

Emergency Hormonal Contraception (EHC) Event

Community Pharmacy West Yorkshire
Locala Community Partnerships CIC
July 2021

CPWY Community Pharmacy West Yorkshire

1

C-19 costs

Contractors have until **15th August 2021** to claim for the pandemic-related costs for the delivery of NHS Services using an agreed claim form provided by NHSBSA. PSNC has produced guidance, and webinars are available, to provide as much information as possible about the process.



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2

C-19 costs - CPWY advice to our contractors

Follow the advice of Simon Dukes, PSNC CEO "**Every contractor: big and small; independent and multiple; bricks and mortar and online – you all need to claim back your COVID costs**".

- Be aware that the deadline for claims is **Sunday 15th August 2021** - no claims can be made after this date.
- Reading ALL the **PSNC guidance** is **essential** – this includes information on the PSNC webpages and following the links to additional guidance for contractors on the website.
- Watch the PSNC webinar (already available **on demand** with an additional webinar available to **book**).
- Make the time to consider all the elements relating to COVID-19 costs you have incurred and are entitled to claim back, whilst ensuring that evidence is in place.
- Ensure you receive **PSNC news updates** so you are aware of any additional information. PSNC has now issued all its planned guidance on the claims process but have stated that they will continue to update PSNC FAQs to reflect the common queries.

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3

C-19 costs

Community Pharmacy West Yorkshire appreciates that this is a difficult time for contractors and that you are already busy and under pressure, but it is essential that you engage with this process.

Please remember that the Advance Payments made to each pharmacy last year will be taken back from October 2021 (exact details pending).

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4

DID YOU KNOW - AT LEAST 20% OF OUR POPULATION HAS SEEN A SIGNIFICANT DETERIORATION IN THEIR MENTAL HEALTH DURING THE PANDEMIC? DOES THAT INCLUDE YOU OR SOMEONE YOU KNOW?

As a member of staff, you can now get fast-track access to one-to-one therapy from specialist psychologists to treat trauma, burnout, stress, depression and anxiety.

You can self-refer via our staff support line - it's free, confidential and open to everyone who works in WYH&H.

Call 0800 195 3033, free of charge 9am to 5pm (including weekends and bank holidays) or visit workforce.wyhppartnership.co.uk

CHECK-IN.
Looking after each other
staffback@wyh.co.uk

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5

Mental Health and Wellbeing Hub

The West Yorkshire and Harrogate Health and Care Partnership (our ICS) has been launched and can be accessed here: <https://workforce.wyhppartnership.co.uk/>. The hub has been developed in recognition that COVID-19 has impacted all aspects of people's lives. Changes to routine and working environment, loss of colleagues, friends and family members and prolonged periods of stress may have put you under extraordinary strain.

If you work in a health and care environment and are experiencing feelings that are difficult to cope with, the hub experienced mental health workers are here to support you and find the extra help that is right for you.

Please take 2 mins to watch this video about the West Yorkshire Mental Health and Wellbeing Hub: <https://vimeo.com/556212187/d114a846fd>.

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6

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7

Housekeeping – using Zoom

- Meeting is being recorded
- Keep microphone on mute
- Show video if you are able
- Use the chat box as the main method of communication
- In discussion sections use raise hand to show you'd like to come in



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8

Introductions

Dr Mair Tunstall
Kirklees

Dr Helen Padfield
Bradford

Associate Specialist, Contraception and Sexual Health, Locala Community Partnerships CICC

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9

Agenda

7.15pm – 7.30pm – Welcome and Introduction

7.30pm – 8pm – Emergency Contraception Overview

8pm – 8.15pm – Learning from Cases / Case Discussion

8.15pm – 8.30pm – Q&A Session

POP if we have time!

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10

Pharmacy Update

DR MAIR TUNSTALL
DR HELEN PADFIELD

11

Aim

- Improve understanding of the different options for Emergency Contraception

12

Objective

- ▶ Improve access to the most appropriate emergency contraception for an individual following Unprotected Sexual Intercourse (UPI)

13

Agenda

- ▶ Overview of Emergency Contraception
- ▶ Missed Pill Scenarios
- ▶ Safeguarding Considerations
- ▶ POP

