NHS

DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Management of Emergency Contraception (EC)

- The risks and benefits of an IUD or oral EC should be discussed and documented (see appendix). Reasonable measures should be taken to exclude pregnancy before EC is administered (via menstrual/sexual history).

- Cu-IUD is the most effective method of EC and should be considered for all women.

- Consider oral EC if Cu-IUD not suitable or not acceptable. Levonorgestrel-EC is licenced for up to 72h after UPSI and may be used off-licence up to 96h after UPSI- see algorithm.

- Evidence suggests oral EC taken after ovulation is ineffective. Cu-IUD should be considered.

- Higher weight or BMI (>70kg or BMI>26kg/m^2) could reduce the effectiveness of oral EC, particularly levonorgestrel-EC in whom a double dose (3mg) is recommended. Effectiveness of both oral EC in higher weigh/BMI (85kg / >30kg/m^2) women is unknown.

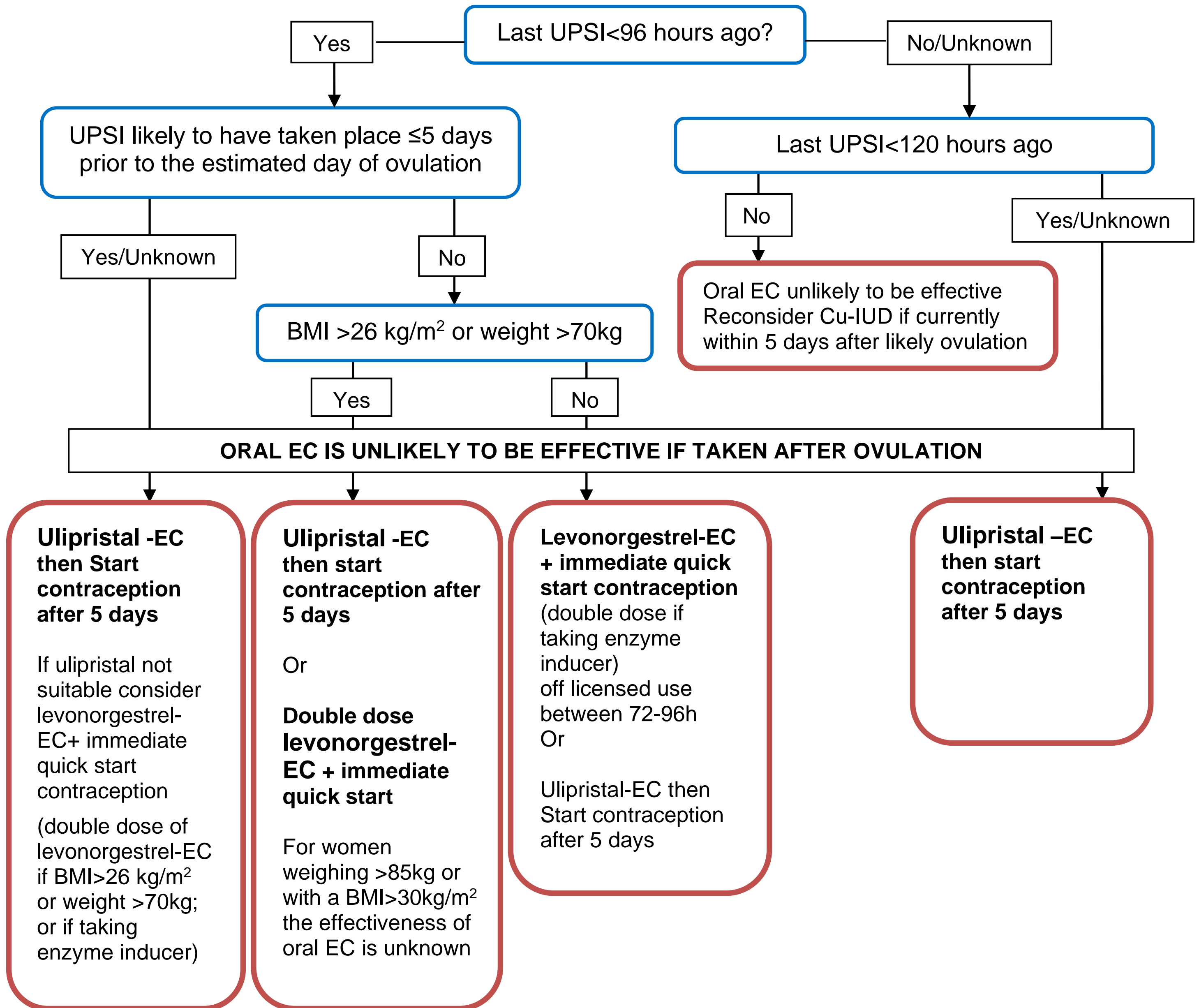
- Effectiveness of oral EC could be reduced by enzyme-inducing drugs. Women requiring EC who are using enzyme-inducing drugs should be offered a Cu-IUD if appropriate.

