

Welcome to

POSTPIL

Emergency Contraception Training

Introductions

Split into pairs and ask each other:

- 1
What is your name?
- 2
Where are you from?
- 3
What experience do you have with emergency contraception?
- 4
What expectations do you have about this training?

Ground Rules

Purpose of training

- Discuss family planning and contraception WHO definition and importance
- Overview emergency contraception pills (ECPs)
- Provide information on best practice counselling
- Practice counseling on emergency contraception
- Introduce Postpil

Pre-Course Knowledge Test

Family Planning & Contraception

World Health Organization - “Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility.

A woman’s ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy.”¹

¹World Health Organization Department of Sexual and Reproductive Health and Research (WHO/SRH) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), Knowledge SUCCESS. Family Planning: A Global Handbook for Providers (2022 update). Baltimore and Geneva: CCP and WHO; 2022

Family Planning & Contraception



Contraceptive information and services are fundamental to the health and human rights of all individuals.



According to 2022 estimates, 164 million women in reproductive age have an unmet need for contraception.²

Reasons for this include:

- Lack of or limited access to information or to services
- A limited choice of methods
- Fear or experience of side-effects
- Cultural or religious opposition
- Poor quality of available services

² United Nations Department of Economic and Social Affairs. World Family Planning 2022. Meeting the changing needs for family planning: Contraceptive use by age and method. Online: [file:///C:/Users/Silvia%20Rivas/OneDrive%20-%20DKT/WomanCare.org/Bureau/undesa_pd_2022_WFP%20\(1\).pdf](file:///C:/Users/Silvia%20Rivas/OneDrive%20-%20DKT/WomanCare.org/Bureau/undesa_pd_2022_WFP%20(1).pdf) (Accessed May 12, 2023).

Emergency Contraception Pills

Overview

ECPs Overview



What are ECPs:



Pills that can be used to prevent pregnancy after sexual intercourse



Also known as morning after pills or postcoital contraception .



The primary mechanism is the disruption of ovulation – by preventing or delaying release of the egg



They do not work if a woman is already pregnant.

When might ECPs be needed?



Anytime a woman is worried she may be pregnant:

- After sexual assault
- The condom broke, slipped or was used incorrectly
- COC:
 - Three or more combined oral contraceptive pills were consecutively missed or has started a new pack 3 or more days late
- POP:
 - More than three hours have elapsed since the usual time of intake of the levonorgestrel-only pill (minipill) or, in other words, more than 27 hours since the previous pill
 - More than 12 hours have elapsed since the usual time of intake of the desogestrel-containing pill (0.75 mg) or, in other words, more than 36 hours since the previous pill
- Injections:
 - The woman is more than two weeks late for the norethisterone enanthate (NETEN) progestogen-only injection
 - The woman is more than four weeks late for the depot-medroxyprogesterone acetate (DMPA) progestogen-only injection

When might ECPs be needed?



Many more circumstances that a woman may wish to take ECPs

- The diaphragm or cervical cap was dislodged, broken, torn, or removed early
- Withdrawal failed and ejaculation occurred in the vagina or on external genitalia
- A spermicide tablet or film failed to melt before intercourse
- The abstinence period was miscalculated or the couple failed to abstain or use a barrier method on the fertile days of the cycle when using fertility awareness based methods
- The intrauterine contraceptive device (IUD) or a hormonal contraceptive implant was expelled
- The method used is out of its period of effectiveness, according to the manufacturer

Which are the most common ECP regimens?



Specifically labeled for emergency contraceptive:

1

Levonorgestrel (LNG)

- ✓ 1 tablet of LNG 1.5 mg or
- ✓ 2 tablets of LNG 0.75 mg each

They can be used up to 72 hours after unprotected intercourse.

2

Ulipristal acetate (UPA)

- ✓ 1 tablet of UPA 30mg

They can be used up to 120 hours after unprotected intercourse.

