Guidelines for Administration of Emergency Contraceptive Pills by Health Care Providers

सत्यमेव जयते

Family Planning Division
Ministry of Health and Family Welfare
Government of India

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भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय,
निर्माण भवन, नई दिल्ली – 110011

Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

G.C. Chaturvedi
Addl. Secretary & Mission Director

FOREWORD

The results of NFHS show that in India a sizeable population of the pregnancies are either unplanned or unwanted and these pregnancies add to the population burden or the women resort to pregnancy termination by traditional or harmful methods leading to serious health consequences. Annually 11 million abortions occur in India, majority being illegal and unsafe, killing almost 20,000 women.

Though numerous contraceptive techniques are available, and there has been a steady increase in Contraceptive prevalence rate, there is a large number of unplanned and unwanted pregnancies either due to regular contraceptive failure or incorrect method use. Emergency contraception is a safe and effective method of preventing these unwanted pregnancies following failure of contraception or unprotected sexual exposure, which in turn helps in reducing the maternal morbidity and mortality due to unsafe abortions. The Drug Controller General of India approved levonorgestrel, a progestin only pill as the dedicated product for Emergency Contraception in 2001 and it has been introduced in the Family Welfare Programme since 2003 and is available as an Over The Counter (OTC) product. However, the utilization of the Emergency Contraception pills (ECPs) is very low both in the public and private sectors. The major reason for this under-utilization is the lack of awareness about the method not only among the potential users but also among health care providers. This indicates a real need for wider dissemination of information about the proper usage, mode of action, provision of Emergency Contraception pills and also to emphasize that these pills should not be mistaken as a regular method of contraception but should be used only in emergencies like unprotected sex or contraceptive failure.

The Family Planning Division, Ministry of Health and Family Welfare has prepared this manual on the basis of evidence based guidelines for Emergency Contraception, to equip the service providers with appropriate knowledge for ensuring the quality of the provision of the Emergency Contraception Pills which will go a long way to improve the reproductive health of the woman of India by preventing the incidence of septic/unskilled abortions for unwanted/unplanned pregnancies.

(G. C. Chaturvedi)

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Dr. S. K. Sikdar
MBBS, MD (CHA)
Assistant Commissioner
(Family Planning Division)
Telefax : 23062427
email : sikdarsk@rediffmail.com
sikdarsk@gmail.com

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Acknowledgement

Emergency contraception has been considered as an important intervention to prevent unwanted pregnancies following contraceptive failure or unprotected sexual exposure. The Drug Controller General of India approved levonorgestrel; a progestin only pill, as a dedicated product for Emergency Contraception in 2001 and it has been introduced in the Family Welfare Programme since 2003. However its uptake has been limited due to lack of awareness among users as well as providers.

Service providers play a key role in providing Emergency Contraception services and it is essential that they have complete and accurate information about the methods available. They would need basic, scientific information on the contents of the Emergency Contraception pills, mode of action, indications, contraindications, side effects, counseling issues, and follow-up details along with what should be done if Emergency Contraception fails. Recognizing this the Family Planning Division of the Ministry of Health and Family Welfare in continuation of its persistent efforts towards quality care has formulated the “Guidelines for Administration of Emergency Contraceptive Pills for Health Care providers”.

The guidelines have been developed with inputs from UNFPA, USAID, NGOs and various professional bodies like FOGSI, and other experts in the field of Obstetrics and Gynecology and Public Health. We acknowledge the contribution of Dr. Dinesh Agarwal for providing constant technical inputs. We also thank WHO for facilitating the experts’ group meetings organized for the purpose and UNFPA for the support rendered in printing of this manual.

We also wish to acknowledge the initiatives of our previous Deputy Commissioner Dr. M. S. Jayalakhsmi and the support of our present Deputy Commissioner Dr. Kiran Ambwani. A special mention needs to be made of consultants Dr. Jaya Lalmohan and Dr. Sonali Kar for their hard and untiring efforts to compile these guidelines.

