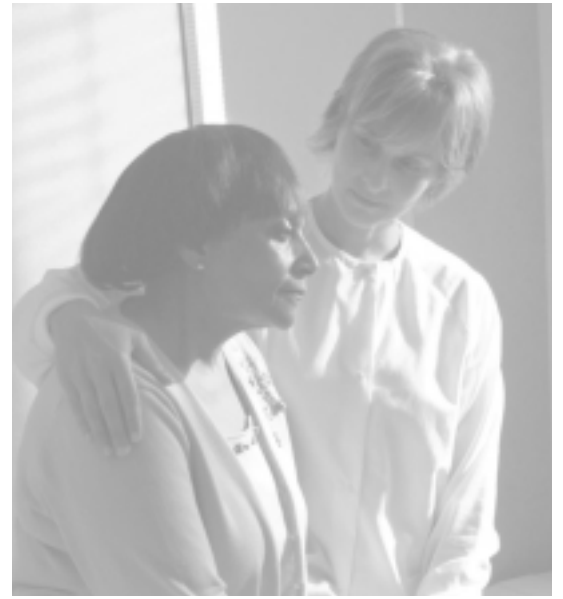
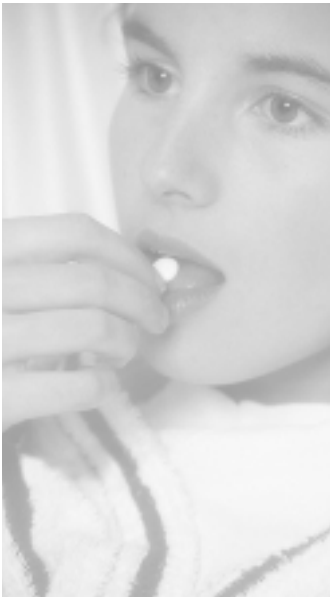


Appendix 3

Voluntary Change



Letter 1: To a hospital that indicated a standard policy of providing EC to sexual assault survivors

Dear [Appropriate Hospital CEO],

Your emergency department participated in a survey about services for sexual assault survivors in Pennsylvania emergency rooms between January and May 2000. Rebecca Simons, M.D. conducted the survey under the auspices of the Johns Hopkins School of Public Health and the Clara Bell Duvall Project of the ACLU of Pennsylvania.

While the overall results were extremely disappointing, **we are pleased that your hospital was among the 28% that routinely provides emergency contraception (also known as the “morning-after pill”) in an appropriate manner.** Your hospital follows an appropriate standard of care for emergency contraception — it is offered and provided on site to rape victims regardless of the physician on duty or the time of day.

Soon you will be receiving comprehensive guidelines for the treatment of sexual assault victims from the Pennsylvania Coalition Against Rape (PCAR). PCAR is a state network of centers serving victims of sexual violence. Professionals in the fields of nursing, medicine, advocacy, law enforcement and prosecution developed these guidelines called Sexual Assault Response Team (SART) Standards. Because a pregnancy resulting from rape can be devastating to victims, offering emergency contraception to victims of sexual assault is stipulated in the SART Standards.

We commend your hospital's efforts and hope that you will continue to provide emergency contraception as part of comprehensive medical services to victims of sexual assault. Should you have any questions, please contact the Director of the Duvall Project, Carol Petraitis (cpetraitis@aclupa.org), or call (215) 629-0111. The complete study is available online at www.aclupa.org/duvall/pubs/ecinpa.

Letter 2: To a hospital that indicated no standard policy of providing EC to sexual assault survivors

Dear [No EC Hospital CEO],

Your emergency department participated in a survey about services for sexual assault survivors in Pennsylvania emergency rooms between January and May 2000. Rebecca Simons, M.D. conducted the survey under the auspices of the Johns Hopkins School of Public Health and the Clara Bell Duvall Project of the ACLU of Pennsylvania.

As the enclosed fact sheet shows, the results were extremely disappointing. Only 28 % of Pennsylvania emergency rooms routinely provide emergency contraception (the “morning-after pill”) to victims of sexual assault in a timely, appropriate manner. **Unfortunately [hospital name] was among the 12% whose responses to the survey indicate that the hospital emergency department does not provide emergency contraceptive services.** Rape victims are not given emergency contraceptive pills, provided with a prescription, nor are they referred elsewhere for emergency contraceptive services. This is especially problematic because emergency contraception is an appropriate standard of care for rape victims, and other hospitals in Pennsylvania have adopted written protocols.

