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# Pharmacist's Integral Role in Providing Emergency Contraceptive Counseling

Over the last 2 decades, there has been a substantial uptake in the use of emergency contraceptives by women of childbearing age in the United States. From 2011 through 2015, 20.0% of women aged 15 to 44 years reported having ever used emergency contraceptives, compared with 10.8% from 2006 to 2010, 4.2% in 2002, and less than 1% in 1995.<sup>1,2</sup> Among the younger population of women aged 15 to 19 years, the use of emergency contraceptives increased from 8.1% in 2002 to 22.9% in 2011.<sup>3</sup> The increased availability and acceptance of emergency contraceptives for women who are at risk of unintended pregnancy has likely contributed to the uptake of emergency contraception and the decline in the rate of unintended pregnancy (mistimed and unwanted pregnancies), which decreased from 51% in 2008 to 45% in 2011.<sup>4,5</sup> Despite these encouraging trends, an unmet need for emergency contraceptive use remains. From 2011 to 2015, 61.6% of women aged 15 to 44 in the United States reported using any contraceptive method.<sup>2</sup>

As accessible health care professionals, pharmacists are uniquely positioned to provide educational information and counseling to consumers seeking information about emergency contraceptives and their appropriate use. Pharmacists can address consumers' questions, provide counseling on emergency contraceptive products, and inform women about product availability.<sup>5</sup> Pharmacists should understand the available options of emergency contraceptive products that are available over the counter (OTC), as they are the only direct health care professionals who can advise consumers at the time of purchase.<sup>5</sup>

## IMPORTANCE OF PHARMACIST COUNSELING FOR EMERGENCY CONTRACEPTION

Pharmacists' knowledge and awareness of emergency contraceptive products that are readily available in the store help pharmacists counsel women and address potential barriers to emergency contraceptive use.<sup>5</sup> Health care professional counseling regarding emergency contraceptives has been shown to influence their use. In an analysis of National Survey of Family Growth data from more than 7500 women aged 15 to 44 years, women who reported they received counseling from a health care professional about emergency contraception within the year prior to unprotected sex or birth control failure were 11.7 times more likely to use an emergency contraceptive compared with women who did not receive counseling (95% CI, 6.20-22.15;  $P < .001$ ).<sup>6</sup>

Consumer comfort level in seeking additional information is important for pharmacists in order to provide counseling on the safe and effective use of OTC emergency contraception. However, consumers may be uncomfortable discussing sensitive sexual health topics and hesitant to ask the pharmacist for more information on

**TABLE 1. CONSIDERATIONS FOR EMERGENCY CONTRACEPTIVE RECOMMENDATIONS FOR WOMEN WHO INDICATE HORMONAL CONTRACEPTIVE MISUSE<sup>a</sup>**

Hormonal contraceptive type	Considerations for recommendation of emergency contraceptives
Oral contraceptives	≥2 consecutive tablets were missed (24 to <48 hours elapsed since last dose) in the first week of the cycle
	Missed tablets occurred at other times in the cycle, if appropriate
	1 tablet was late (<24 hours since scheduled dose) or missed (24 to <48 hours since scheduled dose) early in the cycle or in the last week of the previous cycle, but it is not usually needed
Patch	Patch application was delayed or patch was detached for ≥48 hours within the first week of use
	Treatment was interrupted and may still be considered if application delay or detachment was <48 hours, but it is not usually needed
Ring	Ring insertion or reinsertion was delayed for ≥48 hours within the first week of use
	Treatment was interrupted and may still be considered if insertion or reinsertion delay was <48 hours, but it is not usually needed

emergency contraception. To address this barrier, pharmacies can display signage within the family planning aisle with messaging that encourages consumer–pharmacist communication. Pharmacists should encourage consumers to ask questions, especially for those who do not have knowledge of a product, or for sensitive or uncomfortable topics.<sup>7</sup> Pharmacists should also use designated consultation areas to enhance the privacy of the counseling environment.<sup>5</sup>

