

EMERGENCY CONTRACEPTION


SINEAD COOK CONSULTANT SEXUAL & REPRODUCTIVE HEALTH

EMERGENCY CONTRACEPTION



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PROVIDING EMERGENCY CONTRACEPTION

- When should you offer emergency contraception?
 - What options to discuss?
 - What do you need to know?
- 

WHAT DO YOU NEED TO KNOW?

Why need? Unprotected sex / withdrawal / condom failure

Any other recent UPSI

(since LMP / 3 weeks)

Current / recent contraception – in date / missed pills / expired IUS/depo/implant

LMP, cycle

Recent pregnancy (> 3 weeks postpartum / > 5 days since miscarriage/abortion)

Breastfeeding

Weight / BMI

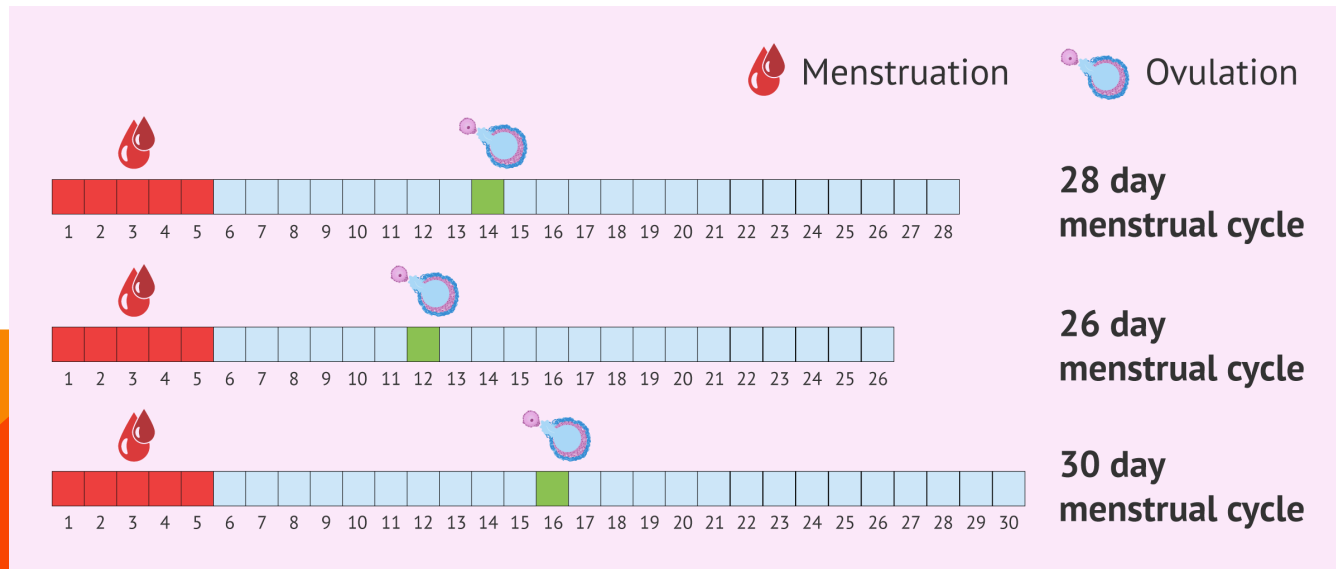
Medical conditions, particularly severe asthma, porphyria, malabsorption

Drugs, particularly enzyme inducers

Allergies

CU-IUD

- Insert up to 120 hours after first episode UPSI or within 5 days earliest expected date of ovulation
 - (or up to 13 days after the COC hormone free interval)
- most effective – pregnancy rate <0.1%
- If keen for cuIUD, refer + provide oral EC
 - (they may not attend / it may not be possible to fit a Cu-IUD).



