Emergency Contraception - Integrated Sexual Health Service - Summary Clinical Guideline

Reference no.: CG-GUM/2015/001

- Emergency contraception (EC) provides women with a means of reducing the risk of an unintended pregnancy following UPSI or potential contraceptive failure
- EC is intended for occasional emergency use and does not replace the need for effective regular contraception

Indications

- For any women who does not wish to conceive if there is a potential risk after UPSI that has taken place on any day of the natural menstrual cycle
- UPSI from 21 days after childbirth (unless all criteria for lactational amenorrhoea are met)
- UPSI from day 5 after abortion, miscarriage, ectopic pregnancy or uterine evacuation for Gestational Trophoblastic Disease (GTD)
- Potential failure of various contraceptive methods
  - Hormonal methods - failure to use additional precautions when starting a method
  - Combined hormonal patch/ring- detachment >48 hours
  - Combined hormonal patch/ring- extension of free interval > 48 hours
  - Combined OCP - if 2 or more active pills have been missed
  - Progesterone only OCP - >27 hours since traditional pill, or > 36 hours since last desogestrel containing pill
  - Progesterone only injection - >14 weeks since last injection
  - Progesterone only implant - expired
  - IUD/IUS- if complete/partial expulsion, lost threads and location unknown
  - Barrier method- failure of method
- Use of liver enzyme inducing drugs - failure to use additional contraceptive precautions whilst using liver enzyme inducing drugs or during the 28 days after for some hormonal methods

Need to ask:

- When was LMP
- How long is cycle usually
- When did UPSI occur
- Details of potential contraceptive failure
- Previous use of EC this cycle
- Sexual history for STI risk

3 methods available

- Oral progesterone - levonorgesterol (LNG-EC)

- Oral ulipristal acetate (UPA-EC)
- Copper bearing IUD (Cu-IUD)

General Advice

- Women should be given written and verbal information regarding the failure rates of oral and Cu-IUD EC to allow them to make informed choices and to increase compliance and efficacy
- Women should be advised the Cu-IUD is the most effective method of EC
- Women should be advised that UPA-EC has been shown to be more effective than LNG-EC
- Women should be advised that available evidence suggests that EC after ovulation is ineffective
- If a women has already taken UPA-EC then LNG-EC cannot be used in the following 5 days
- If a women has already taken LNG-EC, then theoretically UPA-EC could be less effective if taken in the following 7 days
- Women using liver enzyme inducing drugs should be advised that a Cu- IUD is the preferred option for EC
- Women should be advised there is no effect of weight on the efficacy of the Cu-IUD but higher weight or BMI (>70kg, BMI > 26) could possibly reduce efficacy of oral EC
- If a Cu-IUD cannot be fitted at the time of presentation and the women is referred on, oral EC should be given at the time of referral in case the Cu-IUD cannot be fitted or the women changes her mind
- Women should be advised that oral EC does not provide contraception for subsequent UPSI and they will need to use contraception or abstain from sex to avoid further risk of pregnancy

Women should be provided with information regarding all methods of ongoing contraception and how to access these

Levonorgestrol (Levonelle)

- Mode of action - primarily inhibition of ovulation
- Dose- 1.5mg PO Stat
- Licensed for EC up to 72 hours after UPSI, ineffective if more than 96 hours post UPSI
- Overall pregnancy rate after administration of LNG-EC within 72 hours 0.6-2.6%
- Can be offered if UPSI has occurred earlier in the cycle as well as in the last 5 days- does not cause fetal abnormality/induce abortion
- Can be used more than once in a cycle
- UPSI within 12 hours of a dose of EC does not require further treatment with EC

No medical contraindications to the use of hormonal EC, caution advised in:

- Hepatic dysfunction
- Hereditary problems of galactose intolerance
- Severe malabsorption syndrome- reduced efficacy
- Hypersensitivity to any components
- Women taking anticoagulants such as warfarin- potential interaction- may need increased monitoring of INR

Women using liver enzyme inducing drugs who choose Levonelle should be advised to take 3mg as a single dose as soon as possible after UPSI - not licensed

