The New York City Department of Health and Mental Hygiene

Over the Counter Anti-Nausea

Commonly Preferred Regimens for Use with Contraception Choices

- Diphenhydramine HCl 25-50 mg 1 hr before 1st EC dose; repeat in 24 hrs prn
- Meclizine HCl 25-50 mg 1 hr before 1st EC dose; repeat Q 4-6 hr prn

Emergency Contraception Counseling

- Safe if not on long-term contraception
- Use anti-nausea regimen if sensitive or if vomiting occurs
- Expect menses within 3 weeks of EC use; if not, return to office for pregnancy test
- Mild spotting and cramping occur rarely
- Begin ongoing effective contraception on next day

IUDs as Emergency Contraception

- The Copper-T can be inserted up to 5 days after unprotected sex
- Refer to an experienced clinician for insertion

Sexual Assault Victims and EC


Abortion Options

Common Preferred Contraception Choices

- All patients deserve counseling on available methods.
- Individualized advice based on lifestyle and health history.
- Always discuss HIV/AIDS risk and recommend condoms for protection.

Common (non-ranked) choices for certain populations include:

- Teens: Low-dose OCP, condoms, patch, DMPA (limit to 2 yrs in young women)
- Breast-feeding women: Copper IUD, mini-pill, barrier methods, condoms, DMPA
- Smokers: Recommended quitting, treatment. Non-estrogen containing methods safer: Progesterone-only pills or injection, barrier methods, IUDs. If < 35 yrs, low-dose OCP, ring, and patch acceptable (use with caution)
- No further pregnancies desired: Copper IUD or Mirena if specific indication, tubal sterilization, or vasectomy

For all contraception methods, refer to manufacturer's label or other reference for more information.

For more information, visit www.nyc.gov/health/maternity for the Bureau of Maternal, Infant and Reproductive Health: emergency contraception information, patient education materials, and other resources.


Information and Resources

The New York City Department of Health and Mental Hygiene

- Contraception: To Prevent Unintended Pregnancy
  - Take a brief sexual history of all patients
  - Encourage the appropriate use of contraception
  - Offer emergency contraception

National Information

- General abortion options: www.managingcontraception.com
- Emergency Contraception: 1-866-863-9909 or www.not2late.com
- Norplant removal: 1-800-760-9030 or www.contraceptionfoundation.org
- Planned Parenthood Federation of America: www.ppfa.org
- Copper IUD (Paragard T 380A) training: 212-446-9368 or www.paragard.com
- IUD (Mirena) training: 1-888-237-5394 or www.mirena.com


- www.managingcontraception.com
- www.not2late.com
- www.contraceptionfoundation.org
- www.paragard.com
- www.mirena.com

- Copper IUD (Paragard T 380A) training: 212-446-9368 or www.paragard.com
- IUD (Mirena) training: 1-888-237-5394 or www.mirena.com

- www.managingcontraception.com
- www.not2late.com
- www.contraceptionfoundation.org
- www.paragard.com
- www.mirena.com

- Copper IUD (Paragard T 380A) training: 212-446-9368 or www.paragard.com
- IUD (Mirena) training: 1-888-237-5394 or www.mirena.com

Estrogen: EE = ethinyl estradiol

**Other Hormonal Contraception**

**Combined oral contraceptive pills (COCs)**
- ≤ 35 mcg of EE preferred
- Most women ≤ 35 years of age
- Many generics available for monophasic
- Triphasic methods no added advantage
- Many generics available for monophasic
- Many generics available for monophasic
- Acceptable for healthy, non-smoking women
- Many generics available for monophasic
- Many generics available for monophasic
- November 2004 black box warning
- Use for no longer than 2 yrs in most women
- Many generics available for monophasic
- Effective for up to 10 years
- If use > 2 yrs (i.e. no other method adequate/indicated), recommend bone densitometry
- Fer Fernandez, 195

**Non-Hormonal Contraception Currently Available**

**Copper IUD (Paragard T 380A)**
- T-shaped device containing copper
- Highly effective up to 10 years
- Refills every 5 yrs

**Male and Female Condoms**

**Other Hormonal Contraception**

**Depot Medroxyprogesterone Acetate (DMPA)**
- November 2004 black box warning
- Use for no longer than 2 yrs in most women
- Only effective if used consistently
- Effective for up to 10 years
- If use > 2 yrs (i.e. no other method adequate/indicated), recommend bone densitometry

**Combined hormonal pill**
- Not recommended for women > 198 lbs

**Oral CONTRACEPTION PILLS**

| Estrogen: | EE = ethinyl estradiol | L = levonorgestrel | N = norgestimate | R = respiril
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>20 mcg</td>
<td>15 mcg/day</td>
<td>120 mcg/day</td>
<td>20 mcg/day</td>
<td>20 mcg/day</td>
</tr>
<tr>
<td>30 mcg</td>
<td>21 mcg/day</td>
<td>150 mcg/day</td>
<td>30 mcg/day</td>
<td>30 mcg/day</td>
</tr>
<tr>
<td>35 mcg</td>
<td>28 mcg/day</td>
<td>200 mcg/day</td>
<td>35 mcg/day</td>
<td>35 mcg/day</td>
</tr>
</tbody>
</table>

**Oral CONTRACEPTION PILLS (cont.)**

<table>
<thead>
<tr>
<th>Estrogen:</th>
<th>EE = ethinyl estradiol</th>
<th>L = levonorgestrel</th>
<th>N = norgestimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 mcg</td>
<td>15 mcg/day</td>
<td>120 mcg/day</td>
<td>20 mcg/day</td>
</tr>
<tr>
<td>30 mcg</td>
<td>21 mcg/day</td>
<td>150 mcg/day</td>
<td>30 mcg/day</td>
</tr>
<tr>
<td>35 mcg</td>
<td>28 mcg/day</td>
<td>200 mcg/day</td>
<td>35 mcg/day</td>
</tr>
</tbody>
</table>

**New York State Public Health Law Sections 2303, 2305 (2781), see section 32 CPHD 446, 193 A.D.2'd, 606 N.Y.S.2d 205, 290 (1963)