3

Copper IUD

- ✓ Most effective emergency contraceptive method
- ✓ Requires a trained health care provider

Insert up to 5 days after unprotected sex

¹World Health Organization Department of Sexual and Reproductive Health and Research (WHO/SRH) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), Knowledge SUCCESS. Family Planning: A Global Handbook for Providers (2022 update). Baltimore and Geneva: CCP and WHO; 2022

The International Consortium for Emergency Contraception (ICEC), EMERGENCY CONTRACEPTIVE PILLS Medical and Service Delivery Guidance, Fourth edition 2018 www.emergencycontraception.org.

*Piaggio G, Kapp N, von Hertzen H. Effect on pregnancy rates of the delay in the administration of levonorgestrel for emergency contraception: a combined analysis of four WHO trials. Contraception. 2011;84(1):35-9.

Other emergency contraception methods



Progestin-only pills with levonorgestrel or norgestrel

- ✓ 50 LNG pills required



Combined oral contraceptives with estrogen – ethinyl estradol and progestin – levonorgestrel, norgestrel or norethindrone

- ✓ Need multiple tablets taken at 12 hourly intervals
- ✓ Associated with side effects

¹World Health Organization Department of Sexual and Reproductive Health and Research (WHO/SRH) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), Knowledge SUCCESS. Family Planning: A Global Handbook for Providers (2022 update). Baltimore and Geneva: CCP and WHO; 2022

The International Consortium for Emergency Contraception (ICEC), EMERGENCY CONTRACEPTIVE PILLS Medical and Service Delivery Guidance, Fourth edition 2018 www.emergencycontraception.org.

*Piaggio G, Kapp N, von Hertzen H. Effect on pregnancy rates of the delay in the administration of levonorgestrel for emergency contraception: a combined analysis of four WHO trials. Contraception. 2011;84(1):35–9.

ECPs: Key Message



The sooner ECPs are taken after unprotected sex, the more effective they are in preventing pregnancy.

They will not protect a woman from pregnancy from acts of sex more than 24 hours after she takes ECPs.

ECPs: Medical Eligibility



Safe and Suitable for ALL women, including women who cannot use ongoing hormonal contraceptive methods



This includes:



