

The NHS Dumfries and Galloway Levonorgestrel (LNG) PGD and guidance regarding the supply of Emergency Contraception (EC) have now been updated to reflect recommendations of the Faculty of Sexual and Reproductive Health.

<https://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-emergency-contraception-march-2017/>

Please see below a summary of the important information that must be considered before supplying Emergency Contraception.

- **Emergency Contraception (EC) is appropriate for women who do not wish to conceive** following unprotected sexual intercourse (UPSI) including:
 - ❖ UPSI from Day 21 onwards after childbirth
 - ❖ UPSI from Day 5 after abortion, miscarriage, ectopic pregnancy or uterine evacuation for gestational trophoblastic disease (GTD)
 - ❖ Failure or potential failure of a contraceptive method
- **The copper intra-uterine device (Cu-IUD)*** remains the most effective method of EC and should be offered as first line to **all** women. In particular the Cu-IUD should be promoted when oral EC is unlikely to be effective e.g.
 - ❖ After the expected date of ovulation, as oral EC is not effective after ovulation has occurred (LNG-EC is not effective after the start of the LH surge whereas Ulipristal (UPA) cannot inhibit ovulation at or after the LH peak)
 - ❖ Where poor gastrointestinal absorption is expected e.g. inflammatory bowel disease
 - ❖ Women on enzyme inducing drugs, as effectiveness of oral EC may be reduced
 - ❖ Weight >70 kg or BMI >26. It is possible that higher weight can reduce the effectiveness of oral EC, particularly LNG-EC.

*See details on page 2 on referring patients for a Cu-IUD

- **The evidence suggests that LNG-EC is ineffective if taken more than 96 hours after UPSI.** UPA-EC is therefore the only oral EC that is likely to be effective if UPSI took place 96–120 hours ago. *(LNG-EC can be used off licence between 72hrs and 96hrs, only when a Cu-IUD has been refused and UPA is not recommended).*
- **Ulipristal acetate (UPA-EC) should now be considered as the first line Emergency Contraceptive in NHS Dumfries and Galloway** if a Cu-IUD has been declined, as it is more effective than levonorgestrel (LNG). *There is no requirement for a PGD for UPA as this is a Pharmacy (P) medicine.*

However LNG-EC may be indicated in the following situations:

- ❖ Asthma - UPA-EC is not suitable for any woman with asthma controlled by oral glucocorticoids.
 - ❖ Enzyme inducing drugs – consider 3mg LNG-EC, but the woman should be informed that the effectiveness of this regimen is unknown. UPA-EC is not recommended in this situation
 - ❖ Progestogen (including prior LNG-EC) in the past 7 days, as this theoretically reduces the effectiveness of UPA, which is a Progesterone receptor modulator)
 - ❖ Progestogen in the following 5 days, as this reduces the ability of UPA-EC to prevent ovulation i.e. continuing hormonal contraception or quick starting hormonal contraception. The risk of pregnancy should be considered as to whether the woman is likely to have UPSI before the hormonal method becomes effective or if there is a delay in commencing ongoing contraception.
- **Progestogen-containing drugs**

The effectiveness of UPA-EC may be reduced if any progestogen-containing drug has been taken in the 7 days prior to UPA use (e.g. oral contraception or LNG-EC use).

The effectiveness of UPA-EC may also be reduced if any progestogen-containing drug is taken in the 5 days after taking UPA-EC (e.g. oral contraception or LNG-EC use). It is important to wait for 5 days after taking UPA-EC before starting hormonal contraception. The person must use condoms or abstain from sex during these 5 days and until their contraception is effective.

Condoms will be sent to all pharmacies in the near future from the Sexual Health Team to be given out along with EC. Pharmacies will also receive one male and one female STI postal kit to be offered to women attending for EC.

- **Breast feeding**

There is a higher rate of uterine perforation during insertion of a Cu-IUD in breastfeeding women.