It is important for pharmacists to not only understand the barriers consumers navigate when purchasing an OTC emergency contraceptive, but also to understand specific needs to appropriately advise emergency contraceptive use. Pharmacists should feel comfortable discussing the events leading to the pharmacy visit, particularly to identify when the event of unprotected intercourse or failed birth control occurred. Pharmacists should be knowledgeable on what constitutes an incident of unprotected sex, including failed first method of contraception (ie, condom breaking), lack of contraceptive use, and contraceptive misuse (ie, missing doses of birth control or using spermicidal agents improperly).<sup>5</sup> **TABLE 1** provides

considerations for the pharmacist when recommending emergency contraceptives after hormonal contraceptive misuse.<sup>8</sup>

## PLAN B ONE-STEP

Plan B One-Step (levonorgestrel 1.5 mg) is a single-dose, oral tablet, emergency contraceptive that must be taken within 72 hours after unprotected sex or birth control failure to help prevent pregnancy.<sup>9</sup>

**TABLE 2** reviews key messages for the pharmacist regarding Plan B One-Step.<sup>9</sup> Levonorgestrel is a progestin hormone that inhibits ovulation and may contribute to the prevention of fertilization of an egg.<sup>9</sup>

Plan B One-Step should be taken as soon as possible within the 72 hours following unprotected intercourse or birth control failure, as it is more effective the sooner it is taken.<sup>9</sup> Plan B One-Step is for emergency use only.<sup>9</sup> Pharmacists should advise women that Plan B One-Step should not be used as a form of routine birth control.<sup>9</sup> Women should resume their regular method of contraception right away, or begin a contraceptive method, as Plan B One-Step does not protect against additional incidents of unprotected sex.<sup>9</sup> Importantly, pharmacists should indicate to women that Plan B One-Step does not protect against HIV/AIDS or other sexually transmitted infections.<sup>9</sup>

Plan B One-Step was initially approved as a prescription-only emergency contraceptive product in 1999. Access to Plan B One-Step was made available as an OTC product in 2013, and Plan B One-Step is still available as an OTC product to all women without age restriction or required identification.<sup>9</sup> This expanded access reduces the need for women to see a health care provider for obtaining emergency contraceptives, making pharmacists integral to providing health education and enhancing OTC consumer–pharmacist communication.

## ROLE OF THE PHARMACIST

Pharmacists can encourage communication with consumers in the community pharmacy to provide self-care education and discuss potential misconceptions about appropriate emergency contraceptive use. An example of a misconception a woman may have about Plan B One-Step is that it causes abortion. Pharmacists should advise women that Plan B One-Step does not cause abortion; rather, it prevents a pregnancy from occurring and does not affect an existing pregnancy.<sup>9</sup>

Pharmacy-based educational initiatives may help address consumer barriers to asking for more information. As there is no longer an age restriction for purchase of Plan B One-Step, pharmacists should be prepared to counsel any consumer seeking information on emergency contraceptives, including women of childbearing age or also their male partners.<sup>6</sup> Pharmacists should be aware of the population they serve, especially those who may plan to purchase Plan B One-Step, and tailor their recommendations and messages to address the needs of individual customers.<sup>5,9</sup>

Pharmacists can inform women and men of the benefits to having emergency contraceptives available prior to occasions when sexual

**TABLE 2. PLAN B ONE-STEP KEY MESSAGES FOR THE PHARMACIST<sup>9</sup>**

- Emergency contraceptive
- Single-dose tablet (levonorgestrel, 1.5 mg)
- Take within 72 hours
- The sooner it's taken, the better it works.
- Prevents pregnancy in 7 out of every 8 women using the product as recommended.

intercourse may be unprotected or in the event of failed birth control.<sup>5</sup> When counseling women, pharmacists may encourage the utilization of emergency contraception by suggesting that suitable consumers have one on hand. In a systematic review of 17 studies on the safety and efficacy of the advance provision of emergency contraceptives, women who received an advance supply were between 2 and 7 times more likely to use an emergency contraceptive.<sup>5</sup> As emergency contraceptive efficacy is time-sensitive, an advance supply of medication would enhance optimal therapeutic benefit.<sup>9</sup>

As Plan B One-Step is typically found within the family planning or feminine hygiene section of the pharmacy,<sup>9</sup> pharmacists can encourage staff to treat customers browsing in this section with sensitivity. Pharmacists can train pharmacy staff to direct consumers with questions regarding the product to meet with the pharmacist. It is important for pharmacists to be aware of potential communication barriers and to facilitate counseling for OTC emergency contraceptive products.<sup>5</sup>

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