Women who are breastfeeding



Women of all ages from very young to perimenopause



Women with history of severe cardiovascular diseases,



Women with migraines

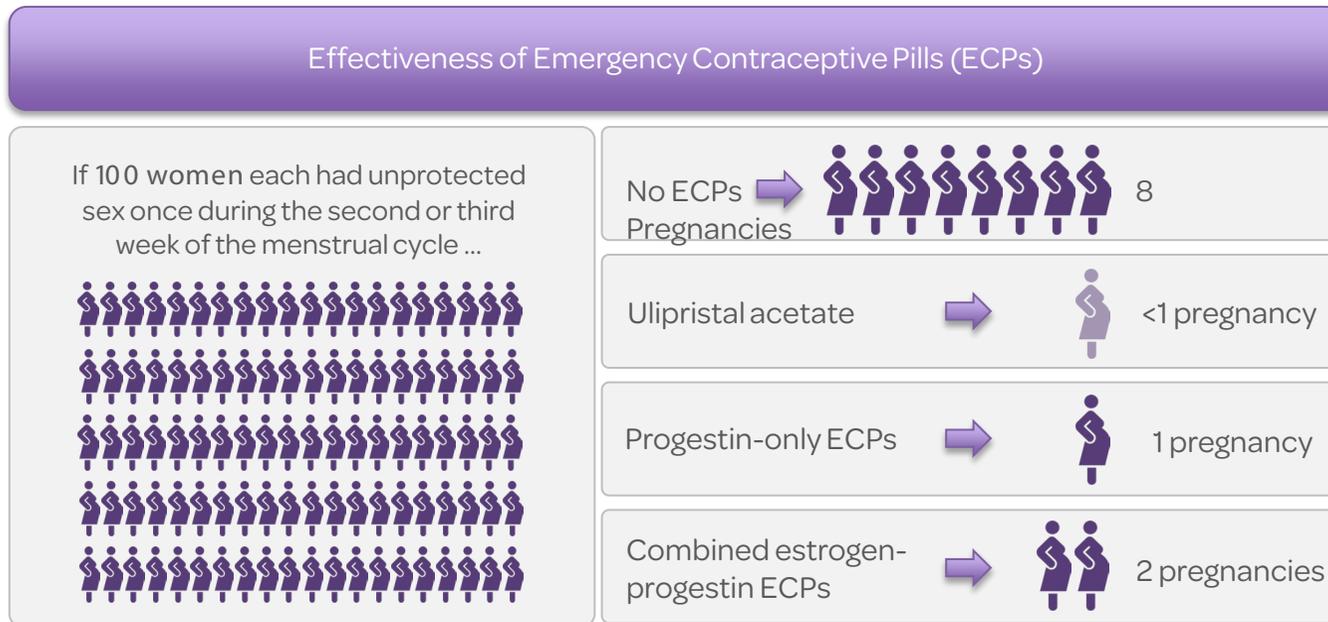


Women with HIV

¹World Health Organization Department of Sexual and Reproductive Health and Research (WHO/SRH) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), Knowledge SUCCESS. Family Planning: A Global Handbook for Providers (2022 update). Baltimore and Geneva: CCP and WHO; 2022

How effective are ECPs?

With any ECP regimen, the risk of pregnancy is substantially higher if the woman has subsequent unprotected intercourse in the same menstrual cycle than if she does not.



¹World Health Organization Department of Sexual and Reproductive Health and Research (WHO/SRH) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), Knowledge SUCCESS. Family Planning: A Global Handbook for Providers (2022 update). Baltimore and Geneva: CCP and WHO; 2022

The International Consortium for Emergency Contraception (ICEC), EMERGENCY CONTRACEPTIVE PILLS Medical and Service Delivery Guidance, Fourth edition 2018 www.emergencycontraception.org.

ECPs: Side Effects

- Changes in bleeding patterns including:
 - Slight irregular bleeding 1-2 days after taking ECPs
 - Heavier or lighter bleeding patterns
 - Monthly bleeding within seven days of the expected time.
- Nausea
- Abdominal pain
- Fatigue
- Headaches
- Breast tenderness
- Dizziness
- Vomiting

¹World Health Organization Department of Sexual and Reproductive Health and Research (WHO/SRH) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), Knowledge SUCCESS. Family Planning: A Global Handbook for Providers (2022 update). Baltimore and Geneva: CCP and WHO; 2022

The International Consortium for Emergency Contraception (ICEC), EMERGENCY CONTRACEPTIVE PILLS Medical and Service Delivery Guidance, Fourth edition 2018
www.emergencycontraception.org

ECPs: Myth Busting

- ✓ Can be used by women of any age
- ✗ Do not cause abortion
- ✗ Do not prevent or affect implantation
- ✗ Do not cause birth defects if pregnancy occurs
- ✓ They are safe
- ✗ Do not make women infertile
- ✓ Can be used more than once in a cycle

¹World Health Organization Department of Sexual and Reproductive Health and Research (WHO/SRH) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), Knowledge SUCCESS. Family Planning: A Global Handbook for Providers (2022 update). Baltimore and Geneva: CCP and WHO; 2022

The International Consortium for Emergency Contraception (ICEC), EMERGENCY CONTRACEPTIVE PILLS Medical and Service Delivery Guidance, Fourth edition 2018
www.emergencycontraception.org.

Providing ECPs: Key Messages

- If possible, it is recommended to supply women who may need ECPs in advance (products or prescription).
- Women are more likely to use ECPs if they already have them when needed and it enables them to take them as soon as possible after unprotected sex.
- No routine return visit is required, however if she thinks she might be pregnant, especially if she has no monthly bleeding or her next monthly bleeding is delayed by more than 7 days.
- Medical consultation or tests are NOT required.
- It is strongly recommended that she plans an ongoing contraceptive method as soon as possible after using ECPs.