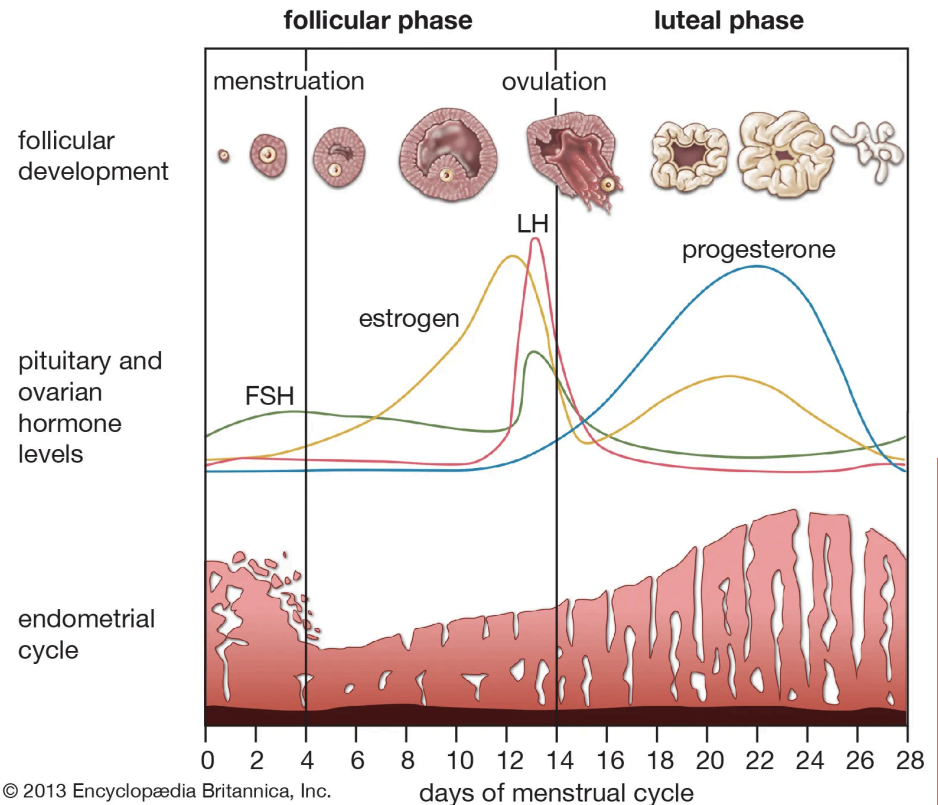
ELLAONE (ULIPRISTAL ACETATE)

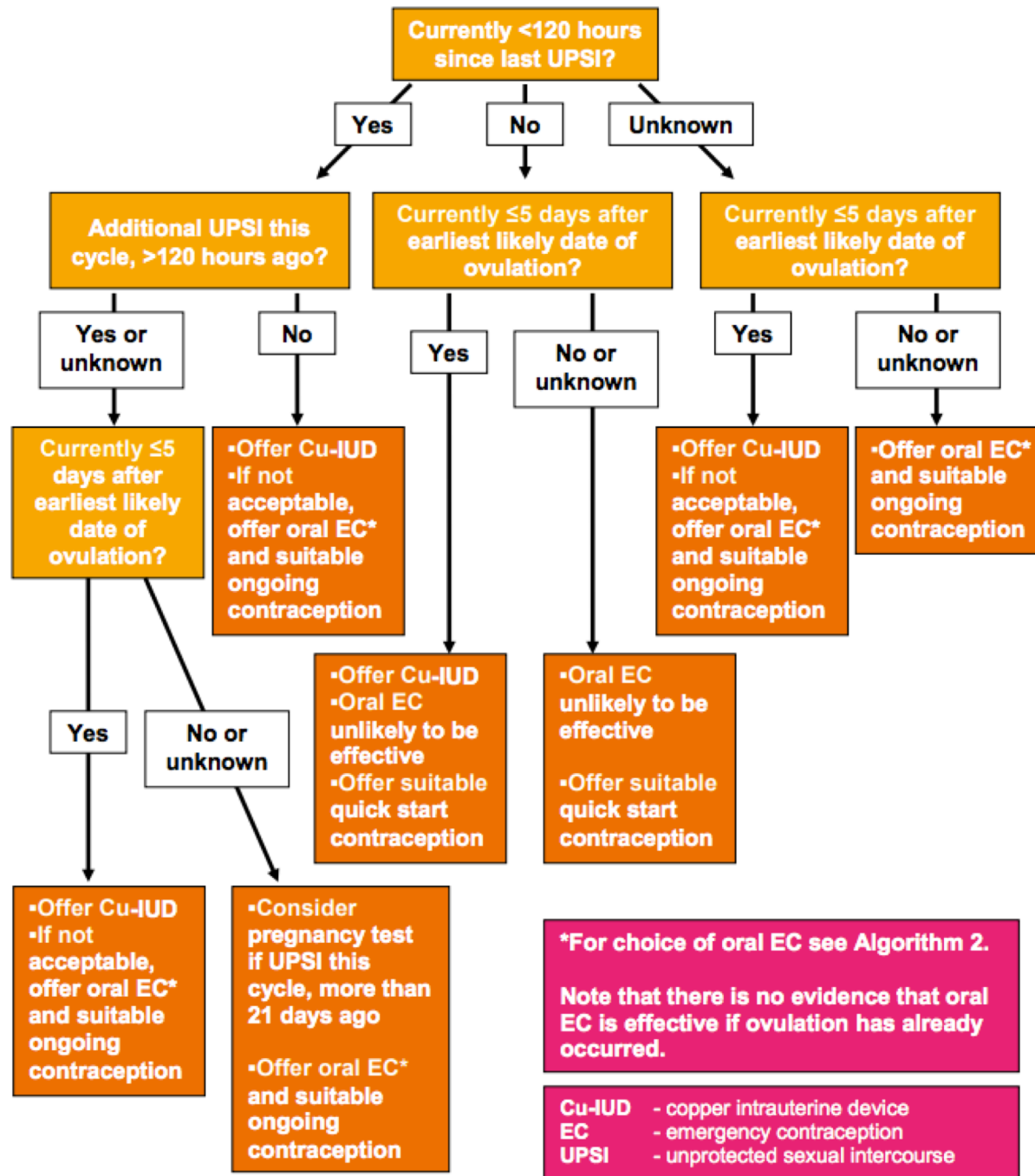
- efficacy up to 120hours
- more effective than levonelle, likely due to working after LH surge
- Ineffective after ovulation
- Avoid if on drugs which increase gastric pH or severe asthma (on oral steroids)
- Effectiveness reduced if take progestogen up to 5 days after
- Effectiveness may be reduced if take progestogen up to 7 days prior
- Current medications