Dr. S. K. Sikdar
Assistant Commissioner (FP)

Contents

Introduction

The National Health Policy 2000 states the achievement of reduction of Maternal Mortality Ratio by three fourths and achieving Replacement Fertility levels by 2010 as two of its goals. The Government of India introduced Emergency Contraceptive Pills (ECP) in the National Family Welfare Programmes in 2003 as one of the strategies to prevent unwanted pregnancies. Unsafe abortions are still a leading cause of maternal mortality, nearly 8% of the total, and also a major contributor to maternal morbidity. Prevention of an unwanted pregnancy through methods of Emergency Contraception will help to reduce the number of maternal deaths from unsafe abortions and also to reduce the fertility levels. However, there should be simultaneous realization of the fact that the real success of this service is to promote the acceptance of a regular contraceptive to prevent future pregnancies.

Present document updates the information included in an earlier Guideline by the MoHFW in year 2003. Since then, EC pills have been made available through network of health care delivery institutions in public sector. Similarly, several dedicated products are available in commercial markets.

This is an attempt to organize all document information for the providers at different level of health care delivery system in the following chapters:

- General information on emergency contraception and EC pills
- Counseling on ECPs
- Client assessment
- MEC for ECP
- Instructions for clients regarding ECPs use
- Frequently Asked Questions
- IEC- Strategies for expanding access

1. General information on emergency contraception and emergency contraceptive pills

1.1 Definition of Emergency Contraception

Emergency contraception refers to back-up methods for contraceptive emergencies which women can use within the first few days after unprotected intercourse to prevent an unwanted pregnancy.

EC is not a regular FP method and is intended for "emergency use" alone.

1.2 Emergency Contraception Can be Used

- After voluntary sexual act without contraceptive protection
- Incorrect or inconsistent use of regular contraceptive methods: failure to take oral contraceptives for more than 3 days, being late for contraceptive injection
- In case of contraceptive failure or mishaps: miscalculation of infertile period, failed coitus interruptus, expulsion of an intrauterine device and, or in case of slippage/leakage/breakage of condom
- In the event of sexual assault

1.3 Methods of Emergency Contraception

All the hormonal oral contraceptive pills (combined as well as single) in varying doses and IUCDs can be used for EC. The following methods are in use:

- High doses of progestogen only pill containing levonorgestrel (LNG)
- High doses of combined oral contraceptive containing ethylestradiol and levonorgestrol (Yuzpe regimen)
- Copper releasing intrauterine devices (IUCD) such as CuT 380A

Under the National Reproductive and Child Health Programme, the Drug Controller of India has only approved Levonorgestrel (LNG) 0.75mg tablets for use as ECP. LNG is the 'dedicated product' for emergency contraception and is specially packaged at the correct dosage for use as ECP. Henceforth the ECPs mentioned in this book would only refer to LNG. This product does not require prescription from a registered medical practitioner.

1.4 Mechanism of Action of ECPs

The precise mechanism of action of ECPs in an individual case depends on the time of the menstrual cycle when the intercourse has occurred and when the ECP is taken.

To summarize, ECPs interfere with ovulation/fertilization/implantation depending on the phase of the menstrual cycle of the woman.

ECP is not effective once the process of implantation of fertilized ovum has begun. These are not abortifacients.

1.5 Benefits of Emergency Contraceptive Pills

- Safe and effective
- Easy to use and widely available
- Can be taken at any time during the monthly cycle
- A physical examination is not required
- It is available without a prescription from registered medical practitioner
- Can be given to women for whom use of hormonal contraceptive pills are contraindicated
- Can be used as many times as needed; although not a substitute for regular contraceptives

- **No serious medical complications reported**
- **Doses of hormones are relatively small**
- **Short exposure does not have any metabolic effects**
- **Use not associated with fetal malformations/congenital defects**
- **Does not increase the risk of ectopic pregnancy**

1.6 Mode of Administration

The emergency contraceptive pills must be preferably taken within 72 hours of an unprotected act of intercourse, the earlier the better. Best if taken as soon as possible after the unprotected act and as a single dose of 1 tablet of 1.5mg or 2 tablets of 0.75mg each. There is an option of taking 2 doses of 1 tablet 0.75mg each, 12 hours apart too.

