

## Emergency Contraception Clinical Pathway Synopsis

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### Objective of Clinical Pathway

To provide care standards for the patient who presents to the hospital or clinic at risk for unintended pregnancy for which emergency contraception is indicated. The Emergency Contraception Clinical Pathway provides guidance on efficacy, access, and considerations for future prevention.

### Background

Emergency contraception (EC) helps prevent pregnancy after unprotected intercourse, contraceptive failure, inconsistent contraceptive use, or sexual assault.<sup>1-2</sup> Unlike routine hormonal contraception, EC is intended for use after a specific risk event rather than as an ongoing contraceptive method.<sup>3</sup> EC is an important strategy for reducing unintended pregnancy, particularly among adolescents.<sup>4</sup>

At Children's Mercy, available EC options include oral levonorgestrel (Plan B One Step®) and ulipristal acetate (ella®). Additional options recognized by the CDC and ACOG but not available at Children's Mercy include the copper IUD (Paragard®) and levonorgestrel IUDs (Mirena® and Liletta®). Selection of an EC method should consider efficacy, availability, and future contraceptive needs.

### Efficacy

EC should be administered as soon as possible and within 120 hours (5 days) of unprotected intercourse or sexual assault.<sup>1-2</sup> Effectiveness varies by method and timing. Levonorgestrel is most effective when taken within 72 hours, whereas ulipristal acetate remains effective throughout the 120-hour window.<sup>1-2</sup> The copper IUD is also highly effective when inserted within 5 days.<sup>1-2</sup>

Body mass index (BMI) should be considered when selecting an oral EC option. Levonorgestrel is less effective in individuals with a BMI greater than 25, whereas ulipristal acetate remains effective in individuals with a BMI up to 35.<sup>1-2</sup> Copper IUD effectiveness is not affected by body weight.<sup>1-2</sup>

### Access

Access to EC varies by method. Levonorgestrel is available over the counter without age restrictions, making it the most accessible option.<sup>5-6</sup> Ulipristal acetate requires a prescription, and IUD-based methods require placement by a healthcare provider.<sup>5-6</sup> Insurance coverage, cost, and local availability may also affect access.<sup>5-6</sup>

### Future Prevention

EC is intended to prevent pregnancy after a single high-risk event and should not replace routine contraception.<sup>1-2,5-6</sup> Patients should be counseled on ongoing contraceptive options when appropriate.

Following levonorgestrel use, hormonal contraception may be started immediately.<sup>1-2</sup> Following ulipristal acetate use, hormonal contraception should be delayed for 5 days to avoid reducing effectiveness.<sup>1-2</sup> For either oral EC method, abstinence or condom use is recommended for 7 days after starting hormonal contraception.<sup>1-2</sup> Condoms should continue to be used for protection against sexually transmitted infections.<sup>1-2</sup> Patients who receive a copper IUD do not require additional contraception for pregnancy prevention, although condom use remains recommended for STI prevention.<sup>1-2</sup>

### Target Users

The target users of this clinical pathway include the following healthcare professionals:

- Physicians in ambulatory care, urgent care, emergency medicine, and hospital medicine settings

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- Fellow physicians
- Resident physicians
- Advanced practice providers
- Registered nurses
- Pharmacists

**Target Population****Inclusion Criteria**

- Adolescents at risk for unintended pregnancy

**Exclusion Criteria**

- If > 120 hours (5 days) since unprotected sexual intercourse, inadequately protected sexual intercourse, or sexual assault

**Practice Recommendations**

Please refer to the American Academy of Pediatrics Emergency Contraception Policy Statement and the Emergency Contraception Update from the Society for Adolescent Health and Medicine for practice recommendations, evaluation, and treatment recommendations.<sup>1-2</sup>

**Additional Questions Posed by the Clinical Pathway Committee**

No additional clinical questions were posed for this review.

**Recommendations Specific for Children's Mercy**

Children's Mercy adopted the majority of the practice recommendations made by the American Academy of Pediatrics Emergency Contraception Policy Statement and the Emergency Contraception Update from the Society for Adolescent Health and Medicine.<sup>1</sup> Variations/Additions include:

- Upadhyia and the AAP Committee on Adolescence (2019) recommend that emergency contraception be prescribed over the phone without requiring a pregnancy test when a visit is not possible; whereas provision of emergency contraception when a visit is not possible has not been formally addressed in the clinical pathway.
- Upadhyia and the AAP Committee on Adolescence (2019) recommends all adolescents and their parents, particularly when the adolescent has varying physical and cognitive abilities, receive emergency contraceptive counseling. At Children's Mercy, the counseling can be completed during routine visits when discussing sexual health and family planning, as well as counseling on sexually transmitted infections.
- Upadhyia and the AAP Committee on Adolescence (2019) state that pregnancy testing is not required before use of emergency contraception. However, Children's Mercy's policy requires a pregnancy test prior to emergency contraception provision.

**2026 Updates from Previous Versions of the Clinical Pathway**

Based on the Emergency Contraception Update from the Society for Adolescent Health and Medicine and additional emergency contraception literature, the following additions have been included to this pathway<sup>2,5,7-20</sup>:

- Confirmation through a urine pregnancy test that the patient is not pregnant before providing emergency contraception.
- Clarified if the patient is using hormonal contraception, oral levonorgestrel should be prescribed as emergency contraception.
- Included levonorgestrel IUD as an emergency contraception option as identified by the American College of Obstetricians and Gynecologists, though this method is not currently offered at Children's Mercy, nor is the Copper IUD.

