer items from their list. Present information below as summary.**

Consequences of unintended pregnancies can be significant.

Possible responses include:

- Health risks to mother.
- Reliance on abortion to end pregnancy.
- Discontinuation of schooling (for adolescents).
- Emotional distress.
- Economic hardship.
- Disapproval from the community, especially for young, unmarried women.
- Possible health risks to infants, including birth injuries, lower birth weight, and a lower chance of survival.[5]

Where abortion is illegal or restricted by age, women may seek an illegal provider who may be unskilled or may practice under unsanitary conditions. Unsafe abortion represents a high

proportion of the maternal deaths. Nearly 14 percent of all maternal deaths are the result of abortion complications.[4] [*Insert country-specific data on unsafe abortion.*]

6. Briefly introduce EC using the information below.

Emergency contraception is the only currently available contraceptive method that **prevents** pregnancy **after** sexual intercourse and **before** implantation. Because there is no perfect form of contraception and there are very few perfect contraceptive users, it is important to remember that even those couples using contraception faithfully and correctly can experience contraceptive failure.

7. Ask participants "Why or when would someone need EC?" List participants' responses on a flip chart, overhead, or chalkboard.

8. Discuss and complement participant responses with the information below.

There are different reasons a client might need EC. Those reasons are:

- If a couple recently had sex without using contraception.
- If a condom broke or slipped.
- If a woman using oral contraceptive pills missed three or more pills.
- If a woman using contraceptive injections was late for her shot.
- If a woman thinks that her diaphragm or cervical cap slipped.
- If a woman experienced an IUD expulsion.
- If sex was forced (rape).

Summary of key points

- [*Insert country-specific data to demonstrate the magnitude of the problem of unintended pregnancy.*]
- EC has a very strong potential role in reducing unintended pregnancy.
- The health and social consequences of unintended pregnancy are significant.
- Use of EC after contraceptive failure or when no contraception was used represents a responsible choice to prevent pregnancy.

Background on Emergency Contraception
(25 Minutes)

Brainstorming and presentation

1. **Ask participants "What do you know or what have you heard about EC?"**
2. **List participants' responses on flip chart, overhead, or chalkboard. Tell participants that while some of the things they have heard or believe about EC may not be completely correct, the training session today will clarify points of confusion and correct any misinformation.**
3. **Highlight the history of EC introduction with specific information about EC introduction and availability in [insert country].**

Emergency contraception is not new.

- High-dose estrogens were used for EC in the 1960s.
- In the mid-1970s, Dr. Albert Yuzpe's research on high-dose estrogen regimens led to the current regimen utilizing available combined oral contraceptive products. Also in the 1970s, research began on the use of progestin-only pills.
- Regulatory authorities throughout the world (including France, the United Kingdom, and the United States) have approved EC products. Emergency Contraceptive Pills (ECPs) are on the World Health Organization Model Essential Medicine List. (See the appendix for a list of website resources and a link to the WHO Essential Medicine List. This list also provides a link to the International Consortium for Emergency Contraception's list of other countries with registered EC products.)
- [Insert relevant country-specific data on EC introduction and availability.]
- With these developments, the use of EC is increasing and likely will continue to expand. It is important that providers be prepared to help women use it effectively.

4. **Explain the two types of EC.**

There are **two types of EC:** ECPs and IUD insertion.

ECPs

ECPs are higher doses of the same hormones found in ordinary birth control pills. ECPs should be initiated as soon as possible within **5 days** (120 hours) after unprotected sex. ECPs are more effective the sooner they are taken.[6] *Women should be encouraged to take the ECPs as soon as possible within 120 hours, but they should understand that the effectiveness of the pills is lessened the longer one waits after intercourse to take them.*[6]

ECPs are sometimes referred to as the "morning after pill," despite the longer window of opportunity for their use. Recommended dosing differs depending on the type of ECP that is taken.

ECPs are not the same as misoprostol, mifepristone, or RU486 (the French abortion pill), and they cannot cause an abortion.

ECPs can be provided to women **before** they need them. We know that contraceptives fail and sometimes women are unable to use a contraceptive method. Therefore, it may be important for

women to have ECPs available at home in the event that they have unprotected intercourse and do not want to get pregnant. Having ECPs at home will help ensure that they are easily available and can be used soon after intercourse when they are most effective.

IUD Insertion

IUD insertion within **7 days** of unprotected sex also is an effective form of EC and has the added benefit of providing the client with a long-term contraceptive method. Providers not trained in IUD insertion can refer women to health care providers for this procedure. However, this must occur within the time frame above.

A copper-T IUD used for EC reduces the risk of pregnancy after unprotected intercourse by 99 percent.[7]

If inserted for EC, IUDs can be retained for up to 10 years or removed during the client's next menstruation.

Screening for an IUD as an EC method should follow regular IUD screening criteria. In addition, the provider should ascertain that the unprotected intercourse occurred within 7 days of seeking treatment.

NOTE: If asked about the mechanism of action, the trainer may explain that the copper on the IUD can prevent fertilization or inhibit implantation.

5. Note to participants that the training will focus on ECPs because they are accessible through a variety of providers, whereas IUDs can only be inserted by physicians.

Summary of key points

- EC has been in use for over 30 years and many international regulatory bodies approve it.
- There are two types of EC: ECPs and IUD insertion. ECPs are the focus of the training since they are the most easily accessible and available.
- EC is increasingly being recognized as a standard of care for prevention of pregnancy after unprotected intercourse.

Effectiveness of Two Emergency Contraceptive Pill Regimens
(20 Minutes)

Presentation

Introduce the two types of ECP regimens, review their effectiveness, and discuss the dosage requirements. Use the information below.

There are two types of ECPs currently in use that will be discussed in this training. Each type or regimen is defined by the type of hormone or active ingredients used.

- The **progestin-only regimen** consists of 1.5mg levonorgestrel (or 3.0 norgestrel) taken in a single dose as soon as possible after unprotected intercourse. It can be taken up to 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.*
- **Estrogen and progestin** (the **combined regimen**, or the Yuzpe regimen), is ethinyl estradiol plus levonorgestrel (or norgestrel). Take the *first dose as soon as possible* after unprotected intercourse and the **second dose 12 hours later**. It can be taken up to 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.*

Note: The two doses of the combined ECP regimen should NOT be taken at one time because of the increased risk of nausea and vomiting.

