

## **Emergency Contraception Information**

### **What is Emergency Contraception (the “Morning After Pill”)?**

It is possible to become pregnant at ANY time in your menstrual cycle; even when you are having your period. For that reason, emergency contraception is recommended for women who have unprotected intercourse (either your birth control method failed or you did not use a method) at any time in their menstrual cycle and do not wish to become pregnant.

Emergency Contraception can prevent pregnancy *after* you have sex, but *before* you get pregnant. It is a series of hormone pills that work in three ways:

- Delay in ovulation (release of an egg from the ovary)
- Preventing fertilization of an egg (keep sperm and egg from uniting)
- Preventing a fertilized egg from implanting in the wall of the uterus

Emergency Contraception is NOT an abortion pill. It will not work if a woman is already pregnant. If you have had unprotected intercourse since your last normal period, and it was more than 120 hours (5 days) ago, you may already be pregnant. A sensitive pregnancy test may or may not be able to detect an early pregnancy at this time. If you choose to use Emergency Contraception, and you are already pregnant, it is not known if the hormones will have any affect on the fetus. If you do become pregnant after taking the pills, you should consult your health care practitioner or make an appointment with Whole Woman's Health immediately. Emergency contraception is 85-95% effective in preventing pregnancy, when taken as directed. However, it is still possible to become pregnant even after taking the medication.

At Whole Woman's Health, we offer 2 different types of emergency contraception: **combined oral contraceptive pills (COCs)** or **Plan B**. Both of these methods are very effective (reducing the rate of pregnancy by 75%-89%) if taken within the recommended time period after unprotected sex.

The difference between the 2 Emergency Contraceptive methods:

#### **COCs**

1. Costs \$40
2. Eight to ten pills
3. Must be started within 5 days of unprotected sex
4. Taken in 2 doses twelve hours apart
5. Contains estrogen, which can cause nausea and other concerns.

#### **Plan B**

1. Costs \$60
2. Two pills
3. Must be started within 3 days of unprotected sex
4. Can be taken both at once, or in two doses up to twelve hours apart
5. Contains progestin only, which may help reduce nausea.

### **How to take Emergency Contraception Pills:**

COCs:

1. Take 1 dose as soon as possible within 120 hours after unprotected intercourse. The sooner you take them, the better they work to prevent pregnancy.
2. Swallow the second dose twelve hours after you take the first.
3. Note: If you are concerned about nausea, you may want to break the medication into several smaller doses. Make sure to start the medication as soon as possible and finish all doses within twelve hours.

Plan B:

1. Swallow all of the pills at one time as soon as possible within 72 hours after unprotected intercourse, OR
2. You may choose to take the two pills up to 12 hours apart; however, remember that the sooner you take emergency contraception the more effective it is.

### **Effectiveness**

Emergency contraception is most effective when it is taken soon after unprotected sex. On average, if 100 women have unprotected sex, 8 will become pregnant. Combined oral contraceptive regimens of emergency contraception reduce the risk by 75% on average-- in other words, on average only 2 of the hundred would become pregnant. Plan B reduces the risk by 89% on average.

### **Side Effects and Medical Risks**

Side effects of Emergency Contraception are usually limited and short-lived. The most common side effects are nausea, vomiting, headaches, break-through bleeding, menstrual irregularities, and breast tenderness. These side effects are not serious, and do not pose a risk to your health.

To prevent nausea and/or vomiting:

- Do not take the pills on an empty stomach; take after a good meal.
- If you are taking the pills 12 hours apart, try to time the pills so that you take the second dose before going to bed.
- If you are concerned about nausea, you can use over-the-counter pills from a drugstore, such as Dramamine or Bonine, one hour before swallowing Emergency Contraception.