Importance of messaging:

'Come back anytime if you have any questions or concerns'

When to start/restart contraception after ECP use

1

Hormonal Methods

(COCs, progestin only pills, injectables, implants, vaginal ring or patch)



Can start or restart any method immediately, there is no need to wait until next monthly bleeding.



Abstain from sex or use a backup method for the first 7 days of using the contraceptive method.



After taking UPA ECPs, the woman can start or restart any method containing progestin on the 6th day.



If she starts a progestin method before, both the progestin and the UPA ECPs could be less effective.

¹World Health Organization Department of Sexual and Reproductive Health and Research (WHO/SRH) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), Knowledge SUCCESS. Family Planning: A Global Handbook for Providers (2022 update). Baltimore and Geneva: CCP and WHO; 2022

The International Consortium for Emergency Contraception (ICEC), EMERGENCY CONTRACEPTIVE PILLS Medical and Service Delivery Guidance, Fourth edition 2018
www.emergencycontraception.org

When to start/restart contraception after ECP use

2

Levonorgestrel intrauterine device



After taking progestin-only or combined ECPs, the LNG-IUD can be inserted at any time if she is not pregnant. She should use a backup method during for the first 7 days.



After taking UPA ECPs, the LNG-IUD can be inserted on the 6th day if she is not pregnant. She should use a backup method during for the first 7 days.

3

Copper-bearing intrauterine device



She can have it inserted on the same day she takes the ECPs and there is no need for a backup method.



This method can also be used for emergency contraception and it has to be inserted within the first 5 days after unprotected sex and then continue using it as a regular contraceptive method.

When to start/restart contraception after ECP use

4

Female Sterilization



The procedure can be done within the 7 days after the start of her next monthly bleeding if it is certain that she is not pregnant.

5

Other methods such as condoms, spermicides, cervical caps, diaphragms



They can be used immediately after.

¹World Health Organization Department of Sexual and Reproductive Health and Research (WHO/SRH) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), Knowledge SUCCESS. Family Planning: A Global Handbook for Providers (2022 update). Baltimore and Geneva: CCP and WHO; 2022

The International Consortium for Emergency Contraception (ICEC), EMERGENCY CONTRACEPTIVE PILLS Medical and Service Delivery Guidance, Fourth edition 2018
www.emergencycontraception.org

Counselling



A Rights Based Approach to care

This session is for all staff to gain new skills and refresh any knowledge you already have:

Counselling as part of a Rights Based Approach

“

Principles of a rights-based approach to service delivery: service users must not only have access to safe, effective, acceptable care – there should be access, equity and availability.

”

How can we ensure that the client is getting rights-based care?