The differences in both effectiveness and side effects between the two methods are significant and substantial. **The progestin-only method is both more effective and produces fewer side effects.**

Regimen	Effectiveness	Side effects
Progestin-only	Reduces the risk of pregnancy by **89 percent**.*	**Nausea** in 23 percent of women and **vomiting** in 6 percent.[8]
Combined estrogen/ progestin	Reduces the risk of pregnancy by **75 percent**.*	**Nausea** present in 43 percent of women using this regimen and **vomiting** in 16 percent.[9]

If vomiting occurs within one hour after taking a dose, take another dose as soon as possible. If vomiting occurs more than one hour after taking ECPs, you do not need to repeat the dose.

Neither method will work if a woman is already pregnant.

Research has demonstrated that the efficacy of ECPs decreases as the time increases between intercourse and use of ECPs.[9] This means that women must have ready access to ECPs in order to maximize their effectiveness.

Almost all other contraceptive methods are more effective than ECPs for *regular ongoing use*. ECPs are not 100 percent effective. Women who use them on a regular basis repeatedly expose themselves to the risk of method failure. ECPs reduce the risk of pregnancy by 75 to 89 percent. That is to say that, if 100 women have unprotected intercourse during their most fertile times of the month and take:

- A progestin-only EC regimen, then 1 will become pregnant, a 89 percent reduction in pregnancy risk.
- A combined estrogen/progestin EC regimen, then 2 will become pregnant, a 75 percent reduction in pregnancy risk.[8]

*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.

The more times a woman uses the method, the more times she exposes herself to pregnancy risk. Additionally, regular ECP use (four or more times a month) causes bleeding irregularity. While not necessarily a health risk, irregular bleeding is unacceptable to most women.

Summary of key points

- There are two ECP regimens: progestin-only and combined estrogen and progestin.
- The progestin-only regimen is more effective and has fewer side effects.
- Both ECP regimens are more effective the sooner they are taken.
- The **progestin-only** regimen (1.5mg dose of levonorgestrel) can be safely and effectively taken at one time, rather than 12 hours apart.
- ECPs are not intended for regular use; almost all other contraceptive methods are more effective.

Description of Emergency Contraceptive Pill Product Regimens

(15 Minutes)

Presentation and discussion

1. **Explain that ECPs are available in many countries as a dedicated (specifically packaged) product. Discuss the availability of a dedicated product in [*insert country*].**

Both the progestin-only and combined regimens are available in some countries as dedicated ECP products—those packaged and labeled specifically for use as ECPs. If it is available and affordable, the progestin-only regimen is recommended over the combined regimen. The progestin-only regimen is more effective and has fewer side effects. The combined regimen, however, is better than no ECPs at all.

[*Insert country-specific data on status of dedicated product. Include information on the brand name, the cost and whether the product is available in pharmacies.*]

2. **Ask participants if they have heard of regular oral contraceptive pill packets being used for EC. Ask, "How can regular oral contraceptive pills be used as EC?"**
3. **Explain the different ways EC may be provided with regular oral contraceptive pills using the information provided below. Have participants follow the discussion using the table in HO 1: Key Messages for Emergency Contraceptive Pill Clients.**

Regular oral contraceptive pills can be used for EC. The doses of combined oral contraceptives approximate the amount of the estrogen and the progestin used in the Yuzpe regimen. Most of the brands listed in the table 5 on the third page of HO 1: *Key Messages for Emergency Contraceptive Pill Clients* (and the next page) require taking 2 or 4 pills for the first dose and 2 or 4 pills for the second dose. Because these are combined (estrogen and progestin) pills, they cannot be taken in a single dose.

ECP Formulations

	Formulation (per pill)	Common Brand Names	First Dose (number of tablets)	Second Dose (number of tablets)
Progestin-only Regimen	LNG 0.75 mg	Levonelle-2, NorLevo, Plan B, Postinor-2, Vikela	2 **(Single Dose)**	0
Combined Regimen	EE 50 mcg + LNG 0.25 mg or EE 50 mcg + NG 0.50 mg	Eugynon 50, Fertilan, Neogynon, Noral, Nordiol, Ovidon, Ovral, Ovran, PC-4, Preven	2	2
	EE 30 mcg + LNG 0.15 mg or EE 30 mcg + NG 0.30 mg	Lo/Femenal, Microgynon 30, Nordette, Ovral L, Rigevidon,	4	4

Abbreviations: EE = ethinyl estradiol LNG = levonorgestrel NG = norgestrel

For all regimens, the first dose should be taken as soon as possible after intercourse, but optimally within 120 hours. The second dose of the combined regimen should be taken 12 hours after the first dose. The progestin-only regimen doses may be taken all at one time.

Adapted from: *Expanding Global Access to Emergency Contraception.* International Consortium for Emergency Contraception (October 2000), p. 47.

Information in this table has been updated to reflect current research:
von Hertzen, H. et al. Low dose mifepristone and two regimens of levonorgestrel for emergency contraception: a WHO multicentre randomized trial. *Lancet* 360(9348):1803-1810 (2002).

To help the client avoid mistakes in taking the regimen, the provider or staff should cut up oral contraceptive pill packets and give only the specific number of tablets needed. Using sharp scissors helps ensure that the blister package is cleanly cut so that seals around individual tablets are not broken. If it is not possible or acceptable to cut the packet, it is preferable to prescribe and dispense a 21-day pack (rather than a 28-day pack with inert/placebo tablets) so that the client will not take the inert tablets in error.

When low-dose progestin-only pills are used as ECPs, it is important to emphasize that *it is correct and safe* to take the 20 (or 25, depending on the brand used) tablets for each dose.

It is critical to ensure the client understands the dosage. When oral contraceptive pills are prescribed and dispensed for use as ECPs, it is important that the product is identified clearly, and that the women are instructed carefully about the number and color of the tablets required for each dose. To help ensure compliance with the regimen when using regular oral contraceptives, provide written information. Manufacturers of oral contraceptives do not provide patient information about EC.

High-dose oral contraceptive combinations (pills containing more than 50 µg of estrogen) and triphasic formulations* **should not be used** as ECPs.

Summary of Key Points

- There are dedicated ECP products in many countries.
- Dedicated ECP products are preferred because they are packaged and labeled specifically for use as ECPs and because there is less chance for error.
- Where no dedicated product is available, regular oral contraceptive pills can be used for EC.
- When COCs are repackaged as ECPs, provide clear product identification and client instructions.
- ECP availability in [insert country].

*Triphasic formulation of OCs alter the dosage of estrogen and progestin throughout the monthly regimen to alter steroid levels in an effort to minimize metabolic effects and breakthrough bleeding and amenorrhea. They should not be used as ECPs.

Emergency Contraceptive Pill Mechanism of Action

(20 Minutes)

Brainstorming, discussion, and presentation

Note to Trainer: You may wish to have a physician or other clinician present during the discussion on ECP mechanism of action to help explain the process of pregnancy and how hormonal contraceptives work.