1.7 Calculation of the 72 Hours (Three-Day) Interval

The calculation of 72 hours or 3 days should start from the first unprotected penetrative vaginal intercourse the woman has had during that particular menstrual cycle.

1.8 Effectiveness of Emergency Contraceptive Pills

It is important to recognize that not every woman will become pregnant after an unprotected intercourse even if she does not take any emergency contraceptive pills. It is also impossible to predict correctly who would become pregnant after an unprotected intercourse. The probability of conception after single act of intercourse is approximately 8%. A normally fertile sexually active couple not using contraception has an average monthly chance of conceiving of 20-25% (counting on pregnancies that result in live births).

- **ECPs taken within 72 hours of unprotected vaginal intercourse are 85% effective. ECP is more effective if used within 12-24 hours of unprotected intercourse**
- **The delay in taking the pills decreases the efficacy of ECP**

1.9 Side Effects of ECPs

Side effects are similar to what women face in the first weeks of starting oral contraceptive pills. However, these side effects generally do not last more than one to two days. It is seen that about 20% women may experience nausea and 6% may have vomiting with ECPs. Overall ECPs are well tolerated.

1.10 Management of Side Effects

- If vomiting occurs within two hours of taking the dose of ECPs, repeat the full dose
- Women with irregular bleeding and spotting after taking with ECPs should be counseled that this is normal. They should be assured that there is nothing to worry about, also that it should not be confused with menses. Clients should be told that ECPs do not necessarily bring on menses immediately (a common misconception among users of ECPs); most women will have their menstrual bleeding on time or slightly early or 2-3 days later than the expected date
- If menstruation is delayed beyond one week from scheduled date, tests should be conducted to exclude the possibility of pregnancy
- In about 10-15% of women, emergency contraceptive pills change the amount, duration, and timing of the next menstrual period. These effects are usually minor and do not need any treatment
- Side effects such as breast tenderness, headache, dizziness, and fatigue are not common and do not generally last more than 24 hours. Paracetamol or Aspirin or Ibuprofen tablets can be safely recommended for breast tenderness and headache

1.11 Limitations

- The closer a woman is to ovulation at the time of unprotected intercourse, higher is the pregnancy risk and lower is the efficacy of the ECPs.
- Failure of EC to prevent pregnancy beyond the time frame of efficacy window (72-120 hours) following unprotected intercourse may limit its use in clients who usually report later than this interval.

2. Provision of emergency contraceptive pills by providers

2.1 Emergency Contraceptive Pills Providers

These pills can be provided safely and effectively by any well informed health care providers (clinical, nursing and paraclinical) such as doctors, nurses, midwives, pharmacists, paramedics, family welfare assistants, health assistants and community based health workers.

2.2 Users of the Services for Emergency Contraceptive Pills

Following clients need to be informed and educated on emergency contraceptive pills:

- Clients using condoms and oral pills as there is likelihood of contraceptive mishap
- Potential contraceptive users i.e. all sexually active persons not using regular contraceptives
- Clients exposed to unprotected sexual act/rape

ECPs should be not be denied to clients within the reproductive years irrespective of their age and marital status.

2.3 Role of Service Providers in Provision of ECPs

Service providers should:

- Routinely inform all women in their reproductive age group and their partners about the availability of ECPs during regular family planning consultations
- Provide women with a supply of emergency contraceptive pills in advance as a back-up method for contraceptive mishaps

2.4 Procedure of Service Provision to Clients Who Have Requested for Emergency Contraceptive Pills

Service providers should address requests for emergency contraceptive services from both men and women. Service providers must follow the following guidelines when dealing with clients who have requested emergency contraceptive pills:

A. Ask

- Date of Last Menstrual Period (LMP) (because she may already be pregnant)

- Length of the woman's normal menstrual cycle (to assess fertile period, and if menstrual cycle is regular)
- The time of all unprotected or inadequately protected episodes of sexual intercourse in the current menstrual period (women may have several episodes of unprotected intercourse in a given menstrual cycle)
- The number of hours since the first episode of unprotected intercourse in that cycle (to know whether within 72-120 hours time limit or not)

B. Assess

Whether emergency contraceptive pills are appropriate for her. In some cases, the client may be seeking treatment too late or may already be pregnant.