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- In addition to providing education on emergency contraception and healthy sexual behaviors, the clinician should also discuss the importance of adherence with the patient's current method of contraception or when starting a new contraceptive method of birth control.
- Consideration should be given to make a referral to the Adolescent and Young Adult Specialty Clinic at Children's Mercy.

**Measures**

- Access of the clinical pathway (website hits)

**Value Implications**

The following improvements may increase value by reducing healthcare and non-monetary costs (e.g., missed school/work, loss of wages, stress) for patients and families, and by reducing costs and resource utilization for healthcare facilities.

- Decreased risk of unintended pregnancy in adolescents
- Decreased unwarranted variation in care
- Improved delivery of evidence-based care to adolescents
- Decreased inequity of care related to socioeconomic characteristics of patients

**Organizational Barriers and Facilitators****Potential Barriers**

- Variability of acceptable level of risk among providers
- Variability of awareness and knowledge of emergency contraception options among providers
- Inconsistent history-taking regarding risk factors for unintended pregnancy
- Hesitancy of patients to seek care for an unintended pregnancy

**Potential Facilitators**

- Collaborative engagement across the continuum of clinical care settings and healthcare disciplines during clinical pathway development
- Association of this decision support tool with Children's Mercy Sexually Transmitted Infections and Human Sex Trafficking Clinical Pathways

**Bias Awareness**

Our goal is to recognize the social determinants of health and minimize healthcare disparities, while acknowledging that our unconscious biases can contribute to these disparities.

**Order Sets**

- There are no associated order sets with this clinical pathway

**Educational Materials**

Educational tools were reviewed for health literacy.

- Healthy Sexual Behaviors
  - Intended for all adolescent patients
  - Found on the website of the Emergency Contraception Clinical Pathway
  - Available in [English](#) and [Spanish](#)
- [Emergency Contraception](#)
  - Intended for all patients
  - A link to the Nemours TeensHealth handout is provided on the website for the Emergency Contraception Clinical Pathway
  - Available in English and Spanish

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### Clinical Pathway Preparation

This pathway was prepared by the EBP Department in collaboration with the Emergency Contraception Clinical Pathway Committee, composed of content experts at Children's Mercy.

### Clinical Pathway Representation

This clinical pathway was originally created with representation from Hospital Medicine, Sexual Assault Nurse Examiner Program, Gynecology, Infectious Diseases, Urgent Care, Emergency Department, General Academic Pediatrics, Pharmacy, Adolescent and Young Adult Medicine, Inpatient Care Management, and Evidence Based Practice.

### Emergency Contraception Clinical Pathway Revision Committee Members and Representation

- Andrea Nos, MD | Adolescent and Young Adult Medicine | Committee Chair
- Rachel Whitfield, MSN, APRN, FNP-C | Adolescent and Young Adult Medicine | Committee Member
- Gladesia Tolbert, DNP, CPNP, PMHS | General Academic Pediatrics/Operation Breakthrough | Committee Member

#### Pathway Reviewers

- Mitchell McKinnon, MD | Emergency Medicine
- Alexandria Buck, DNP, APRN, FNP-C, CPN | Emergency Medicine

#### EBP Committee Members

- Kathleen Berg, MD, FAAP | Evidence Based Practice
- Andrea Melanson, OTD, OTR/L | Evidence Based Practice
- Kelli Ott, OTD, OTR/L | Evidence Based Practice

### Clinical Pathway Development Funding

The development of this clinical pathway was underwritten by the following departments/divisions: Adolescent and Young Adult Medicine, General Academic Pediatrics, and Evidence Based Practice.

### Conflict of Interest

The contributors to the Emergency Contraception Clinical Pathway have no conflicts of interest to disclose related to the subject matter or materials discussed.

### Approval Process

- This pathway was reviewed and approved by the EBP Department and the Emergency Contraception Clinical Pathway Committee after committee members garnered feedback from their respective divisions/departments. It was then approved by the Medical Executive Committee.

### Review Requested

| Department/Unit                     | Date           |
|-------------------------------------|----------------|
| Adolescent and Young Adult Medicine | August 2026    |
| General Academic Pediatrics         | August 2026    |
| Emergency Medicine                  | September 2026 |
| Evidence Based Practice             | August 2026    |

### Version History

| Date           | Comments                                                                                                           |
|----------------|--------------------------------------------------------------------------------------------------------------------|
| September 2018 | Version one: Algorithm developed                                                                                   |
| January 2023   | Version two: Algorithm revised, synopsis developed, added link to sexually transmitted infections clinical pathway |

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|----------------|-----------------------------------------------------------------------------------------------------|
| September 2026 | Version three: Algorithm and synopsis revised, added link to human sex trafficking clinical pathway |
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**Date for Next Review**

- September 2030

**Implementation & Follow-Up**

- Once approved, the pathway was implemented and presented to the appropriate care teams:
  - Announcements made to relevant departments
  - Additional institution-wide announcements were made via the hospital website and relevant huddles
  - Community clinics affiliated with CM received announcements via "Progress Notes"
- Order sets consistent with recommendations were created or updated for each care setting
- Care measurements may be assessed and shared with appropriate care teams to determine if changes need to occur.
- Pathways are reviewed every 4 years (or sooner) and updated as necessary within the EBP Department at Children's Mercy. Pathway committees are involved with every review and update.

**Disclaimer**

When evidence is lacking or inconclusive, care options are provided in the supporting documents and in the order set(s) and/or order panel(s) that accompany the clinical pathway.

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