

Combined oral contraceptives: The prevention of ovulation is considered to be the primary contraceptive effect of combined oral contraceptives. There is also evidence that they affect cervical mucus, thus inhibiting sperm penetration.

Progestin-only oral contraceptives: These also suppress ovulation, but not as consistently as combined oral contraceptives. In addition, progestin-only oral contraceptives cause a cervical mucus that is "hostile" to sperm so that there is little or no sperm penetration. In the rare instances when penetration does occur, sperm motility is reduced, virtually eliminating the possibility of fertilization.

1. If a woman is determined to be in the preovulatory phase of her cycle, it is ethical to administer Ovral (or equivalent) immediately. For the most effective contraceptive intervention, the dosage of two pills at the present time, and two in twelve hours is appropriate.
 - a. History: compatible with preovulatory phase.
 - b. Physical examination: compatible with preovulatory phase.
 - c. Urine pregnancy test is negative.
2. If the woman is determined to be past the early postovulatory phase (the timing of the sexual assault could not have coincided with the presence of an ovum), it is ethical to prescribe Ovral (or equivalent) for the psychological benefit of the woman who requests it.
 - a. Urine pregnancy test is negative.
3. If the woman is determined to be in the late postovulatory phase (the timing of the sexual assault could not have coincided with the presence of an ovum), it is ethical to prescribe Ovral (or equivalent) for the benefit of the woman who requests it.
 - a. Urine pregnancy test is negative.
 - b. Menstrual history: anticipation of menses in less than seven days (usually 3-5 days).
4. If a woman is determined to be in (1) her midcycle LH surge phase or (2) early postovulatory phase, consistent with her menstrual history and the results of a pregnancy test is positive, Ovral (or equivalent) is NOT to be given by the attending physician

The *general pregnancy testing guidelines* adhere to the warrant of ERD 36. Catholic Health Care Institutions extending the warrant of the ERD 36 to mandate *general clinical ovulatory phase protocols* (Progesterone level testing) should be aware of inherent difficulties, e.g., a timely return of hormonal level test results (two or more days) and more importantly, from a moral perspective, timely treatment of the assault victim.