Women with a BMI>26 or body weight >70kg who choose Levonelle should be advised to take 3mg as a single dose as soon as possible after UPSI- not licensed

The efficacy of Levonelle is not reduced by non-liver enzyme inducing antibiotics

Patients who experience vomiting within 3 hours of taking Levonelle should be advised to return as soon as possible for repeat treatment

Side effects - vomiting, nausea, headache, dysmenorrhoea

Ulipristal Acetate (Ella One)

- Selective progesterone receptor modulator
- Mode of action- inhibition or delay of ovulation
- Majority of women will go on to ovulate later in the cycle and therefore at risk of pregnancy from subsequent UPSI
- Dose - 30mg Po Stat as soon as possible after UPSI
- Effective up to 120 hours after UPSI
- Overall pregnancy rate after administration 1-2 %
- Can be offered if UPSI has occurred earlier in the cycle as well as in the last 5 days- does not cause fetal abnormality/induce abortion
- Can be used more than once in a cycle

Patients who experience vomiting within 3 hours of taking UPA-EC should be advised to return as soon as possible for repeat treatment

Medical contraindications to the use of UPA-EC:

- Hypersensitivity to UPA or any of its other components
- Severe asthma managed with oral glucocorticoids

Medical cautions to the use of UPA-EC:

- Hepatic dysfunction
- Lactose intolerance

Do not use in women taking liver enzyme inducing drugs and for 28 days after they are stopped

Do not use concomitantly with drugs that increase gastric pH

Effectiveness of UPA-EC could be reduced if a women takes progesterone in the 5 days after taking UPA-EC (do not start progesterone containing products for at least 5 days after UPA-EC)

Start hormonal contraception >120 hours after UPA-EC	
If UPA taken on…	**120 hours later falls on…**
Sunday	Friday
Monday	Saturday
Tuesday	Sunday
Wednesday	Monday
Thursday	Tuesday
Friday	Wednesday
Saturday	Thursday

Effectiveness of UPA-EC could potentially be reduced if a women takes progesterone prior to taking UPA-EC (Consider use of LNG-EC rather than UPA-EC if progesterone containing product taken in week prior)

UPA-EC may itself reduce the contraceptive efficacy of ongoing hormonal contraception; therefore additional precautions are advised when stating 120 hours after administration

Contraceptive method	Requirement for additional contraception after starting method
Combined oral contraceptive pill*	7 days
Combined vaginal ring/transdermal patch	7 days
Progestogen-only pill (traditional/desogestrel)	2 days
Progestogen-only implant or injectable	7 days

*Except Qlaira which requires 9 days of additional contraceptive precautions.

Side effects- vomiting, nausea, headache, dysmenorrhoea

Copper IUD

- Mode of action - inhibit fertilisation by direct toxicity on sperm and ova, if fertilisation does occur the local endometrial inflammatory reaction from Cu-IUD prevents implantation

- Can be inserted up to 5 days after the first UPSI or within 5 days of ovulation
- Ovulation occurs about 14 days prior to onset of menstruation. Earliest likely ovulation date is estimated as date of start of LMP plus number of days in the shortest cycle minus 14. LMP must be accurately known and cycle regular in order to make estimation
- <0.1 % overall pregnancy rate
- Contraindications are the same as for routine Cu- IUD insertion
- No drugs known to affect emergency IUD use
- Patients should be advised that a small increase in pelvic infection occurs in the 20 days post IUD insertion but the risk is the same as the non IUD population thereafter
- Provides ongoing contraception
- Cu-IUD can be inserted for EC up to 13 days after the start of a combined hormonal free interval provided the hormonal method was used correctly prior to the interval
- Cu-IUD can be inserted up to 5 days after the first UPSI following the first missed POP
- Cu-IUD can be inserted up to 5 days after the first UPSI that takes place >14 weeks since last DMPA injection
- Cu-IUD can be inserted up to 5 days after the first UPSI following Nexplanon removal
- Cu-IUD can be inserted up to 5 days after the first UPSI following IUS removal if women abstained 5 days prior to removal

