

Emergency Hormonal Contraception FAQs

Treatments

Which treatment should I recommend?

Patients should be advised that the Copper IUD is the most effective method of Emergency Contraception. If after discussion a hormonal method is preferred, ulipristal acetate is first line and could be given unless there are any contraindications. In these cases levonorgestrel may be suitable. Both are available to be supplied free of charge via the service. See flowchart.

Why is there a PGD for the supply of levonorgestrel but not for ulipristal?

Ulipristal is a pharmacy (P) medicine and therefore does not require a PGD for a community pharmacist to supply to patients. The reason that levonorgestrel has a PGD is to allow access to the more cost effective prescription only product (POM) rather than supply the pharmacy (P) medicine.

As both EHC options are considered ineffective after ovulation, what advice should we be giving if we consider the patient to have ovulated?

The Copper IUD can be used effectively as emergency contraception until day 19 of a 28 day cycle (this incorporates ovulation). The patient can be supplied with oral EHC and also attend to have the IUD fitted, if after consideration they would like something more effective to prevent pregnancy.

If there is uncertainty as to whether ovulation has occurred oral EHC options can still be used (or if the patient requests treatment for peace of mind). If after discussion, the patient has ongoing concerns regarding their risk of conception refer to Sandyford (0141 211 8130).

What should we advise patients with a high BMI regarding effectiveness of EHC?

The effectiveness of EHC methods may be reduced in women with a higher BMI (27 or above). Women should be informed that the effectiveness of the Copper IUD is not known to be affected by weight or BMI. If a Copper IUD is not indicated or not acceptable, it is recommended that women be offered ulipristal acetate (no dose adjustment required). If this is not suitable, an off-label dose of 3 mg of levonorgestrel can be used as per PGD/FSRH guidance.

Does EHC affect ability to drive or operate machinery?

Ulipristal may have minor or moderate influence on the ability to drive or use machines as mild to moderate dizziness is a common side effect. Advise patients not to drive or operate machinery if they experience dizziness. No studies on the effect on the ability to drive and use machines have been performed on levonorgestrel.

Remember to utilise the bridging contraception PGD to supply the progestogen-only pill where appropriate

Patient-specific Factors

What is the age range of patients that EHC can be used for?

Ulipristal and levonorgestrel are licensed for anybody of childbearing potential.

PGD: Levonorgestrel use under NHS GGC PGD is restricted to those older than 13 years of age.

What action is required for patients under 16 years?

As assessment of the nature of the sexual activity during the consultation is required to help determine risk e.g. what age were the person(s) involved? Was the sex consensual? When did the patient become sexually active? Are the patient's parents/guardians aware of what has happened? Was the patient drinking alcohol/taking drugs when this happened? – Answers to these questions may indicate safeguarding issues and would require referral to local children protection services Monday – Friday 9am to 5pm 0141 451 6605, switchboard out of hours on 0141 201 1000, or 999 in an emergency.

Any patient <13 years old requesting due to sexual activity requires referral to child protection services on the same numbers.

Can EHC be supplied to a parent/friend/partner?

Caution should be exercised in this scenario and valid consent must be provided by the person who will take it – so unless there are exceptional circumstances it is preferable to supply directly to the patient. Supply of EHC under PGD does not necessarily require direct consultation with the patient themselves however a pharmacist must be satisfied that the consultation is with an appropriate parent/relative/carer/representative, the knowledge given is accurate and allows for sufficient clinical decision making, and it is in the best interest of the patient.

Patients under 16 years old should be seen face to face (unless very exceptional circumstances such as self-isolating with Covid-19).

If the client cannot attend the pharmacy can a supply of EHC be made?

Remote consultations are possible (NHS 'Near Me' available for video consultations) under PGD however the consultation and supply must be made by the same pharmacist and no element of the consultation can be delegated. Once a medication is bagged and sealed for a patient it can be handed out by another suitably trained member of staff or if absolutely necessary it can be posted or delivered. Just because this is possible does not necessarily mean it is the most appropriate course of action and pharmacists can use their judgment as required.

Can EHC be used in advance?

No – EHC is not licensed for taking in advance of sexual intercourse episode. Instead, suitable contraception advice should be offered to mitigate the need for EHC. The bridging contraception PGD is available and could be utilised in this scenario.

What should be done if sexual abuse/assault is suspected or confirmed?

Where this involves a child (<16 years old, 16 and 17 year olds if there is a concern about exploitation, trafficking, or other vulnerabilities such as being in the care system – list not exhaustive) ensure they are safe and if there are immediate concerns then ring 999. A referral must be made to Social Care Direct on 0141 287 0555.

Archway is the West of Scotland Sexual Assault Referral Centre if a patient over the age of 13 has been raped or sexually assaulted in the last 7 days and Archway is available on 0141 211 8175. Patients aged under 13 years should be directed to Royal Hospital for Children.

Why are women who have given birth up to 3 weeks ago not suitable for EHC?

Contraception is only required after this point. Women should be reassured that they cannot become pregnant again up to 3 weeks/21 days after childbirth.

How soon after an abortion, miscarriage, ectopic pregnancy or uterine evacuation is EHC required following unprotected sexual intercourse?

EHC must be used at any point after 5 days of these procedures or events happening to reduce the risk of pregnancy.

What advice should be given to breast feeding mothers regarding EHC?

Breastfeeding is not recommended for 7 days following ingestion of ulipristal. Advise the person to express and discard the breast milk during this time.

There is limited evidence regarding the use of levonorgestrel in breastfeeding but there is no suggestion of adverse effects on breastfeeding or on their infants.

Is EHC suitable for trans or non-binary 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. Levonorgestrel or ulipristal 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.

Can the patient be offered ulipristal if they have taken a progesterone within last 7 days?

If the patient has taken progesterone within the last 7 days then the effectiveness of ulipristal could theoretically be reduced. Patients taking the contraceptive pill should be advised of this and supplied with levonorgestrel if unprotected sex or contraception failure occurred within the last 72 hours. If this occurred between 72 and 120 hours and ulipristal is supplied, then the patient should be advised to stop their usual method of contraception for 5 days after taking. A barrier method of contraception should be used for these 5 days plus for an additional further 7 days after re-starting (48 hours if desogestrel POP).

What should be advised if a patient has already had unprotected sex or contraceptive failure (with or without EHC) within the last cycle?

It may be more appropriate to refer these patients for review by Sandyford (0141 211 8130) or GP for review of their contraceptive options. However, if clinically appropriate, or dictated by circumstance (e.g. weekends/evenings), EHC can be offered to a woman if she has had unprotected sex earlier in the same cycle as well as within the last 5 days, as evidence suggests that these do not disrupt an existing pregnancy and are not associated with foetal abnormality. If a woman has already taken ulipristal, levonorgestrel should not be taken in the following 5 days and if a woman has already taken levonorgestrel, ulipristal could theoretically be less effective if taken in the following 7 days.