14

Emergency Contraception

DR MAIR TUNSTALL
ASSOCIATE SPECIALIST

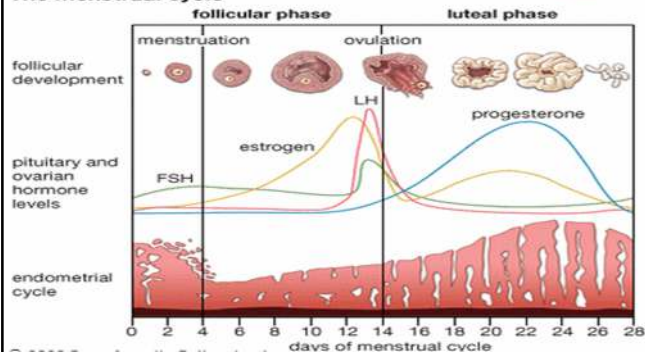
15

Background

- ▶ The menstrual cycle
- ▶ **Follicular phase** – maturation of follicles in the ovary as a result of FSH being released from the pituitary gland
- ▶ **Ovulatory phase** – Ovulation occurs in response to a rise in LH and FSH, 12 – 16 days before next menses (typically 14 days)
- ▶ **Luteal phase** – If fertilisation does not occur the corpus luteum disintegrates and progesterone levels fall.
- ▶ **Menstruation** – shedding of endometrium, usually lasts 3-7 days.

16

The menstrual cycle



17

Predicting the Date of Ovulation

- ▶ 14 days prior to menstruation is consistent whatever cycle length.
- ▶ Use shortest cycle length
- ▶ 28 day cycle, Ovulation= Day 14
- ▶ 35 day cycle, Ovulation= Day 21
- ▶ 25 day cycle, Ovulation= Day 11

18

Some facts

- ▶ Viable sperm are present in the upper genital tract for only about 5 days after UPSI
- ▶ Egg survival: Average 24 hours
- ▶ Fertile window: 8-9 days each menstrual cycle
- ▶ Risk of pregnancy is highest after UPSI that takes place during the 6 days leading up to and including the day of ovulation.
- ▶ Shortest time from ovulation to implantation is 6 days (usually longer)

19

Emergency Contraception

- ▶ IUD
- ▶ Ulipristal (EllaOne®)
- ▶ Levonorgestrel (Levonelle®)
- ▶ UPA-EC has been demonstrated to be more effective than LNG-EC.

20

Emergency Contraception

- ▶ A judicial review in 2002 concluded that pregnancy begins at implantation
- ▶ Offer after UPSI on ANY day of natural menstrual cycle
- ▶ Offer after UPSI from **Day 21 after childbirth** (unless the criteria for lactational amenorrhoea are met).
- ▶ Offer after UPSI from **Day 5 after abortion, miscarriage, ectopic pregnancy**
- ▶ Offer/give information on ongoing contraception
- ▶ Higher BMI could reduce effectiveness of oral EC, particularly Levonorgestrel
- ▶ Follow up PT after 3 weeks.

21

Information Required

- ▶ PMH
- ▶ Drug History
- ▶ Allergies
- ▶ Shortest Cycle Length
- ▶ Day of Cycle
- ▶ Hours since last UPSI
- ▶ Any other UPSI in this cycle
- ▶ Any other EC in this cycle

22

Emergency Contraception

Drug interactions

- ▶ Liver enzyme inducers reduce effectiveness of UPA and levonelle - offer IUD or double dose levonelle
- ▶ Effectiveness of UPA reduced if progesterone taken in previous 7 days OR the following 5 days

Contraindications

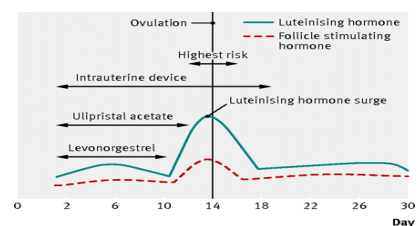
- ▶ IUD - same as routine insertion
- ▶ UPA - severe asthma requiring oral glucocorticosteroids

Cautions

- ▶ Breast feeding
- ▶ Higher risk of perforation with IUD
- ▶ Discard milk after UPA for 7 days (**Pump and Dump**)

23

Action of hormonal EC in relation to ovulation



24

Emergency IUD

- ▶ Over 99% effective
- ▶ Most effective form of EC so **SHOULD ALWAYS BE OFFERED**
- ▶ Inhibits fertilisation toxic to sperm and ovum
- ▶ Endometrial inflammatory reaction prevents implantation
- ▶ Can be inserted up to 5 days after unprotected sexual intercourse (UPSI) or 5 days after predicted date of ovulation
- ▶ Important to ask about cycle and to estimate ovulation
- ▶ Consider STI screening and prophylactic antibiotics for those at risk
- ▶ Usual IUD risks apply



