

Locala Sexual Health

Emergency Hormonal Contraception

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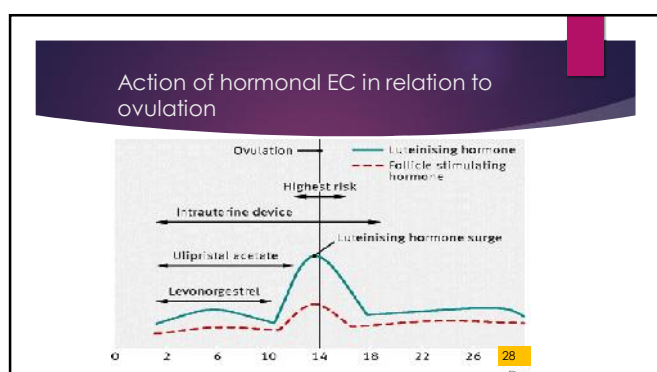
Agenda

- Emergency contraception overview
- Using cases as examples;
 - Changes to guidance
 - Emergency IUD
 - Incorrect use of contraception
- Safeguarding
- Q&A

FSRH Faculty of Sexual & Reproductive Healthcare
FSRH Guideline
Emergency Contraception

Model 2017 (revised December 2019) (FSRH)

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Emergency IUD (EIUD)

- 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
- Consider STI screening

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Ulipristal acetate UPA (EllaOne)

- 98 - 99% effective
- 30mg single oral dose
- Selective progesterone receptor modulator** – Licensed for up to 5 days (120 hours) post UPSI
- Delays ovulation by at least 5 days
- Interacts with progesterone

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Levonorgestrel LNG (Levonelle®)

- 97 - 99% effective
- Progestogen 1.5mg single oral dose
- Inhibits ovulation, delaying or preventing follicular rupture and causing luteal dysfunction.
- Licensed for 72 hours (3 days) after unprotected intercourse

FSRH Faculty of Sexual & Reproductive Healthcare
FSRH CEU Statement: Response to Recent Publication
Evile et al (May 2022): Effect of levonorgestrel emergency contraception on ovulation and fertility: A review
1 July 2022

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Emergency Contraception

Drug Interactions

- ▶ **Liver enzyme inducers**
 - ▶ IUD or double dose LNG
- ▶ **Progesterone and UPA**

Contraindications

- ▶ IUD – same as routine (infection/Ca)
- ▶ UPA – severe asthma

Cautions

- Breast feeding
 - ▶ Higher risk of perforation with IUD
 - ▶ Express or discard milk after UPA for 7 days

- ▶ Those who cannot offer all EC methods should give women information regarding other methods and signpost them.

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Case 1

- ▶ Miss A, age 33 is on Cerelle (POP).
- ▶ She missed pills on Thursday and Friday morning and had UPSI on Friday night
- ▶ No previous missed pills.
- ▶ Took pills on Sat and Sun morning.
- ▶ She attends her local pharmacy on Sunday asking if she needs emergency contraception?



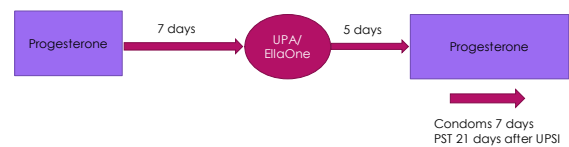
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2022 MARCH

Sun	Mon	Tue	Wed	Thu	Fri	Sat
✓ 27	✓ 28	✓ 1	✓ 2	✓ 3	✓ 4	✓ 5
✓ 6	✓ 7	✓ 8	✓ 9	✗ 10	✗ 11	★ 12
✓ 13						

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Ulipristal Acetate (UPA/EllaOne)



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Case 2

- ▶ Miss B, age 21
- ▶ Regular 30 day cycle
- ▶ LMP 19 days ago
- ▶ Uses condoms for contraception
- ▶ UPSI 6 days ago.
- ▶ No other UPSI this cycle.
- ▶ Attends local pharmacy asking for EHC




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IUD timing of insertion

- ▶ Day 19 of cycle.
- ▶ Expected date of ovulation is day 16.
- ▶ Em-IUD can be inserted up to day 21
- ▶ **Insertion**
 - ▶ **Within 5 days after the first UPSI in a cycle OR**
 - ▶ **within 5 days of the earliest estimated date of ovulation**
- ▶ Don't forget the STI screen and oral EHC if EIU not inserted that day

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Insertion of IUD

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Case 3

- ▶ Mrs C, age 43
- ▶ IUD removed 2 months ago due to heavy painful periods.
- ▶ Does not want another IUD
- ▶ On day 10 of a 28 day cycle
- ▶ UPSI 2 days ago
- ▶ BMI is 28
- ▶ She attends for 'morning after pill'

