Management of Emergency Contraception in Children's Emergency Department - Full Paediatric Clinical Guideline – Joint Derby and Burton

Reference no.: CH CLIN C35

1. Introduction

To ensure the correct use of emergency contraception in young people presenting to the Children's Emergency Department

2. Aim and Purpose

This guideline aims to ensure young people presenting to the Children's Emergency Department in need of emergency contraception are assessed appropriately, and the appropriate dose of Levonelle® or Ulipristal acetate is given when indicated. To look at whether the copper IUD is most appropriate, and to direct patient to where they can access this if required.

The guideline is to be used by all members of staff in the Children's Emergency Department.

3. Definitions

Unprotected sexual intercourse (UPSI)
Sexual intercourse where there has been no contraception used; failure of contraception; missed pills or a significant drug interaction.

CSHS
Contraception and Sexual Health Services (see appendix 3 for details

4. Main body of Guidelines

Background

- Emergency contraception is an important means of preventing unwanted pregnancy following unprotected sexual intercourse.
- Levonelle® is a progestogen oral emergency contraception that is licensed in young people presenting within 72 hours of UPSI, however efficacy is improved if taken within 12 hours.
- There is reduced efficacy if taken between 72 and 96 hours after UPSI.
- After 120 hours a young person should be referred to CSHS for consideration of intrauterine coil insertion.
- It is the emergency contraceptive of choice when oral contraceptive pills have been missed (see Appendix 2 for missed pills rules).
- Levonelle can be given after 72h if ulipristal acetate is contraindicated and a copper coil is contraindicated/refused/unavailable
- Ulipristal acetate is a selective progesterone-receptor modulator, licensed for use within 120h of UPSI
- **All young people who have had UPSI are at risk from sexually transmitted infections and should be referred to CSHS for counselling and testing.**
- If there is a risk of exposure to blood-borne viruses consult local guideline:

CH CLIN G 80 'Post-Exposure Prophylaxis (PEP) Guidelines for children exposed to blood-borne viruses'

Considerations for choosing which emergency contraception

- Patient preference
- Time elapsed and need for ongoing contraception
- Are they on medications that are liver-inducing enzymes (see table 1)
- Whether they are breastfeeding

Table 1 Drugs that induce liver enzymes

Drug class	Drug
Antiepileptics	Carbamazepine, eslicarbazepine, oxcarbazepine, phenytoin, phenobarbital, primidone, rufinamide, topiramate (weak inducer)
Antibiotics	Rifampicin (potent inducer), rifabutin
Antiretrovirals	Protease inhibitors (ritonavir, atazanavir, darunavir, fosamprenavir, lopinavir, nelfinavir, saquinavir, tipranavir), non-nucleoside reverse transcriptase inhibitors (efavirenz, nevirapine)
Respiratory drugs	Bosentan
Central nervous system drugs	Modanifil, aprepitant
Herbal preparations	St John's wort