- If intercourse has occurred within the previous 72 hours (3 days) then ECPs can be prescribed and provided. Even if the client is breast-feeding, then ECPs can still be given, as the progestin pills do not affect the quantity or the quality of breast milk
- If the recommended time limit of 72 hours for using ECPs has been crossed, insertion of IUCD at this stage, depending on the women's situation, would be a better choice and she may be referred to an appropriate health centre
- If the woman has crossed the 120-hour time limit (5 days) or if there is a possibility that she may be pregnant, she should be asked to wait until the next menses starts. A pregnancy test can be conducted to confirm her pregnancy status

Other health assessments such as a pelvic exam are not recommended.

C. Inform and explain

- Correct dosage
- Mode of action
- Failure rate
- Effectiveness
- Possible side effects and their management
- Clients should also be informed that the next period may be early or delayed by a few days but it must be within one week of the expected date
- If the client is breast-feeding reassure her that ECPs do not affect the quantity or the quality of breast milk

D. Remind the client

- When to come back for a follow-up visit, if required she should return to the clinic:
  - If her period is delayed by more than a week

- If she has had very light, in terms of color, menstruation – may be a sign of ectopic pregnancy, especially if it is accompanied by severe lower abdominal pain and faintness
- She has chosen a regular method of contraception, which needs a follow up visit

E. Applying the no missed opportunity approach

If the client is:

- Seeking help after method failure: COUNSEL her how to use the method correctly and consistently
- Not using any contraceptive method: EDUCATE her about the available methods for contraception and help her make an INFORMED CHOICE
- Visiting for other family planning services: INFORM her about ECPs especially how to use them, where to get them and the limitations

F. Initiating or resuming regular contraception (encourage the client to resume regular contraception)

Service providers must try and encourage users of emergency contraceptive pills to accept a regular contraceptive method (through informed choice) or return to the method that was being used earlier, or switch to a different method that is more suitable, whichever is preferred.

A client can continue the same or choose any other contraceptive method after using emergency contraceptive pills.

- Condoms or oral contraceptive pills can be used immediately after the dose of emergency contraceptive pills is taken
- IUCDs (if not used as an emergency contraceptive already)
- Injectables and implants like DMPA and Norplant respectively
- Sterilization

2.5 In Case of Regular Contraceptive Method Failure

2.5.1 If a client misses an oral contraceptive pill for three consecutive days

- Those who have started menstrual bleeding should be advised to:
  - Stop taking OCP and discard rest of the pills
  - Start a new packet of OCP on the 1st day of the bleeding
  - Condoms should be used consistently throughout the first month of OCP use
- Those who have not started menses and had intercourse should be advised to:
  - Start ECP regime within 72 hours of unprotected intercourse
  - Continue to take rest of the OCPs – one tablet daily

- Use condoms for rest of the cycle
- Start a new packet of OCP on the first day of the next menstrual cycle

2.5.2 Condom breaks, slips or leaks

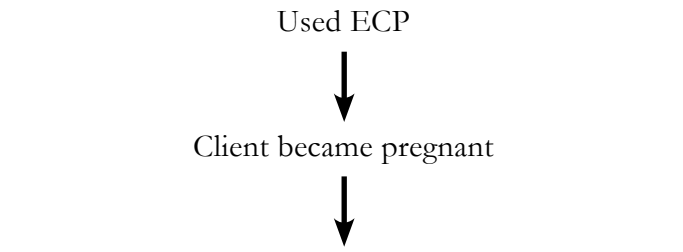
The client should be advised to:

- Start ECP regime within 72 hours of unprotected intercourse and
- Resume condom use consistently and correctly

If the client wants to change the method:

- Start a new packet of OCP on first day of next menstrual cycle, and use condom as backup method throughout first month of OCP use or
- Have IUCD inserted according to GoI IUCD Guidelines or
- Either of the couples could be a candidate for sterilization as per the GOI guidelines. (Refer Standards on Male and Female Sterilization)

2.6 In Case of ECP Failure



In case client wants to continue with pregnancy assure her there will be no harm to the fetus as a result of ECP use.