25

- ▶ IUD should be considered by ALL women who do not wish to conceive
- ▶ IUD is only method effective after ovulation has occurred but inserted before earliest likely date of implantation
- ▶ Provides ongoing method immediately.
- ▶ Not affected by BMI or drug interactions

26

ALWAYS ADVISE EHC EVEN IF AGREE TO COIL

27

UKMEC IUD

- UKMEC 4 :**
- <4/52 Postpartum
 - Elevated hCG levels following trophoblastic disease

28

Ulipristal acetate
UPA
(EllaOne®)

- More effective than LNG
- 30mg single oral dose
- Selective progesterone receptor modulator – Licensed for up to 120hours (5 days) post UPSI
- Can interfere with ongoing contraception and prior contraception
- Can be offered if UPSI earlier in the same cycle as evidence suggests that UPA does not disrupt an existing pregnancy

29

UPA-EC:
(EllaOne®)

- Delays ovulation by at least 5 days
- Delays ovulation even after start of LH surge
- Cannot inhibit ovulation at or after LH peak
- After UPA-EC majority of women will ovulate later in the cycle
- Therefore at risk with later UPSI, and need ongoing method

30

Levonorgestrel (Levonelle®)

- ▶ Less effective than UPA
- ▶ Progestogen 1.5mg single oral dose
- ▶ LNG-EC inhibits ovulation, delaying or preventing follicular rupture and causing luteal dysfunction.
- ▶ Licenced for 72 hours (3 days) after unprotected intercourse
- ▶ Can quick start after levonelle and can use after missed pills
- ▶ Can be offered if UPSI earlier in the same cycle as evidence suggests that Levonelle does not disrupt an existing pregnancy



31

LNG-EC: (Levonelle®)

- ▶ If taken prior to start of LH surge, it inhibits ovulation for next 5 days
- ▶ Sperm then no longer viable
- ▶ In late follicular stage LNG-EC is ineffective while UPA-EC is still able to delay ovulation
- ▶ Women who ovulate later in the cycle, at risk from further UPSI

32

Effect of BMI

- ▶ FSRH suggests that LNG-EC could be less effective in women weighing >70 kg or with a BMI >26 kg/m².
- ▶ If a Cu-IUD is not indicated or not acceptable, FSRH recommends that women be offered UPA-EC.
- ▶ If UPA-EC is not suitable, a double dose (3 mg) of LNG-EC can be used.

33

Effect of Drug Enzyme Inducers

- ▶ Advise women using enzyme-inducing drugs that the effectiveness of UPA-EC and LNG-EC could be reduced.
- ▶ Women requiring EC who are using enzyme-inducing drugs should be offered a Cu-IUD if appropriate.
- ▶ A 3 mg dose of LNG can be considered but women should be informed that the effectiveness of this regimen is unknown.
- ▶ A double-dose of UPA-EC is not recommended

34

Repeat EHC

UPA-EC can be given if already had UPA-EC earlier in the cycle

LNG-EC can be given if already had LNG-EC earlier in the cycle

35

If woman has already had UPA-EC, cannot give LNG-EC in the following 5 days

If woman has already had LNG-EC, cannot give UPA-EC in the following 7 days

36

Ulipristal or Levonorgestrel

37

Consider:

Risk from current UPSI

Risk of pregnancy from future UPSI

Recent use of progestogen

BMI >26 or Weight >70kg

Enzyme Inducing Drugs

38

Side Effects of Oral EC

- ▶ Headache, Nausea, Dysmenorrhoea are common
- ▶ Vomiting- repeat dose of oral EC if vomits within 3 hours.
- ▶ Menstrual Disturbance- PT 3/52 from UPSI

39

I don't like the idea of anything inside me !!!



40

Compare the sizes

The size of a baby's head



The size of a coil



41

Visual Aids



42

Table 4: Percentage of women experiencing an unintended pregnancy within the first year of use with typical use and perfect use (modified from Trussell et al.)¹

Method	Typical use (%)	Perfect use (%)
No method	85	85
Fertility awareness-based methods	24	0.4-5
Female diaphragm	12	6
Male condom	18	2
Combined hormonal contraception (CHC)*	9	0.3
Progestogen-only pill (POP)	9	0.3
Progestogen-only injectable (DMPA)	6	0.2
Copper-bearing intrauterine device (Cu-IUD)	0.8	0.6
Levonorgestrel-releasing intrauterine system (LNG-IUS)	0.2	0.2
Progestogen-only implant (NMP)	0.05	0.05
Female sterilisation	0.6	0.6
Vasectomy	0.15	0.1

*Includes combined oral contraception (COC), transdermal patch (patch) and vaginal rings.