1. **Ask participants "How do ECPs prevent pregnancy?" Confirm or correct participants' responses.**
2. **Note the content of participants' responses related to ECPs' mechanism of action on a flip chart, overhead, or chalkboard.**
3. **Provide the information below if it is not covered through the question and answers.**

ECPs work the same way regular oral contraceptive pills work. These pills may work in more than one way. We clearly understand some of these ways; others are possible but not yet proven.

- Statistical evidence suggests that ECPs must work through more than one mechanism of action or they could not be as effective as they are.[10]
- Research has shown that ECPs can inhibit or delay ovulation.[11,12,13]
- ECPs may prevent implantation (i.e., the implanting of the fertilized egg in the lining of the uterus) by altering the endometrium (the lining of the uterus). However, the evidence for endometrial effects of ECP treatment is mixed, and it is not clear that the endometrial changes would inhibit implantation.[12, 13,14,15,16,]
- It is possible that ECPs inhibit fertilization—through thickening of the cervical mucous resulting in trapping of sperm or alterations in the tubal transport of sperm or egg—but no data exist regarding confirmation of this possible mechanism of action.

Timing plays a key role in how ECPs work. Of particular importance is:

- Cycle day on which intercourse occurred.
- Cycle day on which treatment is used.[17]

ECPs' role in preventing pregnancy:

- It takes about **6 days** after ovulation for a fertilized egg to begin to implant. **Therefore, intervention within 120 hours or up to 5 days cannot result in abortion.**
- As mentioned earlier, ECPs will not work if implantation has occurred and a woman is already pregnant.

ECPs do not interfere with an established pregnancy. Studies of oral contraceptives taken inadvertently in early pregnancy show no increased risk of miscarriage or congenital abnormalities.[18,19]

Women may want to know how ECPs work in order to make an informed choice about ECP use. Therefore, it is important that the provider understand and be able to describe how ECPs work.

Important points to communicate to clients about the mechanism of action are that ECPs:

- Work through various mechanisms.
- Will not interrupt or harm an established pregnancy (i.e., it is NOT a medical abortion).

- Are not the same as mifepristone (RU486, the "Abortion Pill"), which is used to terminate an established pregnancy.

Summary of Key Points

- ECPs are thought to work in several ways. We have more clinical evidence on some of these ways than on others. ECPs work the same way regular oral contraceptive pills work.
- ECPs will not cause an abortion.
- Timing plays a key role in how ECPs work.
- If a woman takes ECPs and still becomes pregnant, the pregnancy will not be harmed by the ECP use.
- ECPs will not affect a woman's ability to become pregnant in the future.

Emergency Contraceptive Pill Safety and Use

(15 Minutes)

Brainstorming, discussion, and presentation

1. **Ask participants "Do you think ECPs are safe?" and "Are there health conditions that would prevent you from providing ECPs to a woman?" Confirm or correct participants' responses.**
2. **Use a flip chart to record responses.**
3. **Highlight the points on safety provided below.**

According to the World Health Organization and the International Planned Parenthood Federation, there are no contraindications for ECPs because the amount of hormone is too small to have a clinically significant impact and the duration of use is very short.[20,21]

Many of the contraindications for daily oral contraceptives are based on the presumption of long-term use. The World Health Organization states that ECPs have no clinically significant impact on conditions such as cardiovascular disease, angina, acute focal migraine, or severe liver disease.[21]

Repeated use of ECPs is not harmful for most women. For some women who have sexual intercourse infrequently (defined as four or less times per month) and who are not at risk of sexually transmitted infections (STIs) or HIV, ECPs may be an appropriate method. For a woman who has regular intercourse (multiple times within a cycle), frequent use of ECPs is not recommended because other methods are more effective at preventing pregnancy. Additionally, frequent ECP use may be more expensive than using regular contraceptive methods. As mentioned earlier, repeated use of ECPs within the same cycle may cause bleeding disturbances, which while not harmful, are likely to be unacceptable to a woman. However, a woman should not be denied ECP services because she is a repeat user, unless she is someone for whom oral contraceptives are contraindicated. In this situation, nonjudgmental counseling about other methods is an important part of good service. If a woman regularly uses ECPs, it is important to try to determine why the woman is not using regular contraception and to counsel her about ongoing contraception.

There are no known drug interactions with ECPs. Given the short duration of treatment, it is unlikely that drug interactions that affect oral contraceptive use also affect ECP use. However, women taking drugs that may reduce the efficacy of oral contraceptives (including Rifampin and certain anticonvulsant drugs) should be advised that the efficacy of ECPs may be reduced.

Summary of key points

- ECPs can be safely used by women.
- Frequent ECP use (multiple times within one cycle) does not present a health risk, but is not recommended because it is not as effective as other methods.

Common Side Effects

(15 Minutes)

Brainstorming, discussion, and presentation

1. **Ask participants "What are the common side effects of ECPs and how can they be managed?"**
2. **Write responses on a flip chart.**
3. **Confirm or correct responses using the information below.**

ECPs sometimes cause side effects such as nausea, vomiting, headaches, dizziness, cramping, fatigue, or breast tenderness. These side effects usually go away within 1 to 2 days after taking the ECPs. ECPs also may cause irregular bleeding until the woman's next period, and her period may come early or late. However, in more than 90 percent of cases, menses will be of normal duration for the woman.[23] As mentioned earlier, the progestin-only regimen causes fewer of these side effects.

If a woman's period has not resumed within 4 weeks after taking the ECPs, she may be pregnant. It is important that women understand this and either return to the ECP provider for referral information or go to a clinic. This is especially important for women who take ECPs more than 120 hours after unprotected intercourse.

- The progestin-only regimen is preferred because it has fewer side effects than the combined regimen.
- Nausea and vomiting are common side effects of the combined regimen.

Regimen	Nausea	Vomiting	Recommendations
Progestin-only	Occurs in about 23 percent of women.	Occurs in only about 6 percent of women.[8]	Routine use of an antiemetic is not recommended before women take a dose of the progestin-only regimen.
Combined estrogen/progestin	Occurs in about 43 percent of women.	Occurs in about 16 percent of users.[9]	Prophylactic use of an antiemetic such as dimenhydrinate (Dramamine® or [*insert local brand name*]) is routinely recommended to reduce the risk of nausea and vomiting with the combined regimen.[9]

- If vomiting occurs within one hour after taking a dose, the woman should repeat the dose. This means she may need to return to the ECP provider or pharmacy for another dose. If vomiting occurs more than one hour after taking a dose, the pills already have been absorbed and the woman does not need to repeat the dose.

Insert side effect information for locally available dedicated product, if applicable.