1

Ensuring stock and method mix

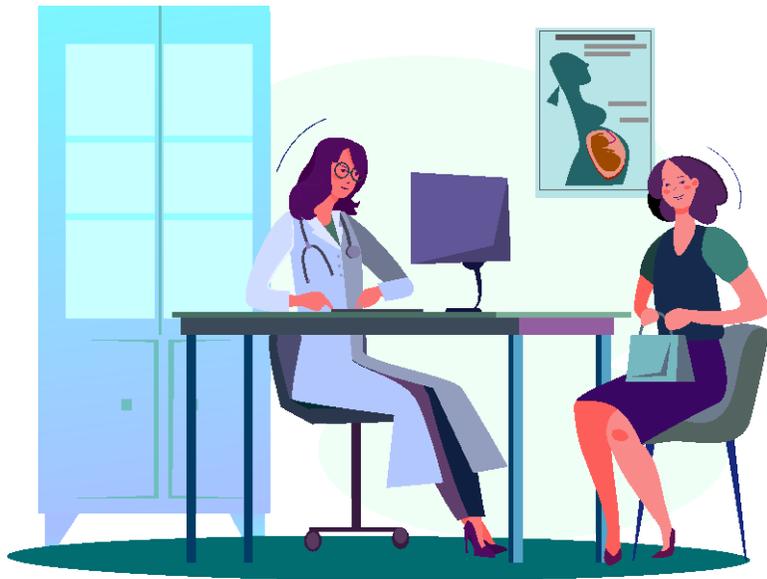
2

Importance of contraceptive choice

3

Importance of consent

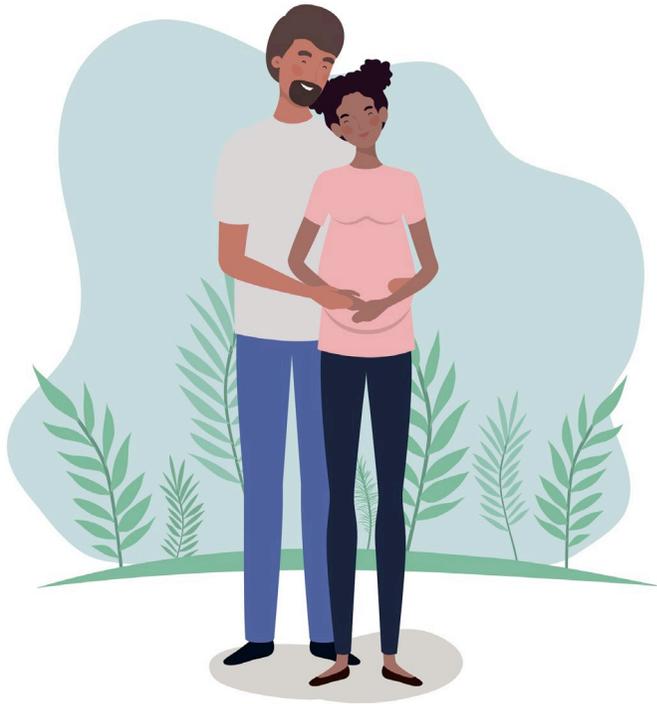
Rights of patients who attend FP services



- Information
- Access
- Choice
- Security
- Privacy
- Confidentiality
- Comfort
- Follow-up
- Opinion

Characteristics of Balanced Counselling

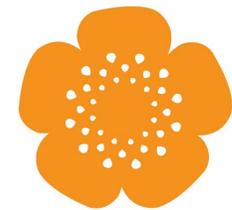
In Family Planning



- Sexual and reproductive rights
- Communication
- Listen
- Inform
- Clarify doubts

What is Good Counselling?

- Principles of good counselling?
- One well known framework is e.g. EngenderHealth REDI
 - R** Rapport Building
 - E** Exploring
 - D** Decision Making
 - I** Implementing the Decision



EngenderHealth
for a better life

What is Good Counselling?



Rapport Building

- Greet client with respect
- Make introductions and identify category of the client (i.e., new, satisfied return, or dissatisfied return)
- Assure confidentiality and privacy
- Explain the need to discuss sensitive and personal issues
- Use communication skills effectively (throughout the phases)

What is Good Counselling?



Exploring

- Identify reason for the visit in detail
- **New clients:** SRH history, does she want spacing or no more children?
- **Return clients:** satisfaction with current method, confirm it is being used properly. Does she want spacing or no more children? Discuss existing problems, treating them or switching
- **All clients:** Focus on the method(s) of interest to the client, addressing individual and other key factors and risk of STIs/HIV

What is Good Counselling?

Decision Making

Summarize from the Exploring phase:

- Identify the decisions the client needs to make or confirm
- Identify relevant options for each decision (e.g., pregnancy prevention, STI/HIV risk reduction)
- Confirm medical eligibility for contraceptive methods the client is considering
- Help the client consider the benefits, disadvantages, and consequences of each option (provide information to address any remaining knowledge gaps)
- Confirm that any decision the client makes is informed, well-considered, and voluntary

What is Good Counselling?

