**­**

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

**Cu-IUD can be used:**

* Up to 120 hrs after unprotected sexual intercourse (UPSI)
* Up to 5 days after predicted ovulation, e.g. day 19 of 28 cycle
* Up to day 13 of extended CHC free interval
* By any age/parity
* At any weight/BMI or medication(s) without need for off-label doses

**Consider contraindications to UPA-EC (see proforma for additional detail)**

* Progestogen use in last 5 days – as EC, contraception or gynaecology prescription
* Enzyme inducing drugs in last 28 days
* Acid reducing drugs - PPI last 7 days/H2 antagonists or antacids last 24 hours
* Current oral steroids for severe disease, e.g. asthma
* See Summary of Product Characteristics
* Consider use of LNG-EC

**Levonorgestrel** **(LNG-EC)**

(failure rate 2-3/100)

* 1.5mg dose within 72 hours
* Unlicensed 1.5mg dose within 72-96 hrs
* 3mg dose (2 tablets taken together) if enzyme inducing drugs OR if BMI>26kg/m2 or weight >70kg

Signpost to Sandyford which will likely have same-day availability for emergency coil insertion (0141 211 8130)

YES

Chooses

Cu- IUD?

**Ulipristal Acetate (UPA-EC)**

**Preferred choice** (failure rate 1-2/100)

* 30mg dose
* Can be used for UPSI within 120 hours
* No dose adjustment required for BMI >26 or weight >70kg

Offer contraceptive advice

NO

YES

Is EC
needed?

Patient requests emergency contraception\* (EC)

Flowchart for Oral Emergency Contraception (EC): Ulipristal Acetate (UPA-EC) versus Levonorgestrel (LNG-EC) **if** Cu-IUD is not appropriate or acceptable**.**

**NB:** Oral EC is unlikely to be effective if **taken after ovulation.**

NO

Initiate bridging contraception with Progestogen-Only Pill (POP) if appropriate (start after 5 days if UPA-EC was supplied)

Offer EC in case of non-attendance for Cu-IUD

**Consider Contraindications to LNG-EC**

* See Summary of Product Characteristics
* Refer to Sandyford (0141 211 8130) or GP

**\*Transgender patients**

Patients are eligible for oral EC if they are physiologically at risk of becoming pregnant (e.g. trans men) regardless of gender or physical appearance. LNG-EC or UPA-EC can be used alongside hormones for gender affirming treatment. These hormones are not being used as contraception and will not necessarily be sufficient to prevent pregnancy. Note: these patients will likely not have regular menstruation so a pregnancy test should be used to exclude pregnancy.

OR

**Emergency Contraception Pro-forma**

**Consultation Details**

|  |  |
| --- | --- |
| Healthcare Professional Name (PRINT): | Date of Consultation: |
|  |  |
| Patient Name: | Date of Birth: Age: |
| Patient aged 13 years or over and competent to consent? Yes [ ]  No [ ]  |
| If No or child protection issues. Follow NHSGGC child protection guidance or refer to Child Protection Unit on 0141 451 6605 |

**Circumstances Leading to EHC Request**

|  |
| --- |
| **UPSI** |
| Time since UPSI? [ ]  <72 hrs [ ]  72-96 hrs [ ]  96-120 hrs [ ]  >120 hrs (may warrant referral to local SHS) |

|  |  |
| --- | --- |
| **History** | **Action/Information** |
| Day 1 of last menstrual period (LMP) |  / /  | This allows calculation of place in the cycle. Oral EC after ovulation (days 9-16) can be given but is likely to be ineffective and a Cu-IUD should be used. |
| LMP regular? (See info for trans patients on flowchart) | Yes [ ]  No [ ]  |
| Given birth within the last 3 weeks? | Yes [ ]  No [ ]  | If yes EC is not required. **Note:** Early pregnancy loss **does** require EC. |
| Any other episodes of UPSI since last menstrual period? | Yes [ ]  No [ ]  | Consider possibility of pregnancy and if necessary signpost to GP/SHS. |
| Has the patient taken LNG-EC or another progesterone within the last 7 days? | Yes [ ]  No [ ]  | If yes then UPA-EC is less effective, advise Cu-IUD or use LNG-EC. |
| Are there any concerns in regard to unsafe relationships/child abuse/adult protection concerns? | Yes [ ]  No [ ]  | If yes contact relevant local service. |