- Effectiveness of ulipristal-EC is reduced if a woman has taken progestogen in the 7 days prior to taking ulipristal-EC or if a woman takes progestogen in the 5 days after taking ulipristal -EC.
  For emergency contraception after missed pills use levonorgestrel (Upostelle/Emerres). Contraceptive cover with quick start method is 5 days shorter with levonorgestrel-EC compared with ulipristal-EC.

- If a women has already taken oral EC once or more in a cycle, the same oral EC can be offered again after further UPSI in the same cycle.

BMI	Body Mass Index
Cu-IUD	Copper Intrauterine Device
EC	Emergency Contraception
LNG - EC	Levonorgestrel - Emergency Contraception
Oral EC	Oral Emergency Contraception
UPA -EC	Ulipristal acetate - Emergency Contraception
UPSI	Unprotected Sexual Intercourse
QS	Quick Start contraception

Algorithm for Emergency Contraception (EC)



The effectiveness of oral EC in woman who also takes hepatic enzyme inducers are unknown.

Ulipristal-EC could be less effective if a woman has recently taken a progestogen.

Ulipristal-EC not recommended for women who have severe asthma managed with oral glucocorticoids.

If EC is considered to be required in the specific situation in which an established CHC user restarts CHC after a hormone-free interval and then misses 2-7 pills in the first week of pill-taking (or makes an equivalent error with combined patch or ring use):

- LNG-EC may be offered, with immediate restart of CHC and use of condoms for 7 days, plus a urine pregnancy test 21 days after the last episode of UPSI.
- If UPA-EC is preferred, it may be offered, with **immediate restart of CHC and use of condoms for 7 days**, plus a urine pregnancy test 21 days after the last episode of UPSI.

See FSRH statement

Background

Emergency contraception is an important means of preventing unwanted pregnancy. Currently there are 3 methods of EC available across the UK:

Intrauterine Device (IUD)
A copper bearing device inserted into the uterus within 120hrs of UPSI or up to 5 days after the earliest likely date of ovulation. Cu-IUD is the most effective method of EC and should be considered for all women. Once inserted into the uterus a woman can retain the IUD as their on-going method of contraception.

Levonorgestrel (Upostelle® / Emerres 1.5mg oral tablet)
Licenced for use as EC within 72 hours of having UPSI or contraceptive failure. There is a decline in efficacy of levonorgestrel from 72 hours post UPSI, and it is ineffective if taken more than 96 hour after UPSI.

- One 1.5mg tablet to be taken orally with or without food, as soon as possible, up to 72 hours after UPSI or contraceptive failure.
- If vomiting occurs within 3 hours of levonorgestrel-EC intake, another tablet should be taken.
- See special precautions on body weight & BMI and hepatic enzyme inducers.