Implementing the Decision

- Assist the client in developing a concrete and specific plan for implementing the decision(s)
- Identify barriers that the client may face in implementing the plan
- Develop strategies to overcome the barriers
- Make a follow-up plan and/or provide referrals, as needed

Importance of Informed Consent



Brainstorm:



What are the principles of informed consent?



***THE IMPORTANCE OF INFORMED
CONSENT IS TO RECORD THE
COUNSELLING PROCESS***

Informed Consent



Clients right to make decisions about her own health and welfare



Clients must not be coerced, consent must be voluntary



Clients must have capacity to make decisions for herself and understand risks and benefits

Role Play Counselling and Informed Consent

Let's Play ...



POSTPIL

Emergency Contraception Pill

Product Information

POSTPIL



- **Formulation:**
1 single tablet that contains Levonorgestrel 1.5 mg
- **Classification:**
Emergency contraceptive pills.
- **Available presentation:**
1 tablet
- **Used for:**
Prevention of unintended pregnancy following unprotected intercourse, rape or sure or suspected failure/misuse of the contraceptive method.
- **Storage conditions:**
Below 30°C and keep out from children.

** Patient Information Leaflet

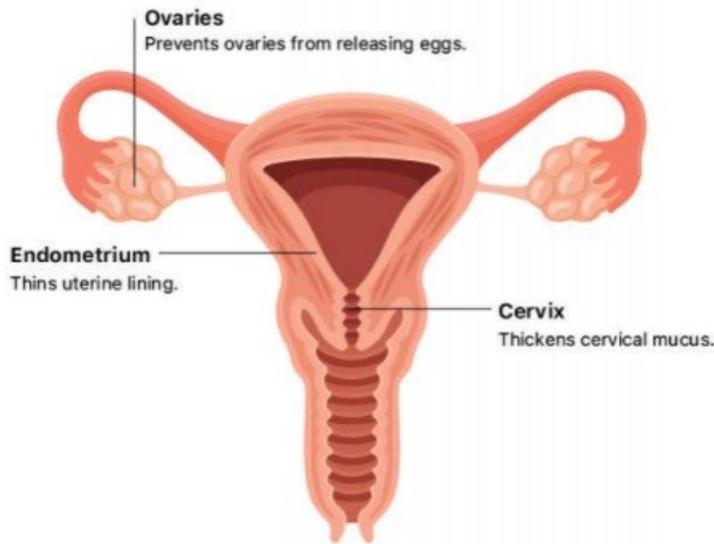
POSTPIL Product overview



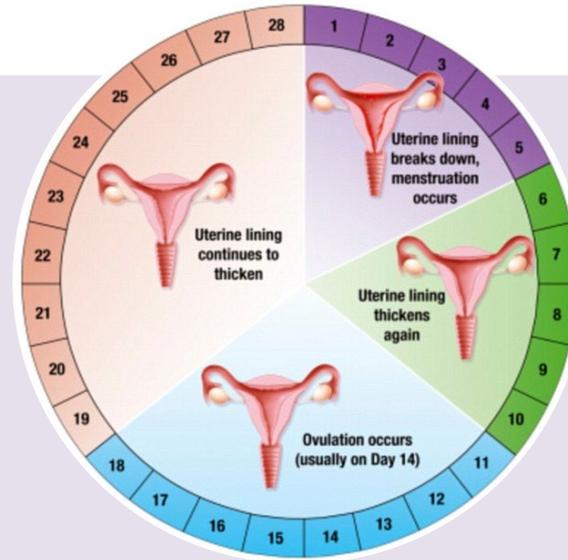
Mechanism of Action:



Disruption of ovulation



™ Patient Information Leaflet



If taken before the pre-ovulatory luteinizing hormone surge has started, LNG can inhibit the surge, impeding follicular development and maturation and/or the release of the egg itself.