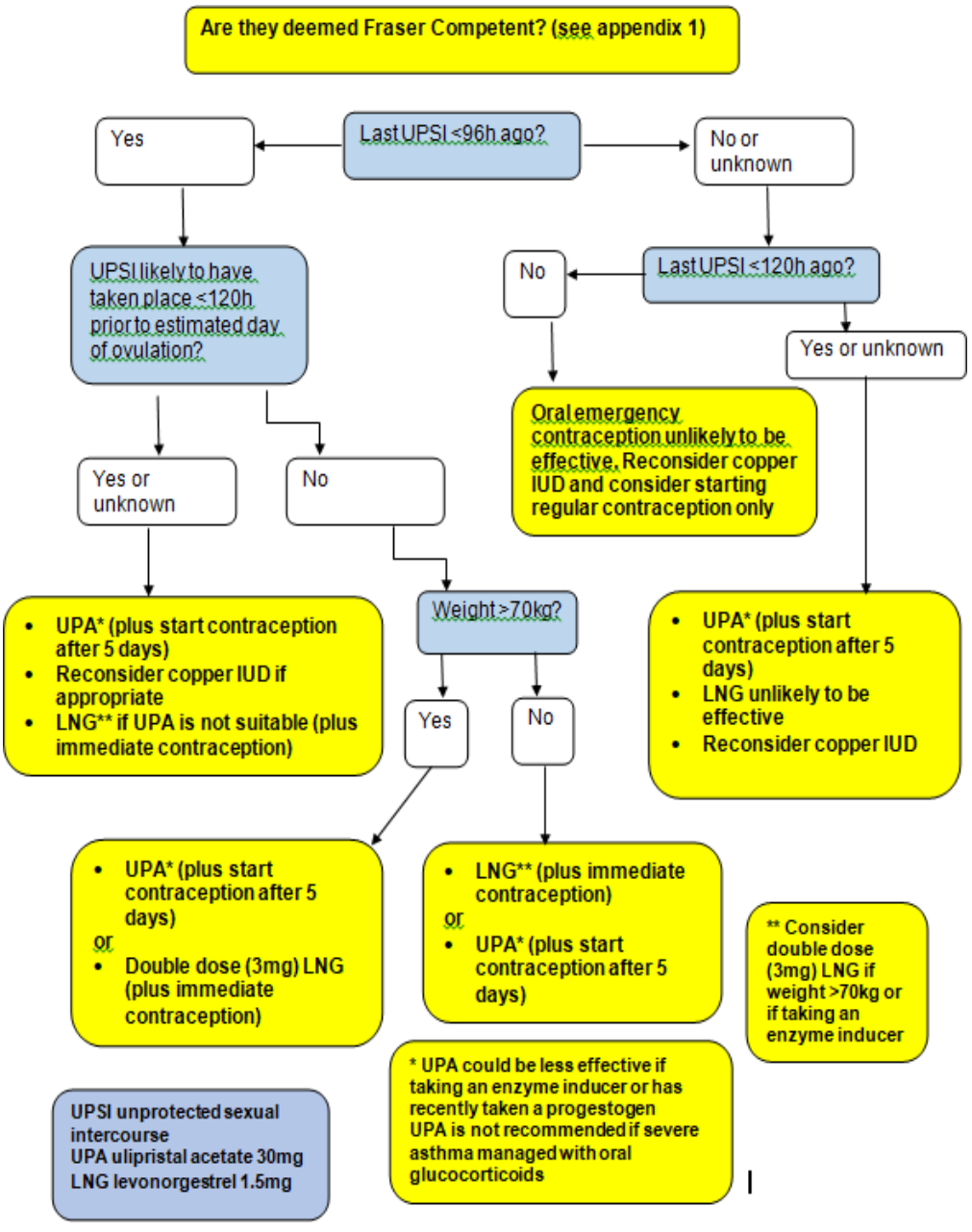
How to manage a request for emergency contraception from a girl <16yrs (NICE)

- Reassure her that the consultation is confidential, but explain the circumstances in which confidentiality may need to be breached (e.g. child protection issues, see below)
- Counsel her on the emotional and physical implications of sexual activity, including the risks and consequences of pregnancy and the risk of STIs
- Assess her competency to independently consent to treatment, and document in the notes whether she meets (or does not meet) the Fraser criteria (see appendix1)
- Explain about the efficacy, advantages, and disadvantages of the different types of emergency contraception, including the copper-bearing intrauterine device
- Prescribe emergency contraception if she meets the Fraser criteria (see appendix1)
- Inform her about the available methods of ongoing contraception, including long-acting reversible contraception (LARC)

Procedure for Appropriate Administration of Emergency contraception

(A negative pregnancy test must have been obtained first)

A copper IUD is the most effective form of emergency contraception and should always be offered before oral emergency contraception if appropriate



Safeguarding Issues

The Derby and Derbyshire Safeguarding Children Procedures, ”Working with Sexually Active Children and Young People under the age of 18” (available on the safeguarding pages of Flo) should be considered by the relevant professional. The procedure has been devised with the understanding that most young people under the age of 18 will have an interest in sex and sexual relationships and is designed to assist those working with children and young people under the age of 18 to identify where these relationships may be abusive, and when children and young people may need the provision of protection or additional services. The procedure addresses specific issues that apply to children under the age of 13, children aged 13 to 15 years old and those 16-17years old.

In brief summary professionals need to assess the likelihood of significant harm when a child or young person is engaged in sexual activity and in order to determine whether the relationship presents a risk to the young person, the following factors should be considered. This list is not exhaustive and other factors may be needed to be taken into account:

- Whether the young person is competent to understand and consent to the sexual activity they are involved in;
- The nature of the relationship, particularly if there are age or power imbalances as outlined above;
- Whether overt aggression, coercion or bribery is involved including misuse of substances/alcohol as a dis-inhibitor;
- Whether the young person's own behaviour, for example through misuse of substances, including alcohol, places them in a position where they are unable to make an informed choice about the activity;
- Any attempts to secure secrecy by the sexual partner beyond what would be considered usual in a teenage relationship;
- Whether the sexual partner is known by the agency as having other concerning relationships with other young people;
- If accompanied by an adult, does that relationship give any cause for concern? Is the adult either inhibiting or encouraging the young person?
- Whether the young person denies, minimises or accepts concerns and recognises the risks;
- The presence of a sexually transmitted infection;
- The history of the young person, frequency of contact with services and any factors that may make them vulnerable;

- Does the behaviour of the sexual partner raise concerns that they may be grooming the young person
- Whether sex has been used to gain favours (for example swapping sex for cigarettes, clothes, electrical goods, trainers, alcohol, drugs etc.);
- Whether the young person has been involved in sexual activity to meet their basic needs for survival, such as a bed for the night/food/clothing;
- The young person has money/drugs or other valuable things which cannot be accounted for;
- Whether the young person is being isolated from friends and family;
- Whether the young person has been trafficked for the purpose of sexual exploitation (in the UK or internationally).