LEVONORGESTREL (LEVONELLE)

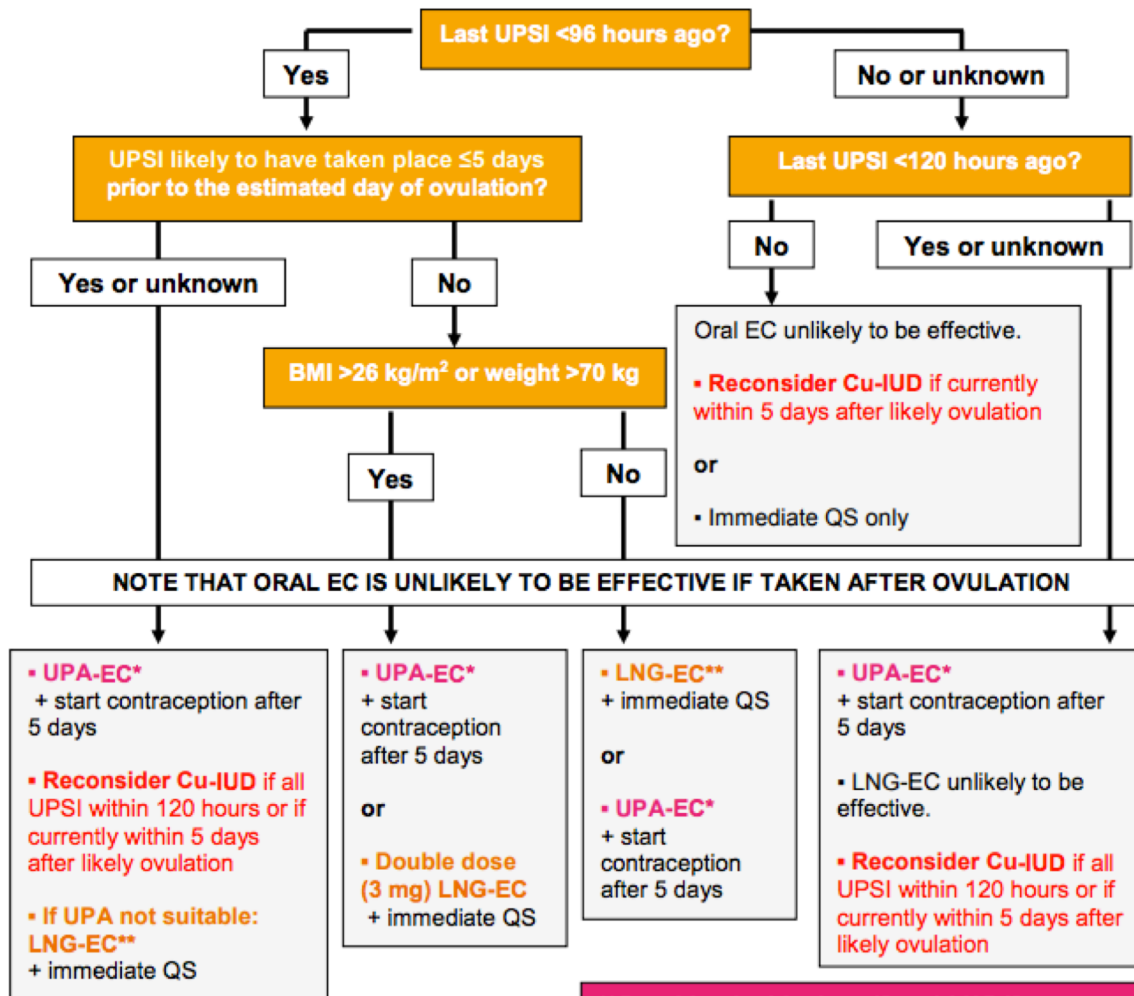
- efficacy up to 96 hours, beyond unknown (likely ineffective)
- Delays LH surge
- Reduced effectiveness by high BMI (may also affect UPA, but limited evidence)
- UPA and levonelle can be used more than once in the same cycle as do not disrupt pregnancy and are not teratogenic