POSTPIL Product overview



Indications

- Women of all reproductive ages who want to avoid pregnancy
- Women with history of ectopic pregnancy



Contraindications

- Hypersensitivity to Levonorgestrel
- Known or suspected pregnancy

* Patient Information Leaflet

POSTPIL Product overview



Dosage and Administration:



One single tablet by mouth



The tablet should be taken as soon as possible after, not later than 72 hours (3 days) after unprotected intercourse, rape or suspected contraceptive failure. The earlier it is taken, the more effective it will be.



If the woman vomits within two hours of taking the tablet, the dose should be repeated.



It can be used at any time during the menstrual cycle.



*Patient Information Leaflet

POSTPIL Product overview



What happens if you take Postpil more than once in your cycle?



Repeated use does not present health risks but there can be menstrual changes such as shorter/longer cycles and have a heavier/lighter period than normally.



However, the use of a regular and ongoing contraceptive method is recommended.



Is Postpil safe?



Clinical studies were conducted to show that Postpil is safe. It does not affect fertility or increases the risk of cancer or ectopic pregnancy or cause long-term side effects.



However, the use of a regular and ongoing contraceptive method is recommended.

** Patient Information Leaflet

POSTPIL Product overview



Side Effects: The following side effects may occur after taking the Postpil and they are usually solved within a few days



Menstrual changes like heavier or lighter bleeding and menstrual bleeding can also occur earlier or later than expected (>7 days)



Spotting is normal a few days after taking Postpil



Nausea



Lower abdominal pain



Fatigue



Headache



Dizziness



Breast tenderness

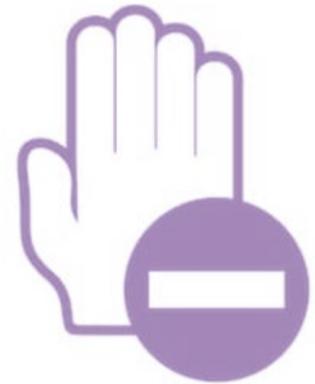
** Patient Information Leaflet

POSTPIL Product overview



Precautions

- If menses is delayed beyond one week of expected date, the possibility of pregnancy should be considered.
- Postpil is not an abortifacient and is not effective in terminating an existing pregnancy.
- If severe lower abdominal pain persists or pregnancy occurs after taking the tablet, it may be an ectopic pregnancy and immediate medical check-up is recommended.
- Postpil does NOT protect against HIV infection or STIs.



Drug Interactions

- Drugs or herbal products that induce hepatic enzymes such as CYP3A4 may decrease the effectiveness of progestin-only emergency contraceptive pills like Postpil.
- CYP3A4 inducers such as barbiturates, carbamazepine, ciclosporin, griseofulvin, oxcarbazepine, phenytoin, rifampicin, ritonavir, rifampicin, St John's wort, topiramate are mainly used as anticonvulsants or anti-epileptics, but there also some of these drugs that are used for other purposes.

