Guidance to support decision making around Emergency Contraception

Woman presents for EC and is assessed by pharmacist as being at risk of pregnancy. Up to 21 days post-partum there is no risk of pregnancy

No previous UPSI/CF since LMP

Inform patient Cu IUD is most effective EC option. Must be fitted within 5 days – 120 hours after UPSI/CF

Patient declines Cu-IUD – Offer EC as below
Patient accepts Cu-IUD – offer EC in case patient fails to attend or IUD cannot be fitted.

< 72 hours since UPSI/CF

At high risk of ovulation-see risk chart
OR
EC required under missed pill rules (see chart over).

Unsure day of cycle

72 – 120 hours since UPSI/CF
UPA if suitable -see over

At less risk ovulation – see risk chart.

UPA
if suitable
see over

LNG
if suitable
see over

Previous UPSI/CF or use of EC since LMP.

- Establish, if possible, when in cycle previous UPSI/CF was. Consider pregnancy test if > 3 weeks ago
- Is IUD still an option (IUD can be fitted up to 5 days after earliest expected day of ovulation – see chart overleaf)
- UPA is contraindicated when EHC has already been given in this cycle or UPSI has occurred this cycle as pregnancy cannot be excluded. Safety of UPA in pregnancy has not been established
- LNG may be suitable

UPSI/CF – Unprotected sex/Contraceptive failure(inc missed pills, barrier failure,etc)
UPA – Ulipristal 30mg
LNG – Levonorgestrel 1500mg
EC – Emergency contraception

Where patient has taken an enzyme inducer within the last 28 days then the advice is to consider Cu –IUD as best option EC. If declines this then LNG x2 may be prescribed. Enzyme inducing drugs include carbamazepine, phenytoin, primidone, topiramate, phenobarbitone, rifampicin, rifabutin, griseofulvin, some HIV drugs, St John's Wort – see BNF if in doubt

Levonorgestrel Cautions in Use

Previous ectopic pregnancy – low threshold for seeking medical advice if unexplained abdominal pain
Severe liver impairment – Not recommended
Severe absorption problems inc Crohns disease – May impair efficacy LNG
Porphyria – use of Cu IUD preferred as oral contraceptives may provoke attack acute porphyria
Galactose intolerance, LAPP lactose deficiency or glucose-galactose malabsorption – best to avoid
On Cyclosporin – increased risk of cyclosporin toxicity
On Warfarin – may affect INR

Levonorgesterel Contraindications

Previous hypersensitivity to LNG- contraindicated

Ulipristal Cautions in Use

Severe liver impairment – not recommended
Women with severe asthma being treated with oral steroids – not recommended
Galactose intolerance, LAPP lactose deficiency or glucose-galactose malabsorption – best to avoid
Patient currently taking drugs which increase gastric ph (antacids, H2A, PPI) or in last 7 days– not recommended
Not suitable where patient has taken an enzyme inducing drug within last 28 days - IUD preferred choice here followed by 2 x 1500mcg LNG
Breast feeding not C/I however advice is to avoid breast feeding for 7 days after taking UPA
Porphyria – use of Cu IUD preferred as oral contraceptives may provoke attack acute porphyria

Ulipristal Contraindications

Hypersensitivity to UPA - contraindicated
UPA is contraindicated when EHC has already been given in this cycle or UPSI has occurred this cycle as pregnancy cannot be excluded. Safety of UPA in pregnancy has not been established

Fitting of IUDs

Pharmacists can refer women directly to Borders Sexual Health (BSH) by telephoning 01896 663 700. There is no provision for IUD insertion at BSH Friday to Sunday so please phone ward 16 at BGH if required. If the patient is not being seen immediately for coil insertion then EC is advisable in case of non attendance or other situations where coil failed to be fitted in time.

MISSED COMBINED ORAL CONTRACEPTIVE PILLS (COCs):

If one pill has been missed (more than 24 hours and up to 48 hours late)

Continuing contraceptive cover

• The missed pill should be taken as soon as it is remembered.

• The remaining pills should be continued at the usual time

Minimising the risk of pregnancy

Emergency contraception (EC) is not usually required but may need to be considered if pills have been missed earlier in the packet or in the last week of the previous packet

If two or more pills have been missed (more than 48 hours late)

Continuing contraceptive cover

• The most recent missed pill should be taken as soon as possible.

• The remaining pills should be continued at the usual time.

• Condoms should be used or sex avoided until seven consecutive active pills have been taken. This advice may be overcautious in the second and third weeks, but the advice is a backup in the event that further pills are missed.