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BMI and EC

- ▶ The effectiveness of LNG could be reduced if a woman has a **BMI >26 kg/m²**, or **weight >70 kg**
 - ▶ Use EllaOne or a double dose Levonelle. Unknown which is more effective.
- ▶ For women weighing >85 kg or with a BMI >30 kg/m², it is not known whether EllaOne or 3 mg levonelle is more effective.
- ▶ The Cu IUD is always the most effective form of EC and this should always be discussed

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Case 4

- ▶ Miss D, age 25
- ▶ Given EllaOne 10 days ago after a single episode of UPSI.
- ▶ Now on day 15 of a 28 day cycle
- ▶ Attends pharmacy asking for further EHC
- ▶ Can she have it?



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Use of EC more than once in a cycle

- ▶ Oral EC does not cause abortion or prevent a very early pregnancy (FSRH).
- ▶ **If a woman has already taken UPA or LNG more than once in a cycle, offer UPA again.**
 - ▶ LNG-EC should not be given if a woman has already taken UPA or LNG in the same cycle.
- ▶ **If a woman has already taken UPA or LNG more than once in a cycle, offer LNG again.**
 - ▶ UPA-EC could theoretically be given following 7 days

Keep it simple – give the same again

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Quick starting

- ▶ Starting contraception at any time in the cycle
 - ▶ With reasonable certainty no risk of pregnancy or
 - ▶ **Potential risk of very early pregnancy (*e.g. after EHC)**
- ▶ Quick starting is **outside the product licence** for many contraceptive methods, but supported by the FSRH

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Which methods can be quick started (QS)?

- ▶ CHC, POP, implant, IUD if for EC ✓
- ▶ Depo ?
- ▶ LNGIUS, CHC containing cyproterone acetate ✗
- ▶ Levonelle – immediate QS
- ▶ EllaOne – wait 5 days
- ▶ Follow up PT 21 days after last UPSI

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Case 5

- ▶ Mrs E
- ▶ 40 year old, single
- ▶ Mirena inserted 5 ½ years ago
- ▶ Hasn't been able to get an appointment to get a refit
- ▶ Met someone at the weekend and had UPSI
- ▶ Attends her local pharmacy asking if she needs EC?



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Expired IUS and Implant

- ▶ Risk of pregnancy is extremely low in
 - ▶ 4th year of use for implant
 - ▶ 6th year of use for Mirena
- ▶ Emergency contraception is unlikely to be required.
- ▶ Consider use of Levonorgestrel in this situation
- ▶ Effectiveness of UPA in the presence of progestogen from a recently expired IMP or LNG-IUS is unknown.

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Incorrect use of contraception

CASE STUDIES

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Case

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?



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Learning point

- ▶ No, she doesn't require EC.
- ▶ During regular POP use cervical mucus changes prevent sperm penetration into the upper genital tract and 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.
- ▶ EC would be required if UPSI occurs following a missed pill.

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Learning points

- Yes, EC should be offered if the patch has been left on for >48 additional hours or if it has been detached for > 48 hours
- Attach new patch ASAP
- Use condoms for 7 days
- If the patch has been used incorrectly in weeks 2 or 3 after the HFI EC may not be required – check the guidance

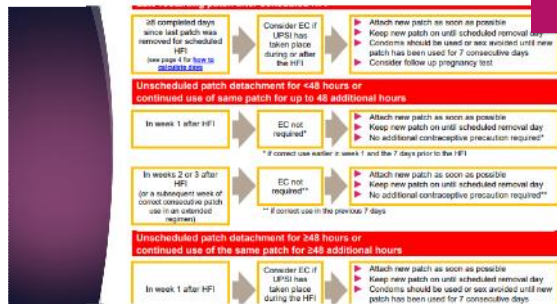
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Case

36 year old lady
Eva patches
Forgot to change her patch – kept it on for 10 days
This was the first patch following her HFI
UPSI 12 hours ago
Does she need EC?



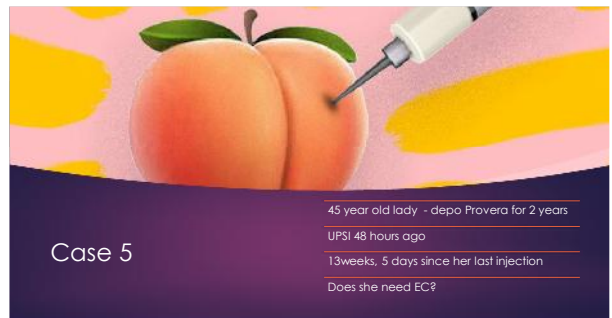
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Case 5

45 year old lady - depo Provera for 2 years
UPSI 48 hours ago
13 weeks, 5 days since her last injection
Does she need EC?



