

40-Hour Adult/Adolescent SANE-SART Course

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Pregnancy Testing and Prophylaxis

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Via Christi Forensic Nursing Services

Objectives

- Discuss prevalence rates for pregnancy following a sexual assault
- Discuss the risk evaluation for pregnancy based on the patient's provided history
- Compare effectiveness of birth control methods
- Discuss key concepts regarding emergency contraception
- Demonstrate awareness of patient concerns and myths regarding EC
- Discuss data regarding the physiological, psychological, sociocultural, spiritual and economic needs of patients at risk for unwanted pregnancy following sexual assault

Objectives

- Discuss appropriate nursing diagnoses
- Identify current evidence-based guidelines for EC for these patients
- Prioritize care based on assessment data and patient-centered goals
- Recognize situations warranting medical consultation
- Evaluate the effectiveness of the established plan of care and adapt care based on changes in data collected throughout the nursing process
- Identify and explain necessary follow-up care and discharge instructions associated with emergency contraception and/or pregnancy termination options

Pregnancy Concerns After Sexual Assault

Significant fear of victims after sexual assault

Feelings regarding emergency contraception may vary greatly due to age, beliefs, social or cultural backgrounds of victim



National Protocol Recommendations

- Discuss the probability of pregnancy with patients with reproductive capability
- Administer a pregnancy test for all ages with reproductive capability (with their consent)
- Discuss treatment options with patients in their preferred language, including emergency contraception
- A victim of sexual assault should be offered prophylaxis for pregnancy, subject to informed consent and consistent with current treatment guidelines

• -A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents, 2nd Edition, April 2013

Prevalence Rates of Pregnancy Post-Sexual Assault

National rape-related pregnancy rate is approx 5% per rape among women ages 12-45 years ^(1,2)

Approx 32,000 pregnancies resulting from rape each year ⁽¹⁾

Especially high among adolescent assault victims due to relatively low use of contraception ⁽¹⁾

Adolescents are more likely to be repeatedly assaulted in incestuous relationships, further raising risk for unwanted pregnancy ⁽¹⁾

A small study by McFarlane et al., 2005 found that 20% of 100 women raped by intimate partners became pregnant ⁽²⁾

(1) -The American College of Obstetricians and Gynecologists, Committee Opinion Number 592, April 2014

(2) -World Health Organization Violence Against Women: Guidelines for Health Sector Response 2013

Assessment Considerations

- Any female of reproductive capability – Tanner Stage 3 or above, irrespective of menarche – could potentially become pregnant from a single exposure
- Dependent on other variables
 - Use of contraceptives
 - Regularity of menstrual cycle
 - Fertility of victim and perpetrator
 - The time in the cycle of exposure
 - Intravaginal ejaculation
 - Social/cultural/spiritual concerns regarding EC

Pregnancy Exposure

Transgender males

- Cases of unexpected pregnancy have been reported even though patient is using testosterone
- Discuss possibility of pregnancy if –
 - Patient has not had a hysterectomy
 - Patient is still within childbearing years
 - The nature of the assault suggests it
 - Review treatment options and follow-up

Social, Cultural, and Spiritual Concerns

Unique to each patient

Be aware that patient's social background may be more of an influence than cultural background

Avoid judgmental statements

Offer available hospital services, such as chaplain, priest, if beneficial to patient

Quiz3

Question 1 of 1

Point Value: 0

Cultural influences are always stronger than social influences regarding EC

- True
- False

PROPERTIES

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After user has completed quiz

At any time

Unlimited times



Properties...



Edit in Quizmaker

Emergency Contraception/Pregnancy Prophylaxis

Indicated for prevention of pregnancy following unprotected intercourse or a known or suspected contraceptive failure

Plan B – approved by FDA in 2006

Ella – approved by FDA in 2010

Copper-bearing intrauterine devices

Hormone intrauterine devices

Levonorgestrel

Trade names: Plan B, My Way, Next Choice One Dose, Plan B One-Step

Available over-the-counter, Rx may be needed for patients younger than 17

Plan B is two 0.75mg tablets taken 12 hours apart, with the first taken within 72 hours

Other forms are taken as one 1.5 mg tablet administered within 72 hours

Primary Mechanism of Action

Levonorgestrol is a progestin hormone that delays ovulation.