3. Counseling on emergency contraception

Counseling is an integral and essential part of family planning service delivery. Family planning counseling is a face-to-face communication in which the counselor helps the client to make his/her own decision. Relevant information is imparted. Any family planning provider, at any level and at any time, can help a client to make these decisions.

Counseling on emergency contraceptive pills is no different from counseling on other family planning methods. As it is a relatively new back-up method, and most clients do not know much about it, it is important that potential clients are fully informed and properly counseled.

3.1 General Counseling

General counseling is done for:

1) Potential contraceptive users

Non-users of family planning methods should be informed about:

- The methods available for contraception
- Details about the family planning methods
- The scope of emergency contraceptive pills as a back-up support

2) Regular family planning clients (2 categories)

Users of barrier methods, DMPA injections and traditional methods must be told:

- How to use barrier methods and traditional methods correctly
- When and how to use emergency contraceptive pills
- What the side effects of emergency contraceptive pills are and how these should be managed
- What contraceptive options are available after using emergency contraceptive pills
- What should be done if a woman misses her menses more than 7 days from the expected date, after having emergency contraceptive pills

Users of oral contraceptive pills must be told in particular:

- What to do if they miss three pills or more
- When and how emergency contraceptive pills should be used
- What should be done with the rest of the pills in the packet
- Why condoms should be used for any further intercourse

- What should be done if the menstrual cycle is delayed by more than 7 days from the expected date and
- How to come back to using oral contraceptive pills regularly once the next menstrual cycle starts

3.2 Method Specific Counseling

This is done for clients who have requested for emergency contraceptive pills after unprotected intercourse. Before providing ECP inform about

- Correct use of ECP
- How it works
- Not effective as a REGULAR family planning method when used frequently
- Its efficacy and failure rates
- Side effects and their management and
- When she should come back for follow-up

3.3 Follow-up Counseling

There is no need for follow-up in case of ECP use. However, the client should come back to the service provider if:

- Her period is late by more than 7 days of the expected date
- Menstrual bleeding is too scanty in amount or too small in duration
- She wants to use regular FP method
- She needs some clarification about ECP use (CEC 2004; FHI 2002; WHO 1998)

3.4 Steps for Effective Communication to ECP Client

1. Make certain that the client does not want to become pregnant, but she understands that there is still a chance of pregnancy even after using ECPs. She needs to be told that ECPs would cause no harm to the fetus, if it fails to prevent pregnancy.
2. Ensure that the dosage schedule is understood i.e. LNG 0.75mg 2 pills pack taken as a single dose within 72 hours of the unprotected sexual act. It should be emphasized that the course should be started as early as possible for better effectiveness.
3. Explain that pills are to be taken with water or even with milk or snack as it helps to curb the nausea.
4. Explain that taking extra pills, more than the prescribed dose does not increase effectiveness rather, it induces side effects.

5. Make sure to emphasise to the client that if she vomits within 2 hours of taking the dose, then she must repeat one tablet.
6. Explain the common side effects and their management.
7. Explain that the woman should not expect to menstruate immediately after taking the pills.
8. Ensure that the client understands that ECPs offer no protection from pregnancies resulting from continued unprotected intercourse.
9. Counsel for regular contraception. If the timing is not appropriate for any method then advise condoms until her next menstrual cycle. Demonstrate the use of condoms and ask the client to repeat it.
10. Explain that ECPs do not protect from STIs/HIV and the need to use condoms if the client or the partner is at risk.
11. Stress the importance of follow-up visit in the following situations:
    - Delay in menses by more than one week of the expected date
    - To initiate regular use of a contraceptive immediately after menstruation
    - Uncontrolled side effects

Annexures

Annexure 1

Medical Eligibility Criteria for Clients for ECPs

EMERGENCY CONTRACEPTIVE PILLS (ECPs) (including levonorgestrel contraceptive pills and combined oral contraceptive pills)
ECPs do not protect against STI/HIV. If there is risk of STI/HIV (including during pregnancy or postpartum), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.