Summary of key points

- Nausea and sometimes vomiting are potential side effects of ECP use. They are not dangerous and are far more common among women who use the combined ECP regimen.
- The progestin-only regimen is better tolerated.
- If a woman vomits within one hour after taking ECPs, she should repeat the dose.

- Antiemetics can reduce the frequency of nausea and vomiting with the combined regimen.
- If a woman's menstrual period is more than 4 weeks late, she may be pregnant and may need further counseling or referral services. It is especially important that women who take ECPs more than 120 hours after intercourse be informed about the possibility of pregnancy or ECP failure.

Emergency Contraception Screening and Communication
(20 Minutes)

Brainstorming, pair work, presentation, and discussion

1. **Ask participants "What key screening questions should a woman be asked when providing her with ECPs for recent unprotected intercourse?"**
2. **List responses on a flip chart, overhead, or chalkboard. Correct or complement participants responses with the questions listed below. This information is also provided in HO 2: Sample Emergency Contraceptive Pill Screening Checklist. Make sure participants understand that ECPs also can be provided before a woman needs them. For example, condom users may wish to keep a packet of ECPs at home in case of condom breakage.**

The important screening questions for ECP use following recent unprotected intercourse are:

- Do you want to prevent pregnancy?
- Have you had unprotected sex during the last 5 days (120 hours)?
- If "yes" then the client may be eligible for ECPs. Effectiveness will be lower the longer a woman takes to take ECPs.
- Was the last menstrual period less than 4 weeks ago?
- Was this period normal in both its length and timing?
- If "yes" to the previous two questions, ECPs may be provided.
- Is there reason to believe you may be pregnant?
- If the client is not pregnant, ECPs may be given. If the client's pregnancy status is unclear, ECPs may still be given, with the explanation that the method will not work if she is already pregnant.

3. **Tell participants we will now do an exercise to help them answer common questions clients who seek ECPs may have.**
4. **Cut up a copy of TA 1: *Grab Bag—Key Messages for Emergency Contraceptive Pill Clients* so that each question is on a separate strip of paper.**
5. **Place folded questions in a bag and shake to distribute them within the bag.**
6. **Invite one participant at a time to pick a question from the bag, read it aloud, and answer it. If the participant is unable to answer the question, it can be passed to another participant.**
7. **If the question cannot be answered by the second participant, answer the question and assist participants to understand it. Confirm or correct answers using the information below and in HO 1: *Key Messages for Emergency Contraceptive Pill Clients*.**

After a woman is screened for ECPs and given instructions on how to use them, it is important to ask if she has any further questions about ECPs. Some women will have many questions while others will have few, if any, but it is important to be able to answer women's questions when asked. Because not all women will need or want all of the information provided below in the key messages, it is recommended that it be used only when women ask for it. These messages are provided below and in HO 1: *Key Messages for Emergency Contraceptive Pill Clients.*

What are emergency contraceptive pills?

ECPs are pills that you can take after sex to prevent pregnancy. ECPs are useful if you have had sex without using contraception or if you had a contraceptive failure (such as a broken condom).

ECPs contain the same ingredients as pills used for regular contraception, but in higher amounts. They are effective and safe.

How do emergency contraceptive pills work?

Depending on when you use ECPs during your monthly cycle, ECPs may:

- Stop or delay an egg from being released from the ovary.
- Stop a fertilized egg from attaching to your uterus.
- Prevent the sperm from getting to the egg.

ECPs will not work once a pregnancy has started (a fertilized egg has implanted).

How effective are emergency contraceptive pills?

ECPs prevent most pregnancies, but they are not 100 percent effective.

When can I use ECPs?

ECPs can be used within five days of unprotected intercourse but are most effective the sooner they are used.

What if I had unprotected sex more than 5 days ago?

If more than 5 days have passed since you had unprotected sex, the ECPs may still have some effect but it is important to take them as soon as possible.

Do emergency contraceptive pills cause side effects?

ECPs sometimes cause nausea, vomiting, and less frequently, headaches, dizziness, cramping, fatigue, or breast tenderness. These side effects usually go away within a few days after you take the ECPs. ECPs also may cause irregular bleeding until your next period, and your period may come early or late.

What should I do after using emergency contraceptive pills?

You will not see any immediate signs showing whether the ECPs worked. Your menstrual period may come on time, or it may be early or late. If your period has not started within 4 weeks of taking ECPs, you might be pregnant. If you are pregnant, you need to consider what your options are. If you have any cause for concern, see your health care provider or pharmacist.

If the emergency contraceptive pills do not work and I become pregnant, will the pregnancy be normal?

Based on available evidence, there is no reason to believe that the pregnancy would be abnormal or that the fetus would be hurt in any way.

What if I have unprotected sex again after taking the emergency contraceptive pills?

If you have unprotected sex *after* using ECPs, they will not protect you. Use a regular contraceptive method to prevent pregnancy in the future.

Can I use emergency contraceptive pills every time I have sex?

No. ECPs should not be used routinely to prevent pregnancy because they are less effective and frequently more expensive than other family planning methods and may cause irregular bleeding.

Do emergency contraceptive pills prevent sexually transmitted infections?

No. ECPs do not protect against HIV/AIDS or other STIs like syphilis, gonorrhea, chlamydia, and herpes. If you are worried about whether you have an infection, talk to your health care provider or pharmacist about your concerns, and ask how you can get treatment and protect yourself in the future.

What if I had sex multiple times before taking emergency contraceptive pills?

ECPs are more effective the sooner after sex they are taken. Protection is greatest if sex occurred within 120 hours. Use the most recent act of unprotected intercourse to determine if you should take ECPs. While you may be pregnant from a previous act of unprotected intercourse, taking ECPs will not harm a developing fetus, and if you are not pregnant, using ECPs may still prevent pregnancy from the most recent act of unprotected intercourse.

Can I have a packet of emergency contraceptive pills to keep at home in case I need them?

Yes. ECPs are more effective the sooner they are used. It may be appropriate for some people, condom users for example, to keep a packet of ECPs at home to use in the event of unprotected sex. This will help ensure you can use ECPs as soon as possible after sex when they are most effective.

How do I use emergency contraceptive pills?

[This section will vary depending on country context and product availability.]

For the progestin-only regimen, take a single dose of 1.5 mg levonorgestrel as soon as possible within 120 hours after unprotected intercourse.

For the estrogen and progestin regimen, take the first dose as soon as possible within 120 hours after unprotected intercourse and take the second dose 12 hours later.

Summary of key points

- Key screening questions determine whether ECPs are an appropriate method for a client.
- Providers should be prepared to answer clients' questions about ECPs and provide them with key information to use ECPs correctly.
- ECPs can be provided to women and couples **before** they are needed, as a back up to condom use for example.