MINIMISING THE RISK OF PREGNANCY

If pills are missed in the first week (pills 1 -7)	If pills are missed in the second week (pills 8 -14)	If pills are missed in the third week (pills 15 – 21)
EC should be considered if UPSI occurred in the pill free interval or in the first week of pill taking	No indication for EC if the pills in the preceeding 7 days have been taken consistently and correctly (assuming the pills thereafter taken correctly and additional contraceptive precautions used)	OMIT THE PILL FREE INTERVAL by finishing the pills in the current pack (or discarding any placebos) and starting a new pack the next day

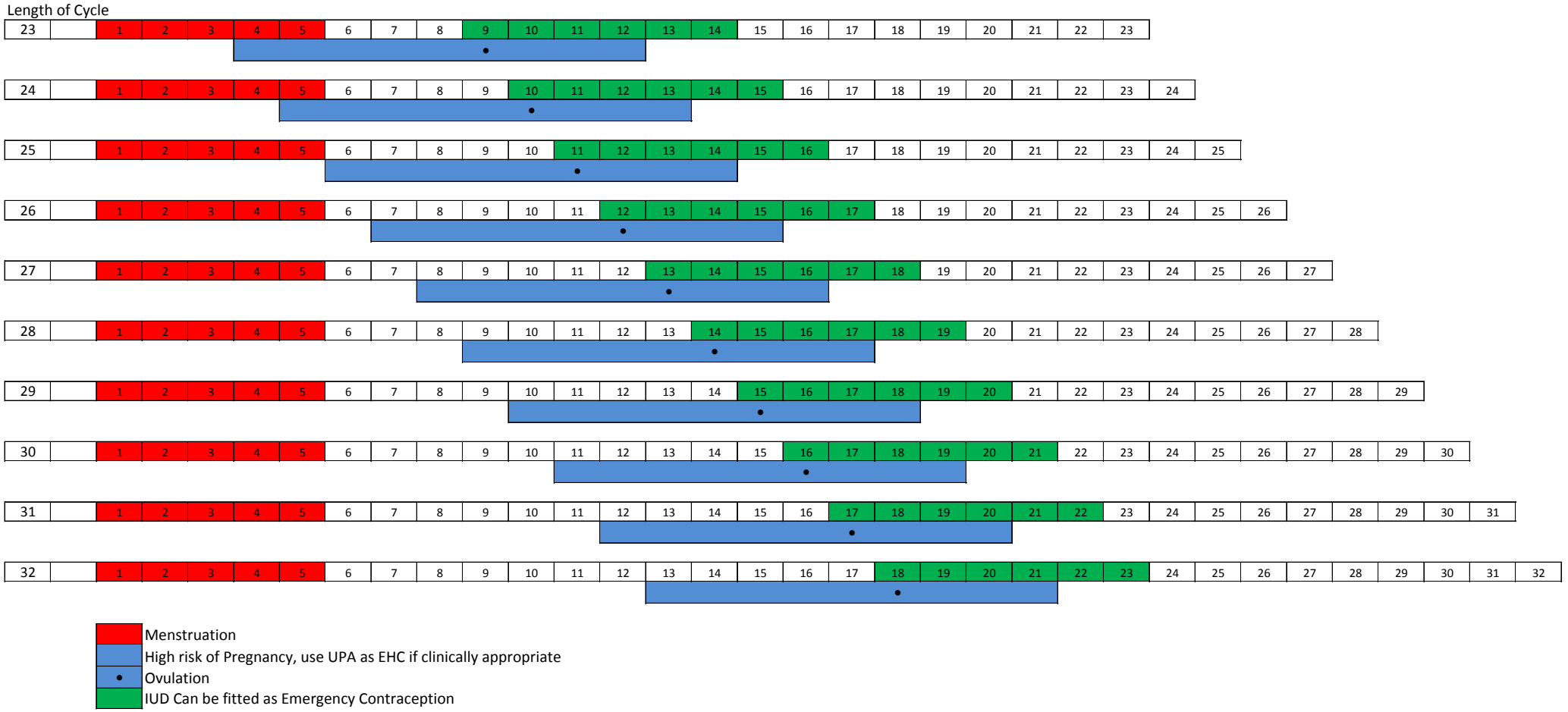
MISSED PROGESTERONE ONLY PILL (POP):

LESS than 3 hours late (12 hours for desogestrel-Cerelle, Cerazette)
Take it as soon as you remember and take the next one at the usual time.
You are protected against pregnancy

MORE than 3 hours late
(12 hours for desogestrel – Cerazette/Cerelle)
Take a pill as soon as you remember. If you have missed more than one pill just take one.
Take your usual pill at the usual time. This may mean taking two pills in one day. This is not harmful.
You are not protected against pregnancy. Continue to take your pills as usual but you also need to use an extra method, such as the condom for the next 2 days. EC is indicated if a pill is missed and UPSI/CF occurs before efficacy re-established (i.e. 48 hours after restarting POP)

The Menstrual Cycle related to the provision of Emergency Contraception

In women with variable cycle lengths, calculations should be based on the shortest cycle length



EMERGENCY HORMONAL CONTRACEPTION PROFORMA

Date/Time: _____ Contractor Code: _____

Pharmacy Stamp

Client Name _____

DOB _____ **AGE** _____

How old is partner? _____

Concerns re assault/abuse Y / N Concerns drugs/alcohol? Y / N

If 13, 14, 15 YEARS OLD: **Explain confidentiality and limits** ☐

COMPETENT TO CONSENT	Yes ☐ Not competent/ under 13 yrs old/ child protection issues ☐ **Refer**

Last Menstrual Period: Normal? Y / N Cycle (Days)__ Regular? Y / N

Not done ☐ Negative ☐ Positive ☐

PREGNANCY TEST
Do test if period late, LMP unsure, LMP unusual or any risk of Pregnancy

CIRCUMSTANCES:
Missed Pill ☐ *(See chart)* UPSI ☐ *UPSI – Unprotected sexual intercourse* Barrier failure ☐ Other: _____

When was the UPSI since the start of her last period or since hormonal method failure?