CONDITION	CATEGORY	CLARIFICATIONS/EVIDENCE
PREGNANCY	NA	Clarification: Although this method is not indicated for a woman with a known or suspected pregnancy, there is no known harm to the woman, the course of her pregnancy, or the fetus if ECPs are accidentally used.
BREASTFEEDING	1	
HISTORY OF ECTOPIC PREGNANCY	1	
HISTORY OF SEVERE CARDIOVASCULAR COMPLICATIONS* (ischaemic heart disease, cerebrovascular attack, or other thromboembolic conditions)	2	
ANGINA PECTORIS*	2	
MIGRAINE*	2	
SEVERE LIVER DISEASE (including jaundice)*	2	
REPEATED ECP USE	1	Clarification: Recurrent ECP use is an indication that the woman requires further counseling on other contraceptive options. Frequently repeated ECP use may be harmful for women with conditions classified as 2, 3 or 4 for COC, CIC or POC use.
RAPE*	1	

* Reference: WHO Medical Eligibility Criteria 2004

Here category means:

1. A condition for which there is no restriction for use of a contraceptive method.
2. A condition where the advantages of using the method generally outweigh the theoretical or proven risk.

Annexure 2

Frequently Asked Questions

1. Are emergency contraceptive pills safe?

YES. Emergency contraceptive pills can be given even to women who cannot use oral contraceptive pills regularly, such as those with a history of hypertension, or severe migraine. This is because emergency contraceptive pills are taken for a short span of time and, consequently, will have fewer side effects than oral contraceptive pills. It will not have side effects that may have developed due to use of oral contraceptives for long periods.

2. How will emergency contraceptive pills affect a woman's menses?

ECPs have no significant impact on a woman's menses. Only 10-15 percent of the women who use emergency contraceptive pills will have menstrual problems. A woman's menses will be at about the expected time, or at most a week early or late (usually 2-3 days). In a few cases, menstrual flow might be heavier, lighter or more spotty than usual.

3. Will emergency contraceptive pills protect a woman from future unprotected intercourse?

NO. Emergency contraceptive pills do not protect a woman from any future unprotected intercourse.

4. Will emergency contraceptive pills harm an existing pregnancy or a pregnancy caused by the failure of emergency contraceptive pills?

NO. Available studies show that emergency contraceptive pills do not have an adverse effect on pregnancy.

5. Can emergency contraceptive pills be taken if there is problem in the leg (such as varicose veins)?

YES. As the dose of hormones in emergency contraceptive pills is relatively low, the short exposure to estrogen and/or progestin does not appear to alter blood-clotting mechanisms.

6. How many times can one take emergency contraceptive pills in a month?

Emergency contraceptive pills are not intended for repeated use. These pills should be used only

as an emergency method for back-up support. All women who use emergency contraceptive pills, particularly those who use them repeatedly, should be informed that emergency contraceptive pills are less effective and have more side effects than regular contraceptives. They should also be briefed on how to avoid contraceptive failure in future, or counseled on starting a regular contraceptive method of their choice.

7. How soon after emergency contraception should a regular contraceptive be started?

Regular contraceptive methods (such as condoms and pills) can be resumed immediately after emergency contraceptive treatment. Alternatively, clients could switch over to condoms till the start of the next menstrual cycle. Other regular contraceptives such as IUCD, Norplant, etc. can be started within 7 days of the next menstrual period. They could also go for sterilization if interested in limiting methods.

8. What should be done if menses is delayed by more than 7 days after using emergency contraceptive pills?

The woman should undergo a pregnancy test/contact a doctor.

9. Do emergency contraceptive pills increase the risk of an ectopic pregnancy?

NO. Emergency contraceptive pills neither prevent nor increase the chance of an ectopic pregnancy (a pregnancy that develops outside the uterus but inside the fallopian tube/abdomen).

10. Is emergency contraception the same as abortion?

NO. Emergency contraception is not abortion. Emergency contraceptives only prevent pregnancy after unprotected sex by preventing ovulation or implantation. In an abortion, a fertilized embryo is removed.

11. Do women need to use emergency contraceptive pills during the "infertile period"?

In practice, and for the family planning program, it is often difficult to determine with certainty whether a specific act of intercourse occurred on a fertile or infertile day of the cycle. This is particularly true for illiterate women. Therefore, emergency contraceptive pills should be provided if unprotected intercourse has taken place on any day of the cycle (within 72 hours) and the client feels that she is at risk of becoming pregnant.