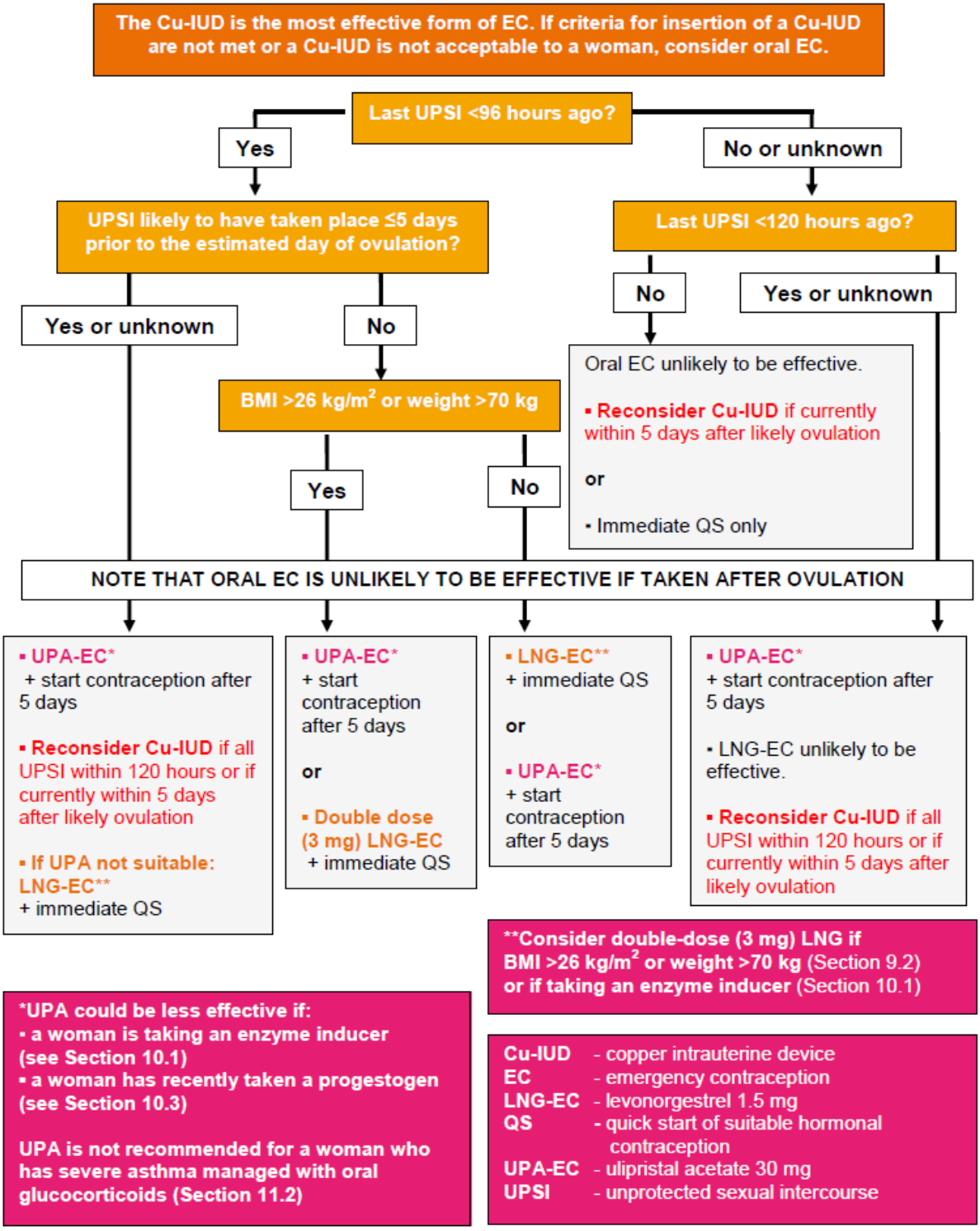
Breast Feeding and Emergency Contraception