In working with young people, it must always be made clear to them, from the outset, that absolute confidentiality cannot be guaranteed, and that there may be some circumstances where the needs of the young person can only be safeguarded by sharing information with others. The provision of confidential contraceptive services is an established principle; while practitioners should always encourage young people to tell their parents that they are having sex, they will not themselves pass this information to parents. However, practitioners may share information with other agencies if the child consents or if there is a public interest of sufficient force, such as where there is a clear likelihood of significant harm to a child.

A child under 13 is not legally capable of consenting to sexual activity. Any offence under the Sexual Offences Act 2003 involving a child under 13 is very serious and should be taken to indicate a likelihood of significant harm to the child.

Cases of children under 13 should always be discussed with Trust Named Professionals. Where the allegation concerns penetrative sex, or if other intimate sexual activity occurs with another person, there would always be reasonable cause to suspect that a child, whether girl or boy, is suffering or is likely to suffer significant harm.

There should be a presumption that the case will be reported to Children's Social Care and that a Strategy Discussion will be held. This should involve Children's Social Care, Police and relevant agencies, to discuss appropriate next steps with the practitioner. All cases involving under 13 year olds should be fully documented, including detailed reasons where a decision is taken not to share information.

Sexual activity with a child under 16 is also an offence. Where it is consensual it may be less serious than if the child were under 13, but may nevertheless have serious consequences for the welfare of the young person. Consideration should be given in every case of sexual activity involving a child aged 13-15 as to whether there should be a discussion with other agencies and whether a referral should be made to Children's Social. Within this age range, the younger the child, the stronger the presumption must be that sexual activity will be a matter of concern.

Cases of concern should be discussed with Trust Named Professionals and subsequently with other agencies if required. Where confidentiality needs to be preserved, a discussion can still take place as long as it does not identify the child (directly or indirectly). Where there is reasonable cause to suspect that significant harm to a child has occurred or might occur, there would be a presumption that the case is reported to Children's Social Care and a strategy discussion should be held to discuss appropriate next steps.

5. References (including any links to NICE Guidance etc.)

- British National Formulary
- Levonelle ® Summary of Product Characteristics May 2017
- FSRH Guideline Emergency Contraception. Faculty of Reproductive Health 2017 https://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-emergency-contraception-march-2017/
- Management of Emergency Contraception. JAPC Derbyshire July 2017
- NICE guidelines on emergency contraception https://cks.nice.org.uk/contraception-emergency

Documentation Controls

Reference Number CH CLIN C35	**Version:** 4.0.0		**Status** Final	**Author:** Dr H Wilkin – Crowe, Dr Julie Mott
Version / Amendment History	Version	Date	Author	Reason
		May 2020	Dr H Wilkin – Crowe, Dr Julie Mott	Joint guideline in consultation with CED Consultants (Derby & Burton - C Dodd)
Intended Recipients: Paediatric Clinical staff at UHDB				
Training and Dissemination: Cascade the information via BU newsletter and address training				
Linked Documents: State the name(s) of any other relevant documents				
Keywords:				
Business Unit Sign Off			**Group:** *Paediatric Business Unit Guidelines Group* **Date:** *22nd November 2023*	
Divisional Sign Off			**Group:** *Women and Children's Division* **Date: Nov 23**	
Date of Approval			November 2023	
Review Date and Frequency			Nov 2028, every 5 years	
Contact for Review			Dr Julie Mott	

6. Appendices

Appendix 1

Fraser Guidelines and Competence

The Fraser guidelines give specific guidance on providing sexual health advice and treatment to young people less than 16 years of age.

The guidelines state that sexual health services can be offered without parental consent providing that;

- The young person understands the advice being given
- The young person cannot be persuaded to inform or seek support from their parents, and will not allow the worker to inform the parents that contraceptive protection, for example, condom advice is being given.
- The young person is likely to begin or continue to have sexual intercourse without contraception or protection by a barrier method.
- The young person's physical or mental health is likely to suffer unless they receive contraceptive advice or treatment.
- It is in the young person's best interest to receive contraceptive /safe sex advice and treatment without parental consent.

