



Counseling Points for Emergency Contraception

For Pharmacist Consideration

- As with any medication dispensing, Emergency Contraception (EC) should be provided in a manner that is respectful of the patient and responsive to the patient's need for information and counseling. This means all efforts should be made to maintain a supportive, reassuring, participatory, and confidential environment.
- Be supportive of the patient's choices. Refrain from making judgmental comments or indicating disapproval through body language or facial expressions.
- Actively involve the patient in the counseling process. This may lead to increased compliance over just providing information. For example, ask the patient what she knows about EC.
- Maintain privacy as much as possible. Be aware of the environment in which the counseling is being conducted and any ways you may increase privacy.
- Maintain confidentiality of all patient information as much as possible.

For Patient Counseling

- Introduce yourself!
- If providing EC under a standing order from a physician, screen the patient according to the protocol in the standing order. If providing EC over-the-counter, remember to check ID to ensure that the patient is over 18.
- Remind patients of the time sensitive nature of EC (it is more effective the sooner it is taken after unprotected sex).
- Explain that the directions on Plan B® state that it can be used up to 3 days (72 hours) after unprotected sex. However, newer research has shown that Plan B® can be effective up to 5 days (120 hours) after sex and can be used safely in this timeframe.
- Advise patients of potential side effects (nausea, vomiting, headache, breast tenderness, etc.) and suggest non-pharmacological and/or pharmacological side effect management as appropriate.
- Tell the patient her period should begin within 1 week before or after the normal expected date. If she does not start her period within 3 weeks of taking EC, she should take a pregnancy test (at home or in a healthcare provider's office).
- Remind the patient that EC will not protect her from getting pregnant from acts of intercourse occurring after treatment.
- Ask the patient to repeat any instructions or information when you are not sure of their comprehension of the material.
- Answer questions regarding the mechanism of EC by telling the patient the following:
 - EC works through various mechanisms like regular birth control pills.
 - EC will not interrupt or harm an established pregnancy (it is NOT a medical abortion).
 - EC is not the same as mifepristone (RU-486) which is used to terminate an established pregnancy.
- As appropriate, assess the patient's need for a referral to other services such as family planning, HIV counseling and testing, or STI (sexually transmitted infection) testing and treatment.

Adapted from: Comprehensive Reproductive Health and Family Planning Training Curriculum. Watertown, MA: Pathfinder International (revised 2000).
See also: Downing D, Stewart FH. APhA Special Report. Emergency contraception: the pharmacist's role. American Pharmacists Association. Update 2004.