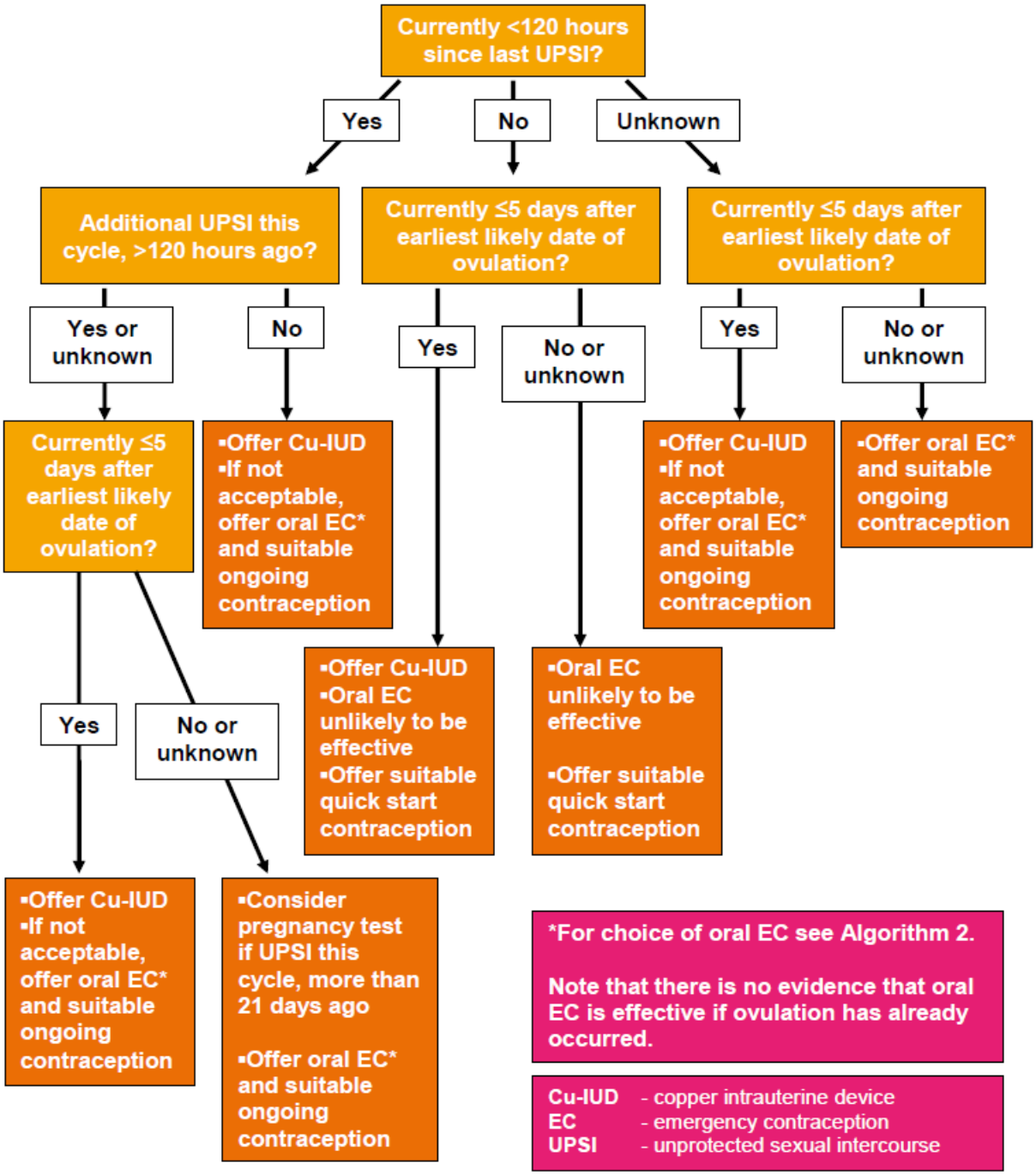
- Breastfeeding women have a higher relative risk of uterine perforation during IUD insertion, overall risk of perforation low
- Cu-IUD insertion relatively contraindicated between 48 hours and 28 days after delivery
- Breastfeeding women should be advised not to breastfeed and express and discard milk for 1 week after taking UPA-EC
- Breastfeeding women should be advised there is limited evidence LNG-EC has no adverse effect on breastfeeding or their infant