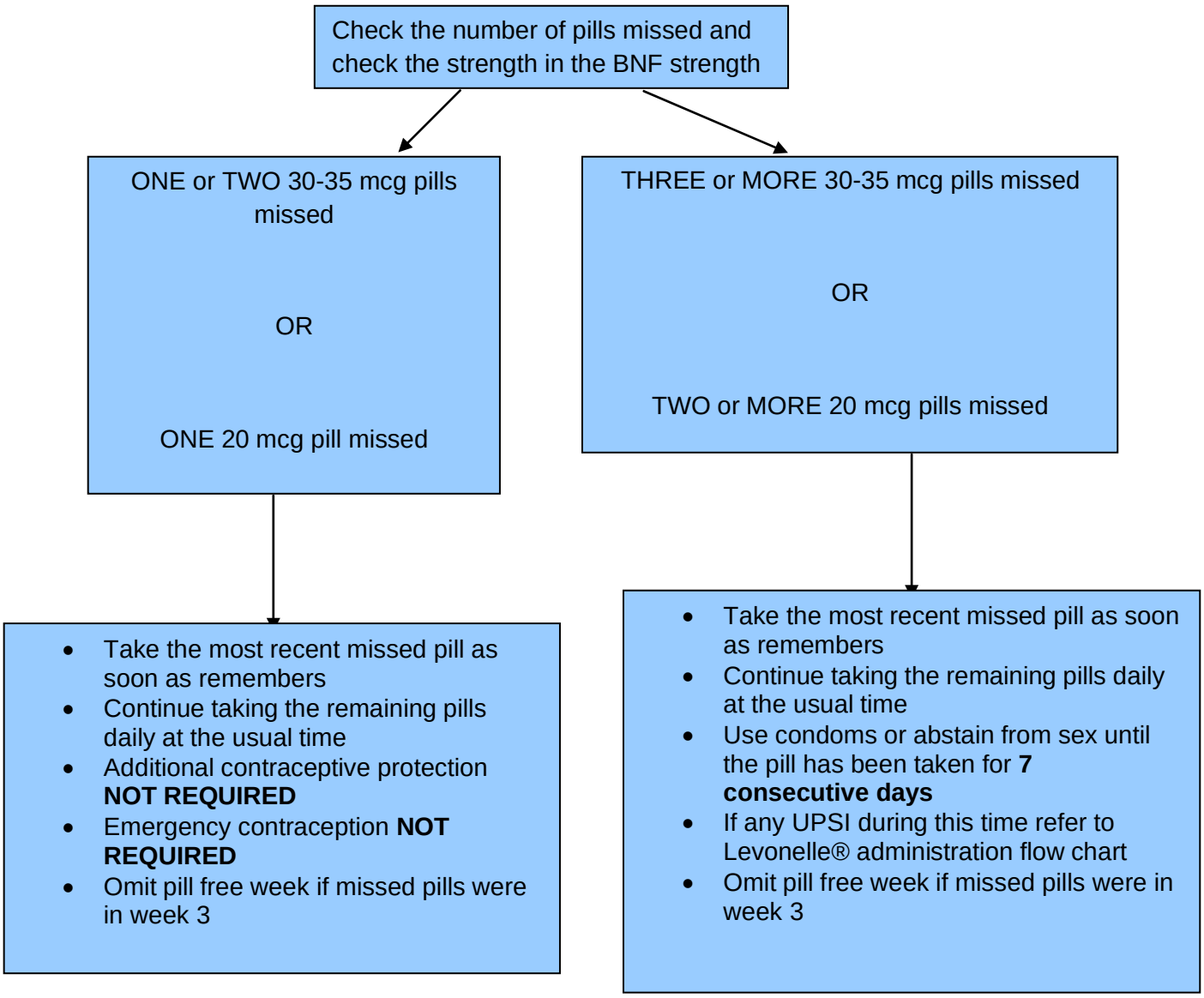
The young person should however be advised to talk to their parents if at all possible.

Fraser competence describes a child's capacity to give consent in more general terms and could relate to their competence to permit the sharing of confidential information. Each child and young person is an individual and their "Fraser competence" would depend on factors including their age, development and capacity to demonstrate an understanding of the issue under discussion and the concept of informed consent.

A young person of 16 or 17, or a child under 16, who has capacity to understand and make their own decisions, may give (or refuse) consent to sharing information.

Appendix 2

Missed Pills



Appendix 3
Contact details of local Contraception and Sexual Health Services

Florence Nightingale Community Hospital (main entrance, junction 3)

Opening hours

Monday –Thursday	09:00-19:00
Friday	09:00-17:00
Saturday	09:45-13:45

Walk in and wait service available without an appointment Tuesday 09:00-12:00

Appointment line: 0800 328 3383

Derbyshire Community Health Services

Central appointment line 0800 328 3383

Clinics are held in:

- Alfreton
- Belper
- Heanor
- Ilkeston
- Long Eaton
- Swadlincote

Website

www.yoursexualhealthmatters.org.uk has advice and all the current information on available services. They also have lots of useful links to other sources of information.