12. Can women use emergency contraceptive pills before intercourse?

NO. Clients should be discouraged from using emergency contraceptive pills before intercourse. No

data are available on how long the contraceptive effect of emergency contraceptive pills persists after the pills have been taken. Presumably emergency contraceptive pills taken immediately before intercourse are as effective as pills taken immediately afterwards. When a woman has the opportunity to plan using a contraceptive method before intercourse, a regular method is recommended.

13. Can emergency contraceptive pills be used after more than one unprotected act of intercourse within 120 hours?

Clients should be encouraged to use emergency contraceptive pills **as soon as possible** after unprotected intercourse rather than wait until they have had a series of episodes of unprotected intercourses. Only one regimen for emergency contraceptive pills should be taken at a time, regardless of the number of prior episodes of unprotected intercourse. One regimen of ECP is only effective for any and all acts of unprotected intercourse which have occurred within 72-120 hours prior to taking the regimen. As the interval between the unprotected sexual act(s) and the use of emergency contraceptive pills lengthens, the efficacy of emergency contraceptive pills will be lower.

14. Can emergency contraceptive pills be used more than 72 hours after unprotected intercourse(s)?

Studies show that the efficacy of treatment declines with time. However, experts suggest that emergency contraceptive pills probably retain some limited efficacy even after the 72 hour time period (Ellertson et al. 2000; Piaggio et al. 1999). Since emergency contraceptive pills pose no danger either to the woman or to the embryo, it is reasonable to provide women with emergency contraceptive pills even after 72 hours, though it may fail. However, the client should be informed about the possibility of pregnancy, if the method fails or if she is already pregnant.

15. Can emergency contraceptive pills be taken when a woman is breastfeeding?

A woman who is less than six months postpartum, exclusively breastfeeding and who has not had a menstrual period since delivery is unlikely to ovulate and, therefore, may not need emergency contraceptive pills. However, a woman who is providing supplementary feeding to her infant or who has had menses since delivery, even a single time, may be at risk of pregnancy. A single treatment with combined emergency contraceptive pills is unlikely to have a serious effect on the quantity and quality of milk she produces. Some hormones may get absorbed into the breast milk but they are unlikely to affect the infant adversely. Existing data shows that progestogen only contraceptives (long acting injections, POPs and levonorgestrel ECPs) do not have any adverse effect on the newborns after 6 weeks of birth as their liver is capable of metabolizing the hormones efficiently.

16. Can emergency contraceptive pills be given while the status of pregnancy is unclear?

Emergency contraceptive pills may be given when a woman's pregnancy status is unclear and a pregnancy

test is not available, as there is no evidence suggesting that emergency contraceptive pills harm the woman or an existing pregnancy. However, a client should be informed that she might already be pregnant and, in such cases, emergency contraceptive pills will not be effective.

17. If knowledge of emergency contraceptive pills become widespread, could incorrect use or overuse of these pills become a problem?

Misuse is not likely. Even in countries where emergency contraceptive pills have been easily available for some time, they have not been misused. World Health Organization suggests that making emergency contraceptive pills readily available with accurate instructions through established family planning services, whether clinic, pharmacy or community based, will help to reduce any risk of incorrect use or overuse and will ensure appropriate follow-up counseling and contraceptive services.

18. Do emergency contraceptive pills interact with other drugs?

There is no specific data available about the interaction of emergency contraceptive pills with other drugs that the client may be taking. However, it seems reasonable that drug interactions would be similar to those with regular oral contraceptive pills. Women taking drugs that may reduce the effectiveness of oral contraceptives including but not limited to Rifampicin and certain anticonvulsant drugs should be advised that the effectiveness of emergency contraceptive pills may be reduced.