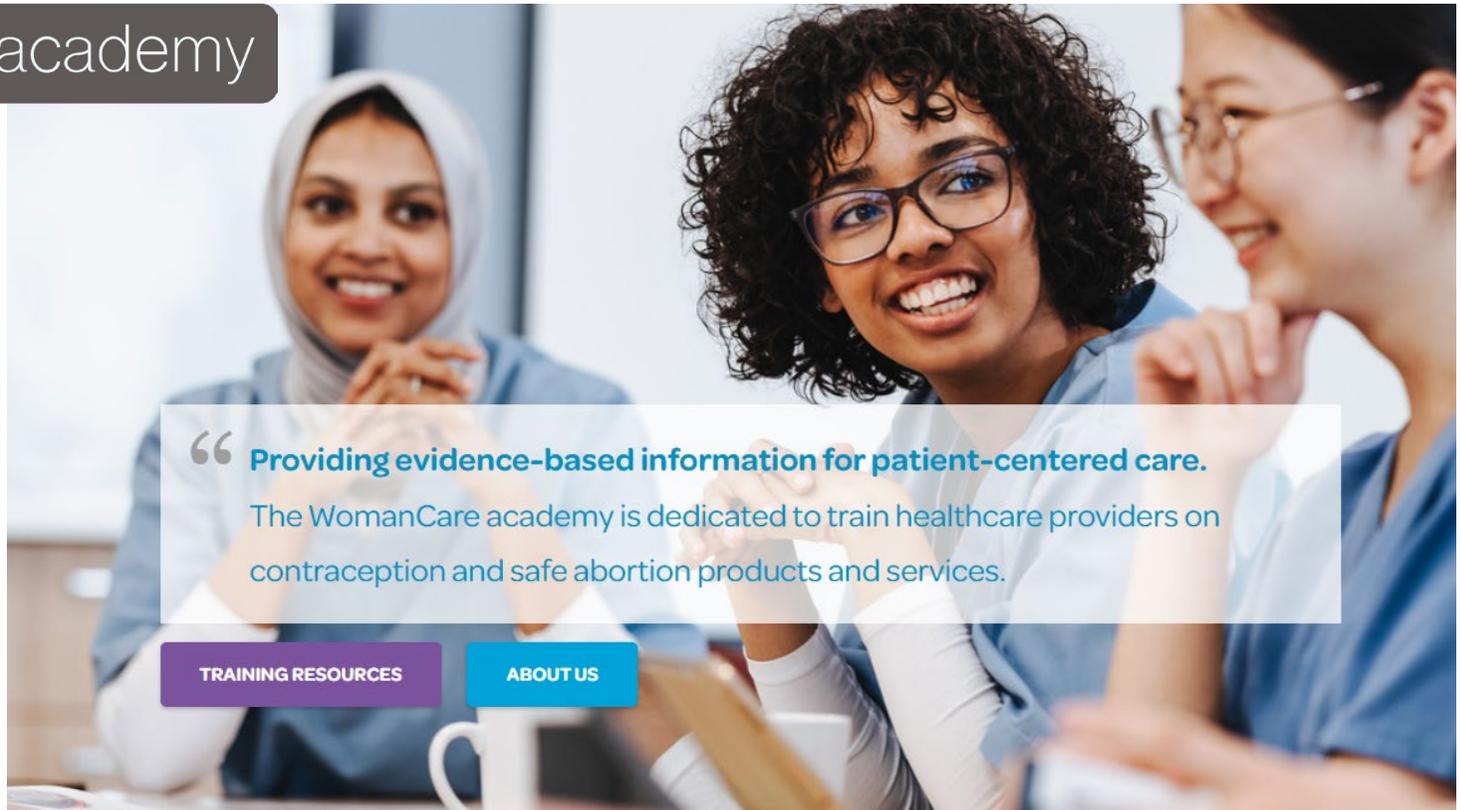
** Patient Information Leaflet

Questions, Comments, Or Concerns?



We want to hear about it ...

Training resources: WomanCare Academy



“ **Providing evidence-based information for patient-centered care.**
The WomanCare academy is dedicated to train healthcare providers on
contraception and safe abortion products and services.

TRAINING RESOURCES

ABOUT US



Training resources: WomanCare Academy

Training resources for healthcare providers

Through the WomanCare Academy, we educate a spectrum of healthcare providers: gynecologists, nurses, midwives and others worldwide, to build their skills in delivering high quality, patient-centered care using our contraceptive and safe abortion products.



womancare-academy.org

Training resources: WomanCare Academy

○ Training tools for contraception and safe abortion products

- Implants
- Emergency contraception
- Injectable contraception
- IUDs
- Medical abortion
- Surgical abortion
- Early pregnancy loss management



womancare-academy.org



Email: contact@dktwomancare.org

www.dktwomancare.org

www.womancare-academy.org