Herefordshire & Worcestershire Medicines and Prescribing Committee

NHS Herefordshire and Worcestershire Clinical Commissioning Group

Flowchart to facilitate Emergency Contraception Decision Making

This forms a guide to relevant healthcare professionals, but each patient will need to be assessed on individual merit and the judgement as to which method is most appropriate will be down to clinical discretion and informed patient consent.

Woman presents for emergency contraception

Undertake sexual health risk assessment:
Offer Sexually Transmitted Infection (STI) tests to all.
Be aware of 2/52 (CT & GC) and 3/12 (BBV) window periods.

Previous UPSI or use of emergency contraception since Last Menstrual Period (LMP)?

Failure rates of emergency contraception if 1000 women had UPSI and all used:
Cu IUD – 1 would get pregnant
UPA – 5 would get pregnant
LNG – 10 would get pregnant
No emergency contraception - 80 would get pregnant.

NO (within 120hrs of UPSI)

Offer: **Cu IUD** to all unless contraindicated

Cu IUD accepted
Insert on same day or signpost to appropriate provider. Give oral emergency contraception anyway if IUD not inserted immediately.

Cu IUD declined
(Note oral emergency contraception unlikely to be effective if taken after ovulation)

0 – 72hrs since earliest UPSI offer choice of **LNG** or **UPA**
(*If BMI > 26kg/m^2 or weight >70kgs UPA better or 3 mgs LNG; it is unknown which is more effective)

72 – 120hrs since earliest UPSI offer **UPA**

YES (earliest UPSI > 120hrs ago)

Assess risk of pregnancy

Consider pregnancy test
Consider repeat LNG/UPA in her best interest (**See overleaf*)
Is IUD still an option [Earliest Expected Ovulation (EEO) + 5 days]

Abbreviations:
UPSI: unprotected sexual intercourse
Cu IUD: copper intrauterine device
LNG: levonorgestrel 1500 micrograms
UPA: ulipristal acetate 30mg
BBV: Blood Borne Viruses
CT: *Chlamydia trachomatis*
GC: *Neisseria gonorrhoeae*

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IUD

- First line- highest efficacy
- Offers on- going contraception unaffected by hepatic enzyme inducing medicines

Levonorgestrel (LNG) (licensed for 0-72hours)

- Efficacy has been shown up to 96hrs after UPSI
- Quick Start permitted; consider use if more rapid establishment of on-going hormonal contraception required
- Can be used with hepatic enzyme inducers if IUD declined/contraindicated, use double dose 3mg (efficacy unknown)
- *The effectiveness of LNG could be reduced if BMI > 26kg/m2 or weight > 70Kg

Ulipristal (UPA) (licensed 0-120 hours)

- High efficacy across all time ranges (0-120 hours) Also better than LNG if UPSI <5 days before ovulation
- Efficacy may be affected if used progestogen containing drugs in prior 7 days
- Quick start permitted after 5 days
- Do not use with:
  - Hepatic enzyme inducers (reduced efficacy, e.g. rifampicin, anticonvulsants etc.) or within 28 days of use, including St John's Wort
  - Severe asthma uncontrolled with oral corticosteroids
  - Hepatic dysfunction
  - If breast feeding, avoid breast feeding for 7 days after UPA
  - Caution only: current use of medicines that increase gastric pH; e.g. antacids, proton pump inhibitors.

Quick Start Rules

Future contraception including LARC (long acting reversible contraception) must be discussed and preferably provided for all women. Women should be encouraged to consider quick- starting their method of choice or using a bridging method until able to access their chosen method.

- **Depot medroxyprogesterone acetate (DMPA) may be considered if other methods are not suitable or acceptable**
- Hormonal contraception can be started immediately after **LNG**
- After **UPA** wait at least **5 days** before starting hormonal contraception
  Except where an existing COC patient has missed 2-7 pills in their first week post Hormone Free Interval (HFI) / equivalent error with patch or ring when you can immediately re- start COC with condom use for 7 days. This therefore would not apply to new pill / patch/ ring users or if more than 7 pills missed in any week/ equivalent in existing patch/ ring or POP users.

Advise use of condoms before starting contraception and after as recommended in the table below:

Method commenced	Days of additional contraception required after starting method
Combined Oral Contraceptive (COC) except Qlaira®	7
Progestogen only Pill (POP)	2
Progestogen-implant	7
Depot medroxyprogesterone acetate (DMPA)	7

Notes: *UPA or LNG can be used off-label if there has been UPSI earlier in the same cycle as well as within the last 5 days; evidence suggests that UPA and LNG do not disrupt an existing pregnancy and are not associated with foetal abnormality.

- If a woman has already taken UPA once or more in a cycle, UPA can be offered again after further UPSI in the same cycle.
- If a woman has already taken LNG once or more in a cycle, LNG can be offered again after further UPSI in the same cycle.
- If a woman has already taken UPA, LNG should not be taken in the following 5 days.
- If a woman has already taken LNG, UPA could theoretically be less effective if taken in the following 7 days.

Follow up after Emergency Contraception: Recommend Pregnancy test at 4/52. Discuss LARC. If young person safeguarding, follow up 4/52.

References: **FSRH Guideline (2017):** Emergency Contraception
BMJ (2019): Sexual and Reproductive Health FSRH Guideline
FS FSRH CEU Statement (Nov 2020): Response to Recent Publication Regarding Banh, et al. RH
FSRH Guideline (2017): Quick starting contraception

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