Soon you will receive comprehensive guidelines for the treatment of sexual assault victims from the Pennsylvania Coalition Against Rape (PCAR). PCAR is a state network of centers serving victims of sexual violence. Professionals in the fields of nursing, medicine, advocacy, law enforcement and prosecution developed these guidelines called Sexual Assault Response Team (SART) Standards. Because a pregnancy resulting from rape can be devastating to victims, offering emergency contraception to victims of sexual assault is stipulated in the SART Standards.

In light of this information we hope that you will work with your emergency department to raise the standards of care for victims of sexual assault. If your hospital’s standards have changed since the survey was conducted, please let us know. Should you have any questions or if you need assistance with this matter, please contact the Director of the Duvall Project, Carol Petraitis (cpetraitis@aclupa.org), or call (215) 629-0111. The complete study along with a model set of guidelines for emergency contraceptive services can be found on line at www.aclupa.org/duvall/pubs/ecinpa.

Letter 3: To a hospital that indicated a policy which depends upon the physician on duty

Dear [Physician Dependent Hospital CEO],

Your emergency department participated in a survey about services for sexual assault survivors in Pennsylvania emergency rooms between January and May 2000. Rebecca Simons, M.D. conducted the survey under the auspices of the Johns Hopkins School of Public Health and the Clara Bell Duvall Project of the ACLU of Pennsylvania.

Overall, the results were extremely disappointing. Only 28% of Pennsylvania hospitals routinely provide emergency contraception (the “morning-after pill”) to rape victims in a timely, appropriate manner. **Unfortunately, (Name of Hospital) was among the 51% in which the provision of emergency contraception depends upon the physician on duty.**

This is especially problematic because each doctor has a distinct perspective on emergency contraception. Since emergency contraception is an appropriate standard of care for rape victims, it is important to adopt a written policy, as other hospitals in Pennsylvania have done.

Soon you will receive comprehensive guidelines for the treatment of sexual assault victims from the Pennsylvania Coalition Against Rape (PCAR). PCAR is a state network of centers serving victims of sexual violence. Professionals in the fields of nursing, medicine, advocacy, lawenforcement and prosecution developed these guidelines called Sexual Assault Response Team (SART) Standards. Because a pregnancy resulting from rape can be devastating to victims, offering emergency contraception to victims of sexual assault is stipulated in the SART Standards.

In light of this information we hope that you will work with your emergency department to raise the standards of care for victims of sexual assault. If your hospital’s standards have changed since the survey was conducted, please let us know. Should you have any questions or if you need assistance with this matter, please contact the Director of the Duvall Project, Carol Petraitis (cpetraitis@aclupa.org), or call (215) 629-0111. The complete study along with a model set of guidelines for emergency contraceptive services can be found on line at www.aclupa.org/duvall/forhospitals.html.

Letter 4: To Catholic hospitals that are found through EC in the ER surveys to have poor or nonexistent policies on EC in the ER.

Dear Catholic Hospital President/CEO, Emergency Department Doctors and Emergency Department Nurse Manager:

We are writing to call to your attention what appears to be a serious gap in your facility's treatment of sexual assault victims. We would like to explain the problem, as we see it, and request an opportunity to meet with you to discuss this matter further and offer any assistance you may need in improving your treatment protocol.

Recently, our organizations, (*insert names of pro-choice group and coalition against sexual assault that conducted the joint survey*) conducted a survey of hospital emergency departments in the state of _____. Overall, we were pleased to find that _____ percent of hospital emergency departments are offering emergency contraception pills (ECPs) to rape victims as part of emergency treatment. The results for your facility, however, indicate that (*choose the appropriate one from the following list*) 1) your facility does not include counseling about and the offering of ECPs in your standard treatment protocol for sexual assault victims; 2) your facility has an inconsistent policy about the offering of ECPs that depends on the time of day or the staff on duty; or 3) your facility writes prescriptions for ECPs for rape victims, but those prescriptions cannot be easily filled in a timely manner because there is no pharmacy nearby that is open 24 hours a day and/or the nearby pharmacies do not stock emergency contraception pills.