The menstrual cycle





The Cu-IUD is the most effective form of EC. If criteria for insertion of a Cu-IUD are not met or a Cu-IUD is not acceptable to a woman, consider oral EC.



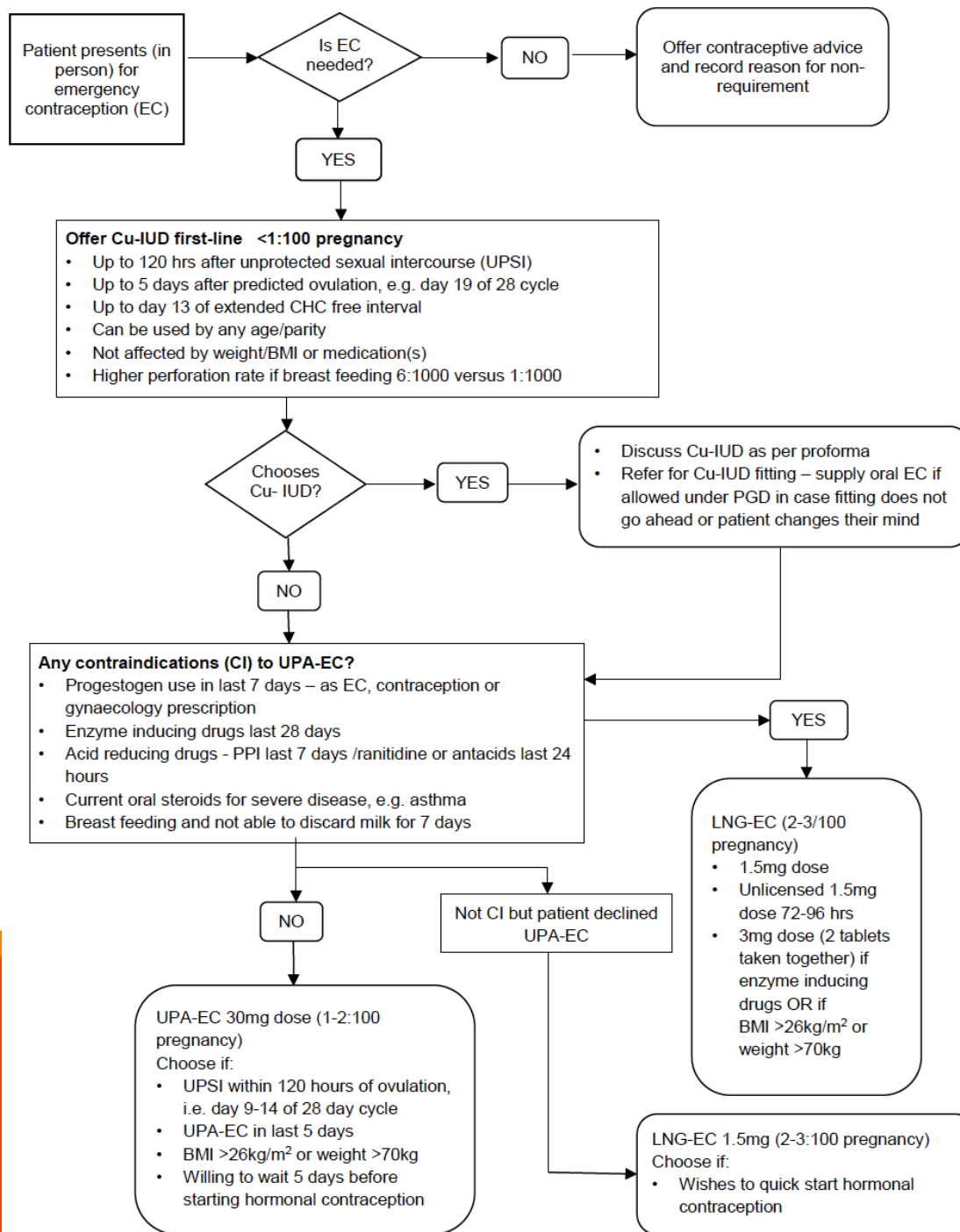
****Consider double-dose (3 mg) LNG if BMI >26 kg/m² or weight >70 kg (Section 9.2) or if taking an enzyme inducer (Section 10.1)**