43

Responsibilities of EC Providers:

- ▶ EC providers who cannot offer all methods of EC should be able to give info on all methods and signpost to services that can provide them
- ▶ **If referring for Cu-IUD, should give oral EC at the time of the referral in case it cannot be fitted or she changes her mind.**
- ▶ The sooner oral EC is given, the more effective it is
- ▶ Should give advice on all methods of ongoing contraception
- ▶ STI risk assessment should be made

44

Case Review 1

- ▶ Kelly, 20 year old using condoms inconsistently, requests EC today (28/7/2021)
- ▶ What do you need to know?

45

Kelly

- ▶ LMP 22/07/2021
- ▶ Shortest Cycle 28 days
- ▶ UPSI 24 hours ago
- ▶ No other UPSI in this cycle
- ▶ **What day of cycle is today?**
- ▶ PMH, DH, Allergies Nil
- ▶ BMI 24
- ▶ When discussing her options, what do you need to consider?

46

Can she have an IUD?

47

Case Review 2

Ruth, 20 year old using condoms inconsistently, requests EC

28 Day cycle
LMP 16/07/2021
UPSI 24 hours ago

What would you advise?

48

Ruth

She admits to other UPSI in this cycle, does this affect your advice?

She is Day 22 of her cycle, how does this information affect your advice?

She has a 35 Day cycle. Does this change anything?

49

Ongoing Contraception

Women are significantly more likely to be using effective contraception 6–8 weeks later if they were given a month's supply of POPs at the time of receiving EC

50

References


- ▶ <https://www.fsrh.org/home/>
- ▶ All information in this lecture and guidelines for contraception can be found at FSRH (Faculty of sexual and reproductive healthcare) link above
- ▶ Other useful sources of information include FPA (family planning association), RCOG (Royal College of Obstetricians and Gynaecologists) and NICE
- ▶ FSRH UKMEC

51

Incorrect use of contraception

CASE STUDIES

52



42 years old

Taking Cerelle

Went away for the weekend and forgot to take her pills with her


Missed pills on Saturday and Sunday

Came home and took Cerelle Monday 10AM.

UPSI Monday 1PM with her RMP

Arrives at your pharmacy Monday 5PM asking whether she needs EC

53



42 years old.


Takes Rigevidon.

Forgot to take her pill at her usual bed time of 11PM last night.

UPSI 2AM with her regular male partner

Arrives at the pharmacy at 8AM requesting EC

54



27 year old lady


Taking Cerelle

UPSI 3 days ago with someone she met in a night club

Vomited yesterday 10 minutes after taking her Cerelle - didn't take another

Does she need EC?

55



36 year old lady

Evra patches


Patch fell off 3 days ago during the first week after her HFI.

Forgot to put a new one on for the following 2 days

UPSI 12 hours ago

Does she need EC?

56



45 year old lady - depo Provera for 2 years

UPSI 48 hours ago

13weeks, 5 days since her last injection

Does she need EC?

57

15 years old – taking Rigevidon


Has a 7 day HFI at the end of each pill packet

UPSI with a casual male partner on day 6 of her HFI

Forgot to start her next pill packet

Attends today - this is now her 10th day without any pills.

Does she need EC?



58

Safeguarding

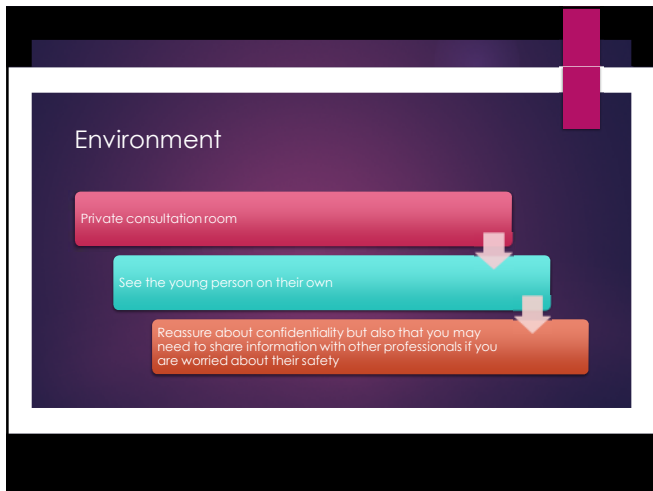
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Young people <18