Counseling for Emergency Contraceptive Pill Clients

(45 Minutes)

Presentation, demonstration, role-playing, and discussion

1. Remind participants that counseling is an important part of ECP service delivery. Refer participants to HO 3: *Counseling for Emergency Contraceptive Pill Clients* and review the key points described there (also provided below).

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. This is especially true for young women. As noted in HO 1: *Key Messages for Emergency Contraceptive Pill Clients*, this means maintaining a supportive, reassuring, participatory, and confidential environment.

Reassure all clients, regardless of age or marital status, that all information will be kept confidential.

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 set the stage for follow-up counseling about regular contraceptive use and STI prevention.

Actively involve the client in the counseling process. This may be more effective in ensuring compliance than simply providing her with information. This active involvement may include:

- Asking her what she has heard about ECPs.
- Discussing her experience with other contraceptive methods.
- Validating or correcting her ideas as appropriate.

Maintain privacy by ensuring that counseling is conducted in a private and supportive environment to the greatest extent possible. When it is difficult to maintain privacy, give the method to the client with appropriate verbal and printed instructions about both ECPs and other forms of regular contraceptive methods. If in a nonclinic setting, advise her to attend a clinic or contact a health care or family planning provider for counseling about regular contraceptive methods. Reassure the woman that all information will be kept confidential, including the fact that she has received ECPs.

2. Introduce the counseling steps of GATHER described below. Explain that this is a way of remembering the essential steps in counseling.

Greet.
Ask questions.
Tell client about specific reproductive health topics.
Help client make decision that is best for her/him.
Explain what to do.
Refer or schedule return visit, if appropriate.

3. Ask for a volunteer to play the part of client in a role-play to demonstrate effective counseling. The trainer plays the role of the provider. Give the participant TA 2: *Demonstration Role-Play* to read quickly.

4. **The other participants will observe, filling out a checklist to take note of what effective behaviors have been demonstrated by the trainer. Distribute HO 4: *Counseling Skills Observer Checklist*. Participants should also refer back to HO 2: *Sample Emergency Contraceptive Pill Screening Checklist* for additional questions to ask when screening clients for ECPs.**
5. **Discussion: Ask several participants to summarize what counseling steps they observed in the role-play. Process the activity with the following questions: "What did you like about the way the provider dealt with this client?" "What could he/she have done to make the interaction more effective?" "What have you learned from this exercise?"**
6. **Go over the summary of the basic steps of the client-provider interaction as provided below.**

In the role-play, the trainer should be sure to show a respectful attitude. Ask open-ended questions to invite the clients to communicate their needs openly. Screen briefly and confirm the confidential nature of these services. Ask if clients have questions, and listen to their concerns.

Summary of the basic steps of the client-provider interaction:

- Greet client, introduce yourself, and ask what she needs.
- Ask questions, screen client.
- Tell client about ECPs; give clear information about use, side effects, and follow-up.
- Help client make decisions. Provide written or pictoral instructions, if available.
- Explain what the options are, what the client should do. Discuss options for on-going contraception with client.
- Refer to other health care provider if necessary.

7. **Ask participants to work in pairs. Each pair will work for ten minutes to prepare a short role-play to demonstrate client counseling.**
8. **Give each pair one of the case studies on TA 3: *Emergency Contraceptive Pill Client Situation Role-Plays*. Request that participants do their best to demonstrate effective client service skills in the role-play.**
9. **Ask each pair to present their role-play. The other participants will observe.**
10. **When all the groups have presented, process the activity with the following questions:**
    (a) "What did you like about the way the he/she dealt with this client?"
    (b) "Did he/she provide correct information about ECPs and their use?"
    (c) "What could he/she have done to make the interaction more effective?"
    (d) "What have you learned from this exercise?"
11. **Ask participants what challenges they might encounter in providing good-quality services. Ask the group to brainstorm ways to meet these challenges.**

Summary of key points

- Treatment of clients, regardless of age or marital status, should always be courteous, respectful, nonjudgmental, and helpful.
- When possible, the regular use of contraceptive methods should be emphasized.
- When appropriate, assessment of STI risk should be made.
- When pharmacists and other nonclinical staff are providing ECPs, they should refer clients to health care clinics for further treatment (e.g., for STIs or possible pregnancy) and information and counseling about regular contraceptive methods.
- Women should never be denied access to ECPs to prevent pregnancy.

Follow-Up and Referral for Clients

(15 Minutes)

Presentation and brainstorming

1. **Ask participants "In what instances would it be good for a provider to follow up with a client after ECP provision?" and "In what instances would it be good for a provider to refer a client?"**
2. **Complement participants' responses with the information provided below.**

In some cases, it is important to provide follow-up care/evaluation after providing ECPs. The situations below represent possibilities for follow-up and referral:

- If the client reports no menses within 4 weeks of ECP use, she may be pregnant. It is normal for a woman's menses to begin a few days earlier or later than usual after taking ECPs. If a woman does not have a period within 4 weeks, she should be referred to a health care provider to discuss her next options.
- A client should be encouraged to return to her provider or the nearest health care facility if she has concerns or problems.
- Providers who offer routine contraceptive methods can dispense these at the time of ECP service or, if unavailable, the client may be referred to a pharmacy or other health care provider.
- Assessing STI risk and providing or referring the client for diagnosis or treatment is a critical part of EC services.
- Women who have been forced to have sex or have been sexually assaulted or raped may seek advice or services from you. As providers of EC, it is important to be attentive to the possibility that these women may be unaware that there is any method available that can prevent pregnancy after sexual assault. Seeking health services may be a stressful experience after the trauma of a sexual assault. Providers should be supportive and sensitive to the emotional turmoil that women in this situation may be experiencing. Women who have been sexually assaulted are also in need of diagnosis and possible treatment for STIs and should be offered treatment or referral to a sexual assault center or emergency treatment facility for a comprehensive evaluation and possible prophylactic STI treatment.

3. **Highlight need for ongoing contraceptive management and explain when this is appropriate according to the list below.**

Whenever possible, ECP counseling should include discussion of a long-term contraceptive plan. The following table clarifies the timeline for initiating regular contraceptive use after ECP use depending on the method selected.