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Learning points

- Depo Provera should be administered every 12 weeks, but if UPSI has occurred within up to 14 weeks EC is not required.
- If UPSI occurs after 14 weeks since the last injection EC is required.
- IUD/Levonelle would be the options

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Case

- 26 year old lady
- Has an implant which expired 18 months ago
- UPSI last night
- Does she require EC and if so what would you use?



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Learning points

- EC should be offered
- Ella One should be avoided. While the implant may not be providing enough progesterone for adequate contraceptive cover it may still release enough to interact with EllaOne.
- During the pandemic FSRH advised extended use of the implant for up to four years as evidence suggested that it was highly likely to continue to provide good contraception.

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Case 6

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 4 and 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?



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✗ 13	✗ 14	✗ 15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2

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Learning points

- Yes, she should be offered EC as she could ovulate
- Sperm can survive in the uterus for up to 7 days
- EllaOne or IUD can be offered.
- If given EllaOne she would need to wait for 5 days until re-starting her COCP

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Guidance on actions after incorrect use of combined oral contraception (monophasic ethinylestradiol COC without placebo pills only)

Late restarting after HFI

- ≥8 completed days since last active pill was taken (see page 4 for [how to calculate days](#))
- Consider EC if UPSI has taken place during or after the HFI
- Take the most recent missed pill as soon as possible
- Continue the remaining pills at the usual time
- Condoms should be used or sex avoided until pills have been taken for 7 consecutive days
- Consider follow up pregnancy test

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Shortened hormone free interval

Reducing the hormone free interval may reduce the risk of mistakes.



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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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Environment

Private consultation room

See the young person on their own

Reassure about confidentiality but also that you may
need to share information with other professionals if you
are worried about their safety

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Key screening questions

Have you ever been pressured into
having sex?

Have you ever felt scared with a
partner?

Has anyone ever offered/given you gifts,
money, drugs or alcohol in return for sex?

Do you currently feel down or suffer with
depression?

Is your partner a lot older than you?

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Fraser Competence

the young person cannot be
persuaded to inform their
parents or carers that they
are seeking this advice or
treatment (or to allow the
practitioner to inform their
parents or carers).

the young person
understands the advice
being given.

the young person's physical
or mental health or both are
likely to suffer unless they
receive the advice or
treatment.

it is in the young person's
best interests to receive the
advice, treatment or both
without their parents' or
carers' consent.

the young person is very
likely to continue having sex
with or without
contraceptive treatment.

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Local procedures

Your organisation's
own safeguarding
team

Referral to CSC –
usually verbal
followed by a
written referral

Local SARC if there
has been a sexual
assault

Local sexual
health service if EC
IUD or STI testing is
required

Police if patient is
in imminent
danger

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10 Key learning points

- ▶ CIUD is the most effective EC.
- ▶ EllaOne interacts with progesterone
- ▶ BMI > 26 – double dose Levonelle OR offer EllaOne
- ▶ You CAN give EHC more than once in a cycle
- ▶ CHC, POP and the implant can be quick started
- ▶ EC not required if UPSI before missed POP
- ▶ Patch on for 9 days or detached 48 hours – consider EC
- ▶ EC is required if >14 weeks since last depo
- ▶ Ella One interacts with Nexplanon (even if expired).
- ▶ Week one is the most risky time to miss pills (CHC)

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Locala Sexual Health Service

UPDATES
KIRKLEES AND BRADFORD

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Accessing the Locala Sexual Health Service

The screenshot shows the Locala Sexual Health Service website. It features a navigation menu with links to 'Sexual Health', 'Contraception', 'STIs', 'Pregnancy', 'Men's Health', and 'Women's Health'. Below the menu, there is a 'Contact Us' section with the following information:

Contact Us
Kirklees: 01924 302 848
Bradford: 01535 555 555
Our advice lines are open Monday to Thursday 10:00-12:00, Friday 08:00-12:00 and Saturday 09:00-12:00 (excluding bank holidays).

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Contraception in the Bradford District: Pharmacy Questionnaire

Bradford Council are gathering information from GPs and community pharmacists about provision of contraception in the district. We need to understand current capacity, offer and demand to plan for improving contraception provision in the district. It would be really helpful if you could spend a few minutes answering the following questions. Thank you for your time.

*** Required**

1. Date of completing form *

Please input date (dd/mm/yyyy)

2. What is the name of your pharmacy? *

Enter your answer

3. Preferred method of birth control *

This question is used for only further communication needs.

Enter your answer

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