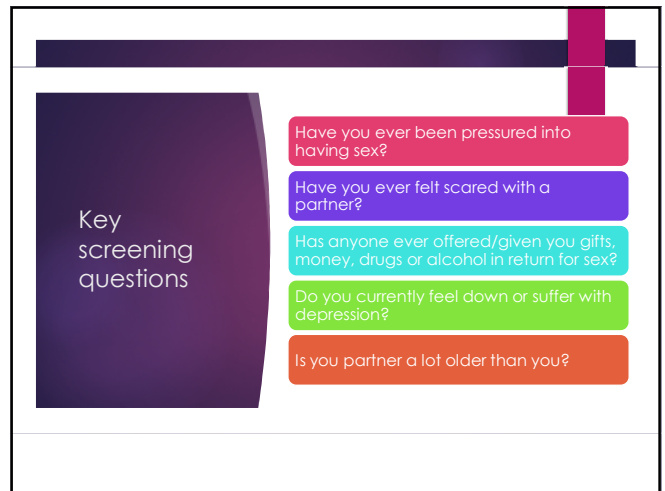
If they are requesting EC they are having sex!

Duty to ensure young people are safe

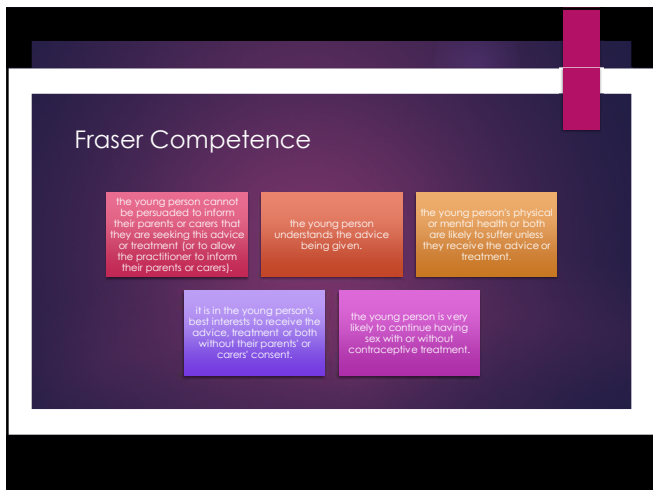
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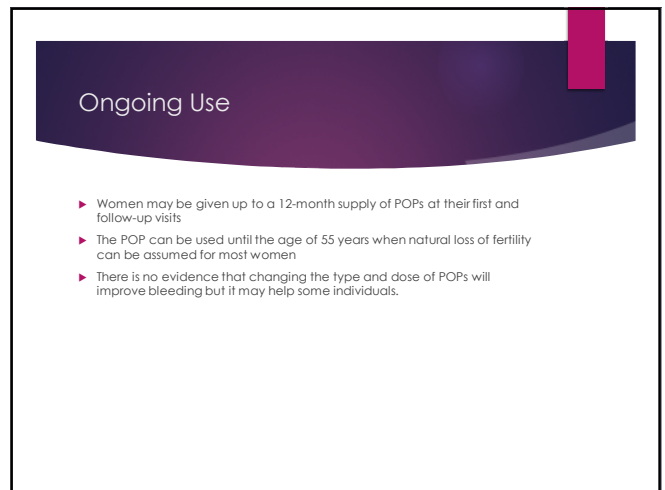
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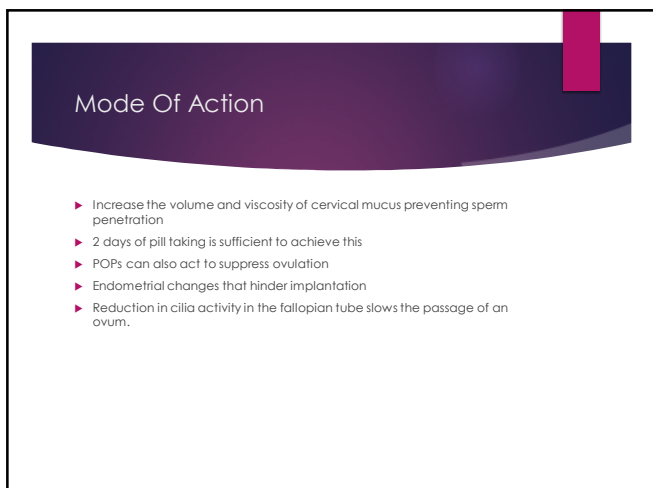
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63



64



65



66

Missed Pills

- ▶ Cervical mucus changes prevent sperm penetration into the upper genital tract
- ▶ Sperm in the lower genital tract do not survive for more than a few hours.
- ▶ Therefore sex that occurs before a missed pill does not present a risk of pregnancy and emergency contraception (EC) would not be required.