Ulipristal Acetate (ellaOne® 30mg oral tablet)
Licenced for use as EC within 120hrs (5 days) of UPSI or contraceptive failure. Ulipristal-EC has been demonstrated to be more effective than levonorgestrel-EC. **Use in women with severe asthma treated by oral glucocorticoid is not recommended.**

- One 30mg tablet to be taken orally with or without food, as soon as possible, but no later than 120 hours after UPSI or contraceptive failure.
- If vomiting occurs within 3 hours of ulipristal-EC intake, another tablet should be taken.
- See special precautions on body weight & BMI and hepatic enzyme inducers.
- Ulipristal -EC should not be taken within 2 hours of taking any antacids and they should be avoided for 2 hours after taking ulipristal-EC.

Special precautions

Body weight and BMI
In all women, emergency contraception should be taken as soon as possible, regardless of weight or BMI. MHRA drug safety alert Aug 2014. Effectiveness of oral EC is unknown in women with higher weight/BMI (85kg / >30kg/m^2). It is possible that higher weight or BMI (>70kg or BMI>26kg/m^2) could reduce the effectiveness of oral EC, particularly levonorgestrel-EC (use double dose where levonorgestrel-EC is a suitable option). Effectiveness of Cu-IUD is not known to be affected by weight or BMI.

Hepatic enzyme inducers (MHRA drug safety alert, Sept 2016)
The effectiveness of oral EC in women who also take hepatic enzyme inducers are unknown. Women seeking emergency contraception, who have used cytochrome P450 3A4 enzyme inducers within the last 4 weeks, should:

- preferably use a non-hormonal emergency contraceptive—i.e., a copper intrauterine device
- if this is not an option, double the usual dose of levonorgestrel from 1.5 mg to 3 mg.
- a double dose of ulipristal is not recommended.

Hormonal Contraception
Effectiveness of ulipristal-EC could be reduced if a woman takes progestogen in the 7 days prior to taking ulipristal-EC. For missed pills use levonorgestrel-EC (Upostelle/Emerres).

Effectiveness of ulipristal-EC could be reduced if a woman takes progestogen in the 5 days after taking ulipristal-EC. If a woman requires oral EC more than once in a cycle the same preparation should be used. If UPSI is unlikely to have occurred during fertile period, levonorgestrel-EC with immediate start of hormonal contraception rather than ulipristal-EC with delayed start of hormonal contraception may be considered.

See p.2 for the specific situation where combined hormonal contraceptive pills are restarted after a scheduled hormone-free interval and pills are then missed later in the first week of pill taking.

Breastfeeding

Breastfeeding women should be advised not to breastfeed for a week after they have taken ulipristal-EC. Alternatively consider levonorgestrel-EC or Cu-IUD as appropriate. Breastfeeding women have a higher relative risk of uterine perforation during insertion of intrauterine contraception than non-breastfeeding women; however, the absolute risk of perforation is low.

Future contraception

Women attending for emergency contraception should be offered the opportunity to undergo testing for sexually transmitted infections (STIs) including HIV. The central information & booking line (covers both Derby/Derbyshire) is: 0800 328 3383 – further information available via the website: www.yoursexualhealthmatters.org.uk

After oral emergency contraception, further episodes of unprotected intercourse in the same cycle put women at risk of pregnancy therefore quick starting method contraception is advised.

- After **levonorgestrel**-EC administration, combined hormonal contraception (CHC), *(except those containing cyproterone acetate e.g. co-cyprindiol)*, progestogen-only pill (POP), progestogen-only implant (IMP), and progestogen-only injectable (DMPA) can be quick started **immediately**. *(although it is advised that DMPA be quick started only if no alternative is suitable or acceptable).*
- After **ulipristal** acetate-EC administration, they should **wait 5 days** before quick starting suitable hormonal contraception.

If EC is considered to be required in the specific situation in which an established CHC user restarts CHC after a hormone-free interval and then misses 2-7 pills in the first week of pill-taking (or makes an equivalent error with combined patch or ring use): See FSRH statement

- LNG-EC may be offered, with immediate restart of CHC and use of condoms for 7 days, plus a urine pregnancy test 21 days after the last episode of UPSI.
- if UPA-EC is preferred, it may now be offered in this situation with **immediate restart of CHC and use of condoms for 7 days**, plus a urine pregnancy test 21 days after the last episode of UPSI.