| **Medical History** | **Yes** | **No** | **Action/Information** |
| --- | --- | --- | --- |
| Allergy to UPA-EC or LNG-EC? |  |  | If yes advise Cu-IUD and signpost for fitting. If declined refer to GP or Sexual Health Service (SHS). |
| Current unexplained vaginal bleeding? |  |  | If yes signpost to GP or Sexual Health Service (SHS) or Out of Hours |
| BMI >26kg/m2 or >70kg in weight |  |  | If yes advise Cu-IUD (first line), UPA-EC if suitable or LNG-EC 3000 microgram dose (unlicensed). |
| Currently breastfeeding? |  |  | LNG-EC or IUD\*. Advise to discard breast milk for 7 days after UPA-EC use. \*Increased risk of intrauterine perforation with IUD – would be for discussion at SHS. |
| Current severe disease treated with oral glucocorticoids e.g. asthma? |  |  | If yes UPA-EC not suitable, consider LNG-EC if UPSI is <96 hours or refer to GP or SHS if greater. |
| Severe malabsorption syndrome e.g. Crohn’s disease or severe diarrhoea? |  |  | If yes signpost for Cu-IUD as LNG-EC and UPA-EC may be less effective. |
| Porphyria? |  |  | If yes UPA-EC is not suitable – advise Cu-IUD or use LNG-EC. |
| Currently taking medicines that increase gastric pH? |  |  | UPA-EC will have a reduced effect if PPI taken in the last 7 days or H2 antagonist or antacid taken within the last 24 hours. |
| Currently taking enzyme inducing medication including St. John’s Wort? |  |  | If yes UPA-EC is not suitable. The only licensed option is an IUD or consider LNG-EC 3000 microgram dose (unlicensed). |
| Other significant drug interactions |  |  | If interaction cannot be managed then refer to SHS or relevant specialist. |

Refer to flowchart for choice of UPA-EC/LNG-EC/Cu-IUD depending on the answers provided above

|  |
| --- |
| **Counselling Checklist to be Discussed Prior to Treatment** |
| **Pregnancy Risk:**Days 9-16 of /28 cycle 20-30% risk of pregnancy with x 1 UPSIDays 1-8 and >16 of /28 cycle 2-3% risk of pregnancy with x 1 UPSILNG-EC within 96 hours 2-3 in 100 women will become pregnantUPA-EC within 120 hours 1-2 in 100 women will become pregnantCopper IUD up to 120 hours after UPSI / or ovulation < 1 in 100 women will become pregnant |
|[ ]  Cu-IUD discussed as most effective 1st line option |[ ]  Mode of action, efficacy and failure rates (see above) |
|[ ]  Action if vomiting occurs within 3 hours (return for an additional dose) |[ ]  Explain any common side effects |
|[ ]  If EC fails there is no increased risk of foetal abnormality |[ ]  Next period may be late/early and light bleeding may occur over the next few days (not to be counted as a period) |
|[ ]  Return if there is a further episode of UPSI |[ ]  Patient to read the PIL for the EC |
|[ ]  When to seek medical advice i.e. should severe abdominal pain occur |[ ]  If no normal menstrual period within 3 weeks take pregnancy test |

|  |
| --- |
| **Contraception Advice (when appropriate)** |
| Bridging/Quick Start Contraception Discussed Yes [ ]  No [ ]   | Barrier methods discussed Yes [ ]  No [ ]   |
| [ ]  Client declined ongoing contraception/advice | [ ]  Bridging contraception supplied (desogestrel) |

|  |
| --- |
| **Outcome of consultation (tick all that apply)** |
|[ ]  Signposted for Cu-IUD insertion |[ ]  No EC required |
|[ ]  LNG-EC 1500 microgram single dose under PGD Batch No:  |[ ]  UPA-EC 30mg single doseBatch No:  |
|[ ]  LNG-EC 3000microgram single dose under PGD (unlicensed) Batch No:  |[ ]  EC not indicated and declines Cu-IUD (Refer to SHS or GP) |
| **Referral** | Signposted to Sexual Health Service [ ]  | Signposted to Out of Hours Service [ ]  | Signposted to GP [ ]  |

|  |
| --- |
| **Consent** |
| Emergency hormonal contraception treatment risks have been fully explained to me and I agree to treatment. I have been informed of how my data will be stored and who will be able to access that information, as well as how it may be used. |
| Patient Signature |  | Date |  |
| Healthcare Professional Supplying Signature |  | Date |  |

Copyright ©Faculty of Sexual and Reproductive Healthcare 2017

Adapted from the North of Scotland Boards PGD Profoma