Proven effective up to 72 hours post-exposure

Studies support activity through 120 hours but is not labeled for use through 120 hours

Medium to low efficacy

Has been shown to lose effectiveness in women with a BMI >25

Most Common Side Effects

Nausea

Abdominal pain

Headache

Fatigue

Menstrual changes

Breast tenderness

Vomiting

Ulipristal

Trade name: Ella

Can be taken anytime during the menstrual cycle

Can be taken with or without food

Available by prescription only

One 30 mg tablet taken within 120 hours

Primary Mechanism of Action

The primary mechanism of action of Ulipristal (ella) is the inhibition or delay of ovulation depending on the phase of the woman's menstrual cycle. Ulipristal mimics and blocks progestin.

Labeled use through 120 hours post-exposure

High to medium efficacy

Maintains effectiveness in women with BMI >25

Most Common Side Effects

Headache

Abdominal pain

Nausea

Dysmenorrhea

Fatigue

Dizziness

Menstrual Changes

Vomiting

Contraindications/Precautions with Emergency Contraception Pills (ECP)

Levonorgestrel

Contraindicated in known or suspected pregnancy

Risk of ectopic pregnancy

Does not terminate existing pregnancy

Does not replace regular contraception

Does not protect against STDs

Ulipristal

Contraindicated in known or suspected pregnancy

Risk of ectopic pregnancy

Does not terminate existing pregnancy

Does not replace regular contraception

Does not protect against STDs

*Rapid return of fertility is likely following use and reduces contraceptive action – barrier method of contraception is recommended during the same menstrual cycle

Follow-up Care

Repeat pregnancy test within 3 weeks if no bleeding has occurred

Advise patient not to have unprotected intercourse until after menses has occurred or repeat pregnancy test is negative

Educate patient that EC does not prevent STIs

Common Myths About ECP

Emergency contraception pills cause abortion.

ECPs do not affect an established pregnancy. Most delay ovulation to prevent pregnancy. ECPs are not the same as the abortion pill.

I drank alcohol, so I can't take ECPs.

There are no studies that show alcohol or any other drugs change the effectiveness of ECPs.

I won't be able to have a baby when I want to if I use ECPs.

There is no evidence that proves ECPs affect fertility. ECPs are for emergency prevention only and are not as effective as regular birth control.

Quiz1

Question 1 of 1

Point Value: 0

Emergency contraception will end an existing pregnancy

- True
- False

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Copper Intrauterine Devices (IUD)

Trade name: Paragard

T-shaped plastic rod wrapped in copper

Can be inserted by medical provider up to 5 days after unprotected sexual intercourse

Works as birth control up to 12 years

Can be removed at any time

Primary Mechanism of Action

The primary mechanism of action of the IUD is the prevention of fertilization due to inhibition of movement of the sperm by the copper wrapping, which is slowly released into the uterine cavity.

Very high efficacy – lowers risk of pregnancy by 99%

Effectiveness is not changed by BMI

Hormone Intrauterine Devices (IUD)

Trade name: Mirena (can be used for up to 5 years); Skyla (can be used for up to 3 years)

Inserted by medical provider, best used for regular contraception

Can be removed at any time

Primary Mechanism of Action

The primary mechanism of action of the hormone IUD is the release of the hormone progestin, causing the cervical mucus to thicken, preventing the sperm from reaching the egg. It also causes changes in the uterine lining, preventing implantation of a fertilized egg.