Contraceptive method	Initiate use
Condom	immediately
Diaphragm	immediately
Oral contraceptives	immediately or after next menses*
Injectable/implant	within 7 days after next menses*

(*Use back-up method until menses occurs)

ECPs do not protect against STIs or HIV. People requesting EC may have been exposed to an STI. Providers play a pivotal role helping clients determine whether they are at risk of an STI, and if so, referring the client to a clinic for a check-up or providing services as necessary. Key questions that help clients assess their risk include:

- Do I have a new sexual partner?
- Do I have more than one sexual partner?
- Does my partner have more than one partner?
- Has my partner been diagnosed with a STI?
- Do I use intravenous drugs?
- Do I have any symptoms of STIs? Some common symptoms include:
  - Abnormal vaginal discharge
  - Genital sores or ulcers
  - Swollen nodes
  - Acute or chronic lower abdominal pain
  - Fever

Given the sensitive nature of these questions, it may be more appropriate to provide clients with a list of these questions.

Summary of key points

- Follow-up and referral are critical to good service.
- Women may have been exposed to STIs and need to assess their risk and be diagnosed and treated or referred, as appropriate.
- Women who have been sexually assaulted and abused should be referred to violence or rape relief resources.
- ECP discussions can lead to a long-term contraceptive plan.
- ECPs **DO NOT** protect against STIs. Providers should assess STI risk and make referrals as part of ECP provision.

Increasing Awareness of Emergency Contraception
(30 Minutes)

Small group work and discussion

1. **Ask participants to work in groups of five and answer two questions:**
   (a) "What are the greatest barriers to EC use?"
   (b) "What can you do specifically to increase awareness of EC in your community?"
2. **Let participants discuss in small groups for ten minutes. Ask each group to prepare their list of answers on a flip chart, overhead, or chalkboard and present to the group.**
3. **Encourage participants to include ideas about raising awareness within their communities or among their colleagues.**
4. **After all the groups have presented, allow time for large group discussion.**
5. **Highlight lack of awareness of EC in [*insert country*] based on information below and gathered in baseline assessment.**

In [*insert country*], one of the greatest barriers to the use of EC is lack of awareness. Because the public is largely uninformed about the method, there are obstacles to the widespread provision of EC.

[*Insert country-specific data on EC awareness from assessment (if there is one).*]

Women's (especially young women's) awareness of EC remains low; therefore, the method remains underused. Some of the reasons clients find it difficult to discuss EC are:

- Shame about improper use of, or lack of use of, contraception.
- Discomfort discussing topics related to sexuality.
- Cultural issues related to provider/client relationship.
- Fears about confidentiality (particularly with adolescents).

Without knowledge about EC, clients are unable to make informed contraceptive choices. It is important that clients have access to this information from a highly valued source. As providers, you play a pivotal role in expanding women's awareness of, and access to, this critical contraceptive option. Education about EC is important both for couples who do not use a contraceptive method at all and for those who use a method that fails, because EC can act as a backup. The knowledge that a backup exists may encourage couples to adopt the use of condoms as a method of preventing HIV infection and STIs. **Providers can play a number of important roles in the provision of EC**. These include:

- Counseling clients to explain or reinforce key points about EC use.
- Educating clients about EC.
- Creating an environment that encourages people to seek ECP services.

All providers should be aware of key issues involving EC, such as the need to begin therapy as soon as possible, preferably within 120 hours after unprotected intercourse.

Thus far, training has focused on providing ECPs after unprotected sexual intercourse. **However, advance distribution and prescribing of ECPs can greatly improve the convenience of the method and help ensure that women have access to treatment as soon as they need it.** This is particularly important in view of research that demonstrates improved efficacy with earlier ECP use. Transportation can be a significant barrier for access to ECPs; advance prescribing, when appropriate, helps to control for this barrier. Providers should dispense ECPs to women who may wish to keep them at home to use in the event of unprotected intercourse.

Some providers raise concerns about whether providing ECPs to women ahead of time will make them more likely to use them irresponsibly. Research has not found this to be true.

Summary of key points

- Many women are not informed about EC.
- Providers can help expand knowledge and use of this important contraceptive method.
- Advance distribution can improve client access to and effective use of ECPs.

Review, Conclusion, and Post-Session Questionnaire
(20 Minutes)

Presentation and discussion

1. **Review the session's objectives and ask for final questions and comments.**
2. **Make recommendations on how providers can help increase awareness of EC using the information below.**

The most important thing providers can do to improve the consistent and appropriate use of EC is to talk about it with clients. Providers have a crucial role to play in reducing unintended pregnancy by educating clients about EC and providing it when appropriate.

Reaching women with EC information and services poses special challenges. Some women may find it difficult to access reliable information and services because they:

- Are unaware of the availability of ECPs.
- Lack confidence or are embarrassed to ask for ECPs.
- Are unaware that some providers can help them.
- Are anxious about judgmental attitudes of providers.

The following recommendations can help increase adolescent clients' awareness of EC:

- Routinely advise clients about ECPs as a backup to contraceptive accidents.
- Make EC informational materials available and actively refer clients to them.
- Encourage clients to obtain advance-of-need ECPs, if appropriate.
- Display youth-friendly posters, signs, or other logos.

3. **Distribute post-session questionnaire. Allow participants approximately ten minutes to complete the questionnaire.**
4. **Collect the post-session questionnaire and then go over it, asking participants to call out the correct answers.**
5. **Thank everyone for their participation in the training.**

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Pre- and Post-Session Questionnaire

Emergency Contraceptive Pills (ECPs)

Respondent Background:

I am: ___ Male ___ Female
I am: ___ Pharmacist ___ Doctor ___ Nurse ___ Midwife
___ Other, specify:_____

Mark the following statements as true or false.	True	False
1. Progestin-only emergency contraception pills (ECPs) reduce the risk of pregnancy by 89 percent.		
2. ECPs may be used up to 120 hours (5 days) after unprotected intercourse.		
3. There are no contraindications to ECP use.		
4. ECPs provide protection against HIV/AIDS and other sexually transmitted infections.		
5. Depending on local regulations, ECPs can be provided safely by properly trained doctors, nurses, pharmacists, and pharmacy staff.		
6. ECPs are an effective, regular contraceptive method.		
7. Condoms and other barrier methods may be started immediately following ECP use.		
8. ECPs cannot cause an abortion.		
9. The most common side effects of ECPs are nausea and vomiting.		
10. All clients should undergo a full pelvic exam before receiving ECPs.		
11. ECPs can be used safely by adolescent girls.		
12. ECPs are more effective the sooner they are taken after intercourse.		
13. ECPs should not be provided to clients before they need them.		
14. Regular oral contraceptive pills cannot be used for EC.		