Breastfeeding women should be advised not to breastfeed and to express and discard milk for a week after they have taken UPA-EC.

LNG-EC has not been shown to affect breast milk. Exposure should be reduced by taking the dose immediately after feeding

▪ Previous EC Use in Cycle

Emergency contraception can be offered more than once in a cycle. The general advice would be to repeat using the same EHC or refer for Cu-IUD/expert advice.

Note: If UPA-EC is used previously then LNG-EC should not be given in the following 5 days. If LNG-EC has been taken then theoretically UPA may be less effective if taken in the following 7 days.

Advise that EHC should be not be used as the regular method of contraception and provide information for accessing sexual health clinics. Information will be provided to all pharmacies and can also be found at <https://sexualhealthdg.co.uk/>

▪ Previous Unprotected Sexual Intercourse in same cycle

UPA-EC and LNG-EC can be given if a woman has had UPSI earlier in the same cycle as well as within the last 5 days, as evidence suggests that UPA-EC and LNG-EC do not disrupt an existing pregnancy and are not associated with fetal abnormality. Consider pregnancy test if UPSI was > 3weeks ago.

▪ Future contraception

Following oral EC use, the majority of women go on to ovulate later in the cycle and are therefore at risk of pregnancy from subsequent UPSI. Women should be advised of this and the need for future contraception.

The NHS Dumfries and Galloway EHC Proforma should be completed for all requests for Emergency Contraception

*** Copper-bearing intrauterine Devices (Cu-IUD) are the gold standard for emergency contraception and should be offered to all women who are eligible**

Referring pharmacy should still give the patient EHC as a high percentage of women DNA their appointment

An IUD can be fitted in any of the following situations

- **Up to 5 days (120 hours)** after the first episode of unprotected intercourse (UPSI) during the current cycle.
- Where the earliest unprotected intercourse has occurred more than 5 days previously an IUD can be fitted up to 5 days after the earliest calculated day of ovulation (up to day 19 of a 28 day cycle).

Eligibility Calculation (Also refer to the *The Menstrual Cycle Chart*)

LMP		<u>Shortest Length of Menstrual Cycle (in days)*</u>		<u>Date and time of first UPSI this cycle</u>	
Earliest estimated date of next period (LMP + shortest cycle)					
Estimated earliest date of ovulation (estimated date of next period minus 14 days)					
Deadline for fitting if previous UPSI > 120 hours ago (5 days after the earliest calculated day of ovulation)					

*Menstrual cycle is measured from day 1 of cycle (day bleeding starts) to day 1 of next cycle

To arrange an emergency Cu-IUD

Where possible have the above information ready along with the **patient name / DOB / contact phone number**.

In Hours: Either contact Sexual Health D&G on behalf of the patient or give the phone number to the patient to phone as soon as possible. A small number of GP Practices may be able to fit an emergency Cu-IUD (see below).

Weekends: Contact the on call Gynaecology Registrar directly on behalf of the patient.

Always give emergency hormonal contraception even if the client opts for an emergency IUD.

Sexual Health D&G – 01387 244614 (Monday-Friday 8.30am – 4pm) <https://sexualhealthdg.co.uk/>

Gynaecology department (weekends) – 01387 246246 ask for Gynaecology Registrar for that day

GP Practices

ANNANDALE & ESKDALE

- ANNAN NORTH SURGERY, Tel: 01461 202745
- LOCHMABEN SURGERY, Tel: 01387 810215 / 810252

NITHSDALE

- SANQUHAR HEALTH CENTRE, Tel: 01659 50221 (registered patients only)

WIGTOWN

- CAIRNSMORE MEDICAL PRACTICE, NEWTON STEWART, Tel: 01671 403609
- LOCHNAW PRACTICE, STRANRAER, Tel: 01776 707811 (3 days per week)
- SANDHEAD SURGERY, STRANRAER, Tel: 01776 830262