List of Experts

1. Dr. Alok Banerjee
   Parivar Seva Sansthan
   B.804-Parijat Apartments
   Sector-4, Dwaraka
   New Delhi – 110 075
   Ph. 25094224® 9810503707
   alokbanerjee@gmail.com

2. Dr. Kamal Hazari
   Deputy Director
   National Institute for Research in
   Reproductive Health (ICMR)
   JM Street, Parel, Mumbai – 400012
   Ph. 24192000 & 24192030-022
   dirirra@rediffmail.com

3. Prof. Suneeta Mittal
   Head of Dept. of Obst. & Gynae
   AIIMS, New Delhi
   Ph. 26593378, 26588449 M: 9818542111
   suneeta_mittal@gmail.com

4. Dr. Malavika Roy
   DDG, Division of RHN
   ICMR, New Delhi
   Ph. 26588713 & 9810469893
   malaroyba@yahoo.com

5. Dr. Dinesh Agarwal
   National Programme Officer (RH & HIV/AIDS)
   UNFPA, 53, Jorbagh, New Delhi – 110 003
   agarwal@unfpa.org

6. Dr. Daya Krishan Mangal
   Advisor (RH), UNFPA
   Ph. 09425301998
   mangal@unfpa.org

7. Ms. Monique Mosolf
   Chief, RH Division
   USAID American Embassy
   Chankyapuri, New Delhi
   Ph. 24198633
   mmosolf@usaid.gov

8. Dr. Loveleen Johri
   Sr. Rep. Advisor
   USAID, American Embassy
   Chankyapuri, New Delhi
   Ph. 24198412
   ljohri@usaid.gov

9. Dr. Nidhi Chaudhary
   Senior Programme Specialist
   Constella Futures Group
   Parkwood Estate
   Rau Tula Ram Marg
   New Delhi.
   Ph. 26712165
   ncchaudhary@constellagroup.com

10. Dr. Nisha Gupta
    FHAI, 16, Sundernagar
    New Delhi
    M: 9871484626
    nishagupt@gmail.com

11. Dr. Nayara Shakeel
    Joint, Dr(RCH)
    DGFW, Jagat Narain Road, Lucknow
    Uttar Pradesh
    Ph. 9839011534
    nayarashakeel@yahoo.com

12. Dr. Kalaivani
    Professor, Nodal Officer-RCH
    Dept of RBM
    NIHFW, Munirka
    New Delhi – 110 067
    Ph. 26165959
    kalaivanikrishnamurthy@gmail.com

13. Dr. S. Menon
    Reader, RBM
    Asst. Nodal officer
    (RCH II) NIHFW
    Munirka, New Delhi
    Ph. 26160156
    smenon30@gmail.com

14. Dr. Sudha Salhan
    HOD, O&G
    Safdarjung Hosp., New Delhi – 110 024
    Ph. 26198108
    sudha_salhan@yahoo.co.in

15. Dr. Anita Mehndiratta
    I/C PP Unit
    GTB Hospital, Delhi
    Ph. 22586262 ext. 216
    Fax 22581928
    drgracem@gmail.com

16. Dr. Baljit Kaur
State NSV Trainer, Urban Family Welfare Bureau
Sakatri Bagh, Amritsar, Punjab
Ph. 0935600963
bkaur@nsvsi.com

17. Dr. Namshum
Deputy Commissioner (Training)
MOHFW, Nirman Bhavan
New Delhi – 110 001
Ph. 23062791
n_namshun@yahoo.com

18. Dr. Keerti Malaviya
AC, FP Div.
MOHFW, Nirman Bhavan
New Delhi – 110 001
Ph. 23061089

19. Dr. Jaya Lalmohan
Consultant, FP Div. MOHFW
Nirman Bhavan, New Delhi – 110 001
Ph. 23062485, 24102112
jayalalmohan@gmail.com

20. Dr. Sonali
Consultant
FP Div. MOHFW
Nirman Bhavan
New Delhi – 110 001
Ph. 23062485
sonsam72@yahoo.co.uk

21. Dr. M.S Jayalakshmi
DC, FP Div.
Room No. 311, D Wing
MOHFW, Nirman Bhavan
New Delhi – 110 001
Ph. 23062485
jaya.ms.nic.in

22. Dr. Sikdar S.K.
AC, FP Div.
Room No. 452 A Wing
MOHFW, Nirman Bhavan
New Delhi – 110 001
Ph. 23062427
sk.sikdar@nic.in

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United Nations Population Fund – India