The medical risks of taking the medication are similar to those of taking birth control pills. Although rare, they are very serious. These include blood clots in a vein, stroke, heart attack, liver disease, gallbladder disease, high blood pressure, or death that could occur as a result of these conditions. For this reason, you should see a doctor immediately if you experience any of the following symptoms:

- Severe headaches, dizziness, weakness, or numbness in any part of your body
- Blurry or double vision
- Chest pain or shortness of breath
- Arm or leg pain, accompanied by swelling or redness
- Severe stomach pain
- Yellowing of the skin or eyes (jaundice)
- Severe depression

### **Eligibility**

Most healthy women are able to use Emergency Contraception. However, like birth control pills, the medication used does carry some risks. For this reason, women who are known to be pregnant are not able to use Emergency Contraception. Women who have or have had any of the following problems are NOT able to use the COC form of Emergency Contraception. They should use Plan B:

- Thrombophlebitis (blood clots in a vein)
- Inflammation of the veins
- Heart attack / stroke
- Liver disease, or decreased liver function
- Unexplained vaginal bleeding
- Suspected and/or diagnosed cancer of the breast, uterus, or ovaries

It is safe to use Emergency Contraception more than once. Please let us know if you need to discuss other birth control methods.

**Emergency Contraception  
Medical History and Consent**

**Patient Information**

We need the following information for your visit here. We use this for medical purposes only. We take every precaution to provide confidentiality. Please do not leave anything blank. We do not give any information, to you or anyone else, over the phone unless we can positively identify you.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Best time: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_ Dept: \_\_\_\_\_

Student: NO / YES Where: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Race: \_\_\_\_\_ Email address: \_\_\_\_\_

**Personal Medical History (please check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Bleeding between periods                   | <input type="checkbox"/> High blood pressure/hypertension                                 |
| <input type="checkbox"/> Blood clots in your legs or lungs          | <input type="checkbox"/> Loss of sight or fuzzy vision                                    |
| <input type="checkbox"/> Cancer of your uterus, vagina or breast(s) | <input type="checkbox"/> Migraine headaches or severe headaches                           |
| <input type="checkbox"/> Heart disease                              | <input type="checkbox"/> Depression/Suicidal tendencies                                   |
| <input type="checkbox"/> Heart murmur, Meds? _____                  | Medications? _____  |
| <input type="checkbox"/> Hepatitis or liver disease                 | <input type="checkbox"/> Do you smoke cigarettes? If yes, how many per day or week? _____ |

Are you allergic to any medications? If yes, please list: \_\_\_\_\_

Do you take any medications? If yes, please list: \_\_\_\_\_

Have you ever been hospitalized? If yes, please describe and date.

\_\_\_\_\_  
Please list any other health concerns not named above.  
\_\_\_\_\_  
\_\_\_\_\_

**Whole Woman's Health of Baltimore**  
*Transforming healthcare one woman at a time*  
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\_\_\_\_\_ I certify that I have been given written information about emergency contraception and have read and understand the contents.

\_\_\_\_\_ I certify that the medical history I have given is accurate to the best of my knowledge. I understand that complications from treatment may arise if I have given inaccurate information or if I have an unreported condition.

\_\_\_\_\_ I agree to call Whole Woman's Health and return for a pregnancy test if I DO NOT have any bleeding within 21 days of taking emergency contraception.

\_\_\_\_\_ I certify to the best of my knowledge that I do not have any of the following:

- blood clots
- inflammation of the veins
- liver disease
- known pregnancy
- unexplained vaginal bleeding
- suspected or diagnosed cancer of the breast or reproductive organs

\_\_\_\_\_ I state that the only unprotected intercourse I have had since my last period was on \_\_\_\_\_ . My last normal period was on \_\_\_\_\_ .

\_\_\_\_\_ I understand that a pregnancy test will be done today to try and rule out the presence of an already established pregnancy and that there is no conclusive data on the effect of these hormones on continuing an established pregnancy. I understand that the earlier the pregnancy the more difficult it is to detect with the test. I further understand that the correctness of the test results are not guaranteed. I hereby release Whole Woman's Health and its staff from any and all liability arising out of or connected with this test.

\_\_\_\_\_ I will watch for the following pill danger signs and report any to Whole Woman's Health immediately:

- chest or arm pain
- shortness of breath
- severe headaches
- severe depression
- unusual swelling or pain in the legs
- eye problems such as blurred or double vision
- pain in the abdomen
- yellowing of the skin or eyes

\_\_\_\_\_ I understand that if I see a doctor for any reason before I get my period I need to tell her/him that I have taken emergency contraception.

\_\_\_\_\_ No guarantee or assurance has been made to me as to the results which may be obtained through my use of emergency contraception.

\_\_\_\_\_ I understand how to take emergency contraception.

Patient signature: \_\_\_\_\_

Date: \_\_\_\_\_