Emergency contraception pills are a safe and effective, FDA-approved method of preventing pregnancy following unprotected intercourse. ECPs are essentially a high dose of ordinary birth control pills, and should not be confused with RU-486, the "abortion pill." When taken within 120 hours following unprotected intercourse, ECPs are highly effective in *preventing* pregnancy. Routine use of emergency contraception can help ensure that thousands of women each year are not re-victimized by having to deal with a pregnancy resulting from rape. Consider the fact that 12 percent of women experience a sexual assault in their lifetimes and 4.7 percent of these result in pregnancy.¹ Each year in the United States, an estimated 25,000 women become pregnant as a result of sexual assault. EC could be used to prevent 22,000 of these pregnancies.²

We recognize that the *Ethical and Religious Directives for Catholic Health Care Services*, which govern Catholic facilities such as yours, prohibit the routine provision of contraception. However, as we are sure you are aware, Directive 36 makes a specific exception for emergency treatment of victims of sexual assault, offering the following guidance:

Compassionate and understanding care should be given to a person who is the victim of sexual assault. Health care providers should cooperate with law enforcement officials and offer the person psychological and spiritual support as well as accurate medical information. A female who has been raped should be able to defend herself against a potential conception from the sexual assault. If, after appropriate testing, there is no evidence that conception has occurred already, she may be

¹Holmes M., Resnick H., Kilpatrick D. and Best C. "Rape-Related Pregnancy: Estimates and Descriptive Characteristics from a National Sample of Women." *American Journal of Obstetrics and Gynecologists*. 1996. 175:320-5.

²Stewart, F. and Trussell J., "Prevention of Pregnancy Resulting From Rape." *American Journal of Preventive Medicine*. 2000; 19:228-229.

³Ethical and Religious Directives for Catholic Health Care Services, Fourth Edition, United States Conference of Catholic Bishops, <http://www.nccbuscc.org/bishops/directives.htm>

*treated with medications that would prevent ovulation, sperm capacitation, or fertilization. It is not permissible, however, to initiate or to recommend treatments that have as their purpose or direct effect the removal, destruction, or interference with the implantation of a fertilized ovum.*³

Over the years, some Catholic hospitals had decided that prohibiting the provision of emergency contraception was the only way to be in compliance with this somewhat confusing guidance, given the medical impossibility of determining what is spelled out in the last sentence of Directive 36. Other facilities had developed various inexact ways to trying to approximate the requirements of that sentence through such efforts as giving the patient an ovulation test.

Recently, however, there has been helpful new guidance for hospitals on this subject from the Catholic Health Association. As a result, many Catholic hospitals are now adopting policies of offering ECPs to rape victims. In New York, for example, a statewide survey found that 75 percent of Catholic hospitals reported they had adopted a policy of consistently offering EC to rape victims. You may wish to refer to two articles in recent issues of *Health Progress*, the journal of the Catholic Health Association (which is available at www.chausa.org):

□ “Emergency Contraception and Sexual Assault,” an article appearing in the September-October 2002 issue, concludes that the “appropriate testing” requirement mentioned in Directive 36 can be fulfilled by giving a standard pregnancy test to the rape victim before offering her ECPs. (If the patient is already pregnant, she does not need emergency contraception.) In this article, Dr. Ronald Hamel, PhD, senior director, ethics, for the Catholic Health Association, and Micheal Panicola, PhD, corporate vice president, ethics for SSM Health Care, argue against the ovulation method, saying “the pregnancy approach is responsive to the needs of the woman who has suffered untold trauma from being sexually assaulted and is consistent with the Catholic moral tradition generally and Catholic teaching on this matter particularly.”⁴

□ In the July-August 2003 issue, “A Venue for Theological/Ethical Issues” CHA President Father Michael Place reported that the United States Conference of Catholic Bishops’ Committee on Doctrine “concluded that testing only for pregnancy unrelated to sexual assault is not inconsistent with Directive 36.”⁵

We urge you to institute a hospital policy to ensure that all victims of sexual assault are informed about the potential use of ECPs to prevent pregnancy from the rape, and are offered such medication in a manner consistent with the new guidance from the Catholic Health Association. We have enclosed some materials (such as fact sheets) further explaining the importance of EC in the ER.

We will be contacting you within the coming weeks to follow up on this letter. We look forward to discussing this important aspect of emergency care for victims of sexual assault.

Sincerely,

cc: The rape crisis group serving the region in which the hospital is located

⁴Hamel, Ronald and Micheal Panicola. “Emergency Contraception and Sexual Assault.” *Health Progress*. September-October 2002, <http://www.chausa.org/PUBS/PUBSART.ASP?ISSUE=HP0209&ARTICLE=I>

⁵Place, Michael. “A Venue for Theological/Ethical Issues.” *Health Progress*. July-August 2003, <http://www.chausa.org/PUBS/PUBSART.ASP?ISSUE=HP0307&ARTICLE=B>

PINNACLE HEALTH HOSPITALS

Women's and Children's Services Children's Resource Center

GUIDELINE NUMBER: I-7

SUBJECT: Emergency Contraception (EC)

OBJECTIVE: To develop a consistent method of protecting against pregnancy.