Very high efficacy

Effectiveness not changed by BMI

Most Common Side Effects

Headache

Back ache

Heavy, painful menses (Mirena may actually cause lighter menses)

Increased risk for pelvic inflammatory disease in non-monogamous relationships

Placement Parameters

Prior to insertion:

- Pregnancy test

- Cervical examination

- Possible baseline BMI

- STD screen (unless recently screened per CDC guidelines)

Contraindications/Precautions

Known or suspected pregnancy

Undiagnosed abnormal vaginal bleeding

Acute cervical, uterine or salpingeal infection

Suspected gynecologic malignancy

Prior ectopic pregnancies

History of STIs

Quiz2

Question 1 of 1

Point Value: 0

All of the following are accepted forms of EC except:

- Copper IUD
- Ella
- Plan B
- Plan C

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Properties...



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Follow-up Requirements

Reexamine following first menses postinsertion

Evaluate for abdominal or pelvic pain, cramping, tenderness, malodorous discharge, infection, bleeding, fever or missed period.

Transvaginal ultrasound may be used to check placement

Threads should be visible

Nursing Diagnosis



Fear related to concerns for pregnancy after sexual assault

- Validate patient's concerns
- Discuss safety plan if assailant is intimate partner
- Discuss prevalence of pregnancy after sexual assault
- Provide education on available options
- Do not attempt to influence patient's decision
- Provide resources to available community services



Nursing Diagnosis

Impaired verbal communication related to language barrier

- Provide translator
- Be aware of cultural differences when providing education on EC
- Provide education to patient's support persons
- Confirm understanding



Nursing Diagnoses

Moral distress related to cultural views of sexual assault and use of EC

Risk for spiritual distress related to patient's religious beliefs regarding EC

- Consider patient's cultural and social background when providing education on EC
- Pt may need to be provided options in private
- Ask open-ended questions to determine patient's view of EC

Quiz4

Question 1 of 1

Point Value: 0

Which of the following is not a consideration when assessing if emergency contraceptive is appropriate for your patient?

- Reproductive capability
- The time in the menstrual cycle of exposure
- Intravaginal ejaculation
- Oral penetration with ejaculation

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Medical Consultation

Existing pregnancy

Abdominal pain

Vaginal bleeding

IUD placement

Patient request

History of previous adverse reactions

Further Recommendations

Consider the age of victim, social, cultural, religious/spiritual backgrounds may influence decision regarding treatment options

Examiners/advocates should be careful not to influence patient's choices, but provide education and support

If EC fails, or pregnancy occurs as the result of rape, all options, including abortion and adoption, should be reviewed with patient

Dispel common myths

Provide education

Discuss follow-up

The American College of Obstetricians and Gynecologists, Committee Opinion Number 592, April 2014

World Health Organization Violence Against Women: Guidelines for Health Sector Response 2013

Follow Up

Consider 48 hour follow-up

- Reiterate education and follow-up instructions
- Check for adverse reactions post-dismissal
- Review patient concerns, continued pain or bleeding
- Encourage accessing community resources for counseling

Consider 30 day follow-up

- Confirm repeat pregnancy test or menses
- Confirm STI testing if indicated
- Follow up with PCP
- Encourage counseling if not yet started

Quiz5

Question 1 of 1

Point Value: 0

What is the national rape-related pregnancy rate?

- 5%
- 15%
- 30%
- 25%

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Resources

National Protocol for Sexual Assault Forensic Medical Examinations: Adults/Adolescents, 2nd Edition www.ncjrs.gov/pdffiles1/ovw/206554.pdf

National Training Standards for Sexual Assault Medical Forensic Examiners
www.ncjrs.gov/pdffiles1/ovw/213827.pdf

Centers for Disease Control and Prevention www.cdc.gov/std

International Association of Forensic Nurses iafn.org

The American College of Obstetricians and Gynecologists, Committee Opinion Number 592, April 2014

World Health Organization Violence Against Women: Guidelines for Health Sector Response 2013

Contraceptive Pearls: Reproductive Health Access Project, November 2013

Kansas Coalition against Sexual and Domestic Violence, kcsdv.org

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Quiz Instructions

Kansas Coalition Against Sexual and
Domestic Violence

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[Click here to access the quiz](#)