

EMERGENCY HORMONAL CONTRACEPTION AIDE MEMOIR – LEVONORGESTREL AND ULIPRISTAL ACETATE

This proforma is designed to aid decision making for community pharmacists providing the emergency contraception public health service in NHS Lanarkshire. It is intended to be used flexibly by community pharmacists as an aide-memoir about key points to discuss during a consultation.

It is important to be aware of the key advice for emergency contraception within NHS Lanarkshire before using the proforma. This is shown below and was developed following the update to the guidance on Emergency Contraception (EC) by the Faculty of Sexual and Reproductive Health in December 2017.

<https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/emergency-contraception/>

- **All women requiring EC should be offered a Copper containing intrauterine device (Cu-IUD) if appropriate as it is the most effective method of contraception.** Clients can access drop in clinics or seek an emergency appointment. The most up-to-date contacts can be found via <http://www.lanarkshiresexualhealth.org/contraception/family-planning/> or by phoning 0300 3030 251. This line is available Mon – Fri 9.00am – 4.45pm
- In many cases it is appropriate to provide EC as immediate treatment as well as referring for a Cu-IUD
- If a Cu-IUD is not appropriate or acceptable, women should be advised that oral EC should be taken as soon as possible if there has been UnProtected Sexual Intercourse (UPSI) within the last 5 days.
- EC providers should advise women that Ulipristal Emergency Contraception (UPA-EC) has been demonstrated to be more effective than Levonorgestrel Emergency Contraception (LNG –EC). UPA-EC is licenced for use up to 120 hours post UPSI. LNG-EC is licenced for upto 72 hours post UPSI.
- EC providers should also advise women that the available evidence suggests oral EC administered after ovulation is ineffective.
- Breast feeding women should be advised not to breastfeed and to express and discard milk for a week after they have taken UPA-EC. Women who breastfeed should be informed that available evidence indicates that LNG-EC has no adverse effects on breastfeeding or on their infants.
- EC providers should be aware that the effectiveness of UPA-EC could theoretically be reduced if a woman has taken progestogen prior to taking UPA-EC (e.g. missed pill).
- If LNG-EC is indicated in a patient >70kg or >BMI 26kg/m² a dose of 3mg is recommended.

The practical application of this information is illustrated in the decision making algorithms 1 and 2 within the guidelines and the implication is that where oral EC is indicated ulipristal is the medicine of choice for most circumstances. For the community pharmacy EC service the main exceptions where levonorgestrel may still be the preferred choice include:

- Patients with severe asthma managed with oral corticosteroids (as ulipristal is contraindicated in this circumstance)
- Women requiring EC who are using enzyme inducing drugs should be offered a Cu-IUD if appropriate. A 3mg dose of levonorgestrel can be considered but women should be informed that the effectiveness of this regimen is unknown. (A double dose of ulipristal is not recommended).
- Women who have recently taken a progestogen. (e.g. missed pill).

Ulipristal is a “Pharmacy Only” and supply does not require a Patient Group Direction PGD. A PGD is available to enable the “POM” version of levonorgestrel to be supplied where it is indicated.

DATE:		CLIENT NAME:			
CHI:		AGE:	WEIGHT	HEIGHT	BMI

If 13, 14,15 YEARS OLD	
<i>EXPLAIN CONFIDENTIALITY AND LIMITS</i>	
Who is with her?	Who knows where she is?
Hold old is partner?	Lives with family / friends / in care / homeless
Attends school Y / N	Concerns drugs / alcohol? Y / N
Concerns re assault / abuse? Y / N	Is there social care involvement? Y/N
COMPETENT TO CONSENT	Yes
	Not competent / under 13 yrs old / child protection issues
NB If there is a Child or Adult Protection concern a referral should be made via North Lanarkshire 0800 121 4114 or South Lanarkshire 0800 678 3282 or via the Police Scotland Family Protection Unit on 101.	
All under 20s should be encouraged to attend Sexual Health Services http://www.lanarkshiresexualhealth.org/contraception/family-planning or telephone 0300 3030 251 for the purposes of pregnancy testing, risk assessment, future contraception and STI screening.	
An APP for young people aged 20 and under which provides information about contraception, STI testing and treatment, BBV testing, free condoms, general information and advice can also be recommended. The APP is called "YP Services" and is available to download from the App Store through Apple or Google Play for free.	