GENERAL GUIDELINES:

These are general guidelines and may not be applicable in all situations. Decisions must be made in the context of the situation and of judgmental parameters existent at the time of decision-making.

Emergency contraception will be offered to all nonpregnant patients whose breast or pubic hair development is Tanner Stage II or beyond, even if they have not begun to menstruate, unless they are reliable users of a hormonal contraceptive.

1. Obtain a gynecologic history.
 - a. If the patient is a reliable user of hormonal contraception, EC is not indicated.
 - b. If the patient was menstruating normally at the time of sexual intercourse, EC is not indicated.
 - c. If the patient may be pregnant, be sure that her pregnancy test is negative before prescribing EC. Pregnancy is a contraindication to EC, not because it can injure the fetus, but because it is not indicated
2. Obtain verbal consent by informing the patient of the availability of EC and its complications and side effects:
 - a. Women rarely experience nausea using Plan B as an EC.
 - b. The failure rate for EC is not known, but it is thought to be low if used within 72 hours of sexual contact.
 - 1) The pregnancy rate will increase with increased time between sexual intercourse and the use of EC.
 - 2) Although EC is generally used up to 72 hours after intercourse, it may be used later after intercourse (up to 120 hours) but its effectiveness is not known.
3. There is no need to split the doses of Plan B by 12 hours. Prescribe both to be taken immediately.
4. Counsel the patient that a pregnancy test should be performed if she misses her period after using EC.

APPROVAL:

Approved by:

Director, Community Health Services

Signature _____ Date _____

Medical Director, CRC

Signature _____ Date _____

Reviewed by:

Date:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



The Center for Reproductive Law and Policy sells an eleven minute video on emergency contraception. The video, *Speak EC: What Every Woman Needs to Know About Emergency Contraception*, is available for the low cost of \$10. The content covers myths about EC, what it really is and how it works. Sexual assault is mentioned briefly in the video. Karla Vierthaler, while interning at PCAR, created a brochure to supplement the information in the video. The brochure puts the nausea resulting from EC into perspective (the video seems to emphasize this side effect) and provides for a stronger link between sexual assault and EC.

PCAR purchased videos for each rape crisis center and satellite office in Pennsylvania. A packet including the video, the supplemental brochure and an additional brochure titled “Emergency Contraception” was provided to each center and satellite office in the state. Mass quantities of brochures on EC were also included and are provided at no charge to centers upon request.

The video can be purchased through the Center for Reproductive Law and Policy. Log on to www.crlp.org/pub_videos.html, or call 917-637-3600.

If you would like more information on PCAR’s EC trainings or the brochure, please contact PCAR at 800-692-7445.

PCCD Pennsylvania Pathways for Victim Services Workshop Proposal

Workshop Title: Ensuring Optimum Care: Emergency Contraception as an Option

Presenters: Barbara Sheaffer – Pennsylvania Coalition Against Rape
Carol Petraitis – Clara Bell Reproductive Freedom Project

Workshop Description:

Only half of the emergency departments in Pennsylvania give rape victims the option of preventing pregnancy! This workshop explains how emergency contraception (EC) works and why victims should be offered EC as an option. Forms of EC and strategies to access it will be discussed. Updated information will be provided.

Objectives:

At the completion of this workshop, participants should be able to

1. explain the three mechanisms of how emergency contraception works;
2. list the forms of emergency contraception; and
3. identify ways to access emergency contraception for victims.

Workshop content:

The two main goals of this workshop are to fully inform counselor/advocates about emergency contraception and to prepare them to assist victims in accessing emergency contraception. This workshop was presented last year at Pathways, but since victims still have difficulty accessing EC, and at times are not even informed about it, the workshop is still quite relevant. Through forums such as these, access to EC is improving.

Outline:

- I. Icebreaker
- II. EC quiz
- III. PowerPoint presentation on EC
- IV. Review quiz
- V. Small group discussion with EC scenarios
- VI. Wrap-up/resources

For the small group discussion, participants will be split into groups to discuss scenarios in which access to EC is thwarted. The groups will brainstorm solutions to the presented problems. Scenarios and solutions will be shared with the large group. (Sample scenarios included).

Throughout the workshop, participants will be encouraged to ask questions and talk about their experiences in helping victims with EC access. Informational brochures and other materials will be provided to the participants.

For more information, please contact PCAR at 800-692-7445.