Use condoms correctly and consistently or abstain from sex until contraception becomes effective. A sensitive urine pregnancy test should be taken at least 21 days after the last episode of UPSI.

Number of days for abstinence or barrier methods after oral emergency contraception dose:

Type of HC	Quick start after ulipristal after 5 days delay	Quick start after levonorgestrel
Combined oral contraceptive pill (except Qlaira®)	5 day delay+7 days	+7 days
Qlaira® - combined oral contraceptive pill	5 day delay +9 days	+9 days
Combined vaginal ring/ transdermal patch	5 day delay +7 days	+7 days
Progestogen-only pill	5 day delay +2 days	+2 days
Progestogen-only implant or injectable	5 day delay +7 days	+7 days

References:

ellaOne 30mg Summary of Product Characteristics Accessed June 2022

Emergency Contraception Guidance, March 2017, amended Dec 2020, Faculty of Sexual and Reproductive Healthcare (FSRH). https://www.fsrh.org/standards-and-guidance/fsrh-guidelines-and-statements/

Quick Starting Contraception Guidance, April 2017, FSRH

Produced in consultation with:-
Bernadette Brown Public Health Manager, Derby City Council
Dr Robyn Dewis Consultant in Public Health Medicine, Public Health, Derby City Council
Mary Hague Senior Public Health Manager, Public Health, Derby County Council
Reviewed by (2022): Dr. Ada Apoola, Consultant / Lead Clinician, Integrated Sexual Health Services DCHS

Document control	Date

Appendix – Example of Client Consent – Emergency Contraception Methods:

Method	Explanation & Risks
IUD	This is the most effective form of emergency contraception more than 99% effective. Copper device inserted in the womb and can be used as an ongoing method of contraception. Client comes back for a 3–6-week check. Procedure involves vaginal and speculum examination and insertion can be uncomfortable, but pain relief is available. Small risks of infection, expulsion, ectopic, change in bleeding pattern and perforation
Levonorgestrel (Upostelle 1500)	Oral method of emergency contraception which has been available for a long time and is not effective after ovulation. Less effective than IUD and ulipristal (ellaOne). Effectiveness reduced in BMI>26kg/m^2 or weight >70kg and in women taking hepatic enzyme inducer. If method fails and client becomes pregnant there is no evidence of risk of foetal abnormality but no guarantee of normal pregnancy either.
Ulipristal (ellaOne)	More recent method of oral emergency contraception. Clinical studies show that 1-2 out of 100 women who took ulipristal (ellaOne) within 120hrs became pregnant. It is more effective than levonorgestrel (upostelle) especially around mid-cycle. Effectiveness reduced in BMI>26kg/m^2 or weight >70kg and in women taking hepatic enzyme inducer. No evidence of fetal abnormality, however ulipristal (ellaOne) is a new drug so there is limited data about this. May delay menstrual cycle.

Client Choice Taken:

Emergency Contraception chosen by client (please state)	
Client reason given for choice taken (please state)	

Follow Up Appointment for ULIPRISTAL:

Client informed of need to book follow up appointment at 3 week interval	Week Commencing Date:
Date Client Attended	
Follow up pregnancy test result	
Client DNA action taken	

Patient Leaflets Given:

Your Guide to Emergency Contraception	
Ulipristal (ellaOne)	
Ongoing Contraception Methods	

Statement of Client:

I confirm the information I have given about my medical history is accurate and that the individual methods have been explained. I understand the risk of my chosen method and that it is not guaranteed to prevent a pregnancy. I also understand that it is my responsibility to return for a pregnancy test in 3 weeks time

Client Signature:	Date:
Clinician Name:	
Clinician Signature:	
Date:	