Pre- and Post-Session Questionnaire

Emergency Contraceptive Pills (ECPs)

Answer Key

Mark the following statements as true or false.	True	False
1. Progestin-only emergency contraception pills (ECPs) reduce the risk of pregnancy by 89 percent.	X	
2. ECPs may be used up to 120 hours (5 days) after unprotected intercourse	X	
3. There are no contraindications to ECP use.	X	
4. ECPs provide protection against HIV/AIDS and other sexually transmitted infections.		X
5. Depending on local regulations, ECPs can be provided safely by properly trained doctors, nurses, pharmacists, and pharmacy staff.	X	
6. ECPs are an effective, regular contraceptive method.		X
7. Condoms and other barrier methods may be started immediately following ECP use.	X	
8. ECPs cannot cause an abortion.	X	
9. The most common side effects of ECPs are nausea and vomiting.	X	
10. All clients should undergo a full pelvic exam before receiving ECPs.		X
11. ECPs can be used safely by adolescent girls.	X	
12. ECPs are more effective the sooner they are taken after intercourse.	X	
13. ECPs should not be provided to clients before they need them.		X
14. Regular oral contraceptive pills cannot be used for EC.		X

Handout 1:
Key Messages for Emergency Contraceptive Pill Clients

What are emergency contraceptive pills?

- Emergency contraceptive pills (ECPs) are pills that you can take after sex to prevent pregnancy. ECPs are useful if you had sex without using contraception or if you had a contraceptive failure (such as a broken condom).
- ECPs contain the same ingredients as some pills used for regular contraception, but in higher amounts. They are effective and safe for almost all women.

How do emergency contraceptive pills work?

Depending on when you use ECPs during your monthly cycle, ECPs may:

- Stop or delay an egg from being released from the ovary.
- Stop a fertilized egg from attaching to your uterus.
- Prevent the sperm from getting to the egg.

ECPs will not work once a pregnancy has started.

How effective are emergency contraceptive pills?

- ECPs prevent most pregnancies, but they are not 100 percent effective.

When can I use ECPs?

- ECPs can be used within five days of unprotected tercourse but are most effective the sooner they are used.

What if I had unprotected sex more than 5 days ago?

- If more than 5 days have passed since you had unprotected sex, the ECPs may still have some effect but it is important to take them as soon as possible.

Do emergency contraceptive pills cause side effects?

- ECPs sometimes cause nausea, vomiting, headaches, dizziness, cramping, fatigue, or breast tenderness. These side effects usually go away within a few days after you take the ECPs. ECPs also may cause irregular bleeding until your next period, and your period may come early or late.

What should I do after using emergency contraceptive pills?

- You will not see any immediate signs showing whether the ECPs worked. Your menstrual period may come on time, or it may be early or late. If your period has not started within 4 weeks of taking ECPs, you might be pregnant. If you are pregnant, you need to discuss your options with a health care provider. If you have any cause for concern, see your health care provider or pharmacist.

If the emergency contraceptive pills do not work and I become pregnant, will the pregnancy be normal?

- Based on available information, there is no reason to believe that the pregnancy would be abnormal or that the fetus would be hurt in any way.

What if I have unprotected sex again after taking the emergency contraceptive pills?

- If you have unprotected sex *after* using ECPs, they will not protect you. You will need to repeat the treatment. Use a regular contraceptive method to prevent pregnancy in the future.

Can I use emergency contraceptive pills every time I have sex?

- **No.** ECPs should not be used routinely to prevent pregnancy because they are less effective and frequently more expensive than other family planning methods and may cause irregular bleeding.

Do emergency contraceptive pills prevent sexually transmitted infections?

- **No.** ECPs do not protect against HIV/AIDS or other sexually transmitted infections (STIs) like syphilis, gonorrhea, chlamydia, and herpes. If you are worried about whether you have an infection, talk to your health care provider or pharmacist about your concerns and ask how you can get treatment and protect yourself in the future.

What if I had sex multiple times before taking emergency contraceptive pills?

- You can still use ECPs if the last time you had sex is within 5 days. If you are already pregnant from an earlier act of unprotected sex, the ECPs will not have any effect. ECPs are more effective the sooner after sex they are taken.

Can I have a packet of emergency contraceptive pills to keep at home in case I need them?

- **Yes.** ECPs are more effective the sooner they are used. It may be appropriate for some people, condom users for example, to keep a packet of ECPs at home to use in the event of unprotected sex. This will help ensure you can use ECPs as soon as possible after sex when they are most effective.

How do I use 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.

Specific information about the ECP formulations is provided in the table below.

[This section depends on country context and product availability.]

ECP Formulations

	Formulation (per pill)	Common Brand Names	First Dose (number of tablets)	Second Dose (number of tablets)
Progestin-only Regimen	LNG 0.75 mg	Levonelle-2, NorLevo, Plan B, Postinor-2, Vikela	2 **(Single Dose)**	0
Combined Regimen	EE 50 mcg + LNG 0.25 mg or EE 50 mcg + NG 0.50 mg	Eugynon 50, Fertilan, Neogynon, Noral, Nordiol, Ovidon, Ovral, Ovran, PC-4, Preven	2	2
	EE 30 mcg + LNG 0.15 mg or EE 30 mcg + NG 0.30 mg	Lo/Femenal, Microgynon 30, Nordette, Ovral L, Rigevidon,	4	4

Abbreviations: EE = ethinyl estradiol LNG = levonorgestrel NG = norgestrel

For all regimens, the first dose should be taken as soon as possible after intercourse, but optimally within 120 hours. The second dose of the combined regimen should be taken 12 hours after the first dose. The progestin-only regimen doses may be taken all at one time.

Adapted from: *Expanding Global Access to Emergency Contraception.* International Consortium for Emergency Contraception (October 2000), p. 47.

Information in this table has been updated to reflect current research:
von Hertzen, H. et al. Low dose mifepristone and two regimens of levonorgestrel for emergency contraception: a WHO multicentre randomized trial. *Lancet* 360(9348):1803-1810 (2002).

Content and format were adapted from *Special Report on Emergency Contraception: The Pharmacist's Role.* American Pharmaceutical Association (2000).

Handout 2:
Sample Emergency Contraceptive Pill Screening Checklist

1. Do you want to prevent pregnancy?	**Yes**	**No**
2. Have you had unprotected sex during the last 5 days (120 hours)?	**Yes**	**No**

If "**Yes**", then the client may be eligible for ECPs. It is important to take them as soon as possible after uprotected sex. After 120 hours (5 days) ECPs can no longer be considered to be effective.

3. Was the last menstrual period less than 4 weeks ago?	**Yes**	**No**
4. Was this period normal in both its length and timing?	**Yes**	**No**

If "**Yes**" to the previous two questions, ECPs may be provided.

5. Is there reason to believe that the you may be pregnant?	**Yes**	**No**

If the client is not pregnant, ECPs may be given. If the client's pregnancy status is unclear, ECPs may still be given, with the explanation that the method will not work if she is already pregnant and will not harm the fetus.