Last Menstrual Period:	<i>NORMAL?</i>	<i>Y/N</i>		<i>CYCLE</i>	<i>(DAYS)</i>	<i>REGULAR?</i>	<i>Y/N</i>	
<i>PREGNANCY TEST</i>	<i>NOT DONE</i>			<i>NEGATIVE</i>		<i>POSITIVE</i>		
(Consider test if period late or LMP unsure or LMP unusual)								
<i>CIRCUMSTANCES</i>	<i>UPSI</i>			<i>CONTRACEPTIVE FAILURE</i>		<i>OTHER:</i>		
CURRENT CONTRACEPTION								

WHEN WAS THE FIRST UPSI SINCE THE START OF THE PATIENT'S LAST PERIOD OR SINCE HORMONAL METHOD FAILURE?

DATE		TIME	
HOURS SINCE First UPSI TO CURRENT CONSULTATION			
DAY IN CYCLE OF First UPSI			

All women requiring EC should be offered a Copper containing intrauterine device (Cu-IUD) if appropriate as it is the most effective method of contraception. In many cases it is appropriate to provide EC as immediate treatment as well as referring for an IUD

IMPORTANT FACTORS IN DECISION MAKING			
	No	YES	
ANY EC ALREADY THIS CYCLE?			If EC used this cycle and a repeat is indicated it is important to use the same oral medicine. If in any doubt refer for a coil or expert advice
SEXUAL ASSAULT?			Provide immediate treatment and refer to sexual health services
KNOWN ALLERGY TO ULIPRISTAL			If YES consider IUD, referral or levonorgestrel.
KNOWN ALLERGY TO LEVONORGESTEL			If YES consider IUD, referral or ulipristal
FOR ULIPRISTAL - SEVERE ASTHMA TREATED BY ORAL GLUCOCORTICOIDS			If YES consider IUD, referral or levonorgestrel
ENZYME INDUCING MEDICATION* WITHIN PAST 28 DAYS			If YES refer for IUD or double dose levonorgestrel as authorised by PGD
RECENT USE OF PROGESTOGEN			If YES consider IUD, referral or levonorgestrel
CURRENTLY BREASTFEEDING			Be aware of implications for ulipristal. Consider LNG
If LNG-EC IS INDICATED IN A PATIENT >70kg OR >BMI 26kg/m ²			A dose of 3mg LNG is indicated as authorised by PGD
HEPATIC DYSFUNCTION, PORPHYRIA, SEVERE MALABSORPTION SYNDROME OR UNEXPLAINED VAGINAL BLEEDING.			If YES Refer to Sexual Health Services
ON INTERACTING MEDICATION*			Refer current BNF or SPC for details
CONSIDER BRIDGING CONTRACEPTION			

PLANNED TREATMENT		
IUD Advised		Details:
IUD advised and UPA-EC provided.		
IUD advised and LNG-EC 1500mg provided.		
IUD advised and LNG-EC 3mg provided. 3mg for patients receiving enzyme inducing medicines or BMI >26kg/m ² or weight >70kg.		
Bridging Contraception advised		
No EC indicated		
Referred for specialist services		
ADVICE CHECKLIST		
How to take tablets		
Action if vomits within 3 hours		
Next period may be early/late		
May be light bleeding next few days, don't count as period		
Pregnancy test in 3 weeks advised unless normal period		
If oral EHC fails not known to be harmful to pregnancy		
Return if further UPSI		
Provide information on access to regular contraception (and APP for under 20 year olds)		
Breast feeding women should be advised not to breastfeed and to express and discard milk for a week after they have taken ulipristal		
Women who breastfeed should be informed that available limited evidence indicates that Levonorgestrel has no adverse effects on breastfeeding or on their infant.		
STI risk discussed and options for testing provided		

EC SUPPLY			
Name of drug:	Strength	Batch Number:	Expiry
Pharmacist (Print name & sign) _____			Date:

TO BE RETAINED FOR 7 YEARS

