

History, Policy *and* Nursing Practice Implications *of the* Plan B[®] Emergency Contraceptive

Currently, about half (51 percent) of the pregnancies in the United States are unintended and the United States has the highest rate of unintended pregnancies among developed nations (Guttmacher Institute, 2013). According to the American College of Obstetricians and Gynecologists (ACOG, 2010), pregnancy is defined as implantation of a fertilized egg. A pregnancy that is unplanned, mistimed and/or unwanted is referred to as an unintended pregnancy (Guttmacher Institute, 2013). Unintended pregnancies may lead to poor maternal and child health outcomes, such as delayed prenatal care, premature birth, reduced likelihood of breastfeeding, maternal depression, increased risk of physical violence in pregnancy and physical and mental impacts on the baby (Guttmacher Institute, 2013; U.S. Department of Health and Human Services [DHHS], 2011). Both ACOG (2010) and *Healthy People 2020* (DHHS, 2011) recognize the inherent need to reduce unintended pregnancy by increasing the availability of emergency contraception.

Abstract: Numerous policy changes have expanded access to emergency contraception, such as Plan B[®], in recent years. Plan B[®] is a progesterone-based medication that prevents pregnancy from occurring up to 120 hours after unprotected intercourse by preventing ovulation and tubal transport. Increased access to Plan B[®] allows women to make independent decisions regarding reproductive health. Nurses play an important role in providing education as well as comprehensive, compassionate and holistic care. DOI: 10.1111/1751-486X.12186

Keywords: contraception | emergency contraception | Plan B[®] | women's health



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