Management

- Follow management algorithm
- Perform appropriate STI testing and pregnancy testing
- Advise pregnancy testing 3-4 weeks if there is any doubt that EC has been ineffective - late period or lighter than usual, abdominal pain, after starting hormonal contraception
- Patients should be given information on contraceptive methods for use in the future
- Advise alternative form of contraception for remainder of cycle with appropriate extra precautions
-

For further reading see: FSRH Guidance (Jan 2017) Emergency contraception


The Cu-IUD is the most effective form of EC. If criteria for insertion of a Cu-IUD are not met or a Cu-IUD is not acceptable to a woman, consider oral EC.
Last UPSI <96 hours ago?
Yes
No or unknown
UPSI likely to have taken place ≤5 days prior to the estimated day of ovulation?
Yes or unknown
No
BMI >26 kg/m2 or weight >70 kg
Yes
No
Last UPSI <120 hours ago?
No
Yes or unknown
Oral EC unlikely to be effective.
▪ Reconsider Cu-IUD if currently within 5 days after likely ovulation
or
▪ Immediate QS only
NOTE THAT ORAL EC IS UNLIKELY TO BE EFFECTIVE IF TAKEN AFTER OVULATION
▪ UPA-EC*
+ start contraception after 5 days
▪ Reconsider Cu-IUD if all UPSI within 120 hours or if currently within 5 days after likely ovulation
▪ If UPA not suitable: LNG-EC**
+ immediate QS
▪ UPA-EC*
+ start contraception after 5 days
or
▪ Double dose (3 mg) LNG-EC
+ immediate QS
▪ LNG-EC**
+ immediate QS
or
▪ UPA-EC*
+ start contraception after 5 days
▪ UPA-EC*
+ start contraception after 5 days
▪ LNG-EC unlikely to be effective.
▪ Reconsider Cu-IUD if all UPSI within 120 hours or if currently within 5 days after likely ovulation
**Consider double-dose (3 mg) LNG if BMI >26 kg/m2 or weight >70 kg (Section 9.2) or if taking an enzyme inducer (Section 10.1)
*UPA could be less effective if:
▪ a woman is taking an enzyme inducer (see Section 10.1)
▪ a woman has recently taken a progestogen (see Section 10.3)
UPA is not recommended for a woman who has severe asthma managed with oral glucocorticoids (Section 11.2)
Cu-IUD - copper intrauterine device
EC - emergency contraception
LNG-EC - levonorgestrel 1.5 mg
QS - quick start of suitable hormonal contraception
UPA-EC - ulipristal acetate 30 mg
UPSI - unprotected sexual intercourse


Currently <120 hours since last UPSI?
Yes
No
Unknown
Additional UPSI this cycle, >120 hours ago?
Currently ≤5 days after earliest likely date of ovulation?
Currently ≤5 days after earliest likely date of ovulation?
Yes or unknown
No
Yes
No or unknown
Yes
No or unknown
Currently ≤5 days after earliest likely date of ovulation?
▪Offer Cu-IUD
▪If not acceptable, offer oral EC* and suitable ongoing contraception
▪Offer Cu-IUD
▪If not acceptable, offer oral EC* and suitable ongoing contraception
▪Offer oral EC* and suitable ongoing contraception
Yes
No or unknown
▪Offer Cu-IUD
▪Oral EC unlikely to be effective
▪Offer suitable quick start contraception
▪Oral EC unlikely to be effective
▪Offer suitable quick start contraception
▪Offer Cu-IUD
▪If not acceptable, offer oral EC* and suitable ongoing contraception
▪Consider pregnancy test if UPSI this cycle, more than 21 days ago
▪Offer oral EC* and suitable ongoing contraception
*For choice of oral EC see Algorithm 2.
Note that there is no evidence that oral EC is effective if ovulation has already occurred.
Cu-IUD - copper intrauterine device
EC - emergency contraception
UPSI - unprotected sexual intercourse