***UPA could be less effective if:**

- a woman is taking an enzyme inducer (see Section 10.1)
- a woman has recently taken a progestogen (see Section 10.3)

UPA is not recommended for a woman who has severe asthma managed with oral glucocorticoids (Section 11.2)

Cu-IUD - copper intrauterine device
EC - emergency contraception
LNG-EC - levonorgestrel 1.5 mg
QS - quick start of suitable hormonal contraception
UPA-EC - ulipristal acetate 30 mg
UPSI - unprotected sexual intercourse



ENZYME INDUCERS & EMERGENCY CONTRACEPTION



GENERAL TIPS

If in doubt, always offer oral EC

If in doubt and not used hormonal contraception recently, UPA likely best

If considering cuIUD, contact us asap as time limited

Advise pregnancy test after 3 weeks

YOUNG PEOPLE

Approx 200 under 18s attended for EC from NHS Grampian pharmacies in 2021

- ?large unmet need for routine contraception in these young people

Brief risk assessment: age gap >2yrs / coercion / fear / gifts

Aged 13-15 and parents not aware – check has capacity to consent

All those aged 13-17 – follow local child protection policies if risk identified

(Age under 12 – urgent discussion with child protection team)

Offer referral to sexual health

- gram.gshhealthadvisors@nhs.scot
- If no access to email, post: Health Advisors @ Sexual Health, Health Village
- Please advise how young person happy to be contacted (ideally more than one way)
 - If under 16 – we will try to phone x 2 + text x 2 to offer appointment
 - If over 16 – we will end text advising to make appointment / attend drop-in

YOUNG PERSONS (<18 YEARS) SERVICE AT THE HEALTH VILLAGE

Appointments - telephone / F2F + drop-in

- Every Tues + Thurs 3.30pm-5.30pm

Also – appointments @ Fraserburgh / Peterhead / Elgin

QUICKSTARTING ORAL CONTRACEPTION

Nov 2021 - Scottish Government announce all women can access 3 months progestogen only pill from pharmacies free of charge

Note – also available to buy OTC if woman wishes

Last year <1% of women attending for EC at pharmacies left with POP

Effective after 48hours

Note – delay starting if UPA given!

Desogestrel – one pill daily, window period 12 hours

Missed pills / D+V / enzyme inducer = extra precautions + 48hrs

Typical failure rate = 8%

Contraindications: personal breast cancer (current – UKMEC 4, past – UKMEC 3), liver adenoma or cancer (UKMEC 3), new Ischaemic Heart Disease or Stroke whilst already taking (UKMEC 3)



PRACTICAL PROBLEMS WITH PROVIDING POP?



REFERRING TO SEXUAL HEALTH SERVICES

If wishes cuUD - asap – can self refer

0345 337 9900

Young people – as previous

Other issues:

Non urgent gram.gshhealthadvisors@nhs.scot

Urgent 0345 337 9900



REFERENCES

FSRH emergency contraception

UPA / Lng EC PGDs

FSRH combined hormonal contraception

FSRH progestogen only pill

QUESTIONS / CASES / DISCUSSION

Common difficulties:

Uncertain cycle, multiple episodes UPSI

Uncertain hormonal contraception usage

