

# Plan B: Dual Label

## The Nurse Practitioner's Role in Education and Provision

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### ABSTRACT

This manuscript covers Plan B, the brand name of emergency contraception that now has dual over the counter and prescriptive status. Although Plan B has been available over the counter since November 2006 to men and women older than 18, very few patients know about this option. In addition, many clinicians and patients believe myths about Plan B. This article describes the uses of Plan B, its potential to decrease unwanted pregnancies and abortions, current laws, indications and effectiveness, mechanism of action, and helpful hints.

**Keywords:** dual over the counter/prescriptive status, effectiveness, emergency contraception, helpful hints, indications, legal status, Plan B, teen access to contraception, unwanted pregnancies



Despite advances in birth control methods throughout this century, nearly half of all pregnancies in the United States are unintentional.<sup>1,2</sup> Although unplanned pregnancy is extremely complex and cannot be eliminated by any one simple fix, nurse practitioners (NPs) can take steps to help reduce the problem. Plan B, a progesterone-only form of contraceptive, began selling over the counter for persons 18 and older in November 2006.<sup>3,4</sup> Plan B is commonly referred to as “the morning after pill,” even though it is effective until 120 hours after unprotected intercourse.<sup>5</sup> Many health care professionals are unfamiliar with the guidelines of emergency contraception.<sup>6</sup> Knowledge about the uses and guidelines of Plan B is critical for any NP, so that we may share this important education about pregnancy prevention with our clients.

### IMPORTANCE IN PREVENTING PREGNANCIES

It is estimated that widespread access to emergency contraception could reduce the number of unintended pregnancies by 50%.<sup>7</sup> More than 7.9 million women rely solely on condoms to protect them against unwanted pregnancy.<sup>7</sup> Unfortunately, there is a significant failure rate that may be even higher with adolescent uses.<sup>8</sup> A study of male teens who use condoms found that 40% lacked the knowledge for successful use.<sup>9</sup> Because teens initiate sexual activity 30% to 40% of the time without any use of contraception,<sup>6</sup> knowledge of Plan B is particularly important. In addition, widespread access to emergency contraception could decrease the annual number of therapeutic abortions preformed by 42%.<sup>10</sup> Emergency contraception is only effective if it is used before implantation by a fertilized egg.<sup>11</sup> Neither the American College of Obstetricians and Gynecologists (ACOG) nor the National Institutes of Health recognize a pregnancy until implantation of the fertilized egg has occurred.<sup>11,12</sup>

### CURRENT LAW AND BENEFITS OF OTC STATUS

The 2006 Federal Drug Administration (FDA) decision allows women and men to purchase Plan B from regulated pharmacies.<sup>3</sup> Plan B is sold behind the counter, so clients have to ask for it.<sup>3</sup> Women younger than 18 must still have a prescription to obtain Plan B.<sup>3,4</sup> The cost associated with office visits may have prohibited some women from accessing emergency contraception when they needed it (Table 1). A study modeling the cost of various methods of emergency contraception provision

**Table 1. Benefits of Widespread Access to Plan B**

- Reduce unintended pregnancy by up to 50%
- Could reduce elective abortions by 42%
- Cost savings; eliminates unnecessary office visit
- No increase in high-risk behaviors, possible increased use of effective contraception
- Few contraindications; can be safely taken even by women with contraindications to oral contraceptives

showed cost reductions of \$48 to \$158 when the health care visit was eliminated.<sup>13</sup> The average cost of over-the-counter Plan B is \$39 to \$42.<sup>14,15</sup>

### INDICATIONS AND EFFECTIVENESS

The most common form of emergency contraception, a progestin-only option, is sold by the brand name Plan B.<sup>7</sup> This regime uses 0.75 mg levonogestrel in 2 doses, 12 hours apart or 1.5 mg levonogestrel at one time.<sup>7</sup> Regardless of the formulation, the first dose of emergency contraception is approved for use up to 72 hours after unprotected sex. Some research studies have shown effectiveness up to 120 hours, or 5 days, after unprotected intercourse.<sup>5</sup> The progestin-only formulation is preferable because it is more effective, it has fewer side effects, and it can be given in a single dose of 1.5 mg.<sup>7,8</sup> For progestin-only regimens, effectiveness rates are about 89%.<sup>5</sup> A 89% rate of effectiveness does not mean that 11% of women will become pregnant, but that compared with the expected risk after unprotected intercourse, a woman has a 1/100 chance of becoming pregnant, compared with 8 of 100 women who become pregnant who did not use emergency contraception.<sup>8</sup>

### MECHANISM OF ACTION

Most research indicates that Plan B probably works by preventing or delaying ovulation, probably by inhibiting the luteinizing hormone surge.<sup>7,11,16</sup> However, if ovulation has already occurred, it is unclear how emergency contraception prevents pregnancy. The proposed methods include cervical mucous thickening, inhibition of tubal transport, prevention of fertilization or cell division, or alteration of the endometrial lining.<sup>7,11</sup> Plan B is ineffective if a pregnancy has already been established.<sup>7,11,16</sup> In cases in which women have inadvertently taken hormonal contraceptives, including Plan B, there

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