Content and format for this checklist were adapted from *Comprehensive Reproductive Health and Family Planning Training Curriculum* (Module 5: Emergency Contraceptive Pills). Watertown, MA: Pathfinder International (revised 2000).

Handout 3:
Counseling for Emergency Contraceptive Pill Clients

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.

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 set the stage for follow-up counseling about regular contraceptive use and STI prevention.

Actively involve the client in the counseling process. This may be more effective in ensuring compliance rather than simply providing her with information. This active involvement may include:

- Asking her what she has heard about ECPs.
- Discussing her experience with other contraceptive methods.
- Validating or correcting her ideas as appropriate.

Maintain privacy by ensuring that counseling is conducted in a private and supportive environment to the greatest extent possible. When it is difficult to maintain privacy, give the method to the client with appropriate verbal and printed instructions about both ECPs and other forms of regular contraceptive methods. If in a nonclinic setting, advise her to attend a clinic or contact a health care or family planning provider for counseling about regular contraceptive methods. Reassure the client that all information will be kept confidential, including the fact that she has received ECPs.

Content and format for this handout were adapted from *Comprehensive Reproductive Health and Family Planning Training Curriculum* (Module 5: Emergency Contraceptive Pills). Watertown, MA: Pathfinder International (revised 2000).

Handout 4:
Counseling Skills Observer Checklist

Counseling skill observed	Yes	No	Comments
1. Greets client in friendly and helpful way.			
2. Introduces self.			
3. Asks client why he/she has come to you or what makes him/her think he/she needs ECPs.			
4. Ensures confidentiality.			
5. Screens client for date of unprotected sex and last menstruation.			
6. Tells client about ECPs (how they work, effectiveness, possible side effects).			
7. Allows client to ask questions and asks client if he/she has any questions.			
8. Explains correct use of ECPs and asks client to summarize instructions.			
9. Shows ECPs to client and gives client correct number of pills.			
10. Explains how to manage possible side effects and tells client to return or go to a clinic or hospital if there are any problems or concerns.			
11. Tells client the menstrual period is likely to be within one week before or after the normal expected date.			
12. Asks client about ongoing contraceptive method, and asks if he/she would like to discuss other contraception options.			
13. Explains to the client that he/she and his/her partner may be at risk of an STI.			
14. Provides referral information for community health services.			
15. Demonstrates a nonjudgmental attitude and respect for client.			

Content and format for this checklist were adapted from *Comprehensive Reproductive Health and Family Planning Training Curriculum* (Module 5: Emergency Contraceptive Pills). Watertown, MA: Pathfinder International (revised 2000).

Training Aid 1:
Grab Bag—Key Messages for Emergency Contraceptive Pill Clients

What are emergency contraceptive pills?

✂----------

How do ECPs work?

✂----------

How effective are ECPs?

✂ ----------

What if I had unprotected sex more than 5 days ago?

✂ ----------

Do ECPs cause side effects?

✂ ----------

What should I do after using ECPs?

✂ ----------

If the ECPs do not work and I become pregnant, will the pregnancy be normal?

✂ ----------

What if I have unprotected sex again after taking the ECPs?

✂ ----------

Can I use ECPs every time I have sex?

✂ ----------

Do ECPs prevent sexually transmitted infections?

✂ ----------

What if I had sex multiple times before taking ECPs?

✂ ----------

Can I have a packet of ECPs to keep at home in case I need them?

✂ ----------

How do I use ECPs?

✂ ----------

Content and format for this training aid were adapted from *Comprehensive Reproductive Health and Family Planning Training Curriculum* (Module 5: Emergency Contraceptive Pills). Watertown, MA: Pathfinder International (revised 2000).

Training Aid 2:
Demonstration Role-Play

You have volunteered to play the part of a client seeking ECPs in a role-play to demonstrate effective counseling techniques.

You are a 21-year old woman who is seeking ECPs today. You had unprotected sex with your new boyfriend the night before last, and your best friend told you to go to a provider and ask about pills that can prevent you getting pregnant. The first day of your last menstrual period was two weeks ago. You are healthy and do not smoke. You usually use condoms, but this time you didn't have any around and hadn't expected to have sex. You'd like to know if the provider can give you some of these pills to keep at home in case this ever happens to you again.

Content and format for this training aid were adapted from *Comprehensive Reproductive Health and Family Planning Training Curriculum* (Module 5: Emergency Contraceptive Pills). Watertown, MA: Pathfinder International (revised 2000).

Training Aid 3:
Emergency Contraceptive Pill Client Situation Role-Plays

GROUP 1 Role-play:

You are a young woman. Several days ago you were assaulted and raped, and you think you may need EC to prevent you from getting pregnant. You go to the (insert: family planning clinic, pharmacy, or other provider setting) to find out more information. The provider asks screening questions. You begin to feel nervous, but finally share with the provider that you were raped.

✂ ----------

GROUP 2 Role-play:

You have heard about EC from friends and think you might need it, but you are scared to try it because you think it might make you infertile and that it might not be safe because you smoke. 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 5 days ago and was normal. You are a smoker and have herpes but no other health problems. You have been pregnant once before and had an abortion and are scared of having another one. You have not been sexually active for a while but are starting a new relationship. You are interested in learning more about the pill for ongoing contraception.

✂ ----------

GROUP 3 Role-play:

You are seeking ECPs at your local (<u>insert: family planning clinic, pharmacy, or other provider setting</u>). You had unprotected sex yesterday and knew you could get pills that would be likely to prevent you from getting pregnant. The provider has asked you some questions and shown you how to take birth control pills for EC. You want to pay for the pills, but you don't have any money right now. You are interested in finding out about ongoing contraceptive options, but you are not sure where to go for this information. You would also like to know if you can get condoms.

✂ ----------

GROUP 4 Role-play:

A man comes to you and tells you that when he was having sex with his girlfriend last night, the condom broke.

✂ ----------

GROUP 5 Role-play:

A young woman comes to you and tells you she has missed at least 3 of her birth control pills. She is wondering what she should do.

✂ ----------

GROUP 6 Role-play:

You have a patient requesting EC. You have no private counseling area and there are many other patients waiting to be served. You look closely at her, and she appears to have a black eye.

✂ ----------

GROUP 7 Role-play:

A young woman comes in requesting EC. You recognize her because this is the third time she has come in asking for EC.

✂ ----------

GROUP 8 Role-play:

A young woman for whom you prescribed EC comes back and tells you that the method didn't work and now she is pregnant.

Content and format for this training aid were adapted from *Comprehensive Reproductive Health and Family Planning Training Curriculum* (Module 5: Emergency Contraceptive Pills). Watertown, MA: Pathfinder International (revised 2000).