**Emergency Contraception Guideline and Local Care Pathway**

The Faculty of Sexual & Reproductive Healthcare (FSRH) published updated Emergency Contraception (EC) guidance March 2017. The document is designed for professionals providing EC to summarise the FSRH guidance and provide information of pathways to the different options in the guidance so that patients can be signposted or referred appropriately.

**Emergency Copper Coil (Cu-IUD)**

* All women should be advised that the copper intrauterine device (Cu-IUD) is the most effective method of EC.
* Cu-IUD can be inserted up to 5 days after the first instance of unprotected sexual intercourse (UPSI) in a natural menstrual cycle, or up to 5 days after the earliest date of ovulation
* Cu-IUD can be accessed by some GPs (access and availability vary), or can be accessed via the Solent NHS Trust sexual health service
* **If a patient requires an Emergency IUD (a copper coil) patients are recommended to call the Solent NHS Trust Sexual Health Service (0300 300 2016) to book an appointment stating that they require emergency contraception and that they are interested in an Emergency IUD. A patient requesting emergency contraception will be contacted by a clinical member of staff (Monday – Friday) who will then be able to make appropriate appointments. For more information about Emergency Contraception patients can visit** [**www.letstalkaboutit.nhs.uk**](http://www.letstalkaboutit.nhs.uk).
* If a woman is referred on to receive a Cu-IUD, the provider should provide oral emergency contraception at the time of the referral if clinically appropriate to do so. This is in case the Cu-IUD cannot be inserted, or the woman changes her mind.
* If a Cu-IUD is not appropriate or acceptable, women should be advised that EC should be taken as soon as possible if there has been UPSI within the last 5 days.

**Oral Emergency Hormonal Contraception (EHC)**

* Levonorgestrel (LNG-EC) has only been licensed as EC for up to 72 hours after UPSI.
* If oral EC is required, the evidence suggests that ulipristal acetate (UPA-EC) is the only oral EC that is likely to be effective if UPSI took place 96-120 (4-5 days) prior.
* EC providers should advise women that the Cu-IUD is the most effective form of emergency contraception overall and that UPA-EC has been demonstrated to be more effective than LNG-EC.
* Both UPA-EC and LNG-EC work by delaying ovulation. Evidence suggests that they are both ineffective if taken after ovulation. The following determines which of the two may be the most appropriate:
	+ **High risk of conception -** if UPSI is likely to have taken place during the 5 days prior to the estimated date of ovulation, risk of pregnancy is high, and UPA-EC should be considered first line
	+ **Use of Progestogen** - the effect of UPA-EC could be reduced if a woman has recently taken progestogen (e.g. a patient required EC due to a missed pill) or plans to take progestogen in the following 120 hours, so LNG-EC would be most appropriate
	+ **BMI** - the effectiveness of LNG-EC could be reduced is a woman has a BMI greater than 26kg/m2 or weight of 70kg. Either use UPA-EC or a double dose of LNG-EC
	+ **Enzyme inducing drugs** - the effectiveness of either oral EC could be reduced if a woman is using an enzyme inducer. It is recommended that a double dose (3mg) of LNG-EC can be used but effectiveness is unknown. Double dose of UPA-EC is NOT currently recommended.

**Other UPSI & use of EC in the same cycle**

* UPA-EC ability to delay ovulation is reduced if progestogen is taken in the following 120 hours (hormonal contraception must not be taken for 5 days after) so using condoms reliably or abstaining from sexual intercourse is required until contraception becomes effective.
* Women should be advised that after oral EC there is a pregnancy risk if there is further UPSI and ovulation occurs later in the same cycle.
* There is evidence that oral EC does not cause abortion or harm to a very early pregnancy. Both oral EC can be used more than once in the same cycle if there is further UPSI. However, if a woman has already taken UPA-EC then LNG-EC should not be taken in the following 5 days, and theory suggests that UPA-EC could be less effective if taken 7 days following LNG-EC.

**Ongoing Contraceptive Needs**

* **Long Acting Reversible Contraception (LARC):** available from some GPs, and via Solent Sexual Health Clinic
* **Oral Contraception:** available from all GPs and via Solent Sexual Health Clinic
* **Condoms:** can be purchased from all good supermarkets and pharmacies, if under 25 condoms can be accessed via the Get It On scheme. Condoms can be ordered online via [www.letstalkaboutit.nhs.uk](http://www.letstalkaboutit.nhs.uk)
* **Relevant information to support decision making about contraception, promote access and correct use** can be found at [www.letstalkaboutit.nhs.uk](http://www.letstalkaboutit.nhs.uk) under 'contraception'.

**Further information for patients**

* Patient leaflets on EC and contraception can be found at [www.letstalkaboutit.nhs.uk/leaflets](http://www.letstalkaboutit.nhs.uk/leaflets)
* A pregnancy test is recommended if the patient:
	+ Feels pregnant
	+ Has not had a normal period within three weeks of taking an emergency hormonal contraception or having the emergency IUD fitted
	+ Started a method of hormonal contraception soon after using emergency contraception (test even if they have bled)

NB Pregnancy testing is most effective after 3 weeks of the last UPSI

* If the EC is not effective and the woman would like to continue the pregnancy, they are recommended to see their GP. If the woman is unsure that that wish to continue with the pregnancy, the British Pregnancy Advice Service (BPAS) can discuss the full range of options available to them (03457 30 40 30 or visit [www.bpas.org](http://www.bpas.org) ).

Reference:

* FSRH Guideline: Emergency Contraception (March 2017)
* NHS Dorset Clinical Commissioning Group Summary of 2017 FSRH emergency contraception guidelines