Date: _____	_____	Time
Hours since	_____	> 120 hours since 1st UPSI - **Refer**
Day in cycle of 1st UPSI	_____	

	NO	YES	
Any EHC already this cycle	☐	☐	If YES may consider use of LNG (Levonorgestrel). Ulipristal (UPA) not suitable as safety in pregnancy not established.
Any other episodes of UPSI this cycle	☐	☐	Ulipristal (UPA) is not suitable
Sexual assault?	☐	☐	If assault refer to local guidelines
Previous vomit with EHC	☐	☐	Consider alternative agent or referral

MEDICAL HISTORY:	**NO**	**YES**	
Known allergy to Levonorgestrel	☐	☐	Consider use of UPA
Known allergy to Ulipristal	☐	☐	Consider use of LNG
Severe absorption difficulties	☐	☐	Consider use of UPA
Severe Liver Disease	☐	☐	If YES **Refer**
Severe malabsorption syndrome	☐	☐	If YES **Refer**
Unexplained vaginal bleeding	☐	☐	If YES **Refer**
Taken antacid in last 7 days	☐	☐	If Yes, Consider use of LNG
Severe asthma treated with steroids	☐	☐	If Yes, Consider use of LNG
On Warfarin or Ciclosporin	☐	☐	If Yes, Consider use of UPA
Enzyme inducing medication *(Refer to current BNF)*	☐	☐	If Yes, refer for IUD or double dose LNG

Use flow chart to aid decision making around provision of Emergency Contraception

COMPARATIVE ESTIMATED EFFICACY OF EMERGENCY CONTRACEPTIVE (EC) METHODS

If 100 women have one episode of unprotected sex	Days 9-18 of cycle	Days 1-8 or 19-28 of cycle
Number of pregnancies if no EC used	20-30 pregnancies	2-3 pregnancies
Cu-IUD before implantation i.e. until day 19 or <120 hrs any time of cycle	<1 pregnancy	<1 pregnancy
Levonorgestrel within 72 hrs of unprotected sex	3-4 pregnancies	<1 pregnancy
Levonorgestrel between 72 & 120 hrs (unlicensed) – **REFER**	9 pregnancies	1 pregnancy
Ulipristal within 120 hours	<3-4 pregnancies	<1 pregnancy

BOTH ORAL AND IUD EMERGENCY CONTRACEPTION DISCUSSED ☐

Levonorgestrel 1.5 mg as single dose	☐	Too late for tablets but declines IUD	☐
Levonorgestrel 3 mg single dose (enzyme inducers) (PGD supply – off licence)	☐	Too late for any EHC	☐
Ulipristal 30mg as single dose	☐	No EHC needed at all	☐
Referred for IUD: Referred for other:	☐ ☐	Details_____	

ADVICE CHECKLIST

CURRENT CONTRACEPTION

Patch ☐ COC ☐ POP ☐ Injection ☐ Implant ☐ IUD/S ☐
Other ☐ _____

After UPA stop hormonal contraception for 5 days. Resume after 5 days however use condoms/no sex for additional 7 days. ☐
After LNG may continue hormonal contraception however use condoms/no sex next 7 days ☐
Or patient may prefer to restart hormonal contraception on first day of next period using condoms/no sex until normal period starts ☐

How to take tablets	☐	Contact GP / FP clinic for regular contraception	☐
Failure rate	☐	Pregnancy test in 3 weeks unless normal period	☐
Next period may be early / late	☐	If Levonorgestrel EHC fails not harmful to pregnancy	☐
Return if further UPSI	☐	No protection against pregnancy for rest of cycle	☐
LNG may affect Warfarin INR	☐	LNG may cause Cyclosporin Toxicity	☐

Action if vomits within 3 hours (UPA) or 2 hours (LNG) ☐
Maybe light bleeding next few days, do not count as period ☐
Patient with diabetes monitor blood glucose levels closely ☐
Action if experiencing abdominal pain (risk of ectopic) ☐
If breast-feeding, avoid for 8 hrs (LNG), 7 days (UPA) ☐

SEXUALLY TRANSMITTED INFECTION

STI risk discussed	☐	14-day window for Chlamydia, Gonnococcal & Trichomoniasis swabs	☐	3-month window for Syphilis, Hepatitis B, C HIV	☐

How/where to access STI tests or treatment, if appropriate ☐

CONSENT – The Community Pharmacy PHS Emergency Hormonal Contraception treatment programme and risks have been fully explained to me and I agree to treatment. I have been informed about how data on the supply will be stored, who will be able to access that information and how that data may be used.

Signed: _____ Date: _____

EHC SUPPLY: Product: _____

Batch Number: _____Expiry date: _____

Signature of Pharmacist: _____

Print name: _____ **Date:** _____