67

Starting POP

- ▶ Women can start the POP up to Day 5 of the menstrual cycle without the need for additional contraceptive precautions; thereafter 48 hours of additional precautions are required.
- ▶ When quick starting POP following a risk of pregnancy, a pregnancy test is advised no sooner than 3 weeks after the most recent episode of UPSI.
- ▶ Advice differs from the SPC for individual POPs

68

References

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- ▶ FSRH UKMEC

69

Thank you !

70

Desogestrel POP

DR MAIR TUNSTALL
ASSOCIATE SPECIALIST

71

FSRH: KEY RECOMMENDATIONS

- ▶ If used consistently and correctly, POPs are more than 99% effective.
- ▶ POP users taking enzyme-inducing drugs should be advised to switch to the progestogen-only injectable or intrauterine contraception.
- ▶ Desogestrel pills inhibit ovulation in up to 97% of cycles and they have a 12-hour window for missed pills
- ▶ Regular pill taking is required for efficacy. Choose at a time of day that will best suit to promote adherence
- ▶ If a woman vomits within 2 hours of pill taking, another pill should be taken as soon as possible

72

UKMEC

- 1 A condition for which there is no restriction for the use of the contraceptive method.
- 2 A condition for which the advantages of using the method generally outweigh the theoretical or proven risks.
- 3 A condition for which the theoretical or proven risks usually outweigh the advantages of using the method. Requires expert clinical judgement and/or referral to a specialist contraceptive provider.
- 4 A condition which represents an unacceptable health risk if the method is used.

73

UKMEC POP

- ▶ UKMEC 4 Current Breast Cancer
- ▶ UKMEC 3 Past Breast Cancer
- ▶ UKMEC 3 Severe decompensated cirrhosis
- ▶ UKMEC 3 Hepatocellular Adenoma and Carcinoma
- ▶ UKMEC 3 to continue POP if develops CVD or CVA

74

Benefits of Desogestrel

- ▶ May offer some benefits in the management of dysmenorrhoea.
- ▶ The limited available evidence does not support an association between cardiovascular disease and use of a POP.
- ▶ The available evidence does not support an association between breast cancer and use of a POP
- ▶ No evidence of a causal association between use and mood changes or depression
- ▶ No evidence suggesting a delay in return of fertility following discontinuation of a POP;

75

Side Effects

- ▶ Changes in bleeding patterns associated with the POP are common
- ▶ Studies investigating the effects of POP on libido are lacking and therefore a possible effect cannot be excluded; however, no association has yet been demonstrated.
- ▶ Evidence does not support a causal association between POP use and weight change.

76

Ongoing Use

- ▶ Women may be given up to a 12-month supply of POPs at their first and follow-up visits
- ▶ The POP can be used until the age of 55 years when natural loss of fertility can be assumed for most women
- ▶ There is no evidence that changing the type and dose of POPs will improve bleeding but it may help some individuals.

77

Mode Of Action

- ▶ Increase the volume and viscosity of cervical mucus preventing sperm penetration
- ▶ 2 days of pill taking is sufficient to achieve this
- ▶ POPs can also act to suppress ovulation
- ▶ Endometrial changes that hinder implantation
- ▶ Reduction in cilia activity in the fallopian tube slows the passage of an ovum.

78

Drug Interactions

- ▶ POP users taking enzyme-inducing drugs should be advised to switch to the progestogen-only injectable or intrauterine contraception.
- ▶ Women wishing to start the POP after stopping enzyme-inducing drugs should be advised to use condoms until 28 days after the last dose of enzyme-inducing drug.

79

Missed Pills

- ▶ Cervical mucus changes prevent sperm penetration into the upper genital tract
- ▶ Sperm in the lower genital tract do not survive for more than a few hours.
- ▶ Therefore sex that occurs before a missed pill does not present a risk of pregnancy and emergency contraception (EC) would not be required.

80

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81

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- ▶ FSRH UKMEC

82

Thank you !

83

Q+A session

84



Do you have any questions?

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85

Thank you

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86